National Formulary

ICE Health Service Corps

Fiscal Year 2016
Important Information
The IHSC formulary is a listing of medications approved for use in IHSC affiliated facilities. For facilities directly operated by IHSC, a variety of provider restrictions on medication utilization apply.

Brand names are indicated for illustrative purposes. This is not meant to imply an endorsement of any trademarked product. If “A” rated generics are available, their use is normally required over brand name products.

This formulary was last updated on August 1st, 2015.

General in Prescribing
Physician Use Only
A restriction placed on certain medications that requires a physician’s approval for both initiation and renewal. If the detainee arrives with medications, a Mid-Level Provider may continue until an IHSC physician reviews the order and makes a judgment regarding the appropriateness of continuing the detainee on medications in this category.

Physician Initiation Only
A restriction placed on certain medications and requires a physician’s approval for initiation. A Mid-Level Provider may continue this medication without obtaining the physician’s approval. If the detainee arrives with medications, a Mid-Level Provider may continue until an IHSC physician reviews the order and makes a judgment regarding the appropriateness of continuing the detainee on medications in this category.

Newly added formulary items are designated by the red typeface.
Temporary additions to the formulary are listed below:
-Flunisolide nasal solution 0.025% (KOP)
-Fluticasone propionate nasal spray 50mcg (PL Only)

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## Generic Monographs

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<th>RN Use</th>
<th>FDA Med Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abacavir/ Lamivudine</td>
<td>Epzicom</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abacavir/ Lamivudine/ Zidovudine</td>
<td>Trizivir</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td>[2012 version]</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>Tylenol</td>
<td>Miscellaneous</td>
<td>Suppositories need to be refrigerated.</td>
<td>RN Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen / Aspirin/ Caffeine</td>
<td>Excedrin</td>
<td>Nonsteroidal Anti-inflammatory Agents</td>
<td>PA/NP: Requires a prescription countersigned by physician/dentist unless MLP privileged to prescribe independently.</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Opiate Agonist

- **Acetaminophen and Codeine**
  - Tylenol No. 3
  - Miscellaneous Analgesics and Antipyretics
  - **Keep in locked cabinet.** Immediate release and non-enteric coated are to be crushed prior to administration.

### Opiate Agonist

- **Acetaminophen and Hydrocodone**
  - Vicodin
  - Miscellaneous Analgesics and Antipyretics
  - PA/NP: Requires a prescription countersigned by physician/dentist unless MLP privileged to prescribe independently. Keep in locked cabinet. Immediate release and non-enteric coated are to be crushed prior to administration.
### Generic Monographs

<table>
<thead>
<tr>
<th>Generic</th>
<th>Trade Name</th>
<th>Therapeutic Class</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen and Oxydocode</td>
<td>Percocet</td>
<td>Opiate Agonists</td>
<td>PA/NP: Requires a prescription countersigned by physician/dentist unless MLP privileged to prescribe independently.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Miscellaneous Analgesics and Antipyretics</td>
<td>Immediate-release and non-enteric coated tablets are to be crushed prior to administration.</td>
</tr>
<tr>
<td>Acetazolamide</td>
<td>Diamox</td>
<td>Carbonic Anhydrase Inhibitors</td>
<td>Not 1st line therapy - reserved for treatment resistant glaucoma</td>
</tr>
<tr>
<td>Acyclovir</td>
<td>Zovirax</td>
<td>Nucleosides and Nucleotides</td>
<td>Topical not approved.</td>
</tr>
<tr>
<td>Adapalene</td>
<td>Differin</td>
<td>Skin &amp; Mucous Membrane Agent, Anti-infectives-Miscellaneous</td>
<td>&quot;Pediatric Use Only&quot;</td>
</tr>
<tr>
<td>Adefovir</td>
<td>Hepsera</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
</tr>
<tr>
<td>Albendazole</td>
<td>Albenza</td>
<td>Anthelmintics</td>
<td>Ventolin has a counter, and it is in a foil pack with a 2 month expiration date after opening it. Recommended for regular users. ER tablet not approved. The Pro-Air has no counter, but it doesn’t have the foil pack or 2 month expiration. Recommended for occasional users.</td>
</tr>
<tr>
<td>Albuterol</td>
<td>Ventolin HFA Proventil HFA Proair HFA</td>
<td>Sympathomimetic (Adrenergic) Agents</td>
<td>For in clinic use only. For external use only.</td>
</tr>
<tr>
<td>Alcohol, Isopropyl</td>
<td>Rubbing Alcohol</td>
<td>Skin &amp; Mucous Membrane Agent, Anti-infectives-Miscellaneous</td>
<td>Medication should be taken 30 minutes before the first food of the day. Stay upright for at least 30 minutes after taken medication. [2013 version]</td>
</tr>
<tr>
<td>Alendronate</td>
<td>Fosamox</td>
<td>Miscellaneous Therapeutic Agents</td>
<td></td>
</tr>
<tr>
<td>Allopurinol</td>
<td>Zyloprim</td>
<td>Uricosuric Agents</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>Trade Name</td>
<td>Therapeutic Class</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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<td>----------------------------------------------</td>
</tr>
<tr>
<td>Aluminum Acetate Topical</td>
<td>Burow’s Solution</td>
<td>Miscellaneous Skin and Mucous Membrane Agents</td>
<td>For external use only.</td>
</tr>
<tr>
<td>Aluminum Acetate and Acetic Acid Otic</td>
<td>Domeboro Otic</td>
<td>EENT Anti-Infectives, Miscellaneous</td>
<td></td>
</tr>
<tr>
<td>Aluminum Hydroxide and Magnesium Trisilicate</td>
<td>Gaviscon</td>
<td>Antacid and Adsorbents</td>
<td>Used for gastric reflux only.</td>
</tr>
<tr>
<td>Aluminum Hydroxide/Magnesium Hydroxide/Simethicone</td>
<td>Mylanta, Maalox</td>
<td>Antacids and Adsorbents</td>
<td>See also Simethicone.</td>
</tr>
<tr>
<td>Amantadine</td>
<td>Symmetrel</td>
<td>Antivirals – Adamanitones</td>
<td></td>
</tr>
<tr>
<td>Amiodarone</td>
<td>Pacerone</td>
<td>Antiarrhythmic Agent Class III</td>
<td>Physicia/Psychiatrist Initiation Only - Physician/Psych. can initiate and can be reordered/renewed by Mid-Levels, MLPs may initiate/renew to treat neuropathic pain only.</td>
</tr>
<tr>
<td>Amitriptyline</td>
<td>Elavil</td>
<td>Antidepressants</td>
<td></td>
</tr>
<tr>
<td>Amlodipine</td>
<td>Norvasc</td>
<td>Calcium Channel Blocking Agents</td>
<td></td>
</tr>
<tr>
<td>Ammonia Spirit, Aromatic</td>
<td>Ammonia, Aromatic Spirits</td>
<td>Anorexigenic Agents and Respiratory and Cerebral Stimulants</td>
<td>For in clinic use only. For external use only.</td>
</tr>
<tr>
<td>Ammonium lactate</td>
<td>Lac-Hydrin</td>
<td>Basic Lotions and Liniments</td>
<td>For severe xerosis/ichthyosis.</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>Amoxil</td>
<td>Penicillins</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin and Potassium Clavulanate</td>
<td>Augmentin</td>
<td>Penicillins</td>
<td>875mg/125mg tablets are only available via ScripCare as of 8/1/2015</td>
</tr>
<tr>
<td>Amprenavir</td>
<td>Agenerase</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
</tr>
<tr>
<td>Antipyrine and Benzocaine</td>
<td>Auralgan</td>
<td>Local Anesthetics (EENT)</td>
<td>For external use only.</td>
</tr>
</tbody>
</table>
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</tr>
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<tbody>
<tr>
<td>Aripiprazole</td>
<td>Abilify</td>
<td>Atypical Antipsychotics</td>
<td>Physician/Psychiatrist Initiation Only. Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
<td>Pill Line</td>
<td></td>
<td>[2014 version]</td>
</tr>
<tr>
<td>Ascorbic Acid</td>
<td>Vitamin C</td>
<td>Vitamin C</td>
<td></td>
<td></td>
<td>RN Use</td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td>Ecotrin, Chewable Aspirin</td>
<td>Nonsteroidal Anti-inflammatory Agents</td>
<td>All formulations are approved.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Atazanavir</td>
<td>Reyataz</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atazanavir/Cobicistat</td>
<td>Evotaz</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td></td>
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<tr>
<td>Atenolol</td>
<td>Tenormin</td>
<td>B-Adrenergic Blocking Agents</td>
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<tr>
<td>Atorvastatin</td>
<td>Lipitor</td>
<td>HMG-CoA Reductase Inhibitors</td>
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<td>Atovaquone</td>
<td>Mepron</td>
<td>Antiprotozoal</td>
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<tr>
<td>Atropine Ophthalmic</td>
<td>Atropisol (Ophthalmic)</td>
<td>Mydriatics</td>
<td>Injection not approved.</td>
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<tr>
<td>Azathioprine</td>
<td>Imuran</td>
<td>Immunosuppressive agents</td>
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<tr>
<td>Azithromycin</td>
<td>Zithromax</td>
<td>Macrolides</td>
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<tr>
<td>B vitamins, vitamin C</td>
<td>Nephrocaps Capsules</td>
<td>Vitamins</td>
<td></td>
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<td>RN Use</td>
<td></td>
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<tr>
<td>Bacitracin</td>
<td>Baciguent</td>
<td>Antibacterials (Skin and Mucous Membrane)</td>
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<tr>
<td>Baclofen</td>
<td>Lioresal</td>
<td>Skeletal Muscle Relaxants</td>
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<tr>
<td>Barium Sulfate</td>
<td></td>
<td></td>
<td>Diagnostic agent for computed tomography or x-ray examinations</td>
<td></td>
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</tr>
<tr>
<td>Benzocaine</td>
<td>Orabase-B and Toothache Gel</td>
<td>Local Anesthetics (EENT)</td>
<td>Dental Agents</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Antipruritics and Local Anesthetics</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Benzonatate</td>
<td>Tessalon</td>
<td>Antitussives</td>
<td>Limited to five day therapy.</td>
<td></td>
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<tr>
<td>Benzoyl Peroxide</td>
<td>Desquam-X</td>
<td>Keratolytic Agent</td>
<td>For external use only.</td>
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<tr>
<td>Generic</td>
<td>Trade Name</td>
<td>Therapeutic Class</td>
<td>Comments</td>
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<tr>
<td>Benztrapine Mesylate</td>
<td>Cogentin</td>
<td>Antiparkinsonian Agents</td>
<td>Pill Line</td>
<td></td>
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<tr>
<td>Bethanechol</td>
<td>Urecholine</td>
<td>Parasympathomimetic</td>
<td>Line Use</td>
<td></td>
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<tr>
<td>Bisacodyl</td>
<td>Dulcolax</td>
<td>Cathartics and Laxatives</td>
<td>RN Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bismuth Subsalicylate</td>
<td>Pepto-Bismol</td>
<td>Antidiarrhea Agents</td>
<td>RN Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borate/Boric Acid/H2O/NaCl</td>
<td>Collyrium for Fresh Eyes Eye Wash</td>
<td>EENT Anti-Infectives, Miscellaneous</td>
<td>Eye irrigation for in clinic use only – do not dispense to patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brimonidine Tartrate</td>
<td>Alphagan P</td>
<td>A-Adrenergic Agonists</td>
<td>A-Adrenergic Agonists (EENT)</td>
<td></td>
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<td></td>
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<tr>
<td>Bromocriptine</td>
<td>Parlodel</td>
<td>Dopamine Agonist</td>
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</tr>
<tr>
<td>Budesonide/ Formoterol</td>
<td>Symbicort</td>
<td>Corticosteroid/LABA</td>
<td></td>
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<tr>
<td>Bupivacaine Hydrochloride with Epinephrine</td>
<td>Marcaine</td>
<td>Local Anesthetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Bupropion       | Wellbutrin | Antidepressants           | Physician/Psychiatrist Initiation Only-Physician/Psychiatrist can initiate and can be re-ordered/renewed by Mid-Level.
<p>| Buspirone       | BuSpar     | Miscellaneous Anxiolytics, Sedatives and Hypnotics | Physician/Psychiatrist Initiation Only-Physician/Psychiatrist can initiate and can be re-ordered/renewed by Mid-Level. |
| Cabergoline     | Cabergoline | Ergot Derivative          | For hyperprolactinemia                                                  |</p>
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</thead>
<tbody>
<tr>
<td>Calamine</td>
<td>Calamine Lotion</td>
<td>Miscellaneous Skin and Mucous Membrane Agents</td>
<td>Use after Failure to &quot;Very High Potency Steroids,&quot; Physician Initiation Only.</td>
<td></td>
<td>RN Use</td>
<td></td>
</tr>
<tr>
<td>Calcipotriene</td>
<td>Dovonex</td>
<td>Miscellaneous Skin and Mucous Membrane Agents</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Calcium Acetate</td>
<td>Phos-Lo</td>
<td>Replacement Preparations</td>
<td>Restricted to use in renal dialysis patients.</td>
<td></td>
<td></td>
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<tr>
<td>Calcium Carbonate</td>
<td>Titralac</td>
<td>Replacement Preparations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium Carbonate with Vitamin D</td>
<td>Os-Cal 500 + D</td>
<td>Replacement Preparations</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Calcium Polycarbophil</td>
<td>Fiber-Tabs, Fibercon</td>
<td>Cathartics and Laxatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camphor/menthol</td>
<td>Vaporub</td>
<td>Topical Skin Product</td>
<td>&quot;Pediatric Use Only&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capreomycin</td>
<td></td>
<td>Antituberculosis</td>
<td>Physician Initiation Only. The second-line regimen for MDR/XDR TB</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Captopril</td>
<td>Capoten</td>
<td>Renin-Angiotensin-Aldosterone System Inhibitors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>Tegretol</td>
<td>Miscellaneous Anticonvulsants</td>
<td></td>
<td>Pill Line</td>
<td></td>
<td>[2014 version]</td>
</tr>
<tr>
<td>Carbamide Peroxide</td>
<td>Debrox Otic</td>
<td>EENT Anti-Infectives, Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbidopa and Levodopa</td>
<td>Sinemet</td>
<td>Antiparkinsonian Agents</td>
<td>Medication should be taken 1 hour before or 2 hours after meals.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carvedilol</td>
<td>Coreg</td>
<td>B-Adrenergic Blocking Agents</td>
<td>For NYHA Class III or IV heart failure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cefazolin</td>
<td>Kefzol</td>
<td>Cephalosporins</td>
<td>Physician Initiation Only.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cefdinir</td>
<td>Omnicef (brand name discontinued)</td>
<td>Cephalosporins</td>
<td>Not available via VA Prime Vendor. May obtain from contracted Mail Order Pharmacy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceftriaxone</td>
<td>Rocephin</td>
<td>Cephalosporins</td>
<td>Medication can be reconstituted with 1.0% lidocaine to reduce pain at injection site.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cephalexin</td>
<td>Keflex</td>
<td>Cephalosporins</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cetirizine</td>
<td>Zyrtec</td>
<td>Second Generation Antihistamines</td>
<td></td>
<td>RN Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charcoal, Activated</td>
<td>Actidose</td>
<td>Antacids and Adsorbents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Generic Monographs

<table>
<thead>
<tr>
<th>Generic</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Chlorhexidine Gluconate</td>
<td>Peridex</td>
<td>Mouthwashes</td>
<td>If the product containing alcohol is used, it must be used in clinic or given via pill line. If the alcohol-free product is used, it can be given self-carry (KOP). Topical liquid formulation (4% Scrub) is approved for clinic use.</td>
<td>Pill Line</td>
</tr>
<tr>
<td>Chloroquine Phosphate</td>
<td>Aralen</td>
<td>Antimalarials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlorpheniramine Maleate</td>
<td>Chlor-Trimeton</td>
<td>First Generation Antihistamines</td>
<td></td>
<td>RN Use</td>
</tr>
<tr>
<td>Chlorpromazine Hydrochloride</td>
<td>Thorazine</td>
<td>Antipsychotic Agents</td>
<td>Physician/Psychiatrist Initiation Only - Physician/Psychiatrist can initiate and can be re-ordered/renewed by Mid-Levels.</td>
<td>Pill Line</td>
</tr>
<tr>
<td>Chlorthalidone</td>
<td>Thendilide</td>
<td>Thiazide-like Diuretics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cinacalcet</td>
<td>Sensipar</td>
<td>Miscellaneous Therapeutic Agents</td>
<td>Dialysis Patient Use Only.</td>
<td></td>
</tr>
<tr>
<td>Ciprofloxacin Hydrochloride</td>
<td>Cipro</td>
<td>Quinolones</td>
<td>Ophthalmic and Otic formulation not approved.</td>
<td>[2013 version]</td>
</tr>
<tr>
<td>Citalopram</td>
<td>Celexa</td>
<td>Antidepressants</td>
<td>Physician/Psychiatrist Initiation Only - Physician/Psychiatrist can initiate and can be re-ordered/renewed by Mid-Levels.</td>
<td>[4/2014 version]</td>
</tr>
<tr>
<td>Clarithromycin</td>
<td>Biaxin</td>
<td>Macrolides</td>
<td>Topical not approved.</td>
<td></td>
</tr>
<tr>
<td>Clindamycin</td>
<td>Cleocin</td>
<td>Miscellaneous Antibiotics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clobetasol</td>
<td>Clobex</td>
<td>Anti-inflammatory Agents (Skin and Mucous Membrane)</td>
<td>Not recommended for application to face or groin.</td>
<td></td>
</tr>
<tr>
<td>Clonazepam</td>
<td>Klonopin</td>
<td>Benzodiazepines</td>
<td>Physician/Psychiatrist Use Only-Only Physician/Psychiatrist can order (both initiation and renewal). Keep in locked cabinet. PA/NP: Requires a prescription countersigned by physician/psychiatrist.</td>
<td>Pill Line [2013 version]</td>
</tr>
<tr>
<td>Generic</td>
<td>Trade Name</td>
<td>Therapeutic Class</td>
<td>Comments</td>
<td>Pill Line</td>
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</tr>
<tr>
<td>Clonidine Hydrochloride</td>
<td>Catapres</td>
<td>Hypotensive Agents – Central A-Agonists</td>
<td>30 days or less; opioid withdrawal; Tourette syndrome; clozapine induced hypersalivation; not for blood pressure management.</td>
<td></td>
</tr>
<tr>
<td>Clopidogrel Bisulfate</td>
<td>Plavix</td>
<td>Platelet-Aggregation Inhibitors</td>
<td>Use in aspirin intolerance or failure as antiplatelet alternative.</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole</td>
<td>Lotrimin</td>
<td>Antifungals (Skin and Mucous Membrane)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colchicine</td>
<td>Colcrys</td>
<td>Nonsteroidal Anti-inflammatory Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crotamiton</td>
<td>Eurax</td>
<td>Scabicides and Pediculicides</td>
<td>For external use only.</td>
<td></td>
</tr>
<tr>
<td>Cyanocobalamin</td>
<td>Vitamin B-12</td>
<td>Vitamin B complex</td>
<td>IM or deep SC are preferred routes of administration.</td>
<td></td>
</tr>
<tr>
<td>Cyclobenzaprine</td>
<td>Flexeril</td>
<td>Skeletal Muscle Relaxants</td>
<td>Recommend Pill Line Only.</td>
<td></td>
</tr>
<tr>
<td>Cyclopentolate</td>
<td>Cyclogyl</td>
<td>Mydriatics</td>
<td>Diagnostic ophthalmic aid</td>
<td></td>
</tr>
<tr>
<td>Cycloserine</td>
<td>Seromycin</td>
<td>Antituberculosis</td>
<td>Physician Initiation Only. Not first line for MDR/XDR TB. Should be administered with pyridoxine daily to mitigate neurotoxic effect. Not available via VA Prime Vendor</td>
<td></td>
</tr>
<tr>
<td>Cyclosporine</td>
<td>Gengraf, Neoral</td>
<td>Immunosuppressive agents</td>
<td>Ophthalmic preparation not approved.</td>
<td></td>
</tr>
<tr>
<td>Dapsone</td>
<td>Dapsone</td>
<td>Miscellaneous Antimycobacterials</td>
<td>Physician Initiation Only.</td>
<td></td>
</tr>
<tr>
<td>Darunavir</td>
<td>Prezista</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td></td>
</tr>
<tr>
<td>Darunavir/Cobicistat</td>
<td>Prezobix</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td></td>
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<tr>
<td>Delavirdine</td>
<td>Rescriptor</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
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</table>
## Generic Monographs

<table>
<thead>
<tr>
<th>Generic</th>
<th>Trade Name</th>
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<th>Pill Line</th>
<th>RN Use</th>
<th>FDA Med Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desipramine</td>
<td>Norpramin</td>
<td>Antidepressants</td>
<td>Physician/Psychiatrist Initiation Only. Physician/Psychiatrist can initiate and be reordered/renewed by Mid-Level.</td>
<td>Pill Line</td>
<td>[2014 version]</td>
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<tr>
<td>Dexamethasone</td>
<td>Anti-inflammatory Agents (EENT)</td>
<td>All formulations are approved.</td>
<td></td>
<td></td>
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<tr>
<td>Dextrose 5% in normal saline</td>
<td>D5NS</td>
<td>Replacement Preparations</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dextrose Instant</td>
<td>Insta-Glucose, Glucose Gel, Glucose Tabs</td>
<td>Caloric Agents</td>
<td>Gel or tablets can be given either KOP or PL per provider's discretion.</td>
<td>RN Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dextrose in sterile water</td>
<td>D5W</td>
<td>Replacement Preparations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diazepam</td>
<td>Valium</td>
<td>Oral Benzodiazepines</td>
<td>Physician Use Only-Only Physician can order (both initiation and renewal). Keep in locked cabinet. Only MD and DDS can prescribe oral diazepam. NP/PA: Can use IV form for seizures in children and adults on an emergency bases, but MD must countersign a prescription ASAP.</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dibucaine</td>
<td>Nupercainal</td>
<td>Antipruritics and Local Anesthetics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diclofenac ER</td>
<td>Voltaren XR</td>
<td>Nonsteroidal Anti-inflammatory Agents</td>
<td></td>
<td></td>
<td>[2011 version]</td>
<td></td>
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<tr>
<td>Dicloxacillin</td>
<td>Dynapen</td>
<td>Penicillins</td>
<td>Every effort should be made to avoid the suspension in children since it has a rather offensive taste and is difficult for children to swallow.</td>
<td></td>
<td></td>
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<tr>
<td>Dicyclomine Hydrochloride</td>
<td>Bentyl</td>
<td>Antimuscarinics/ Antispasmodies</td>
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<tbody>
<tr>
<td>Dietary Supplement, Oral</td>
<td>Ensure, Resource, Boost</td>
<td>Nutritional Supplements</td>
<td>Physician/Dentist Initiation Only. Indicated for broken jaw or other temporary dental issue that limits proper nutritional intake, hunger strike, wasting syndrome, malabsorption, and malnutrition. Pregnancy, HIV infection without wasting, older age, and minor weight loss are usually not indications for nutritional/dietary supplements. For such situations or others not named, a NF request should be submitted to the Medical Director. Special diets should generally be utilized to provide additional calories if necessary. MUST CONSUME AT PILL LINE.</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digoxin</td>
<td>Lanoxin</td>
<td>Cardiac Drugs</td>
<td>Oral Tablets Only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diltiazem</td>
<td>Cardizem</td>
<td>Calcium Channel Blocking Agents</td>
<td></td>
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<td>RN Use</td>
<td></td>
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<tr>
<td>Diphenhydramine Hydrochloride</td>
<td>Benadryl</td>
<td>First Generation Antihistamines</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diphtheria and Tetanus Toxoid (DT)</td>
<td>Tenivac</td>
<td>Toxoids</td>
<td>According to CDC guidelines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus Toxoid, Acellular Pertussis Vaccine (TDap, DPT)</td>
<td>Adacel, Boostrix, Daptacel, Infanrix</td>
<td>Toxoids</td>
<td>According to CDC guidelines.</td>
<td></td>
<td></td>
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</tr>
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<tr>
<td>Divalproex Sodium</td>
<td>Depakote</td>
<td>Miscellaneous Anticonvulsants</td>
<td>There are currently two oral formulations of divalproex sodium available. The first agent on the market (1983) was an enteric coated tablet (Divalproex-EC), which results in a delayed-release pharmacokinetic profile and requires multiple daily doses. In 2002, a sustained release formulation (Divalproex ER), allowing once daily administration, was approved.</td>
<td>[2014 version]</td>
<td></td>
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</tr>
<tr>
<td>Docusate Sodium</td>
<td>Colace</td>
<td>Cathartics and Laxatives</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dolutegravir</td>
<td>Tivicay</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td></td>
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<tr>
<td>Dolutegravir/Abacavir/Lamivudine</td>
<td>Triumeq</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
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<tr>
<td>Dorzolamide Hydrochloride</td>
<td>Trusopt</td>
<td>Carbonic Anhydrate Inhibitors</td>
<td></td>
<td></td>
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<tr>
<td>Dorzolamide Hydrochloride/Timolol</td>
<td>Cosopt</td>
<td>Carbonic Anhydrate Inhibitors EENT Preparations - B-Adrenergic Blocking Agents</td>
<td></td>
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<tr>
<td>Doxazosin</td>
<td>Cardura</td>
<td>A-Adrenergic Blocking Agents</td>
<td>Physician/Psychiatrist Initiation Only-Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
<td>Pill Line</td>
<td>[2007 version]</td>
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<tr>
<td>Doxepin</td>
<td>Sinequan</td>
<td>Antidepressants</td>
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<tr>
<td>Doxycycline</td>
<td>Vibramycin</td>
<td>Tetracyclines</td>
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<tr>
<td>Drospirenone - Ethinyl Estradiol</td>
<td>Gianvi</td>
<td>Contraceptives</td>
<td></td>
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<tr>
<td>Duloxetine</td>
<td>Cymbalta</td>
<td>Serotonin/NE Reuptake Inhibitor</td>
<td>Physician/Psychiatrist Initiation Only-Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
<td>Pill Line</td>
<td></td>
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</table>
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<tbody>
<tr>
<td>Efavirenz</td>
<td>Sustiva</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efavirenz, Emtricitabine, Tenofovir</td>
<td>Atripla</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrolyte Solution</td>
<td>Pedialyte</td>
<td>Replacement Preparations</td>
<td>Note: The use of this product should be limited to 24 hours in infants and children. After 24 hours this rehydration formula can cause diarrhea worsening gastroenteritis.</td>
<td>RN Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elvitegravir/ Cobicistat/ Emtricitabine/ Tenofovir</td>
<td>Stribild</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
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<tr>
<td>Emtricitabine</td>
<td>Emtriva</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td></td>
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<tr>
<td>Emtricitabine, Tenofovir</td>
<td>Truvada</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td>[2013 version]</td>
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<tr>
<td>Emtricitabine, Rilpivirine, Tenofovir</td>
<td>Complera</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
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<tr>
<td>Enalapril</td>
<td>Vasotec</td>
<td>Renin-Angiotensin-Aldosterone System Inhibitors</td>
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<td>Enfuvirtide</td>
<td>Fuzen</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
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<td>Enoxaparin</td>
<td>Lovenox</td>
<td>Anticoagulants</td>
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<tr>
<td>Entecavir</td>
<td>Baraclude</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
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<tr>
<td>Epinephrine</td>
<td>Adrenaline</td>
<td>Sympathomimetic (Adrenergic) Agents</td>
<td></td>
<td>RN Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epoetin Alfa</td>
<td>Epogen, Procrit</td>
<td>Hematopoietic Agents</td>
<td>Physician Initiation Only Must be enrolled in the ESA APPRISE.</td>
<td>Pill Line</td>
<td>[2012 Version]</td>
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</tr>
<tr>
<td>Ergotamine and Caffeine</td>
<td>Cafergot</td>
<td>Sympatholyic (Adrenergic Blocking) Agents</td>
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<tr>
<td>Erythromycin and Sulfisoxazole</td>
<td>Pedazole</td>
<td>Macrolides Sulfonamides</td>
<td></td>
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<tr>
<td>Erythromycin Ethylsuccinate</td>
<td>E.E.S.</td>
<td>Macrolides</td>
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<tr>
<td>Generic</td>
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</tr>
<tr>
<td>Erythromycin Stearate</td>
<td>Erythrocin</td>
<td>Macrolides</td>
<td>NP/PA: Pneumonia, sinusitis, NSU, adult streptococcal pharyngitis, cellulitis, folliculitis, hordeolum and otitis media.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Erythromycin, Ophthalmic</td>
<td>Ilotycin</td>
<td>EENT Anti-infectives</td>
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<td></td>
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<tr>
<td>Erythromycin Topical Gel 2%</td>
<td>Erygel</td>
<td>Antibacterials (Skin and Mucous Membrane)</td>
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<tr>
<td>Estradiol Cypionate</td>
<td>Depo-Estradiol</td>
<td>Estrogens</td>
<td>Estradiol is preferred over Estrogen conjugated (Premarin) *Conversion (PO) Estradiol vs Premarin 2mg 1.8mg 4mg 2.7mg 6mg 3.75mg 8mg 5mg -Use serum estradiol to adjust accordingly</td>
<td></td>
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<tr>
<td>Estradiol Valerate</td>
<td>Delestrogen, Climara</td>
<td>Estrogens</td>
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<td>Ethambutol</td>
<td>Myambutol</td>
<td>Antituberculosis</td>
<td>Physician Initiation Only.</td>
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<tr>
<td>Ethionamide</td>
<td>Trecator</td>
<td>Antituberculosis</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
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<td>Etravirine</td>
<td>Intelence</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
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</tr>
<tr>
<td>Famiclovir</td>
<td>Famvir</td>
<td>Nucleosides and Nucleotides</td>
<td>Physician Initiation Only to HIV Patients.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fenofibrate</td>
<td>Lofibra</td>
<td>Fibrin Acid Derivatives</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ferrous Sulfate</td>
<td>Fer-In-Sol</td>
<td>Iron Preparations</td>
<td>Note: When prescribing in children be sure to advise caregivers to keep this medication out of reach of children. Iron overdose is a common cause of death.</td>
<td></td>
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</tr>
</tbody>
</table>
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</tr>
</thead>
<tbody>
<tr>
<td>Filgrastim</td>
<td>Neupogen</td>
<td>Hematopoietic Agents</td>
<td>Physician Initiation Only. If patient's weight is greater than or equal to 75kg, then use 480mcg dose. Restricted to Physician Initiation Only or secondard to Infectious Disease.</td>
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<tr>
<td>Finasteride</td>
<td>Proscar</td>
<td>5 Alpha-Reductase Inhibitor</td>
<td></td>
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<tr>
<td>Fluconazole</td>
<td>Diflucan</td>
<td>Antifungals</td>
<td>Medication should never be used for longer than a two-week period of time without a discontinuation prior to re-starting. This and other fluorinated compounds should never be used on the face unless instructed by a dermatologist.</td>
</tr>
<tr>
<td>Fluocinonide</td>
<td>Lidex</td>
<td>Anti-inflammatory Agents (Skin and Mucous Membrane)</td>
<td></td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>Prozac</td>
<td>Antidepressants</td>
<td>Physician/Psychiatrist Initiation Only - Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
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<tr>
<td>Fluphenazine</td>
<td>Prolixin</td>
<td>Antipsychotic Agents</td>
<td>Physician/Psychiatrist Initiation Only - Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
</tr>
<tr>
<td>Fluphenazine</td>
<td>Prolixin Decanoate</td>
<td>Antipsychotic Agents</td>
<td>Physician/Psychiatrist Initiation Only - Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
</tr>
<tr>
<td>Fluticasone Propionate Oral Inhaler</td>
<td>Flovent</td>
<td>Adrenals</td>
<td></td>
</tr>
<tr>
<td>Folic Acid</td>
<td>Folvite</td>
<td>Vitamin B Complex</td>
<td></td>
</tr>
<tr>
<td>Fosamprenavir</td>
<td>Lexiva</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
</tr>
<tr>
<td>Furosemide</td>
<td>Lasix</td>
<td>Diuretics</td>
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<tr>
<td>Generic</td>
<td>Trade Name</td>
<td>Therapeutic Class</td>
<td>Comments</td>
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<tr>
<td>Gabapentin</td>
<td>Neurontin</td>
<td>Miscellaneous Anticonvulsants</td>
<td>Restricted to use as anticonvulsant and for pain control.</td>
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<tr>
<td>Gemfibrozil</td>
<td>Lopid</td>
<td>Fibric Acid Derivatives</td>
<td>Contraindication to use with simvastatin.</td>
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<tr>
<td>Gentian Violet</td>
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<td>Antifungals, Miscellaneous Skin and Mucous Membrane</td>
<td>Not available via VA Prime Vendor. May obtain from contracted Mail Order Pharmacy. Clinic use only.</td>
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<tr>
<td>Gentamicin Sulfate</td>
<td>Garamycin</td>
<td>Aminoglycoside EENT Anti-infectives</td>
<td>Injectable-Physician Initiation Only.</td>
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<tr>
<td>Glipizide</td>
<td>Glucotrol</td>
<td>Antidiabetic Agents</td>
<td>The immediate release tablets are administered 30 minutes before a meal and divided doses for dosing equal or greater than 15 mg/day.</td>
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<tr>
<td>Glucagon, Human Recombinant</td>
<td>Glucagen Hypokit</td>
<td>Glycogenolytic Agents</td>
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<tr>
<td>Glyburide</td>
<td>Miconazole, Diabeta</td>
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<td>Glycerin suppository</td>
<td>Cathartics and Laxatives</td>
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<tr>
<td>Griseofulvin Suspension</td>
<td>Grifulvin</td>
<td>Antifungals</td>
<td>Pediatric Use Only Suspension Only</td>
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<tr>
<td>Guaifenesin</td>
<td>Robitussin</td>
<td>Expectorants</td>
<td>Recommend alcohol-free formulation. Physician/Psychiatrist Initiation Only- Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
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<tr>
<td>Haloperidol</td>
<td>Haldol</td>
<td>Antipsychotic Agents</td>
<td>Physician/Psychiatrist Initiation Only- Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels. The maximum volume per injection site should not exceed 3ml. Not to be administered IV.</td>
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<tr>
<td>Haloperidol Decanoate</td>
<td>Haloperidol Decanoate</td>
<td>Antipsychotic Agents</td>
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<td>Heparin Sodium</td>
<td>Heparin Lock Flush Solution</td>
<td>Anticoagulants</td>
<td>Physician Initiation Only.</td>
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<tr>
<td>Hepatitis A Vaccine</td>
<td>Havrix</td>
<td>Vaccines</td>
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## Generic Monographs

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<tr>
<th>Generic</th>
<th>Trade Name</th>
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<th>Pill Line</th>
<th>RN Use</th>
<th>FDA Med Guide</th>
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<tr>
<td>Hepatitis B Vaccine</td>
<td>Engerix</td>
<td>Vaccines</td>
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<td>Apresoline</td>
<td>Direct Vasodilators</td>
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<td>Microzide</td>
<td>Diuretics</td>
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<tr>
<td>Hydrocortisone Suppository</td>
<td>Anucort-HC, Anusol-HC</td>
<td>Anti-inflammatory Agents (Skin and Mucous Membrane)</td>
<td>Hydrocortisone 1% for RN Use</td>
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<td>Hydrogen Peroxide</td>
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<td>Mouthwashes and Gargles</td>
<td>Main clinic and dental clinic use.</td>
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<td>Hydroxychloroquine</td>
<td>Plaquenil</td>
<td>Antimalarials</td>
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<td>Hydrea</td>
<td>Antineoplastic Agents</td>
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<tr>
<td>Hydroxyzine</td>
<td>Atarax; Vistaril</td>
<td>Miscellaneous Anxiolytics, Sedatives, and Hypnotics</td>
<td>Atarax is the Hydrochloride salt. Vistaril is the Pamoate salt. Pill Line Only for anxiety use. For other indications such as pruritus, may be given as KOP.</td>
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<td>Ibuprofen</td>
<td>Motrin</td>
<td>Nonsteroidal Anti-inflammatory Agents</td>
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<td>Tofranil</td>
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<td>Immune Globulin</td>
<td>Gamimune</td>
<td>Serums</td>
<td>Physician Initiation Only. MUST BE REFRIGERATED.</td>
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<td>Indinavir</td>
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<td>Indomethacin</td>
<td>Indocin</td>
<td>Nonsteroidal Anti-inflammatory Agents</td>
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<td>Influenza Virus Vaccine</td>
<td>Fluzone</td>
<td>Vaccines</td>
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<td>Insulin</td>
<td>Humulin, Novolin, Lantus Insulins</td>
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<td>Human Insulin Only.</td>
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<td>Regular, NPH, 70/30, Glargine</td>
<td>Insulin lispro, insulin aspartate not approved.</td>
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<tr>
<td>Ipratropium</td>
<td>Atrovent</td>
<td>Antimuscarinics/Antispasmodics</td>
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<td>Ipratropium/Albuterol oral inhaler</td>
<td>Combivent</td>
<td>Antimuscarinics/Antispasmodics Sympathomimetic Agents</td>
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<td>Isoniazid</td>
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<td>Isosorbide Mononitrate</td>
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<td>Ketorolac injection</td>
<td>Toradol</td>
<td>Nonsteroidal Anti-inflammatory Agents</td>
<td>Do not use for greater than five continuous days. Oral formulation not approved.</td>
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<td>[2013 version]</td>
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<td>Ketorolac ophthalmic</td>
<td>Acular, Acular LS</td>
<td>EENT Nonsteroidal Antiinflammatory Agents</td>
<td>Restricted to use only after surgery.</td>
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<td>Ketoconazole</td>
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<td>Trandate</td>
<td>B-Adrenergic Blocking Agents</td>
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<td>Lactated Ringers</td>
<td>Ringer’s Lactate</td>
<td>Replacement Preparations</td>
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<td>Electrolytic, Calorie, and Water Balance</td>
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<td>Lamivudine</td>
<td>Epivir</td>
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<td>Lamotrigine</td>
<td>Lamictal</td>
<td>Anticonvulsants, Miscellaneous</td>
<td>Physician Initiation Only. Lamotrigine should be discontinued at the first sign of rash, unless the rash is clearly not drug-related.</td>
<td>Pill Line</td>
<td>[2013 version]</td>
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<td>Latanoprost</td>
<td>Xalatan</td>
<td>Prostaglandin Analogs</td>
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<td>Leflunomide</td>
<td>Arava</td>
<td>Disease-Modifying Antirheumatic Agents</td>
<td>2nd line treatment for RA</td>
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<tr>
<td>Leucovorin Calcium</td>
<td>Leucovorin</td>
<td>Miscellaneous Therapeutic Agents</td>
<td>Concomitant use with pyrimethamine to prevent hematologic toxicity.</td>
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</table>
## Generic Monographs

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<tbody>
<tr>
<td>Levetiracetam</td>
<td>Keppra</td>
<td>Anticonvulsants, Miscellaneous</td>
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<td>Pill Line</td>
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<td>Levofoxacin Oral Solution</td>
<td>Levaquin</td>
<td>Quinolones</td>
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<td>Levonorgestrel</td>
<td>Plan B One-Step</td>
<td>Contraceptives, Progestins</td>
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<td>Levothyroxine</td>
<td>Synthroid</td>
<td>Thyroid Agents</td>
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<td>Lidocaine and Epinephrine</td>
<td>Xylocaine with Epinephrine</td>
<td>Local Anesthetics</td>
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<td>Lidocaine Hydrochloride</td>
<td>Xylocaine</td>
<td>Cardiac Drugs, Local Anesthetics, Antipruritics and Anesthetics</td>
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<tr>
<td>Lisinopril</td>
<td>Zestril, Prinivil</td>
<td>Renin-Angiotensin-Aldosterone System Inhibitors</td>
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<td>Lisinopril/ Hydrochlorothiazide</td>
<td>Prinzide, Zestoretic</td>
<td>Renin-Angiotensin-Aldosterone System Inhibitors</td>
<td>Diuretics</td>
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<td>Lithium Carbonate</td>
<td>Eskalith</td>
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<td>Loperamide Hydrochloride</td>
<td>Imodium</td>
<td>Antidiarrhea Agents</td>
<td>Physician Initiation Only. Use oral solution within two months if patient stores at room temperature. Oral solution contains alcohol.</td>
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<td>[2013 version]</td>
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<td>Lopinavir/ Ritonavir</td>
<td>Kaletra</td>
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<td>Loratadine</td>
<td>Claritin</td>
<td>Second Generation Antihistamines</td>
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<td>Lorazepam</td>
<td>Ativan</td>
<td>Benzodiazepines</td>
<td>Lorazepam injectable needs to be refrigerated. Physician/Psychiatrist Use Only. PA/NP: Requires a prescription countersigned by physician/dentist unless MLP privileged to prescribe independently. Keep in locked cabinet.</td>
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<tr>
<td>Losartan</td>
<td>Cozaar</td>
<td>Angiotensin II Receptor Antagonists</td>
<td>Intolerance to ACE inhibitors and/or failure to control Rennin-Angiotensin-Aldosterone System.</td>
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<td>Losartan/ Hydrochlorothiazide</td>
<td>Hyzaar</td>
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<td>Latuda</td>
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<td>Pill Line</td>
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<tr>
<td>Magnesium Hydroxide</td>
<td>MOM, Milk of Magnesia</td>
<td>Cathartics and Laxatives</td>
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<td>RN Use</td>
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<td>Magnesium Oxide</td>
<td>Mag-Ox</td>
<td>Antacids and adsorbents</td>
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<td>Provera</td>
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<td>Megestrol Acetate</td>
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<td>Antineoplastic Agents</td>
<td>Appetite stimulation for patients with HIV or cachexia.</td>
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<td>Mobic</td>
<td>Nonsteroidal Anti-inflammatory Agents</td>
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<td>Meningococcal Conjugate Vaccine</td>
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<td>Vaccines</td>
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<td>Gastrointestinal Agents – Prokinetic Agents</td>
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<td>Lopressor</td>
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<td>Metoprolol Succinate (XL) restricted to use in congestive heart failure only.</td>
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<tr>
<td>Morphine Sulfate</td>
<td>Duramorph</td>
<td>Opiate Agonists</td>
<td>Physician Use Only-Only Physician can order (both initiation and renewal). Keep in locked cabinet. Immediate Release, non-enteric coated are to be crushed prior to administration.</td>
<td>Pill Line</td>
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<td>Moxifloxacin HCl</td>
<td>Avelox</td>
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<td>Multivitamin</td>
<td>One-A-Day</td>
<td>Multivitamin Preparation</td>
<td>Dialysis, pregnant, malnutrition, and wasting syndrome patients only.</td>
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<td>Chewable Multivitamin</td>
<td>Multivitamin Preparation</td>
<td>For pediatric use.</td>
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<td>Mycophenolate</td>
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<td>Immunosuppressive Agents</td>
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<td>Nonsteroidal Anti-inflammatory Agents</td>
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<td>Neomycin/Polymyxin B Sulfate/Dexamethasone Ophthalmic drop</td>
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<td>Nifedipine</td>
<td>Procardia XL</td>
<td>Calcium Channel Blocking Agents</td>
<td>Immediate Release not approved.</td>
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<td>Nitroglycerin</td>
<td>Nitrostat, Transderm-Nitro</td>
<td>Vasodilating Agents - Nitrates and Nitrites</td>
<td>Nitrostat-keep the tablets in the original container.</td>
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<td>Norethindrone</td>
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<td>MonaNessa, Trinessa</td>
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<td>Normal Saline Nose Drops</td>
<td>Ocean Spray</td>
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<tr>
<td>Olanzapine</td>
<td>Zyprexa</td>
<td>Atypical Antipsychotics</td>
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<td>Ondansetron</td>
<td>Zofran</td>
<td>5-HT3 Receptor Antagonists</td>
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<td>Oseltamivir</td>
<td>Tamiflu</td>
<td>Antivirals – Neuraminidase Inhibitor</td>
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<td>Oxybutynin</td>
<td>Ditropan</td>
<td>Genitourinary Smooth Muscle Relaxant</td>
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<td>Oxymetazoline</td>
<td>Afrin</td>
<td>Vasoconstrictors (EENT)</td>
<td>Clinic use only for severe nosebleed.</td>
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<td>Para-Aminosalicylic Acid</td>
<td>Paser</td>
<td>Antituberculosis</td>
<td>Physician Initiation Only. Not available via VA Prime Vendor. May obtain from contracted Mail Order Pharmacy. Clinic use only.</td>
<td>Pill Line</td>
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<td>Papillomavirus (HPV Vaccines)</td>
<td>Gardasil, Gardasil 9</td>
<td>Vaccines</td>
<td>&quot;Pediatric Use Only&quot;. Gardasil 9-Not available via VA Prime Vendor. May obtain from contracted Mail Order Pharmacy.</td>
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<td>Paroxetine</td>
<td>Paxil</td>
<td>Antidepressants</td>
<td>Physician/Psychiatrist Initiation Only-Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
<td>Pill Line</td>
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<td>[2014 version]</td>
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<tr>
<td>PEG (Polyethylene Glycol 3350 + Electrolytes Solution)</td>
<td>Golytely</td>
<td>Cathartics and Laxatives</td>
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<tr>
<td>Penicillin G Benzathine</td>
<td>Bicillin Long-Acting</td>
<td>Penicillins</td>
<td>Medication must be refrigerated.</td>
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<td>Penicillin G Procaine</td>
<td>Penicillin G Procaine</td>
<td>Penicillins</td>
<td>Medication must be refrigerated.</td>
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<tr>
<td>Penicillin V Potassium</td>
<td>Penicillin VK</td>
<td>Penicillins</td>
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<td>Pentamidine Isethionate</td>
<td>NebuPent, Pentam 300</td>
<td>Miscellaneous</td>
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<td>Permethrin</td>
<td>Acticin, Nix</td>
<td>Scabicides and Pediculicides</td>
<td>RN Use 1% Permethrin Per RN Guidelines, Physician/Psychiatrist Initiation Only Physician/Psychiatrist can initiate and can be re-ordered/renewed by Mid-Levels.</td>
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<td>Perphenazine</td>
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<td>Petrolatum</td>
<td>Vaseline</td>
<td>Emollients, Demulcients and Protectants</td>
<td>RN Use</td>
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<td>Phenazopyridine</td>
<td>Pyridium</td>
<td>Antipruritities and Anesthetics</td>
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<td>Phenobarbital</td>
<td>Phenobarbital</td>
<td>Anticonvulsants, Barbiturates</td>
<td>Physician Use Only, PA/NP: Requires a prescription countersigned by physician/dentist unless MLP privileged to prescribe independently. Keep in locked cabinet.</td>
<td>Pill Line</td>
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<tr>
<td>Phenylephrine</td>
<td>Anu-Med Suppository, oral tablets</td>
<td>Miscellaneous Skin and Mucous Membrane Agents</td>
<td>Suppositories and oral tablets only</td>
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<td>RN Use</td>
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<td>Phenytoin</td>
<td>Dilantin</td>
<td>Anticonvulsants, Hydantoins</td>
<td>Injectable-Physician Initiation Only.</td>
<td>Pill Line</td>
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<td>[2011 version]</td>
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<tr>
<td>Phytonadione</td>
<td>Vitamin K</td>
<td>Vitamin K</td>
<td>Physician Initiation Only.</td>
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<td>Piperonyl Butoxide/Pyrethrins</td>
<td>RID</td>
<td>Scabicides and Pediculicides</td>
<td>For external use only.</td>
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<td>RN Use</td>
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<tr>
<td>Pneumococcal Vaccine</td>
<td>Pneumovax 13 &amp; 23</td>
<td>Vaccines</td>
<td>Only to be administered to patients meeting criteria per CDC guideline.</td>
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<td>Podofilox</td>
<td>Condylox</td>
<td>Skin and Mucous Membrane Agents</td>
<td>Clinic use only.</td>
<td>Pill Line</td>
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<tr>
<td>Podophyllin</td>
<td>Podocon 25</td>
<td>Keratolytic Agent</td>
<td>For use in condyloma acuminata in adults-to be used in clinic only. Medication is not to be dispensed to patients. For external use only.</td>
<td>Pill Line</td>
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<td>Poliovirus Vaccine</td>
<td>Orimune</td>
<td>Vaccines</td>
<td>According to CDC guidelines.</td>
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<td>Pravachol</td>
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<td>Prednisone</td>
<td>Deltasone</td>
<td>Adrenals</td>
<td>If oral steroids are to be used for greater than 5 days, they should be tapered and not abruptly stopped.</td>
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<td>Primaquine</td>
<td>Primaquine</td>
<td>Antimalariales</td>
<td>Glucose-deficient patients may be treated with lower doses over a longer period of time.</td>
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<td>Antithyroid Agents</td>
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<td>Cathartics and Laxatives</td>
<td>Sugar free products only.</td>
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<td>Pyrazinamide</td>
<td>PZA</td>
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<td>Vitamin B Complex</td>
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<td>Daraprim, Fansidar</td>
<td>Antimalarials</td>
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<td>Quinidine Sulfate</td>
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<td>Quinine</td>
<td>Qualaquin</td>
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<td>When treating uncomplicated malaria medication should be given in combination with either tetracycline or doxycycline.</td>
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<td>[2014 version]</td>
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<td>Raltegravir Potassium</td>
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<td>Norvir</td>
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<td>Rotarix, Rota Teq</td>
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<tr>
<td>Selenium Sulfide</td>
<td>Selsun</td>
<td>Miscellaneous Local Anti-Infectives</td>
<td>OTC version-RN Use Per RN Guidelines. For external use only.</td>
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<td>Sertraline Hydrochloride</td>
<td>Zoloft</td>
<td>Antidepressants</td>
<td>Physician/Psychiatrist Initiation Only-Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
<td>Pill Line</td>
<td>[2012 version]</td>
<td></td>
</tr>
<tr>
<td>Sevelamer</td>
<td>Renagel</td>
<td>Ion-removing Agent</td>
<td>Tablets must be swallowed intact.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Nitrate Applicator</td>
<td></td>
<td>Anti-Infectives</td>
<td>Not available via VA Prime Vendor. May obtain from contracted Mail Order Pharmacy. Clinic use only.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Sulfadiazine</td>
<td>Silvadene</td>
<td>Miscellaneous Local Anti-Infectives</td>
<td>See also Maalox and Mylanta (aluminum hydroxide, magnesium hydroxide and simethicone).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simethicone</td>
<td>Mylicon</td>
<td>Antiflatulents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simvastatin</td>
<td>Zocor</td>
<td>HMG CoA Reductase Inhibitors</td>
<td>Maximum recommended dose is 40mg. Contraindicated with protease inhibitors (HIV) and gemfibrozil. See pravastatin or atorvastatin for alternative.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride</td>
<td>Normal Saline</td>
<td>Replacement Preparations</td>
<td>RN: May administer only upon practitioners orders. The nasal sodium chloride is OTC.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride, Irrigation Solution</td>
<td>Normal Saline irrigation solution</td>
<td>Irrigating Solutions</td>
<td>RN: May use for wound irrigation, but can not dispense to patient.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sodium Phosphate, Rectal</td>
<td>Fleet Enema</td>
<td>Cathartics and Laxatives</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sotalol</td>
<td>Betapace</td>
<td>B-Adrenergic Blocking Agents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spironolactone</td>
<td>Aldactone</td>
<td>Diuretics-potassium sparing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Streptomycin</td>
<td>Streptomycin</td>
<td>Antituberculosis</td>
<td>Physician Initiation Only.</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>Trade Name</td>
<td>Therapeutic Class</td>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sucralfate</td>
<td>Carafate</td>
<td>Gastrointestinal Agents</td>
<td>Restricted to diagnosis of duodenal ulcer as confirmed by UGI or endoscopy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfacetamide</td>
<td>Sulamyd</td>
<td>EENT Anti-Infectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfacetamide and Prednisolone Ophthalmic</td>
<td>Blephamide</td>
<td>EENT Anti-Infectives, Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfamethoxazole/Trimethoprim</td>
<td>Bactrim, Septra</td>
<td>Sulfonamides</td>
<td></td>
<td></td>
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<tr>
<td>Sulphasalazine</td>
<td>Azulfidine</td>
<td>Sulfonamides</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfur and Salicylic Acid</td>
<td>Fostex</td>
<td>Keratolytic Agents</td>
<td>For external use only.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sumatriptan Succinate</td>
<td>Imitrex</td>
<td>Antimigraine Agents - Selective Serotonin Agonists</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tacrolimus</td>
<td>Prograf</td>
<td>Immunosuppressive Agents</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tamsulosin</td>
<td>Flomax</td>
<td>Sympatholytic (Adrenergic Blocking) Agents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tar Shampoo</td>
<td>Ionil T</td>
<td>Keratinoplastic Agents</td>
<td>OTC versions-RN Use Per RN Guidelines. For external use only.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tears, Artificial</td>
<td>Artificial Tears, many brands</td>
<td>EENT Preparations - Miscellaneous</td>
<td>RN Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telbivudine</td>
<td>Tyzeka</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tenofovir Disoproxil Fumarate</td>
<td>Viread</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
<td></td>
<td></td>
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<tr>
<td>Terazosin</td>
<td>Hytrin</td>
<td>A-Adrenergic Blocking Agents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terbinafine</td>
<td>Lamisil</td>
<td>Antifungal Agent</td>
<td>Not to be used for onychomycosis. Use for tinea capitis or tinea pedis.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testosterone (Depo Injection)</td>
<td>Depo-Testosterone</td>
<td>Androgen</td>
<td>Depo Injectable Only. Physician Initiation Only.</td>
<td>Pill Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus Toxoid</td>
<td>TT</td>
<td>Toxoids</td>
<td>According to CDC guidelines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus Toxoid Fluid</td>
<td></td>
<td>Toxoids</td>
<td>Diagnostic agent used for anergy testing; fluid needs to be refrigerated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus and Diphtheria</td>
<td>Td</td>
<td>Toxoids</td>
<td>According to CDC guidelines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetracycline</td>
<td>Achromycin, Sumycin</td>
<td>Tetracyclines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Generic Monographs

<table>
<thead>
<tr>
<th>Generic</th>
<th>Trade Name</th>
<th>Therapeutic Class</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetrahydrozoline Ophthalmic</td>
<td>Visine</td>
<td>Vasoconstrictors (EENT)</td>
<td>Physician Initiation Only. Given the toxic side effects of theophylline and the frequency of blood monitoring, this drug should be considered a last resort drug when all other types of asthma medications have failed in children and adolescents.</td>
</tr>
<tr>
<td>Theophylline</td>
<td>Theo-Dur</td>
<td>Respiratory Smooth Muscle Relaxants</td>
<td></td>
</tr>
<tr>
<td>Thiamine</td>
<td>Vitamin B-1, Betalin S</td>
<td>Vitamin B Complex</td>
<td></td>
</tr>
<tr>
<td>Thiothixene</td>
<td>Navane</td>
<td>Antipsychotic Agents</td>
<td>Physician/Psychiatrist Initiation Only-Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
</tr>
<tr>
<td>Timolol Maleate</td>
<td>Timoptic</td>
<td>EENT Preparations - B-Adrenergic Blocking Agents</td>
<td></td>
</tr>
<tr>
<td>Tipranavir</td>
<td>Aptivus</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
</tr>
<tr>
<td>Titanium Dioxide</td>
<td>Vanicream</td>
<td>Sunscreen Agents</td>
<td>Topical Cream</td>
</tr>
<tr>
<td>Tizanidine</td>
<td>Zanaflex</td>
<td>Centrally Acting Skeletal Muscle Relaxants</td>
<td></td>
</tr>
<tr>
<td>Tobramycin Ophthalmic</td>
<td>Tobrex</td>
<td>EENT Antibacterials</td>
<td></td>
</tr>
<tr>
<td>Topiramate</td>
<td>Topamax</td>
<td>Anticonvulsant</td>
<td>Used for epilepsy as monotherapy or adjunctive therapy; migraine prophylaxis.</td>
</tr>
</tbody>
</table>

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## Generic Monographs

<table>
<thead>
<tr>
<th>Generic</th>
<th>Trade Name</th>
<th>Therapeutic Class</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tramadol</td>
<td>Ultram</td>
<td>Opiate Agonists</td>
<td>PA/NP: Requires a prescription countersigned by physician/dentist unless MLP privileged to prescribe independently. Only after documented NSAID failure or unless other NSAIDS are contraindicated. Keep in locked cabinet. Immediate release and non-enteric coated are to be crushed prior to administration.</td>
</tr>
<tr>
<td>Trazodone</td>
<td>Desyrel</td>
<td>Antidepressants</td>
<td>Physician/Psychiatrist Initiation Only-Physician/Psychiatrist can initiate and can be re-ordered/renewed by Mid-Levels.</td>
</tr>
<tr>
<td>Tretinoin Topical</td>
<td>Retin-A</td>
<td>Skin and Mucous Membrane Agents</td>
<td>Used for acne vulgaris only. Topical only.</td>
</tr>
<tr>
<td>Triamcinolone Acetonide</td>
<td>Kenalog</td>
<td>Anti-Inflammatory Agents (Skin and Mucous Membranes)</td>
<td>In general topical corticosteroids should only be used on the involved areas of the skin and when treating chronic dermatitis should only be used when skin is inflamed.</td>
</tr>
<tr>
<td>Triamcinolone Dental Paste</td>
<td>Kenalog in Orabase</td>
<td>Anti-Inflammatory Agents (Skin and Mucous Membranes)</td>
<td>See also Dental Agents 34:00</td>
</tr>
<tr>
<td>Triamcinolone Hexacetonide</td>
<td>Aristospan</td>
<td>Adrenals</td>
<td></td>
</tr>
<tr>
<td>Triamterene/ Hydrochlorothiazide</td>
<td>Maxzide</td>
<td>Diuretics-potassium sparing</td>
<td></td>
</tr>
<tr>
<td>Trimethobenzamide Hydrochloride</td>
<td>Tigan</td>
<td>Antiemetics</td>
<td></td>
</tr>
<tr>
<td>Trihexyphenidyl</td>
<td>Artane</td>
<td>Antiparkinsonian Agents</td>
<td></td>
</tr>
<tr>
<td>Tropicamide</td>
<td>Mydriacyl</td>
<td>Mydriatics</td>
<td>Product must be refrigerated.</td>
</tr>
<tr>
<td>Tuberculin Purified Protein Derivative</td>
<td>Tubersol (Diagnostic)</td>
<td>Tuberculosis</td>
<td>For diagnostic use only.</td>
</tr>
<tr>
<td>Generic</td>
<td>Trade Name</td>
<td>Therapeutic Class</td>
<td>Comments</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
<td>------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Umeclidinium/Vilanterol</td>
<td>Anoro Ellipta</td>
<td>Anticholinergic/ LABA</td>
<td>Long Acting Anticholinergic for COPD.</td>
</tr>
<tr>
<td>Ulipristal</td>
<td>Ella</td>
<td>Contraceptives</td>
<td></td>
</tr>
<tr>
<td>Valsartan/Hydrochlorothiazide</td>
<td>Diovan HCT</td>
<td>Angiotensin II Receptor Antagonists/Diuretic</td>
<td></td>
</tr>
<tr>
<td>Valproic Acid</td>
<td></td>
<td>Anticonvulsant</td>
<td></td>
</tr>
<tr>
<td>Vancomycin</td>
<td>Vancocin</td>
<td>Miscellaneous Antibiotics</td>
<td>Physician Initiation Only. ADD-Vantage Vials.</td>
</tr>
<tr>
<td>Varicella Vaccine</td>
<td>Varivax</td>
<td>Vaccines</td>
<td>According to CDC guidelines.</td>
</tr>
<tr>
<td>Venlafaxine</td>
<td>Effexor</td>
<td>Antidepressants</td>
<td>Physician/Psychiatrist Initiation Only - Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
</tr>
<tr>
<td>Verapamil</td>
<td>Calan</td>
<td>Calcium Channel Blocking Agents</td>
<td>Injection-Physician Initiation Only.</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>Aquasol A</td>
<td>Vitamin A</td>
<td></td>
</tr>
<tr>
<td>Warfarin</td>
<td>Coumadin</td>
<td>Antiocoagulants</td>
<td></td>
</tr>
<tr>
<td>Zalcitabine</td>
<td>Hivid</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only.</td>
</tr>
<tr>
<td>Zidovudine</td>
<td>Retrovir</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only. Zidovudine has been associated with hematologic toxicity.</td>
</tr>
<tr>
<td>Zidovudine and Lamivudine</td>
<td>Combivir</td>
<td>Antiretroviral Agents</td>
<td>Physician Initiation Only. Zidovudine has been associated with hematologic toxicity.</td>
</tr>
<tr>
<td>Zinc Oxide</td>
<td>Desitin</td>
<td>Emollient,Protectants</td>
<td></td>
</tr>
<tr>
<td>Ziprasidone</td>
<td>Geodon</td>
<td>Atypical Antipsychotics</td>
<td>Physician/Psychiatrist Initiation Only - Physician/Psychiatrist can initiate and can be reordered/renewed by Mid-Levels.</td>
</tr>
<tr>
<td>Generic</td>
<td>Trade Name</td>
<td>Indication</td>
<td>Price</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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<td>-----------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Acidulated Phosphate Fluoride (APF) 1.23%</td>
<td>Topex 60 Second APF Foam or Gel</td>
<td>Children, orthodontic, and xerostomia from medical tx.</td>
<td>$17.93 per box</td>
</tr>
<tr>
<td>Articaine 4% with epinephrine</td>
<td>Septocaine</td>
<td>Local anesthetics.</td>
<td>$3.27 per 8oz bottle</td>
</tr>
<tr>
<td>Biotene Mouthwash (alcohol free)</td>
<td>Biotene Mouthwash</td>
<td>Treatment of xerostomia due to medical treatment such as chemotherapy, radiation therapy and salivary gland disorders. “Physician/Dentist Initiation Only”.</td>
<td>$4.18 per 1.5oz tube</td>
</tr>
<tr>
<td>Biotene Oral Balance Moisturizer</td>
<td>Biotene Oral Balance Moisturizer</td>
<td>Treatment of steroid responsive disorders of the oral mucosa, including inflammatory and ulcerative lesions. &quot;Physician/Dentist Initiation Only&quot; 7 days Use Only.</td>
<td>$19.66 per 240ml</td>
</tr>
<tr>
<td>Dexamethasone elixir 0.5 mg/ 5ml</td>
<td>Decadron</td>
<td>Locally administered antibiotic for use in scaling and root planning procedures for the reduction of pocket depth in patients with adult periodontitis.</td>
<td>$479.00 one box of 12</td>
</tr>
<tr>
<td>Denture Adhesive Cream</td>
<td>Fixodent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minocycline HCL 1mg syringes</td>
<td>Arestin</td>
<td>Treatment of oral herpes simplex. “Physician/Dentist Initiation Only”.</td>
<td>$20.87 per 1.5gm</td>
</tr>
<tr>
<td>Neutral Sodium Fluoride 2%</td>
<td>Topex Neutral Foam or Gel</td>
<td>Children, orthodontic, and xerostomia from medical tx.</td>
<td></td>
</tr>
<tr>
<td>Penciclovir cream 1%</td>
<td>Denavir</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium Fluoride 1.1%</td>
<td>PreviDent 5000</td>
<td>Xerostomia from medical treatment (i.e. Radiation tx).</td>
<td>$21.05 box of 200</td>
</tr>
<tr>
<td>Sodium Fluoride 2.7% Propylaxis Paste (Fluoride Ion 1.23%)</td>
<td>DuraShield</td>
<td>Used for normal dental cleanings, polishing and plaque/ stain removal.</td>
<td>$18.22 per 10mL</td>
</tr>
<tr>
<td>Sodium Fluoride Varnish 5%</td>
<td>Duraphat, Sutton DuraShield</td>
<td>Prevention of carious lesions and tooth sensitivity.</td>
<td>$155.99 per box (200 units/box)</td>
</tr>
<tr>
<td>Sulfonated Phenolics and Sulfuric Acid</td>
<td>Debacterol</td>
<td>Not available from VA Prime Vendor.</td>
<td></td>
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</tbody>
</table>
### Approved Over-The-Counter Items
**For Nurse Use**

<table>
<thead>
<tr>
<th>Generic</th>
<th>Trade Name</th>
<th>Therapeutic Class</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>Tylenol</td>
<td>Miscellaneous Analgesics and Antipyretics</td>
<td>Suppositories need to be refrigerated.</td>
</tr>
<tr>
<td>Aluminum Hydroxide/</td>
<td>Mylanta, Maalox</td>
<td>Antacids and Adsorbents</td>
<td>See also Simethicone.</td>
</tr>
<tr>
<td>Magnesium Hydroxide/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simethicone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacitracin</td>
<td></td>
<td>Antibacterials (Skin and Mucous Membrane)</td>
<td></td>
</tr>
<tr>
<td>Bisacodyl</td>
<td>Dulcolax</td>
<td>Cathartics and Laxatives</td>
<td></td>
</tr>
<tr>
<td>Bismuth Subsalicylate</td>
<td>Pepto-Bismol</td>
<td>Antidiarrhea Agents</td>
<td></td>
</tr>
<tr>
<td>Calamine</td>
<td>Calamine Lotion</td>
<td>Miscellaneous Skin and Mucous Membranal Agents</td>
<td></td>
</tr>
<tr>
<td>Cetirizine</td>
<td>Zyrtec</td>
<td>Second Generation Antihistamines</td>
<td></td>
</tr>
<tr>
<td>Chlorpheniramine Maleate</td>
<td>Chlor-Trimeton</td>
<td>First Generation Antihistamines</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole</td>
<td>Lotrimin</td>
<td>Antifungals (Skin and Mucous Membrane)</td>
<td></td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Benadryl</td>
<td>First Generation Antihistamines</td>
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<tr>
<td>Hydrochloride</td>
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<td></td>
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<tr>
<td>Docusate Sodium</td>
<td>Colace</td>
<td>Cathartics and Laxatives</td>
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<tr>
<td>Electrolyte Solution</td>
<td>Pedialyte</td>
<td>Replacement Preparations</td>
<td></td>
</tr>
<tr>
<td>Glycerin suppository</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guaiifenesin</td>
<td>Robitussin</td>
<td>Expectorants</td>
<td></td>
</tr>
<tr>
<td>Hydrocortisone, Topical</td>
<td>Hydrotex</td>
<td>Anti-inflammatory Agents (Skin and Mucous Membrane)</td>
<td></td>
</tr>
<tr>
<td>Hydrogen Peroxide</td>
<td></td>
<td>Mouthwashes and Gargles</td>
<td>Main clinic and dental clinic use.</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Motrin</td>
<td>Nonsteroidal Anti-inflammatory Agents</td>
<td></td>
</tr>
<tr>
<td>Loperamide Hydrochloride</td>
<td>Imodium</td>
<td>Antidiarrhea Agents</td>
<td></td>
</tr>
<tr>
<td>Magnesium Hydroxide</td>
<td>MOM, Milk of Magnesia</td>
<td>Cathartics and Laxatives</td>
<td></td>
</tr>
<tr>
<td>Normal Saline Nose Drops</td>
<td>Ocean Spray</td>
<td>EENT Preparations - Miscellaneous</td>
<td></td>
</tr>
<tr>
<td>Permethrin</td>
<td>Aetecin, Nix</td>
<td>Scabicides and Pediculicides</td>
<td>RN Use 1% Permethrin Per RN Guidelines.</td>
</tr>
<tr>
<td>Petrolatum</td>
<td>Vaseline</td>
<td>Emollients, Demulcents and Protectants</td>
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## Approved Over-The-Counter Items
### For Nurse Use

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<td>Tar Shampoo</td>
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<td>Glycerin suppository</td>
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<td>56:12 Cathartics and Laxatives</td>
<td>Magnesium Hydroxide</td>
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<td>56:12 Cathartics and Laxatives</td>
<td>PEG (Polyethylene Glyco) 3350 + Electrolyte</td>
</tr>
<tr>
<td>56:12 Cathartics and Laxatives</td>
<td>Solution</td>
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<tr>
<td>56:12 Cathartics and Laxatives</td>
<td>Polyethylene Glycol</td>
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<td>Sodium Phosphate, Rectal</td>
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<td>56:22 Antiemetics</td>
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<td>Trimethobenzamide Hydrochloride</td>
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<td>56:22.20 5-HT3 Receptor Antagonists</td>
<td>Ondansetron</td>
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<td>56:28 Gastrointestinal Agents - Antiulcer Agents and</td>
<td>Omeprazole</td>
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<td>Acid Suppressants</td>
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<tr>
<td>56:28 Gastrointestinal Agents - Antiulcer Agents and</td>
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<tr>
<td>Acid Suppressants</td>
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<td>56:28 Gastrointestinal Agents - Antiulcer Agents and</td>
<td>Sucralfate</td>
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<td>Acid Suppressants</td>
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<td>56:32 Gastrointestinal Agents – Prokinetic Agents</td>
<td>Metoclopramide Hydrochloride</td>
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<tr>
<td>56:36 Anti-inflamatory Agents (GI Drugs)</td>
<td>Mesalamine</td>
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<tr>
<td>68:04 Adrenals</td>
<td>Budesonide/ Formoterol</td>
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<tr>
<td>Therapeutic Class</td>
<td>Generic</td>
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<tr>
<td>68:04 Adrenals</td>
<td>Fluticasone Propionate</td>
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<tr>
<td>68:04 Adrenals</td>
<td>Methylprednisolone</td>
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<tr>
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<td>Prednisone</td>
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<td>Triamcinolone Hexacetonide</td>
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<td>68:08 Androgens</td>
<td>Testosterone</td>
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<td>68:12 Contraceptives</td>
<td>Drospirenone - Ethinyl Estradiol</td>
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<td>68:12 Progestins</td>
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<td>68:12 Contraceptives</td>
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<td>Insulin</td>
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<td>68:22.12 Glycogenolytic Agents</td>
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<td>68:22.12 Glycogenolytic Agents</td>
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<td>Propylthiouracil</td>
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<td>72:00 Local Anesthetics</td>
<td>Bupivacaine Hydrochloride with Epinephrine</td>
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<td>72:00 Local Anesthetics</td>
<td>Lidocaine and Epinephrine</td>
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<td>Diphtheria and Tetanus Toxoid, Pediatric</td>
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<td>84:04.08 Antifungals (Skin and Mucous Membrane)</td>
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<td>84:04.92 Miscellaneous Local Anti-Infectives</td>
<td>Selenium Sulfide</td>
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<td>84:04.92 Miscellaneous Local Anti-Infectives</td>
<td>Silver Sulfadiazine</td>
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<td>Hydrocortisone, Topical</td>
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<td>Dibucaine</td>
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<td>Lidocaine Hydrochloride</td>
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<td>84:24.04 Basic Lotions and Liniments</td>
<td>Camphor/menthol</td>
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<td>Therapeutic Class</td>
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<td>84:80 Sunscreen Agents</td>
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<td>84:92 Miscellaneous Skin and Mucous Membrane Agents</td>
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<td>86:12 Genitourinary Smooth Muscle Relaxant</td>
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<td>B vitamins, vitamin C with folic acid</td>
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<td>88:04 Vitamin A</td>
<td>Vitamin A</td>
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<td>88:08 Vitamin B complex</td>
<td>Cyanocobalamin</td>
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<tr>
<td>88:08 Vitamin B Complex</td>
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<td>88:08 Vitamin B Complex</td>
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<td>88:08 Vitamin B Complex</td>
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<td>88:08 Vitamin B Complex</td>
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<td>88:28 Multivitamin Preparation</td>
<td>Multivitamin</td>
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<td>88:28 Multivitamin Preparation</td>
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<td>88:28 Multivitamin Preparation</td>
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<td>92:00 Miscellaneous Therapeutic Agents</td>
<td>Leucovorin Calcium</td>
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<td>92:00 Miscellaneous Therapeutic Agents</td>
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<td>92:08 5 Alpha-Reductase Inhibitor</td>
<td>Finasteride</td>
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<td>92:36 Disease-Modifying Antirheumatic Agents</td>
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<tr>
<td>92:44 Immunosuppressive Agents</td>
<td>Tacrolium</td>
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</table>
Intake Screening (795-A)

Patient was identified by (check 2 sources):
[Wrist Band, Picture, Verbally, ID Badge, Other]

Chaperone Present [yes, no] If yes, give chaperone name

Time of arrival at facility: ____________________ Time of initial screening: ____________________

If detainee was transferred from another facility, did a medical transfer summary accompany the detainee? [Yes, No, N/A]

Was the Pre-Screening Note reviewed? [Yes, No]

1. What language do you speak?
[English, Spanish, Other: ___]
Interpretation provided? [Yes, No] If yes, name or INT# ________________________________
[Yes, No, Detainee speaks English fluently; Provider fluent in patient's native language; no interpreter available during visit,]

Subjective:

Medical Screening

2. How do you feel today? (Explain in his/her own words) ____________

3. Are you currently having any pain?
[Yes, No]
If yes, complete pain assessment below:
3a. Character of pain: 3b. Location: 3c. Duration: 3d. Intensity (0-10 pain scale): 3e. What relieves pain or makes it worse?

4. Do you have any current or past medical problems?
[Yes, No]
If yes, explain: __

5. Are you currently or have you ever taken any medication on a regular basis, including over the counter and herbal?
[Yes, No]
If yes, list medications: __

Do you have your medications with you? [Yes, No]. If yes, list medications:

6. Do you have any allergies including allergies to medication or food?
[Yes, No]
If yes, list all: __

7. Are you now being or have you ever been treated by a doctor for a medical condition to include hospitalizations, surgeries, infectious or communicable diseases?
[Yes, No]
If yes, explain:

8. Do you now or have you ever had Tuberculosis (TB)? [Yes, No]
In the past 2 months, have you experienced any of the following signs or symptoms continuously for more than 2 weeks?
Cough [Yes, No] Coughing up blood? [Yes, No]
Chest pain? [Yes, No]
Loss of appetite? [Yes, No]
Fever, chills, or night sweats for no known reason? [Yes, No]
Unexplained weight loss? [Yes, No]
Symptom screening with positive response(s) is concerning for active TB:
If yes, explain
Referred to provider for further evaluation
[Yes, No]

9. Are you pregnant?
[Yes, No, N/A (male)]
If yes, date of last menstrual period: __
Are you currently breastfeeding? [Yes, No]
Have you had unprotected sexual intercourse in the past 5 days? [Yes, No]
If yes, explain ________________________
Would you like to speak to a medical provider about emergency contraception to prevent a possible pregnancy? [Yes, No]
If yes, make referral to medical provider.

10. Have you had any recent acute changes with your vision or hearing?
[Yes, No]
If yes, explain: __
11. Do you have any specific dietary needs? [Yes, No]
   If yes, explain: ___

12. Have you traveled outside the US within the past 30 days? [Yes, No]
   If so, where?

13. Have you ever had or have you ever been vaccinated against Chicken Pox?
   [Admits prior infection, Admits being vaccinated, History denied at time of intake]

14. Do you identify as transgender?
   [Yes, No] If yes, what is your gender self-identification?____________________

Oral Screening

15. Are you having any significant dental problems?
   [Yes, No]
   If yes, explain: ___

Mental Health Screening

16. Have you ever received counseling, medication or hospitalization for mental health problems? [Yes, No]
   If yes, explain: ___
   If yes, implement Health and Safety Plan.

17. Currently or in the past, have you ever been diagnosed with mental illnesses, mental health conditions, or have you been hospitalized for mental health reasons (to include outpatient treatment)?
   [Yes, No]
   If yes, what illness? ___

18. Do you have a history of self-injurious behavior?
   [Yes, No] If yes, [cutting, self-mutilation] Most recent____________________
   If yes, implement Health and Safety Plan

19. Have you ever tried to kill or harm yourself?
   [Yes, No]
   If yes, when did the attempt occur? ______
   Method:
   [Gun, Hanging, Cutting Skin, Pills, Other]
   If attempt was within the last 90 days, make referral immediately and ensure safety.

20. Are you currently thinking about killing or harming yourself?
   [Yes, No]
   If yes, make referral immediately and ensure safety.

21. Do you have a history of assaulting or attacking others?
   [Yes, No]
   Do you know of someone in this facility whom you wish to attack or harm?
   [Yes, No]
   If yes, who is this person?
   If yes, make referral immediately and ensure safety.

22. Do you now or have you ever heard voices that other people don’t hear; seen things or people that others don’t see; or felt others were trying to harm you for no logical or apparent reason?
   [Yes, No]
   If yes, explain: ___

23. Have you been a victim of physical or sexual abuse?
   [Yes, No]
   If yes, explain: ___

24. Have you had a physical or emotional trauma due to abuse or victimization?
   [Yes, No]

25. Do you feel that you are currently in danger of being physically or sexually assaulted?
   [Yes, No]
   If yes, explain: ___
   If yes, implement Health and Safety Plan

26. Have you ever sexually assaulted anyone?
   [Yes, No]
   If yes, explain: ___
Learning/Cultural/Religious Assessment
28. Can you read? [Yes, No] Can you write? [Yes, No] What was the highest grade completed in school?

29. Is there anything important to know about your religious or cultural beliefs that are of concern to you while in detention?
   [Yes, No]
   If yes, explain: ___

Substance Use/Abuse Screening
30. Have you ever been treated for drug or alcohol problems or suffered withdrawal symptoms from drug use?
   [Yes, No]
   If yes, explain: ___
   If yes, implement Health and Safety Plan
31. Do you now or have you ever used tobacco products, drank alcohol or used drugs?
   [Yes, No]
   If yes, explain: ___
   If yes, implement Health and Safety Plan.

<table>
<thead>
<tr>
<th>Substance Use/Route of Use</th>
<th>Date of Last Use</th>
<th>Amount/Quantity Last Used</th>
</tr>
</thead>
</table>

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Objective:
Patient appears to have normal physical and emotional characteristics.
[Yes, No]
Patient appears to have no barriers to communication.
[Yes, No]
Patient is oriented to person [Yes, No], place [Yes, No], and time[Yes, No]
Patient is NOT to be oriented to:
[Person, Place, Time]
Explain any abnormalities the patient appears to have: ___
If you observe any of the following, check the appropriate box:
[Skin broken out in bumps/rash, Malnourished appearance, Shaking/tremors, Agitation, Inability to focus or concentrate, Developmental disabilities, Excessive sweating, Cuts, bruises, jaundice, lesions, scars, or tattoos, Patient wears glasses or contacts, Bizarre behavior, Physical disabilities, Needle tracks, Nits or active lice, Abnormal breathing (persistent cough, hyperventilation, etc), None observed]
Comments: ___
Vital Signs:
   T __  P __  Resp. __  BP __  Height __  Weight ___
HCG Results:
[Pos, Neg, N/A (Male)]

Assessment:
Initial medical screening:
[No abnormal findings, Abnormal findings identified]
List all abnormal findings:

Plan:
Disposition:
[General population,
   General population with referral for medical/mental health care,
   Isolation until medically evaluated,
   Referral for immediate medical/mental health or dental care]

Education:
[Tuberculosis and CXR explained to patient and process completed with appropriate shielding,
   Physical exam scheduled for patient, Access to medical/dental/mental health care, grievance process explained to patient,
   Patient given the Dealing with Stress and. Medical Orientation and Health Information Brochure in the patient's language,
   Patient verbalized understanding of any teaching or instruction,
   Patient was asked if he or she had any additional questions, and any questions were addressed]
[Female: Educated and provided brochure describing female medical and mental health services related to pregnancy, terminated/miscarried pregnancies, contraction, family planning and age-appropriate gynecological health care.]

Care/Intervention/Follow-up:
[See SF 600 for detailed assessment and plan,
   Physical exam schedule for patient,
   The following care/treatment was given during this intake screening: ___]

Provider's Signature   Stamp/Printed Name   Date   Time
Reviewer's Signature   Stamp/Printed Name   Date   Time
ICE HEALTH SERVICE CORPS

Approach to Trauma Informed Care
PURPOSE

To support the provision of trauma informed care by providing staff with information on psychological trauma and ensure a safe residential environment for residents that may have experienced psychological trauma.
OBJECTIVES

After completing this training staff will be able to:

- Utilize available resources to incorporate trauma informed care into all interactions with the detained/resident population in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) National Center for Trauma Informed Care (NCTIC) principles.
OBJECTIVES, CONT’D

• Define Psychological Trauma including acute and chronic types
• List variables that affect response to trauma across the spectrum of custody
• List the potential effects of trauma exposure
• Describe the interpersonal as well as physical, psychological, and social safety considerations that are essential to providing trauma informed care
PSYCHOLOGICAL TRAUMA

What is psychological trauma and how can you employ trauma informed care?
WHAT IS PSYCHOLOGICAL TRAUMA?

• Psychological Trauma refers to the *physical and emotional responses* of a person to events that threaten the life or physical integrity of that person or of someone critically important to that person (such as a parent or spouse).

• Traumatic events can overwhelm a person’s capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.
WHAT IS PSYCHOLOGICAL TRAUMA?

Traumatic events core elements:
• Often unexpected
• Unpredictable: person was unprepared
• Person could do nothing to prevent it from happening

Traumatic events may affect:
• Ability to trust others
• Sense of personal safety
• Effectiveness in navigating life changes
TYPES OF ACUTE TRAUMA

- Experiencing or witnessing horrific injury, carnage, or fatalities
- Serious accidents
- Community violence
- Natural disasters (earthquakes, wildfires, floods)
- Sudden or violent loss of a loved one
- Physical or sexual assault (e.g., being shot, raped, molested)
- Breakup of a significant relationship
- Surgery or invasive medical procedure
- A humiliating or deeply disappointing experience
- Discovery of a life-threatening illness or disabling condition
TYPES OF CHRONIC TRAUMA

Chronic Trauma refers to the experience of multiple traumatic events.

- Domestic violence/sexual violence
- Longstanding physical abuse or neglect
- Living through long-lasting war & torture
- Extreme poverty

The effects of chronic trauma are often cumulative, as each event serves to remind the person of prior trauma and reinforce its negative impact.
TRAUMA INFORMED APPROACH

KEY ASSUMPTIONS & PRINCIPLES

SAMSHA’s concept of a trauma approach is grounded in a set of three assumptions and four key principles. The context in which trauma is addressed contributes to the outcome of trauma survivors.

Discussion in the upcoming slides will address:

• The Three E’s of Trauma Informed Care
• The Four R’s of Trauma Informed Care, and
• The Six Key Principles of a Trauma Informed Approach
THE THREE E’S OF TRAUMA INFORMED CARE

- Event
- Experience
- Effect
THE THREE E’S OF TRAUMA INFORMED CARE

Event(s): May include the actual threat of physical or psychological harm. These events may be a single occurrence or repeated over time.

Examples of Events include but are not limited to:

- Serious Accident
- Sudden or violent loss of a loved one
- Physical or sexual assault (shot, raped or molested)
- Witnessing horrific injury, carnage or fatalities
- Natural disasters
- Severe or life threatening neglect of a child
THE THREE E’S OF TRAUMA INFORMED CARE

Experience: A particular event may be experienced as traumatic for one individual and not another.

How the individual labels, and assigns meaning to an event will contribute to whether or not the experience is traumatic. Cultural beliefs, developmental stages and availability of social supports also play a key role to the individual’s perception of experience and trauma.
THE THREE E’S OF TRAUMA INFORMED CARE

Examples of Experience include but are not limited to:

• Extreme Poverty
• Separations from parent/siblings
• Traumatic grief and loss
• Domestic violence
• Living through extended periods of war
• Refugee or immigrant experiences
THE THREE E’S OF TRAUMA INFORMED CARE

**Effect** - High-risk or destructive coping behaviors, may lead to serious mental and physical health problems. (SAMSHA)

Examples of effects include but are not limited to:

- Alcoholism
- Drug abuse
- Depression
- Suicide attempts
- Sexually transmitted diseases (due to high risk activity with multiple partners)
THE FOUR R’S: KEY ASSUMPTIONS IN TRAUMA APPROACH

• Realization

• Recognize

• Respond

• Re-traumatization
THE FOUR R’S: KEY ASSUMPTIONS IN TRAUMA APPROACH

**Realization** - To become aware of the possible impact of trauma in an organization or system at all levels.

To be able to understand that trauma can affect families, groups, and individuals.
THE FOUR R’S: KEY ASSUMPTIONS IN TRAUMA APPROACH

**Recognize**—People within the organization are able to identify signs & symptoms of trauma. As a result, people may exhibit but may not be limited to:

- Sleep Disturbances
- Difficulty with Learning
- Behavior that shifts from being overly fearful and overly aggressive
THE FOUR R’S: KEY ASSUMPTIONS IN TRAUMA APPROACH

**Respond** - Integrate knowledge about trauma into policies, procedures & practices into all areas of functioning. This involves all staff of the organization whether directly or indirectly involved with care.

Best practices may include but are not limited to:

- Active Listening
- Creating Initiatives
- Fostering an environment of safety
THE FOUR R’S: KEY ASSUMPTIONS IN TRAUMA APPROACH

Re-traumatization - Re-experiencing thoughts and feelings related to the trauma. Organizations often inadvertently create stressful or toxic environments that interfere with recovery of clients. For example: Using restraints on a person that has been sexually abused or placing a child who has a history of neglect and abuse in a seclusion room.
CONSIDERATIONS FOR IMPLEMENTATION OF A TRAUMA INFORMED APPROACH

- First and foremost, provide supportive listening
- Go by what detainee/resident tells you, not by what may or may not be true
- Goal is to help person recover and rehabilitate
- Role of staff is to facilitate healing
- Keep in mind that persons with most severe behavior problems may be the most traumatized
- Work to avoid re-traumatizing
- Remember that traumatized persons may be functioning well. Do not assume that trauma=impairment in functioning
CONSIDERATIONS FOR IMPLEMENTATION OF A TRAUMA INFORMED APPROACH

Foster an environment of safety

1. Physical
   • Absence of Violence
   • Feeling that basic needs are met

2. Psychological
   • Feeling safe with oneself & the environment
   • Able to exercise self-control & self discipline
   • Able to express sense of humor, creativity and spirituality

3. Social Safety
   • Feeling respected by others
   • Feeling free to express private thoughts and feelings without being misjudged
Scenarios

CASE STUDY # 1

Hi, my name is Juan and I’m 8 years old. I just came to the United States with my sister. My sister’s boyfriend has been hitting her and he got mad at me one day and hit me in the face and I could not open my eye. My Mom died when I was 5 and my sister is all I have. I never knew my father.

Juan’s sister reports that he has nightmares and at times is not eating. He gets scared when he hears others voices getting loud. He has at times been real withdrawn or gets very angry.

Juan has experienced multiple traumatic events (chronic trauma), such as death of his mother, witnessing family violence—sister being beaten by her boyfriend, these events are having an impact on Juan’s functioning and sense of safety—(complex trauma)
Scenarios

Case Study # 2
Nina is a 28 year old female from New Guinea. There was a genocide in her village and she was left alone and captured by rebels. She was tortured and forced to have sex. She was trafficked to Mexico where she escaped and came to the United States in the back of a van with 5 other women. She reports to the security staff at the detention facility that she is having difficulty sleeping and she has lost a significant amount of weight. She feels that the male guards are looking at her inappropriately. The female Guard took her to medical and discussed weight loss with the RN. After a brief check of her vitals she was referred by the RN for both a medical appointment and a mental health intake.
Everyone who interacts with detainees/residents plays a role in trauma informed care throughout the duration of custody.
RESOURCES

- National Center for Trauma-Informed Care
  - 866-254-4819
  - NCTIC@NASMHPD.org
  - http://www.samhsa.gov/nctic
IHSC Evaluation of Adverse Drug Events (ADEs)/Reactions (ADRs)

Introduction:

ADEs/ADRs are defined as any injuries resulting from medication use, including physical harm, mental harm, or loss of function. ADEs/ADRs, compared to medication errors, are a more direct measure of patient harm. Medications errors refer to any mistakes occurring in the medication use process, regardless of whether an injury occurred or whether the potential for injury was present. Although relatively few medication errors in IHSC pill-line administrations result in ADEs, they provide important information for identifying opportunities to improve detainee patient care. At least a quarter of all medications-related injuries are preventable. Preventable ADEs/ADRs include errors made by the clinician and systemic errors.

ADRs/ADEs are far more common single category of adverse events experienced by hospitalized patients than many clinicians/clinical providers believe. It is estimated that 11% of hospitalized patients experience an ADR, with 2.1% of those considered serious. The IHSC pharmacy unit is collecting the statistics.

An ADR is unexpected, unintended, undesired, or excessive response to a drug or medication that (1) requires modifying the dosages; (2) requires discontinuing the medication; (3) requires changing the medication; (4) necessitates supportive treatment; (5) necessitates hospital admission; (6) prolongs stay in a health care facility; (7) significantly complicates diagnosis; (8) negatively affects prognosis; or (9) results in temporary or permanent harm, disability, or death. The concept of medication misadventures included medication errors and ADRs

This management guideline focuses on interventions to prevent ADEs caused by medication errors in the IHSC setting.
Awareness of Possible ADVERSE DRUG REACTIONS (ADRs)

Monitor all patients receiving pharmacologically active agents

Patients with possible ADR → Consider: Medications error.

Patient-specific data → Published literature supports possible ADR

Temporal association with use of drug → No temporal association with use of drug

Causal relationship doubtful

Possible offending agent discontinued → Possible offending agent NOT discontinued

ADR resolves → ADR does not resolve

ADR does not resolve → ADR resolves

Rechallenge → NO rechallenge

ADR reappears → ADR does not reappear

ADR may be caused by existing clinical condition &/or No previous report of ADR associated with drug

ADR unlikely to be caused by existing clinical condition or Previous report of ADR associated with drug

Causal relationship doubtful

Causal relationship possible

Consider reporting to FDA MedWatch program (by the pharmacy provider)
Clinical Guidelines for the Diagnosis, Evaluation and Management of Adults with Asthma (≥ 12 years of Age)

Introduction:
As all Guidelines are intended to be flexible, they serve as recommendations, *not rigid criteria*. The guideline for asthma (reactive airway disease) should be followed in most cases, but depending on the patient, and the circumstances, the clinical practice guidelines for asthma may need to be tailored to fit individual needs. These guidelines are tied to the concept of severity, control and responsiveness and domains of impairment and risk.

1. **Criteria that suggest the diagnosis of asthma:**

   Consider a diagnosis of asthma and perform spirometry if any of these indicators are present *:
   - The symptoms of dyspnea, cough and/or wheezing, especially nocturnal-difficulty breathing or chest tightness-
   - With acute episodes: hyperventilation of thorax, decreased breath sounds, high pitched wheezing, and use of accessory muscles
   - Symptoms worse in presence of exercise, viral infection, inhaled allergens, irritants, changes in weather, strong emotional expression, stress, menstrual cycles
   - Reversible airflow obstruction: FEV₁ > 12% from baseline or increase in FEV₁ > 10 % of predicted after inhalation of bronchodilator, if able to perform spirometry
   - Alternative diagnoses are excluded.

* Eczema, hay fever, and/or a family history of asthma or atopic diseases are often associated with asthma, but they are not key indicators.

2. **Goal of Therapy: Control of Asthma**

   A). **Reduce Impairment**
   - Prevent chronic and troublesome symptoms (e.g., coughing or breathlessness in the daytime, in night, or after exertion).
   - Require infrequent use (< 2 days a week) of inhaled Short-Acting Beta ₂-Agonist (SABA) for quick relief of symptoms (not including prevention of exercise-induced bronchospasm [EIB])
   - Maintain (near) normal pulmonary function; Peak Expiratory Flow circadian variation < 20%
   - Maintain normal activity levels (including exercise and other physical activity and attendance at work)
   - Meet patients’ expectations under his/her detention environment regarding satisfaction with asthma care.

   B). **Reduce Risk**
➢ Prevent recurrent exacerbations of asthma and minimize the need for emergency department visits or hospitalizations.
➢ Provide optimal pharmacotherapy with minimal or no adverse effects of therapy.

3). Refer to Asthma Specialist such as an allergist or pulmonologist when the following occurs:

➢ A life-threatening asthma exacerbation
➢ Failure to meet the goals of asthma therapy after 3-6 months of treatment. An earlier referral or consultation is appropriate if the physician concludes that the patient is unresponsive to therapy.
➢ Signs and symptoms are atypical, or there are problems in differential diagnosis.
➢ Other conditions complicate asthma or its diagnosis, e.g., sinusitis; nasal polyps; Bronchopulmonary aspergillosis (BPA) which is uncommon and results from an allergic pulmonary reaction to inhaled spores of *Aspergillus fumigatus* and occasionally from other *Aspergillus* species; severe rhinitis; vocal cord dysfunction; GERD; chronic obstructive pulmonary disease.
➢ Additional diagnostic testing is indicated (e.g., allergy skin testing, rhinoscopy, complete pulmonary function studies, provocative challenge, bronchoscopy)
➢ Additional education and guidance is required on complications of therapy, problems with adherence, or allergen avoidance.
➢ The detainee patient is being considered for immunotherapy.
➢ The detainee patient requires step 4 care or higher.
➢ The detainee patient has had more than two bursts of oral corticosteroids in one year or has an exacerbation requiring hospitalization.
➢ Requiring confirmation of a history that suggests that an occupational or environmental inhalant or ingested substance is provoking or contributing to asthma. Depending on the complexities of diagnosis, treatment, or the intervention required in the detention environment, it may be appropriate in some cases for the specialist to manage the patients over a period of time or to co-manage with the IHSC provider.
<table>
<thead>
<tr>
<th>Component of Severity</th>
<th>Intermittent</th>
<th>Persistent</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>≤ 2 days/week</td>
<td>≥ 2 days/week but not daily</td>
<td>Daily</td>
<td>Throughout day</td>
<td></td>
</tr>
<tr>
<td>Impairment</td>
<td>Nighttime awakenings</td>
<td>≤ 2x/month</td>
<td>3-4x/month</td>
<td>≥ 1x/week but not nightly</td>
<td>Often 7x/week</td>
</tr>
<tr>
<td>Normal FEV₁/FVC:</td>
<td>Short-acting beta₂-agonist use for symptom control (not prevention of Exercise Induced Bronchoconstriction)</td>
<td>≤ 2 days/week</td>
<td>&gt; 2 days/week but not daily, and not more than 1x on any day</td>
<td>Daily</td>
<td>Several times per day.</td>
</tr>
<tr>
<td>8-19 yr</td>
<td>85%</td>
<td>60%</td>
<td>75%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>20-39 yr</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-59 yr</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-80 yr</td>
<td>70%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
<td>Minor limitation</td>
<td>Some limitation</td>
<td>Extremely limited</td>
<td></td>
</tr>
<tr>
<td>Lung Function</td>
<td>Norm. FEV₁ between exacerbations.</td>
<td>FEV₁ &gt; 80% predicted</td>
<td>FEV₁: 80% predicted</td>
<td>FEV₁ &gt; 60% but ≤ 80% predicted</td>
<td>FEV₁/FVC reduced ≤ 0.70%</td>
</tr>
<tr>
<td>Risk</td>
<td>Exacerbations requiring oral systemic corticosteroids</td>
<td>Consider severity &amp; interval since last exacerbation. Frequency &amp; severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV₁.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommended step for initial Rx.</td>
<td>Step 1</td>
<td>Step 2</td>
<td>Step 3</td>
<td>Step 4 or Step 5</td>
<td></td>
</tr>
<tr>
<td>(see table 2)</td>
<td>in 2-6 weeks, evaluate level of asthma control that is achieved and adjust therapy accordingly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
* Level of severity is determined by assessment of both impairment and risk. Assess impairment domain by patient’s/caregiver’s recall of previous 2-4 weeks and spirometry. Assign severity to the most severe category in which any feature occurs.

* At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity. For treatment purposes, patients who had ≥ 2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.
<table>
<thead>
<tr>
<th>Intermittent Asthma</th>
<th>Persistent Asthma: Daily Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Consult with asthma specialist if step 4 care or higher is required. Consider consult at step 3)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Step 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred: Low-dose ICS</td>
<td>Preferred: Medium-dose ICS+ LABA</td>
<td>Preferred: High-dose ICS+ LABA</td>
<td>Preferred: High-dose ICS+ LABA + oral corticosteroids</td>
<td>Preferred: High-dose ICS+ LABA + oral corticosteroids and Omalizumab for patients who have allergies</td>
<td></td>
</tr>
<tr>
<td>Alternative: SABA PRN, Cromolyn, LTRA, Nedocromil, Theophylline</td>
<td>Alternative: Medium-dose ICS+ either LABA, Theophylline, or Zileuton</td>
<td>and Consider Omalizumab for patients who have allergies</td>
<td>and and Consider Omalizumab for patients who have allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 5 Step up if needed</td>
<td>Step 6 Assess Control Assess Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Each Step: Patient education, environmental control, and management of comorbidities.
* Step 2-4: Consider subcutaneous allergen immunotherapy for patients who have allergic asthma.
* SABA as needed for symptoms. Intensity of treatment depends on severity of symptoms: up to 3 treatments at 20-minute intervals as needed. Short course of oral corticosteroids may be needed.
* Caution: Increasing use of SABA or use > 2 days a week for symptom relief (not prevention of Exercise Induced bronchoconstriction) generally indicates inadequate control and the need to step up treatment.
* ICS, Inhaled Corticosteroids; LTRA, Leukotriene Receptor Antagonist; SABA, Short-Acting Beta2-Agonist; LABA, Long-Acting Beta2-Agonist
<table>
<thead>
<tr>
<th></th>
<th>Inhaled Short-Acting Beta₂-Agonists (SABA)</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Albuterol HFA MDI (50 mcg/puff; 200 puffs/canister)</td>
<td>2 puffs every 4-6 hours, as needed for symptoms; 2 puffs 5 minutes before exercise</td>
</tr>
<tr>
<td>E</td>
<td>Albuterol Nebulizer Solution</td>
<td>1.25-5 mg in 3 cc of saline q 4-6 hours, as needed</td>
</tr>
<tr>
<td>D</td>
<td>Levirbuterol HFA (45 mcg/puff; 200 puffs/canister)</td>
<td>2 puffs every 4-6 hours, as needed for symptoms; 2 puffs 5 minutes before exercise</td>
</tr>
<tr>
<td>I</td>
<td>Levirbuterol (R-albuterol) Nebulizer Solution</td>
<td>0.63-1.25 mg, q 8 hours, as needed</td>
</tr>
<tr>
<td>A</td>
<td>For Asthma Exacerbations</td>
<td></td>
</tr>
<tr>
<td>T</td>
<td>Albuterol MDI (90 mcg/puff)</td>
<td>4-8 puffs every 20 minutes up to 4 hours, then every 1-4 hours as needed</td>
</tr>
<tr>
<td>I</td>
<td>Albuterol Nebulizer solution</td>
<td>2.5-5 mg every 20 minutes for 3 doses, then 2.5-10 mg every 1-4 hours as needed, or 10-15 mg/hour continuously</td>
</tr>
<tr>
<td>N</td>
<td>Anticholinergics</td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>Ipratropium HFA MDI (17 mcg/puffs; 200 puffs/canister)</td>
<td>2-3 puffs every 6 hours</td>
</tr>
<tr>
<td></td>
<td>Ipratropium HFA (Nebulizer solution)</td>
<td>0.25 mg every 8 hours</td>
</tr>
<tr>
<td></td>
<td>Ipratropium with albuterol MDI (18 mcg/puff of Ipratropium bromide and 90 mcg/puff of albuterol; 200 puffs/canister)</td>
<td>2-3 puffs every 6 hours</td>
</tr>
<tr>
<td></td>
<td>Ipratropium with albuterol (Nebulizer solution)</td>
<td>3 ml every 4-6 hours</td>
</tr>
<tr>
<td></td>
<td>Systemic Corticosteroids</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Methylprednisolone (2.4, 6, 8, 16, 32 mg tablets)</td>
<td>Short course &quot;burst&quot;: 40-60 mg/day as single or 2 divided doses for 3-10 days</td>
</tr>
<tr>
<td></td>
<td>Prednisolone (6 mg tablets, 6 mg/5 cc, 15 mg/5 cc)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prednisone (1.25, 5, 10, 20, 50 mg tablets; 5 mg/5 cc, 5 mg/cc)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Repository Injection (Methylprednisolone acetate)</td>
<td>240 mg IM once</td>
</tr>
</tbody>
</table>

**Notes:** HFA, hydrofluoroalkane; IM, intramuscular; MDI, metered-dose inhaler
### Table 2-2  
**Usual Doses for LONG-Term Control Medications**

<table>
<thead>
<tr>
<th>Inhaled Corticosteroids</th>
<th>Doseage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beclomethasone HFA (60 or 80mcg/puff)</td>
<td>60 mcg - &gt; 480mcg</td>
</tr>
<tr>
<td>Budesonide DPI (90, 180, or 200mcg/ inhalation)</td>
<td>180mcg, 200mcg</td>
</tr>
<tr>
<td>Fluticasone (250 mcg/puff)</td>
<td>300mcg, &gt; 2,000mcg</td>
</tr>
<tr>
<td>Fluticasone HFA (100mcg/puff)</td>
<td>320mcg, &gt; 840mcg</td>
</tr>
<tr>
<td>Fluticasone HFA/MDI (44, 110, or 220 mcg/puff)</td>
<td>88mcg, 440mcg</td>
</tr>
<tr>
<td>Fluticasone DPI (90, 100, or 250 mcg/ inhalation)</td>
<td>100mcg, &gt; 500mcg</td>
</tr>
<tr>
<td>Mometasone DPI (200mg/ inhalation)</td>
<td>200mcg, &gt; 400mcg</td>
</tr>
<tr>
<td>Flunisolide aerosol (75mcg/puff)</td>
<td>300mcg, &gt; 1,000 mcg</td>
</tr>
</tbody>
</table>

**Oral Systemic Corticosteroids**

<table>
<thead>
<tr>
<th></th>
<th>Doseage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methylprednisolone</td>
<td>7.5 - 60 mg daily in a single dose in A.M. or divided in the day.</td>
</tr>
<tr>
<td>Prednisone</td>
<td>Get as needed for control.</td>
</tr>
<tr>
<td>Prednisolone</td>
<td>Short course &quot;bursts&quot;: to achieve control, 40-60mg/day as single or two divided doses for 3-10 days.</td>
</tr>
</tbody>
</table>

**Inhaled Long-Acting Beta2 Agonists (LABAs)**

<table>
<thead>
<tr>
<th></th>
<th>Doseage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salmeterol (DPI: 50 mcg/bister)</td>
<td>1 blister every 12 hours</td>
</tr>
<tr>
<td>Formoterol (DPI: 12 mg/single-use capsule)</td>
<td>1 capsule every 12 hours</td>
</tr>
</tbody>
</table>

**Combined Medication**

| Fluticasone/Salmeterol | 1 inhalation bid, dose depends on level of severity or control |
| Budesonide/Formoterol | 2 puffs bid, dose depends on level of severity or control |

**Cromolyn/Nedocromil**

| Cromolyn (MDI: 0.6 mg/puff) | 2 puffs qd |
| Nedocromil (MDI: 1.75 mg/puff) | 2 puffs qd |

**Immunomodulators**

| Omalizumab (Anti IgE) | 150-375 mg SC q 2-4 weeks, depending on body weight & pretreatment serum IgE level |

**Leukotriene Modifiers (Leukotriene Receptor Agonists)**

| Montelukast | 10mg qhs |
| Zafirlukast | 40mg daily (20 mg tablets bid) |
| Zileuton (5-Lipoxygenase Inhibitor) | 2400 mg daily |

**Methylxantines**

| Theophylline (Liquid, sustained-release tablets, & capsules) | Starting dose 10mg/kg/day up to 300 mg maximum; usual maximum 800mg/day |

**Note:** DPI, Dry Powder Inhaler; IgE, immunoglobulin E; MDI, meter-dose inhaler.
* Doseages are provided for those products that have been approved by the U.S. Food and Drug Administration or have sufficient clinical trial safety & efficacy data in the ≤12 years of age and adults to support their use.
Figure 1. Diagnosis, Evaluation, and management of Adults-detainees with Asthma

Detainee with symptomatic or History of reactive airway disease

SYMPTOMATIC

Table 1

Assess detainee for Bronchial Asthma exacerbation

1. O2 Saturations (< 90%)
2. Peak flow X 3 (average < 200)
3. breath sounds (excessive wheezing)
4. Respiratory rate (> 30/min.)

Does detainee meet 1 of the above criteria?

YES

NO

IF afterhours;

1. Give albuterol from Night Pharmacy
2. Have detainee place medications in "personal property & document.

Ensure no contraindication to albuterol and start rebulizer treatment

NO

IF known patient, refer this finding/ results to primary care physician/provider.

Notify to a Provider !!!

(Should consider an immediate referral to the Hospital E.R. via an ambulance service.)
Figure 2

Sensible approaches to patient with Asthma

1. Complete history includes patient’s & family history of atopy
   (C/c. dyspnea on exertion, cough, wheezing)
2. Trigger symptoms
   (e.g., exercise, cold air, upper respiratory tract infections, animal dander, pollen, mold, tobacco smoke)
3. Physical examination
   (Often completely normal. A triad: nasal polyps and aspirin sensitivity, Cobblestoning, Wheezing or stridor)
4. Spirometry with bronchodilator test

   Obstruction  (FEV\textsubscript{1}/FVC < 70 % or
   Or response to bronchodilator)  Normal *

5. Initial step Rx

   In addition to pharmacological intervention,
   Environmental controls, Smoking cessation (essential!!).
   “Action Plans” with patients based on
   Peak Flow measurements with thresholds for increasing Rx and seeking a referral.

Note: *: The American Thoracic Society criteria for “responsiveness” require an increase 200ml and 12 % in either FEV\textsubscript{1} or FVC. A key aspect of asthma is variability in airflow obstruction. Spirometry testing can often be effort dependent. After being instructed in appropriate technique, patients should obtain peak flows at different times of day, when asymptomatic and when dyspneic or wheezy. Variability in peak flows > 20 % is consistent with asthma. Although useful diagnostically, the peak flow meter is generally more useful as a way to monitor for control of established disease.
IHSC

DIAGNOSTIC APPROACH: CHEST PAIN

INTRODUCTION

Chest pain can be broadly defined as any discomfort in the anterior thorax occurring above the epigastrium and below the mandible. However, pain of cardiac origin may be felt primarily in the arms or jaws. The patient who describes chest pain to the primary care providers represents an immediate challenge with a portentous catastrophe, although the symptom is usually of benign etiology.

A thorough description of the chest pain is an essential first step in the diagnosis of the chest pain. An estimated 6.2 million to 16.5 million Americans experience significant chest pain every year. In IHSC, a significant number of detainees presents to the health service and emergency rooms complaining of chest pain.

The evaluation of chest pain in females is also an important step in the diagnosis of coronary artery disease (CAD) among IHSC detainees. The diagnosis of CAD in females is problematic because of diagnostic pathways and outcomes based on research in males. Improved diagnosis of CAD in early stages is critical to prevent complications in females, since CAD in females is a significant cause of morbidity and mortality and a worse prognostic than males with myocardial infarction.

ETIOLOGIES

The principal causes of chest pain may be grouped into life-threatening versus non-life-threatening. Table 1

The principal life-threatening causes are: acute coronary syndrome (ACS), aortic dissection, tension pneumothorax, and pulmonary embolism (PE) - all of which should be transferred immediately to the nearest emergency facility. Figure 1 & Figure 3

The principal non-life-threatening causes are: stable angina, pericarditis, gastrointestinal reflux diseases (GERD), esophageal spasm, musculoskeletal disorders, valvular heart disease, hypertrophic cardiomyopathy, and panic disorder. These conditions may be followed by IHSC medical providers in the ambulatory care settings. Table 1

A majority of patients with chest pain have non-life threatening cause. Therefore, it is important to identify these patients early, to provide effective treatment, relieve patients’ concerns, and appropriately utilize IHSC health care resources. To appropriately utilize health care resources, referring to the algorithm for approach to the chest pain patient. Figure 1 & Figure 3
INITIAL MANAGEMENT FOR PERSISTENT PAIN:

STEP 1: (5-10 minutes)
Expeditious history, focused physical examination, ECG

*History taking:* location, onset, duration character, intensity, and radiation of chest discomfort. Be cautious to use “chest discomfort” rather than “chest pain” as many may denying having “pain” per se.

*Physical examination:* assess possible musculoskeletal, gastrointestinal, and pulmonary abnormalities. Careful consideration should be given to any other focal or systemic diseases for which abnormalities in the neck, chest, or upper abdomen may coexist.

*Lab tests:* ECG mandatory; other tests are electively initiated for non-life-threatening causes.

STEP II (A): EXCLUDE LIFE-THREATENING CAUSES
If life-threatening causes Table 1 suspected, place on cardiac monitor, send cardiac enzymes laboratory tests, and transfer to ER.

STEP II (B): (5-10 minutes for recurrent, episodic pain) Figure 2, Figure 3, Table 4
ESTABLISH READILY APPARENT DIAGNOSIS
Non-life-threatening causes may include: gastrointestinal diseases, musculoskeletal abnormalities, and less commonly, pulmonary diseases or pericarditis. Also, pain that persists for hours or even days is highly unlikely to be caused by a life-threatening condition, i.e. myocardial ischemia in the absence of acute myocardial infarction. Non-cardiac chest pain may be monitored conservatively, depending on the cause.

STEP III:
DETERMINE PROGNOSIS Figure 3
DETERMINE WHICH PATIENTS NEED FURTHER ISCHEMIA EVALUATION
There remains a large group of patients who has equivocal or unclear diagnosis (life-threatening causes excluded) after full initial evaluation. In these cases, the medical providers must weigh the risks and benefits: the risks of missing a critical life-threatening diagnosis (acute myocardial infarction, PE, pneumothorax, or aortic dissection) versus the benefits of effective health care appropriation in a generally young and healthy population with low prevalence for these critical conditions. In general, patients with no cardiac risk factors and no clear cardiac source of chest pain are at low risk for adverse cardiovascular outcomes and may be conservatively managed.
SUMMARY

Although numerous clinical guidelines are available, the assessment of chest pain must integrate multiple pieces of data. No single clinical feature is decisive. As a single cause of chest pain can present in different ways, provide often rely on Bayes’ theorem to make a final diagnosis. Consequently, this sometimes results in false-positive or false-negative diagnosis.

Clinical reasoning with a problem-oriented approach should be applied in all patient evaluations. Cost-conscious utilization of IHSC resources does not necessarily exclude making accurate clinical assessments and providing life-saving treatments. The algorithm provided here is a method essential to avoid missing life-threatening causes of chest pain.

REFERENCES

2. ACC/AHA/ACP-ASIM 1999 guidelines For Management of Patients With Chronic Stable Angina
Table 1: **Principle causes of chest pain**

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<thead>
<tr>
<th>Life-threatening</th>
<th>Non-life-threatening</th>
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<td>Acute coronary syndrome</td>
<td>Stable angina</td>
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<td>Aortic dissection</td>
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<td>Hypertrophic cardiomyopathy</td>
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<td>Panic Disorder</td>
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Table 2: **Grading of angina pectoris by the Canadian Cardiovascular Society Classification system**

**Class I:**
Ordinary physical activity does not cause angina, such as walking or climbing stairs. Angina occurs with strenuous, rapid, or prolonged exertion at work or recreation.

**Class II:**
Slight limitation of ordinary activity: Angina occurs on walking or climbing stairs rapidly; walking uphill; walking or stair climbing after meals, in the cold, in the wind, or under emotional stress; or only during the few hours after awakening.

**Class III:**
Marked limitations of ordinary physical activity: Angina occurs on walking one or two blocks on the level, and climbing one flight of stairs in normal conditions and at a normal pace.

**Class IV:**
Inability to carry on any physical activity without discomfort; anginal syndromes may be present at rest.
Table 3: **Principle presentations of unstable angina**

**Rest angina:**
Angina occurring at rest and usually prolonged (>20 minutes), occurring within a week of presentation.

**New-onset angina:**
Angina of at least CCSC III severity with onset within two months of initial presentation.

**Increasing angina:**
Previously diagnosed angina that is distinctly more frequent, longer in duration or lower in threshold (i.e., increased by at least one CCSC class within two months of initial presentation to at least CCSC III severity).

Table 4: **Approach to the Patient with Persistent Pain (lasting perhaps for days)**

1. Complete History and physical examination  
2. Testing guided by data may include:  
   - Electrocardiogram (ECG)  
   - Chest radiographic study  
   - Computed tomography of chest  
   - Gastrointestinal evaluation  
   - Spine, shoulder, or rib radiographs  
   - Echocardiogram

Table 5: **Clinical Reasoning Approach**

1. History and physical examination  
2. Diagnostic tests (order only accurate and useful tests)  
3. Make a diagnosis (integrate 1 & 2)  
4. Risks, benefits, and alternative of therapeutic options.  
5. Discuss with patient and form a plan.
Table 6: **Risk Factor Determinants of Coronary Artery Disease in Females with Chest Pain**

**Major**
- Typical angina
- Postmenopausal status
- Diabetes (twice the risk of CAD of male diabetic patients)
- Peripheral vascular disease

**Intermediate**
- Hypertension
- Smoking, especially in premenopausal females
- Lipid abnormalities, including HDL< 35mg/dl & triglyceride> 400mg/dl.

**Minor**
- Age> 65 years
- Central obesity (waist/hip ratio> 0.85 or waist> 38 cm)
- Sedentary lifestyle
- Family history of CAD (2.8 times increase in relative risk of nonfatal myocardial infarction and five times increase in CAD
- Other risk factors (hemostatic, psychosocial)
Figure 1

Proposed Algorithm for Managing Chest Pain

1. **History, Physical,**
   - (Step I)
   - **Suspect Life Threatening**
     - NO (Step II-B)
     - YES (Step II-A) Table 1
     - **Pulmonary Embolism**
     - **Aortic**
       - **ACS** (Acute Coronary Syndrome)
     - **Pneumothorax**
       - **Primary & 2-day spontaneous & tension pneumothorax**
     - **Pericarditis**
     - **Stable**
       - **Valvular or Hypertrophic Cardiomyopathy**
     - **Non-cardiac**
     - **ASA (chewable)**
     - **Serial ECGs and ECHO-**
     - **High Pre-test Probability of CAD?**
     - **ECHO-**
     - **Need for Prognostic Assessments?**
       - YES
       - Consider Cardiac Stress Testing (Elective Consultation)*
       - *According to IHSC mission and policies.
     - NO
       - **Appropriate Follow-up and/or Treatment**
     - **To Hospital E.R.**

2. **Clear Diagnosis?**
   - NO (Step III)
   - Cardiac Risk Factor(s) presents?
     - NO
     - YES

All Providers must contact the physician-in-charge at the E.R.
Approach to the Patient with recurrent Episodic CHEST PAIN

RECURRENT EPISODIC

Complete history and physical examination based on what precipitates and relieves pain. Its location and quality as well as the patient's age, gender, and other coronary risk factors.

ECG

Classify pain as:

Typical angina

Atypical but possibly angina

Very unlikely to be myocardial ischemia

To Hospital E.R.

All providers must contact the physician-in-charge at the Hospital E.R.

Consider noncardiac causes. If no diagnosis, consider cardiac testing.

P

N

May need further testing to establish diagnosis of ischemia because of low initial clinical suspicion.

Very unlikely to be a

Consider evaluation for pulmonary or vascular causes, gastrointestinal or musculoskeletal causes.

P*: Positive, N*: Negative
**Figure 3**

**Female patient with CHEST PAIN**

**A:** History:
- Pain characteristics
- Risk factors
  Table 6

**B:** Baseline ECG

**C:** High likelihood (80%)
- Moderate likelihood of disease
  (20%-80% chance) Probable angina
  (At this point, this patient must be referred to a local cardiologist for a routine ETT).

**D:** Routine ETT
- Negative: Careful clinical follow-up
- Nondiagnostic: Cardiac consultation for pharmacological or imaging ETT
  (At this point, all providers must contact a local cardiologist as soon as possible or send E.R.)

**E:** Nonischemic pain
- (<20% likelihood of disease)
  Seek noncardiac causes

**F:** Persistent limiting pain and no other causes
- Consider a cardiology consult for an imaging ETT.

**A~F:** See Appendix.
APPENDIX
(FEMALE patient with **CHEST PAIN**)  

**A:** There are clear gender differences in presenting symptoms of chest pain and in risk stratification. Females may have more *atypical sites of pain*, such as neck, shoulder, and interscapular pain, and may have more associated symptoms of exertional dyspnea or decreased exercise tolerance. It is, therefore, important to ask not only the usual historical questions to determine whether the patient has angina but also to ask about *atypical characteristics*. Risk factor assessment can be divided into major, intermediate, and minor. Table 6  
These risk factors with the character of the pain can be used to place females in categories of likelihood of CAD. *This stratification makes testing for CAD more cost effective and informative.* Risk factor assessment is more likely to predict CAD in females than in males. Stronger predictive value exists, particularly in younger females with risk factors.

**B:** Evaluate a baseline electrocardiogram (ECG) before conducting other tests in females. Because exercise tolerance testing (ETT) in females may be flawed by false-positive results, having *a normal resting ECG improves the diagnostic yield of testing.* If the resting ECG is abnormal, with left ventricular hypertrophy, bundle branch block, or an early J point elevation, it may increase the likelihood of a false-positive result, and therefore an imaging ETT may the most cost effective test in this group.

**C:** High likelihood of disease or definite angina is predicted by two or more major determinants or by one major plus more than one intermediate or minor determinant. Table 6  
This group of females has a pretest likelihood of CAD of 80%. In this group, ETT without imaging is the initial test of choice (*unless the patient has clinical characteristics other than being female that necessitate imaging*). The providers at IHSC may request/arrange an ETT with a consultant cardiologist instead of a comprehensive consultation.

**D:** *The most cost-effective approach in females with typical angina and a normal baseline ECG is ETT.* Females in this group are unlikely to have false-positive results, and the likelihood of false-negative results is much less than in their male counterparts if they achieve maximal heart rate. *Imaging ETT increases the cost of this test and adds little clinically useful information.*
E: Females with nonischemic chest pain are in the lowest risk group, with > 20% likelihood of CAD. This group is defined as those with no major determinants, no or one intermediate determinant, and two or fewer minor determinants. Table 6 On further analysis, the nonischemic chest pain group will have a 2-7% incidence of CAD and virtually no multivessel disease. Because of the low prevalence of significant disease in this group, any test that might show an abnormality is of little value, or more likely a false positive. The medical providers must look for noncardiac causes of chest pain such as acute or chronic cholecystitis, gastrointestinal reflux, chest wall pain, pulmonary etiology, or anxiety in this group before proceeding with evaluation.

F: If the female patient continues to have symptoms (chest pain) that limit her lifestyle, further evaluation by a consultant cardiologist may be needed to refute or confirm the existence of CAD. At this point of evaluation, a consultant cardiologist may order an imaging ETT or even coronary angiography, particularly in postmenopausal females.
ICE Health Service Corps

Clinical Guidelines for the Treatment of Gender Dysphoria
(formerly Gender Identity Disorder, GID)
February 2015

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. Discordance between self-perception and gender assignment at birth is the origin of issues 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 their desired gender, and this may achieved through hormonal supplementation as well as a vast array of surgical procedures. Both hormone treatment, as well as gender affirmation (reassignment) surgery (generally limited to genital reconstruction), are covered as necessary medical treatment by major health plans as long as appropriate medical evaluation has occurred and documentation of such is 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 even self-mutilation 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 permitted to be used by IHSC staff.

4) Instituting treatment for ICE detainees with GD does not require them to have been treated with hormones in the past. 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 and 2) counseling by a trained medical provider regarding the risks and benefits of treatment as well as reasonable
expectations of hormone treatment. Gender reassignment surgery will not be considered for our detainees as their length of stay in ICE custody is generally brief.

5) Laboratory values are utilized to guide your treatment plan; corresponding physiologic 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, safety laboratories, pertinent review of systems, extensive counseling and physical examinations are all necessary for harm reduction. See Appendix A for the current treatment protocols and Appendix D for the informed consent document which should 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) diagnoses (mood disorders, anxiety disorders, PTSD etc.) are more common in transgendered individuals than the general population. All transgendered individuals will be referred to a MH professional for the initial evaluation of GD as well as other concomitant MH diagnoses; the care plan including frequency of MH appointments will follow as deemed clinically appropriate by the MH provider.

Blood borne pathogens and sexually transmitted infections (STIs) – HIV, syphilis, hepatitis B and C, chlamydia and gonorrhea - are common infections among transgendered individuals and should be actively screened for at the initial provider evaluation as many are treatable. 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 Transgendered 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 should be queried at the time of intake, as well as during periodic evaluations. Automatic assignment to administrative segregation for simple disclosure of gender dysphoria without perceived risk of harm/vulnerability may lead to the well-
recognized risks of prolonged isolation, including significant self-harm and suicide. Assignment to housing in the general population should be based on the current genitalia of the detainee; if the detainee has a penis, she would be assigned to male housing and vice versa. Medical staff may assist custody staff in establishing housing assignment. A few facilities may have dedicated housing units to accommodate those who self-identify in the LGBT community; such units are preferable to long term segregation/isolation and but it isn’t clear they are preferable to general population.

A correctional setting poses many challenges for the transgendered 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 B.

2) Special Equipment

For male to female (MTF) transgendered individuals housed in male units, sports bras should be issued for humility and comfort. Special needs forms should suffice as medical orders which custody staff shall honor.

Continuity of Care Referrals

If a 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 C. In the case of deportation, in country resources for transgender care may be limited and IHSC-directed referrals won’t usually be possible. However, TG 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

1) http://transhealth.ucsf.edu/trans?page=protocol-00-00


4) VA Pharmacy Benefits Management Services, Medical Advisory Panel and VISN Pharmacist Executives. Transgender Cross-Sex Hormone Therapy Use. February 2012
Appendix A – Male to Female Transgender Treatment Protocol

**Starting MTF transgender treatment:**

**Visit 1** – assessment, referral to MH 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, chem. 14, prolactin*), general counseling

**Visit 2** (1 week later) – if baseline lab work and confirmed GD by MHP then start estradiol 2 mg / spironolactone 50 mg/ aspirin 81 mg daily. Order chem. 8 for next visit

**Visit 3** (1 month later) – if chem. 8 (potassium and creatinine) is normal, increase spironolactone to 100 mg daily. Order lab work (testosterone, estradiol, prolactin, chem. 14, 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 so on... every 2-3 months for the first year until at goal; if 1 year of steady follow up, can reduce full blood work panel and visits to every 6 months if hormone levels are at steady, physiologic level and no signs of end organ effects (LFTs, renal function, electrolytes)

**Continuing MTF transgender treatment:**

**Visit 1** – assessment, referral to MH 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, chem. 14, prolactin), general counseling, continue outpatient oral dose (maximum of estradiol 8 mg daily, maximum spironolactone 150 mg daily) add aspirin 81 mg PO 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 MHP, 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 safety labs are within normal limits. Order lab work (testosterone, estradiol, prolactin, chem. 14, lipids) for next visit.

**Visit 3** (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 the estradiol by 2 mg daily. Order lab work (testosterone, estradiol, prolactin, chem. 14, lipids) for next visit.

Visit 4 (2-3 months later) and so on.... for the first year following labs above and making adjustments based on estradiol and testosterone levels (assuming safety labs are normal); after 1 year of steady follow up, can reduce full blood work panel and visits to every 6 months if hormone levels are physiologic and no signs of end organ effects (LFTs, renal function, electrolytes).

*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 they decline 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 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

<table>
<thead>
<tr>
<th>Estradiol (P.O.) daily</th>
<th>Premarin (P.O.) daily</th>
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<tr>
<td>2 mg</td>
<td>1.8 mg</td>
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<tr>
<td>4 mg</td>
<td>2.7 mg</td>
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<tr>
<td>6 mg</td>
<td>3.75 mg</td>
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<tr>
<td>8 mg</td>
<td>5 mg</td>
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</tbody>
</table>

￥ Estimated values, please use serum estradiol to adjust accordingly
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. http://www.gicofcolo.org/tip/tip-journals.aspx

2) “Cruel and Unusual”, documentary by Janet Baus and Dan Hunt, about transgendered persons and the challenges they face in and out of the correctional system. ~1 hour long 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=oYOY1Clyd_0
www.youtube.com/watch?v=YfqmEYC_rMI
http://www.huffingtonpost.com/2014/05/30/whittington-family-ryland-transgender-son_n_5414718.html
### Appendix C - Regional Centers of Excellence for Continuity of Care or Referring Challenging Cases

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<th>AOR</th>
<th>Facility name</th>
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<td></td>
<td>City of Newark Dept of Child and Family Well Being</td>
<td>973-733-7635</td>
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<tr>
<td>Philadelphia</td>
<td>Mazzoni Center</td>
<td>215-563-0658</td>
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<td>Buffalo</td>
<td>Endocrinology center of Western New York</td>
<td>716-887-4069</td>
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<td>Detroit</td>
<td>UMHS-CGCP</td>
<td>734-736-0465</td>
<td><a href="http://www.med.umich.edu/transgender/index.htm">http://www.med.umich.edu/transgender/index.htm</a></td>
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<td>Chicago</td>
<td>Howard Brown Health Center</td>
<td>773-388-1600</td>
<td><a href="http://www.howardbrown.org">www.howardbrown.org</a></td>
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<tr>
<td>New Orleans</td>
<td>Louisiana Trans Advocates</td>
<td>337-580-4615</td>
<td><a href="http://www.latransadvocates.org/resources.html">http://www.latransadvocates.org/resources.html</a></td>
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<tr>
<td>Houston</td>
<td>Dr. Hammill Transgender Health Clinic</td>
<td>713-799-8994</td>
<td><a href="http://drhammill.transhouston.com/">http://drhammill.transhouston.com/</a></td>
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<td></td>
<td>Transgender Center</td>
<td>713-520-8586</td>
<td><a href="http://www.tgctr.org/">http://www.tgctr.org/</a></td>
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<tr>
<td>San Antonio</td>
<td>SAGA</td>
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<td><a href="http://www.sagender.com/local-resources/">http://www.sagender.com/local-resources/</a></td>
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<td>Dallas</td>
<td>Transgender Health Clinic</td>
<td>214-528-2336</td>
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<td>Resource Center of Dallas</td>
<td>214-528-0144</td>
<td><a href="http://www.rcdallas.org/family/transgender">http://www.rcdallas.org/family/transgender</a></td>
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<td>El Paso</td>
<td>Trans Health Referral Line</td>
<td>915-532-7000</td>
<td>2301 N Oregon St, El Paso, TX 79902</td>
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<td>Saint Paul</td>
<td>Transgender Health Services University of MN</td>
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<td>Seattle</td>
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<th>Website</th>
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</thead>
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<tr>
<td>San Francisco</td>
<td>UCSF Center of Excellence</td>
<td>415-597-8198</td>
<td><a href="http://www.transhealth.ucsf.edu/">http://www.transhealth.ucsf.edu/</a></td>
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<tr>
<td>Los Angeles</td>
<td>Western Medical Center Anaheim</td>
<td>714-533-6220</td>
<td></td>
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<tr>
<td></td>
<td>UCLA LGBT Resource Center</td>
<td>310-206-3628</td>
<td><a href="http://www.lgbt.ucla.edu">http://www.lgbt.ucla.edu</a></td>
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<tr>
<td>San Diego</td>
<td>The Center</td>
<td>619-692-2077</td>
<td><a href="http://www.thecentersd.org">http://www.thecentersd.org</a></td>
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<tr>
<td>General</td>
<td>Resources</td>
<td></td>
<td><a href="http://www.tglynnsplace.com/tg-medical-resources.htm">http://www.tglynnsplace.com/tg-medical-resources.htm</a></td>
</tr>
</tbody>
</table>
ICE Health Service Corps

INFORMED CONSENT FOR ESTROGEN/ANTIANDROGEN THERAPY
For Male to Female Transition

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 indicates that the risks as well as the changes which may occur as a result of the use of estrogen and antiandrogens have been explained in the language that you understand. 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

Please initial each section below to indicate that you understand and agree with the statements.

1) ☐ Agree ☐ Disagree

I have been informed that the feminizing effects of estrogen can take several months to become noticeable and several years to be complete.
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 one’s hormones through the use of estrogen therapy and testosterone suppressants have not been scientifically studied and 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

2) Agree  Disagree
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.

3) Agree  Disagree
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.

4) Agree  Disagree
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.

5) Agree  Disagree
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. I may become sterile; sterility may not be reversible.
   f. Erections may no longer be firm enough for penetrative intercourse.
   g. There may be a decrease or loss of morning and spontaneous erections.
   h. Sex drive or libido may decrease.
6) Agree ☐ Disagree
I understand that taking estrogen can significantly increase the risk of blood clots (thrombosis), which 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.

7) Agree ☐ Disagree
I understand that the **risk of blood clots, heart attack, and stroke on estrogen therapy is significantly increased if I smoke tobacco** and especially if I am over the age of 35.

8) Agree ☐ Disagree
I understand that estrogen can cause increased blood pressure. If I have existing high blood pressure and it is controlled with medication and/or diet and exercise, I understand that I may be able to take estrogen safely with close medical monitoring.

9) Agree ☐ Disagree
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. I understand with long term estrogen use, there is a slight risk for liver cancer.

10) Agree ☐ Disagree
I understand that estrogen may increase migraine headaches and 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. I also understand there is a very small risk of developing a tumor at the base of the brain (pituitary gland), but my blood tests will be monitored regularly to detect this problem early. If I develop new headaches, double vision and/or breast milk production, I should inform my health care provider immediately.

11) Agree ☐ Disagree
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, I understand that I will require medical attention and a change or discontinuation of hormone therapy to prevent serious physical damage to myself.
12) **Agree**  **Disagree**
I understand that the most dangerous side effects from estrogen therapy occur in connection with smoking cigarettes, being overweight, being over 40 years old, and having a history of blood clots, high blood pressure, or prior estrogen dependent cancer. 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.

13)  **Agree**  **Disagree**
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.

14)  **Agree**  **Disagree**
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 prostate. Prostate cancer screening is recommended for people 50 years of age and older as well as in younger people if otherwise medically indicated.

15)  **Agree**  **Disagree**
I understand that anti-androgen 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 significant changes.

16)  **Agree**  **Disagree**
I understand that everyone’s body will respond differently to estrogen and that there is no way to predict what will be my body’s response to hormones. 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.

17)  **Agree**  **Disagree**
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. I understand that if I take too much estrogen my body may convert it to testosterone which is counterproductive.
18)  ○ Agree  ○ Disagree
I will complete a 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 maintaining a healthy lifestyle. I understand that this is required to continue hormone therapy through this clinic.

19)  ○ Agree  ○ Disagree
I understand that there are medical conditions that could make taking estrogen either dangerous or physically damaging. I agree that if my provider suspects I may have any condition that could be dangerous to me, I will be evaluated before the decision to start or continue my hormones is made. I understand that if I do not agree to be evaluated, my prescription for estrogen may be cancelled or refused.

20)  ○ Agree  ○ Disagree
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. I agree to follow a prescribed reduction plan if either of these situations occurs in order to reduce potentially harmful side effects that may occur if I suddenly stop my hormone therapy.

All of the above information has been explained to my satisfaction
(Check only one)

_______ Yes. I choose to begin Estrogen/Antiandrogen Therapy.

_______ No. I decline Estrogen/Antiandrogen Therapy at this time.

____________________________________________________________________________________
Patient Signature                                      Patient Name Printed                                      Date

____________________________________________________________________________________
Provider signature                                    Provider Name Printed                                    Date
IHSC
HYPERTENSION THERAPEUTIC GUIDELINES

INTRODUCTION

Physiologically, blood pressure (BP) rises with age. The distribution of BP readings within populations is on a continuum, making it arbitrary where the normal BP ends and elevated BP (Hypertension) begins. Nonetheless, hypertension is traditionally defined as the level of blood pressure above which intervention reduces risk, or the level of blood pressure where treatment with antihypertensive medication may be of more benefit than detriment.

Therefore, it is important to accurately define hypertension, as significant morbidity and mortality result from uncontrolled blood pressure. Moreover, such a diagnosis carries the possibility of lifetime drug therapy.

All providers must understand that blood pressure varies to a great degree, according to different circumstances and environments. It rises with exercise, emotion, and stress. It falls during sleep (the so-called “night dip”). Therefore, a patient should only be labeled as hypertensive, if they have had consistently elevated readings from at least three separate visits within 4-6 weeks. The hypertension should also be approached and managed by deferent cause (primary or secondary) Table 4, age (young or old) Table 7, and race (white, black, and other ethnic groups).

Sometimes, the hypertension specialists utilize the 24-hours ambulatory BP monitoring for confirming certain hypertensive conditions Table 8. Especially, when there is doubt regarding the diagnosis of hypertension or its response to treatment, the 24-hours ambulatory BP monitoring is utilized. This technique has been shown to correlate better with subsequent end-organ damage and cardiovascular outcome than random measurements taken by medical providers. However, in the detention setting, this approach is neither feasible nor necessary. At the same time, all medical providers in the IHSC must understand that hypertension is both preventable and treatable in the majority of patients. But, both in the detention environment and outside community, appropriate hypertension managements continue to be neglected.

Correct measurement of blood pressure is essential to the diagnosis and management of hypertension.

MEASURING BLOOD PRESSURE
STEP ONE:
- Patients rest in a quiet and cool room (12 degree C° or 54 degree F°) for 5-10 minutes.
- Discontinue all stimulants, e.g. tea, caffeine, in the hour prior to BP measurement.
- Multiple readings should be taken at various times throughout the waking hours of patients (except 24-hour ambulatory monitoring.)
- REMEMBER that patients can raise their BP by as much as 8-15 mmHg when talking and when seeing medical professionals (“white coat hypertension”). Initially, check for postural changes by taking readings after five minutes supine, then, immediately and two minutes after standing- this is particularly important in patients over age 65 (it has been estimated that 2.5% of subjects older than age 65 may have pseudohypertension), diabetes mellitus, or those taking antihypertensive drugs.

STEP TWO:
- Length of sphygmomanometer cuff bladder should be 80% of the circumference of upper arm.
- Width at least 40% (46 % is average cuff size = 12-14 cm).
- Use a wide THIGH cuff as needed in obese patients with big arms.
- REMEMBER- A loose cuff or a bladder that balloons outside the cuff leads to falsely high readings, i.e. cuffs too narrow with less coverage gives falsely elevated BP readings.

STEP THREE:
- The patient should sit quietly with the back supported for five minutes and the arm supported at the level of heart (especially for a routine follow-up).
- REMEMBER- If brachial artery is much below heart level, BP appears falsely high. The patient’s own effort to support the arm may raise the BP.

STEP FOUR:
- Palpate the arterial pulse on the ipsilateral side and inflate the sphygmomanometer cuff gradually to systolic pressure 20 mmHg above the point where the radial pulse is felt to disappear.
- Auscultate, using the BELL of stethoscope, pressed lightly over the brachial artery.
- Record the point at which the first pulsation is heard, i.e. 1st. Korotokoff, which is the systolic BP.
- Continue to lower the pressure slowly until the sounds become muffled and disappear. To confirm the disappearance of sounds, listen as the pressure falls another 10-20 mmHg, then deflate the cuff rapidly to zero. The disappearance point, which is usually only a few mmHg below the muffling point, provides the best estimate of true diastolic pressure in adults. Record the point which the
pulsatile sound disappears, i.e. 5\textsuperscript{th}. Korotkoff sound, which is now defined as the 
diastolic BP.

\textbf{REMEMBER-} The 4\textsuperscript{th}. Korotkoff sound is where the sound becomes muffled and is an outdated definition of diastolic BP. Using excessive pressure over the brachial artery increases turbulence and delays the disappearance of sounds, falsely reducing diastolic BP by 10-15 mmHg. For some people, the muffling point and the disappearance point are farther apart. Occasionally, as in aortic regurgitation, the sounds never disappear. If there is more than 10 mmHg difference, record both figures (e.g., 160/80/65).

\textbf{REMARKER:}

\begin{itemize}
  \item Ensure no BP difference between arms. If a difference exists, use the arm with higher pressure for future readings.
  \item On each visit, take BP twice (in both arms); readings should be separated by 5-10 minutes.
  \item All healthy adults: BP checks every 2 years until age 80. Table 2
  \item Prehypertensive adults: BP checks every 12 months. Table 2
\end{itemize}

\textbf{CURRENT BLOOD PRESSURE CLASSIFICATION Table 1}

\begin{itemize}
  \item Use higher value for classification.
  \item In general, the more risk factors a person has, a lower blood pressure is desirable.
  \item \textbf{Ideal goal for all:} lowest tolerated blood pressure (may be well below arbitrary threshold of 140/90 mmHg).
  \item \textbf{Treatment goals for patients with diabetes and chronic kidney failure:} <130/80 mmHg.
  \item Prehypertension is \textbf{not} a disease category. Rather, it is red flag for patients at risk for hypertension and for providers to practice preventive management/medicine.
\end{itemize}

\textbf{BASELINE EVALUATION Table 3 & 4}

1. Natural History
   \begin{itemize}
     \item Usually asymptomatic
     \item Hypertension usually diagnosed incidentally on the screening examinations
     \item Typical symptoms of headache, dizziness, tinnitus, and fainting are as prevalent in Hypertension as normotensive patients. In particular, headaches correlate poorly with the \textit{level of BP}.
     \item Organ damage, principally cardiac, cerebral and renal, is related to the severity of the Hypertension.
   \end{itemize}

   \textit{Cardiac:} Prominent “a “wave (arterial systole)
Systolic and diastolic left ventricular failure
Coronary artery disease
Cardiac ischemia, especially nocturnal (when BP is lowest)

**Renal:** Renal impairment more often in a long-time, with poor control
More common in blacks
Nocturia (loss of urinary concentrating ability)
Microalbuminuria ≥ severe proteinuria ≥ CrCl decline

**Cerebral:** Strokes and Transient Ischemic Attacks (TIA) are common.
Fundoscopic changes of **Hypertension**
- Grade 1 and 2 correlate with other target organ damage Table 3
- Grade 3 and 4 in accelerated and severe Hypertension

2. Assessment

- Thorough history and examinations on all
- Often only a few focused questions are necessary Table 4, even these will be normal in the majority of cases.
- **Indications for Treatment** Figure 1 & 2
  - The ultimate public health goal of antihypertensive therapy is to reduce cardiovascular and renal morbidity and mortality.
  - The primary focus should be to attain Systolic BP goal because in most cases, especially in those older than 50-years, the diastolic BP goal will be achieved respectively.
  - ALL- target BP < 140/90 mmHg decreases cardiovascular complications
  - Target BP for Diabetes mellitus and renal disease should be < 130/80 mmHg. Though ideal goal (target BPs) is often not achievable. Figure 1

3. Treatment:

* Lifestyle modifications (trial of 4-6 months for prehypertensive stage prior to drugs)
  - Weight loss (obesity control)
  - Low intake of salt and saturated fats
  - No alcohol
  - Increase fruits and vegetables.
  - Regular exercise.

* Drug therapy Figure 1 & 2
* Recommended follow-up frame Table 2/ Figure 3
* Refer accelerated Hypertension and Hypertensive crisis to a consultant, if IHSC setting is not equipped for monitoring. Figure 3
* Additional drugs to consider:
  - **ASPIRIN** is now used for secondary prevention of cardiovascular disease.
  - **Statins**: ATP III GUIDELINES

* Reasons for poor therapeutic response in Hypertension Table 5

  - **Critical caveats** common to both the JNC-7 and ESH/ESC Table 6

REFERENCES:

1. ALLHAT Collaborative Research Group: ALLHAT TRIAL. JAMA 288:2981, 2002
**JNC-7 CLASSIFICATION of HYPERTENSION**

<table>
<thead>
<tr>
<th></th>
<th>SBP (mmHg)*</th>
<th>DBP (mmHg)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt; 120</td>
<td>and &lt; 80</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120-139</td>
<td>or 80-90</td>
</tr>
<tr>
<td>Stage 1 Hypertension</td>
<td>140-159</td>
<td>or 90-99</td>
</tr>
<tr>
<td>Stage 2 Hypertension</td>
<td>≥ 160</td>
<td>or ≥ 100</td>
</tr>
</tbody>
</table>

SBP; Systolic blood pressure. DBP; diastolic blood pressure

* Treatment determined by highest BP category.

Table 2

Recommendations for follow-up based on initial blood pressure measurements for adults *without* acute end organ damage

<table>
<thead>
<tr>
<th>INITIAL BLOOD PRESSURE (mmHg)*</th>
<th>FOLLOW-UP RECOMMENDED †</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Recheck in 2 years</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>Recheck in 1 year ‡</td>
</tr>
<tr>
<td>Stage 1 Hypertension</td>
<td>Confirm within 2 months ‡</td>
</tr>
<tr>
<td>Stage 2 Hypertension</td>
<td>Evaluate or refer to source of care within 1 month. For those with higher pressure (e.g., &gt;180/110 mmHg), evaluate and treat immediately or within 1 week depending on clinical situation and complications.</td>
</tr>
</tbody>
</table>

* If systolic and diastolic categories are different, follow recommendations for shorter time followup (e.g., 160/86 should be evaluated or referred to source of care within 1 month.)

† Modify the scheduling of followup according to reliable information about past BP measurements, other cardiovascular risk factors, or target organ disease.

‡ Provide advice about lifestyle modifications (see Lifestyle modification).
Table 3

Natural History

Retinopathy Associated with Hypertension (HTN)

**Grade 1;** Mild narrowing or sclerosis of the retinal arteriolar lumen producing a “silver wiring” effect

**Grade 2;** Moderate to marked sclerosis of the arterioles, visible as a arteriovenous “nipping”

**Grade 3;** Progressive retinal changes resulting in edema, “cotton wool” spots and hemorrhages

**Grade 4;** All of the above with papilledema
### Table 4

**ASSESSMENT OF HYPERTENSION (HTN)**

<table>
<thead>
<tr>
<th>Tests</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Always included</strong></td>
<td></td>
</tr>
<tr>
<td>Urinalysis for protein, blood, glucose &amp;</td>
<td>May indicate renal disease either causing or caused by the HTN or</td>
</tr>
<tr>
<td>microscopic findings</td>
<td>rarely may suggest adrenal HTN.</td>
</tr>
<tr>
<td>Hematocrit</td>
<td></td>
</tr>
<tr>
<td>Serum electrolytes (K⁺, BUN, Cr)</td>
<td></td>
</tr>
<tr>
<td>Fasting glucose</td>
<td></td>
</tr>
<tr>
<td>Lipid profile (Total Cholesterol, HDL, LDL)</td>
<td>To assess risk of future CV events</td>
</tr>
<tr>
<td>ECG</td>
<td></td>
</tr>
<tr>
<td><strong>Usually Included (consider cost &amp; other factors)</strong></td>
<td></td>
</tr>
<tr>
<td>Thyroid screen (TSH)</td>
<td></td>
</tr>
<tr>
<td>Serum Ca²⁺ &amp; Phosphorus</td>
<td></td>
</tr>
<tr>
<td>Chest X-ray</td>
<td></td>
</tr>
<tr>
<td>Limited ECHOcardiogram</td>
<td>May confirm LVH with associated disease, e.g., heart murmur</td>
</tr>
<tr>
<td><strong>Special studies to screen for Secondary Hypertension</strong></td>
<td></td>
</tr>
<tr>
<td>Tests</td>
<td>Reason</td>
</tr>
<tr>
<td>ACE inhibitor radionuclide renal scan, renal duplex, Doppler flow studies and MRA/CTA</td>
<td>Renovascular disease</td>
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<tr>
<td>Urinary free catechoamines; Metanephrines &amp; VMA, Plasma cateholamines</td>
<td>Pheochromocytoma</td>
</tr>
<tr>
<td>Overnight dexamethasone suppression test or 24-hour urine free cortisol.</td>
<td>Cushing’s syndrome</td>
</tr>
<tr>
<td>Plasma aldosterone, renin activity ratio</td>
<td>Primary aldosteronism</td>
</tr>
<tr>
<td>Polysomnographic study</td>
<td>Sleep apnea</td>
</tr>
</tbody>
</table>

9
Table 5

Reasons for poor therapeutic response in patient with hypertension

1. Inadequate patient compliance.
2. **Volume expansion**: (a) caused by excessive sodium intake (b). Caused by non-diuretic antihypertensive agent (c). Caused by renal damage.
3. **Excessive weight gain.**
4. Inadequate dose of antihypertensive drugs.
5. **Drug antagonism.**
6. Cold remedies.
7. Sympathomimetics.
8. Oral contraceptives (estrogen)
10. **Secondary Forms of Hypertension**: e.g., renal artery disease, Coarctation of aorta, Obstructive uropathy, sleep apnea, Thyroid/parathyroid disease.
Table 6

**Several critical caveats common to both the JNC-7 & ESH/ESC approaches:**

1. Start with an agent that may treat &/or not harm coexisting condition.
2. Start with an agent that the patient is likely to tolerate best; long term compliance is related to tolerability and efficacy of the first agent used.
3. For low or medium-risk patients, start with a low dose of an agent & if the BP is not controlled, increase only moderately.
4. Add an additional agent from a different, complimentary class if BP is not controlled with a moderate dose of the agent.
5. Use a diuretic when two agents are used, in nearly all cases.
6. Use thiazide diuretics only at low dose or its equivalent, unless some pressing reason exists.
7. For medium to high-risk patients, strongly consider low-dose combination therapy as initial therapy:
   (a). A diuretic with a Beta-Blocker, ACE inhibitor, or angiotensin II antagonist (ARB).
   (b). A Calcium channel blocker with an ACE inhibitor or a Beat-blocker.
<table>
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<tr>
<th>Factors</th>
<th>Young (&lt; 60 Years)</th>
<th>OLD (&gt;60 Years)</th>
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<tbody>
<tr>
<td><strong>Blood Pressure Increase</strong></td>
<td>Systolic &amp; Diastolic</td>
<td>Systolic</td>
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<tr>
<td><strong>Major cause</strong></td>
<td>Hormonal</td>
<td>Mechanical</td>
</tr>
<tr>
<td><strong>Hemodynamic Change</strong></td>
<td>Increased peripheral resistance</td>
<td>Increased arterial stiffness</td>
</tr>
<tr>
<td><strong>Sleep apnea</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Treatment threshold</strong></td>
<td>140/90 mmHg</td>
<td>160 mmHg systolic</td>
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</table>
Table 8

**Use of Ambulatory Blood Pressure Monitoring (ABPM)**

- Useful way to assess Blood Pressure (BP) over 24 hours, in early morning and extent of fall in BP during sleep.
- May be helpful in the following groups:
  - Suspect white-coat hypertension in patients with hypertension and no target organ damage
  - Apparent drug resistance/ office resistance
  - Hypertensive symptoms with antihypertensive medication
  - Episodic hypertension
  - Autonomic dysfunction.
- Those with 24-hour ABPM measures exceeding 135/85 mmHg are nearly twice as likely to have a cardiovascular disease (CVD) event.
- Clinical decisions can be based on mean 24-hour measures. Thresholds are more difficult to establish as they are markedly influenced by behavior during day or night.
- Use only validated devices by international standardized protocols, appropriate cuff size, and record readings at no more than 30-minute intervals.
- *Medicare* reimbursement for ABPM is available to assess suspected white-coat hypertension.
Algorithm for treatment of hypertension

LIFESTYLE MODIFICATIONS

Not at Goal Blood Pressure (< 140/90 mmHg)
(< 130/80 mmHg for those with Diabetes mellitus or chronic renal disease)

INITIAL DRUG CHOICES

Without Compelling Indications

STAGE 1 HYPERTENSION
Thiazide-type diuretics for most. May consider ACEI, ARB, BB, CCB, or combination.

STAGE 2 HYPERTENSION
Two-drug combination for most. (usually thiazide-type diuretic and ACEI, or ARB, or BB, or CCB)

With Compelling Indications

Drug(s) for the compelling indications (Figure 2)
Other antihypertensive drugs (diuretics, ACEI, ARB, BB, CCB) as needed.

NOT AT GOAL BLOOD PRESSURE (Figure 3)
Optimize dosages or add additional drugs until goal blood pressure is achieved. Consider consultation with Hypertension specialist.

Notes:
ACEI: angiotensin converting enzyme inhibitor. ARB: angiotensin receptor blocker
BB: Beta Blocker. CCB: calcium channel blocker.
Figure 2

**JNC-7: Compelling Indications for Specific Antihypertensive Agents**

<table>
<thead>
<tr>
<th></th>
<th>Diuretics</th>
<th>BB</th>
<th>ACEI</th>
<th>ARB</th>
<th>CCB</th>
<th>AA</th>
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<tr>
<td>CHF</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>CAD risk</td>
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<td>Recurrent stroke prevention</td>
<td>X</td>
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<td>X</td>
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</table>

(Based on Favorable Outcome Data from Clinical Trials)

**Notes:**
- AA: aldosterone antagonist
- CHF: congestive heart failure
- MI: myocardial infarction
- BB: beta blocker
- CAD: coronary artery disease
- ACEI: angiotensin converting enzyme inhibitor
- ARB: angiotensin receptor blocker
- CCB: calcium channel blocker
Figure 3

APPROACH TO THE HYPERTENSIVE PATIENT AFTER INITIATING ANTITHYPERTENSIVE DRUG TREATMENT

Stabilization, maintenance, and follow-up after initiation of drug

High Risk

Goal BP achieved

1. See every 3 months.
3. Reinforce lifestyle measures.

Not at goal BP after 1-2 months

SBP ≥ 180 mmHg/ DBP ≥ 110 mmHg

1. See within 1 week depending on clinical situation & complication.
3. Increase dose, add a drug from another class or change to low-dose combination.

Hypertension difficult to manage

Refer to a specialist, physician or clinic.

SBP < 180 mmHg; DBP < 110 mmHg

1. See every 1-2 months.
3. Increase dose, add a drug from another class or change to low-dose combination.

Low/Medium Risk

Goal BP achieved

1. See every 6 months.
3. Reinforce lifestyle changes.

Significant side effects

Substitute a drug or low-dose combination from other classes or reduce dose and add from another class.

Notes:
SBP: Systolic Blood Pressure
DBP: Diastolic Blood Pressure.
SELF Assessment Questions for HYPERTENSION

Q1.

A 46-year-old male detainee from India has multiple blood pressures on his sick-calls between 140-150/90-95 mmHg. When he is referred to you for further evaluation of his blood pressures from a mid-level provider or a nurse, he states his primary care physician’s readings before being detained used to be between 135-140/85-89 mmHg. His primary care physician’s office confirms his statement has been found to be reliable.

Based on these readings, you would consider this detainee to be:

1. Normotensive.
2. Stage 1 Hypertensive.
4. Pre-hypertensive.
5. Borderline hypertensive.

Q2.

This question relates to the same detainee patient as the previous question: a 46-year-old male with blood pressures between 135-140/85-89 mmHg using reliable his primary care physician’s office readings. This detainee patient, with no other risk factors, should be *initially* treated with:

1. Lifestyle modification.
2. Diuretics.
4. Calcium channel blockers.
5. ACE inhibitors.
Q3.

A 45-year-old, obese female detainee with type II diabetes mellitus is found to have blood pressure readings of 140-160 mmHg/90-99mm Hg during her frequent chronic care visits. She has no complaints. Our IHSC clinic monitors her blood sugars which ranges from 80-130 on an oral hypoglycemic agent, her only besides aspirin 81 mg per day. She is a nonsmoker on a low fat, low cholesterol diet but has not been able to lose weight (5’3”, 160 lbs). Her total cholesterol= 212 mg/dL, HDL-C=39mg/dL, Triglyceride=265mg/dL, All other laboratory values are within normal limits except for a trace proteinuria.

What is the most appropriate antihypertensive drug class for this detainee patient?

1. Diuretics.
2. Beta blockers.
3. Calcium channel blockers.
4. ACE inhibitors.
5. Angiotensin II receptor blockers (ARB).

Q4.

This question relates to the same detainee patient in the Q3.

What would be the treatment goal for her blood pressure according to the JNC 7?

1. 120 mmHg/85 mmHg.
2. 135 mmHg/85 mmHg.
3. 140 mmHg/89 mmHg.
4. 130 mmHg/85 mmHg.
5. 130 mmHg/80 mmHg.

Q5.

What is the drug of first choice for uncontrolled hypertensive patients undergoing surgery?

1. Diuretics.
2. Beta blockers.
3. Calcium antagonists.
4. ACE inhibitors
5. ARB
Q6.

What is *the drug of choice* for women who become hypertensive during pregnancy?

1. Diuretics.
2. Beta blockers.
3. Calcium antagonists.
4. ACE inhibitors.
5. Methyldopa.

Q7.

The Joint National Committee 7 Report published in 2003 sets the standard for the evaluation and management of hypertension.

The following are important aspects of the report, with one exception. Select *the incorrect* statement.

1. Diuretics or beta blockers are recommended as initial therapy for all patients with hypertension.
2. ACE inhibitors and angiotensin receptor blockers (ARB) should not be used in pregnancy.
3. Control of hypertension is more effective in reducing stroke than myocardial infarction.
4. ACE inhibitors are recommended for patients with type-1 diabetes mellitus and proteinuria.
5. Fast-acting nifedipine is not recommended for hypertensive emergencies.

Q8.

Which of the following is *not* a contributor to the development of essential hypertension?

1. Cigarette smoking.
2. Alcohol intake in excess of three ounces per day.
4. Obesity.
5. Lack of exercise.

Q9.

Which of the following antihypertensive agents *is contraindicated* in women who are pregnant?

1. Triamterene-containing diuretics.
2. Beta blockers.
3. Central alpha agonists.
4. ACE inhibitors.
5. Methyldopa.
Q 10.

For the initial pharmacological treatment of essential hypertension, each of the following statements is correct except:

1. Diuretics, because of their effectiveness, cost, and low side-effect profile should be the first consideration.
2. ACE inhibitors offer renal protection independent of blood pressure control in hypertensive patient with diabetes mellitus.
3. Alpha blockers are of particular benefit in the treatment of hypertension complicated by congestive heart failure.
4. ACE inhibitors are appropriate for treatment in the face of all the compelling indications.

Q11.

Which of the following statements is incorrect with regard to hypertension in a 50-year-old female detainee with type II Diabetes mellitus?

1. The combination of Diabetes mellitus and hypertension is additive in her risk of cardiovascular disease.
2. ACE inhibitors and ARB are contraindicated in the presence of advancing renal dysfunction in patient with Diabetes mellitus.
3. Thiazide diuretics in small doses are unlikely to significantly worsen glycemic control.
4. A sudden worsening in blood pressure control in a Diabetes mellitus may be secondary to renovascular disease.

Q12. (Bonus Q)

The presence of a dilated cardiomyopathy in a person requiring three medications to maintain a normal blood pressure suggests the presence of

1. Renal artery stenosis.
2. Pheochromocytoma.
3. Amyloid heart disease.
4. Viral myocarditis.
Q13. (Bonus Q)

The diagnosis of Primary Aldosteronism requires each of the followings except:

1. Hypertension.
2. Hypokalemia (salt replete).
3. Increased 24-hours Urinary Aldosterone Rate.
5. Suppressed Plasma Renin Activity.

Q14. (Bonus Q) for next 1-4 Qs.

You are asked to see a 53-year-old female detainee from Greece, a dietician when she was in her country, in consultation for hypertension. She was found to have an elevated blood pressure on the last evening intake screening. According to her history, she followed her physician’s recommendations and strictly avoids salt (uses Morton’s No Salt), limits alcohol consumption, and exercises.

She adopted a vegetarian lifestyle until this detention. You are informed about her medications until this detention include:

→ PremPro (0.625/2.5mg) per day.

→ Triamterene/Hydrochlorothiazide (37.5/25mg) per day.

→ Lisinopril (20mg) twice daily.

→ Atenolol (50mg) daily.

Your examination detects the following:

→ BP: 188/100 (seated) → 190/100 (standing); HR: 80/min.

→ Normal fundoscopic examination.

→ Normal peripheral pulses and no abdominal bruits.

→ Normal cardiovascular examination.
Despite these measures her blood pressure remained above normal and her health care provider prescribed several medications as above. However, her blood pressure could not be maintained at less than 160/95.

Her initial laboratory results show normal blood counts, normal limits of electrolytes (Na; 145mEq/L, K; 3.7 mEq/L, Uric Acid 3.0mEq/L.) and elevated creatinine at 1.9mg/dL.

Normal chest X-ray. EKG LVH by voltage criteria.

1. Of the follow statements regarding the clinical presentation, which is correct?

a. The hypertension is not “resistant” because the patient is not taking the medications at their maximum doses.
b. The absence of an abdominal bruit excludes renovascular hypertension as the underlying diagnosis.
c. The blood pressure response to postural change and serum concentration suggestive a state of low volume-high resistance hypertension.
d. The serum potassium concentration of 3.7 mEq/L in the setting of ACE inhibitor, triamterene therapy, and a diet likely to be high in potassium (NoSalt=KCl) is inappropriately low.
e. “I am confused by her story, I am concerned about OPLA and CR/CL inquiries. Why don’t we send this detainee out to avoid her attorney’s call or contact the regional CD or IHSC medical director for further guidance?”

2. The most likely secondary form of hypertension in this setting is:

a. Primary Aldosteronism.
b. Renal Artery Stenosis.
c. Pheochromocytoma.
d. Chronic renal failure.
3. Which of the following would be the most reasonable “screening” test for primary Aldosteronism in this setting?
   a. Referral to specialists (cardiology/nephrology/endocrinology)
   b. Adrenal CT scan.
   c. Duplex ultrasonogram of renal arteries.
   d. Renal angiography.
   e. Determination of the ratio of serum aldosterone to plasma renin activity.

4. If the serum aldosterone concentration was 2 ng/dL (norm: 1-21), which of the following substance might be playing a role in this patient’s hypertension?
   a. Alcohol.
   b. Licorice.
   c. Diuretic.
   d. Premarin.
Answers:

Q1: 2.

The definition of hypertension is based on office readings (ambulatory) which have consistently been elevated. Epidemiologic and randomized clinical trial data were collected in this manner. Furthermore, this patient’s clinic (sick-calls) readings are higher than the recommended upper for such readings (SBP < 135 mmHg; DBP < 85 mmHg).

Q2: 1.

In accordance with the JNC-7 recommendations, lifestyle modification, including weight loss (attain and maintain BMI <25 kg/m²), exercise (e.g., brisk walking for 30 min/day), and sodium reduction (< 6 NaCl/day) DASH dietary plan, should be tried for 4-6 months prior to initiation of pharmacotherapy. (Do not be confused with the JNC-6 recommendation which was for up to 12 months.).

Q3: 4.

The proteinuria is most likely a manifestation of diabetic nephropathy, and an ACE inhibitor is the drug of choice based on randomized clinical trial data. In addition, the treatment goal would be < 130 mmHg systolic and < 80 mmHg diastolic (Until the JNC-5, it was < 130/85 mmHg). If necessary, a low dose diuretic should be the second drug to achieve the necessary control. Other drug classes also may be effective and added as required. (The most appropriate)

Q4: 5.

Reference Q3.
Q5: 2.

Because the perioperative risk in part is due to the associated catecholamine surge, hypertensive patients undergoing surgery are best treated with cardioselective beta blocker therapy. If possible, surgery should be delayed to bring the blood pressure down to < 180/100 mmHg. Patients who were treated and controlled adequately prior to surgery should be maintained on their usual regimen if possible or it should be re-started as soon as possible after surgery.

Q6: 5.

Methyldopa (Aldomet®) has been evaluated most extensively and is recommended for women who become hypertensive during pregnancy. Beta blockers are also efficacious and are considered safe in late but should not be used in early pregnancy. ACE inhibitors and angiotensin II receptors are contraindicated during pregnancy. As a general rule, all drugs should be used with greater caution during pregnancy. Consult to the pharmacist(s) on site.

Q7: 1.

In the previous JNC-5, diuretics or Beta Blockers are recommended as initial therapy for all patients with hypertension. Since then, however, it is clear that there are numerous circumstances where other anti-hypertensive agents would be more effective, such as the use of ACE inhibitors/ ARB and diuretics in patients with hypertension and heart failure. Accordingly, diuretics or beta blockers are only recommended as initial therapy for patients with uncomplicated hypertension. A review of all of the controlled hypertension trials shows that reduction of blood pressures is more effective in reducing stroke than in reducing myocardial infarction rate. ACE inhibitors and ARB are contraindicated in pregnancy because of pre-clinical data. ACE inhibitors are especially recommended for patients with type I DM and proteinuria because they appear to slow the rate of renal diseases. Although fast-acting nifedipine has been commonly used for hypertensive emergencies, because of serious adverse side effects, it is no longer recommended as treatment for hypertensive emergencies.
Q8: 1.

Although cigarette smoking dose contribute to the development of atherosclerotic cardiovascular disease and nicotine acutely increase blood pressure, smoking does not lead to essential hypertension.

Q9: 4.

ACE inhibitors have been associated with birth defects when used in treating pregnant women.

Q10: 3

Alpha blockers were dropped as an arm of ALLHAT because of their increased risk of CHF when compared to thiazide-like diuretics.

Q11: 2

ACE inhibitors and ARBs slow the progression of Chronic Renal Disease(CRD) to dialysis or transplant in patients with Diabetes mellitus.

Q12. (Bonus Q): 2.

Long-standing catecholamine excess leads to a dilated cardiomyopathy as opposed to uncontrolled hypertension of other causes which leads to left ventricular hypertrophy.


The presence or absence of normal renal arteries is irrelevant if the other four criteria are met.
Q14. (Bonus Q): 1 (d), 2(a), 3(e), 4(b).

1(d),

The serum potassium concentration of 3.7 in the setting of ACE inhibition, triamterene therapy, and a diet likely to be high in potassium (NoSalt = KCl) is appropriately low in my opinion.

The JNC -7 classifies hypertension as resistant when it is inadequately controlled despite usual doses of three different medications, including a diuretic. The absence of a bruit is not exclusionary of renal artery stenosis. A fall in blood pressure with the assumption of upright posture with a compensatory rise is heart rate suggesting intravascular volume depletion. Beta blockers may blunt the rise in heart rate.

Some my fellow providers may choose “e” because of their concerns. Please remember that we should be the medical providers/ authorities. Ask it for yourself, why I am referring this patient to a specialist (consultant)? What do you want to learn from a supervisor/ specialist?

2(a),

The electrolyte pattern and failure of ACE inhibition to lower the blood pressure favors a primary mineralocorticoid state (i.e., Primary Aldosteronism).

3(e),

In the face of ACE inhibition a suppressed Plasma Renin Activity of would be inappropriate and suggest a mineralocorticoid excess state.

4(b),

Glycyrrhizic acid present in licorice inhibits the 11- beta- hydroxydehydrogenase enzyme that converts cortisol to its inactive metabolite, cortisone, creating a local “Cushing’s” Syndrome at the level of the renal tubule.
Management of Methicillin-Resistant *Staphylococcus aureus* (MRSA) Infections

*Prevention, Recognition, and Treatment*

**INTRODUCTION:**

Methicillin-resistant *Staphylococcus aureus*, more commonly known MRSA, has been a concern of health care professionals since its initial discovery in the United Kingdom in 1961. In 1968, the first case of MRSA was reported in the U.S. This medical history tracks MRSA from the discovery of penicillin through today. MRSA naturally colonizes the mucosal surfaces and skin; 30% of people in the U.S. are colonized with *Staphylococcus aureus*, and perhaps 3% are colonized with MRSA. MRSA also can survive on the surfaces of inanimate objects like linen and soap. Transmission occurs primarily through direct contact (person-to-person) and via contact with these inanimate objects.

Many MRSA infections occur traditionally in hospital settings and health care facilities, with a higher incidence rate in nursing homes or long-term care facilities. Health care provider-to-patient transfer is not unheard of, especially when health care providers move from patient to patient without performing necessary sanitation techniques, such as hand hygiene. MRSA has newly evolved to include bacterial strains affecting persons without previous exposure to health care environments. The community-associated MRSA (CA-MRSA) infections have also been identified among athletes participating in close contact sports, military recruits in barracks setting, intravenous drug users, men who have sex with men, tattoo recipients, religious community members, and inmate/detainee populations. Within the correction/detention prison system, CA-MRSA infections have been associated with illicit, unsanitary tattoo practices and poor detainee hygiene. MRSA transmission has been linked to detainees sharing soap or towels with one another, infrequent showering, and detainees lacing boils with fingernails or tweezers.

In most communities in the U.S., MRSA is the leading cause of skin and soft tissue infections among persons seeking emergency care. The infection may not remain confined to the skin and serious complications, including spread to virtually any organ, may arise when MRSA enters the bloodstream. The CDC has reported that the rates of bacteremia had more than doubled, and by 2005 mortality from MRSA in the U.S. was greater than HIV/AIDS, tuberculosis, Salmonella, and influenza combined. Statistical data suggest that as many as 19,000 people with MRSA die annually in the U.S., although MRSA is not the sole cause of death. Some data suggest this
number has declined by about 25%-35% in recent years, in part because of prevention practices and techniques instituted in hospitals.

While some antibiotics remain effective, MRSA is constantly adapting, making it challenging to treat, and thereby driving the development of newer treatments. As treatment options are somewhat limited by virtue of its antibiotic resistance, preventing transmission is preferable to treatment and is paramount to control of these infections in our detainee population. Europe has had a great deal of success because they generally use isolation or contact precautions for high-risk patients. Hospitals in the U.S. have also adapted contact isolation procedures and the use of personal protective equipment; screening for MRSA among high-risk groups in emergency departments helps to identify colonized individuals before admission allowing for appropriate isolation procedures.

Table 1. Risk Factors that should increase suspicion of MRSA infection

- High prevalence of MRSA in the institute or community origin
- History of MRSA infection or colonization
- Close contact with someone known to be infected with MRSA
- Recent or frequent antibiotic use
- Chronic skin disease (e.g., atopic dermatitis, psoriasis)
- Crowded living conditions
- Clusters of infections among persons in groups with skin-to-skin contact or sharing items, e.g. towels, exercise equipment
- Complaint of “spider or insect bite”
- Skin and soft tissue infections with failure to respond to beta-lactam antibiotics
- Infection with HIV
- History in the past year of:
  - Hospitalization
  - Long-term care
  - Dialysis and end-stage renal failure
  - Diabetes mellitus
  - Surgery
  - Indwelling catheter
Injection drug use

Identification and diagnosis:

One issue for clinicians/other medical providers who are not infectious disease specialists is identifying patients at high risk of being carriers. Table 1 by a careful patient history and skin examination. The decision about obtaining a wound culture is based on empiric and clinical presentations.

Clinical presentation:

The spectrum of disease caused by CA-MRSA is similar to that caused by CA-methicillin sensitive Staphylococcus aureus (MSSA). The most common lesions are abscesses and cellulitis. Frequently, abscesses are accompanied with an area of central necrosis. Furuncles are also common, particularly in the context of a MRSA outbreak. Frequently MRSA infections are reported by patients to be “spider bites.” This is not because a spider bite has actually occurred, but because CA-MRSA lesions often have a similar appearance to a spider bite—a raised red tender lesion that may progress to develop a necrotic center. Fever, leukocytosis, and systemic signs of inflammation are often absent. Less commonly, but not infrequently, CA-MRSA presents: impetigo, folliculitis, deep-seated abscesses, pyomyositis, osteomyelitis, necrotizing fasciitis, staphylococcal toxic-shock syndrome, pneumonia, and sepsis. Serious systemic infections are more common among persons with a history of injection drug use, diabetes, or other immunocompromising conditions.

Transmission:

A primary mode of transmission of MRSA is “skin-to-skin” (person-to-person) via contaminated hands. MRSA may also be transmitted by sharing towels, personal hygiene items, and athletic equipment, as well as through close-contact sports, and by sharing tattoo or injection drug use equipment. Persons with MRSA pneumonia who are in close contact with others can potentially transmit MRSA by coughing up large droplets of infectious particles that can contaminate the environment. Persons with asymptomatic MRSA nasal carriage can also cause a toxin-mediated, food borne gastroenteritis.
The infection control plan:

Once MRSA infection is confirmed, the next step is how to control it and to prevent MRSA from spreading to others. IHSC recommends following CDC guidelines References 5 & 6 for hand hygiene, isolation precautions, and preventing transmission of infectious agent in health-care setting.

Screening and surveillance for SSTIs in the IHSC:

The following screening measures should be implemented routinely to assure prompt detection of SSTIs within the IHSC.

**Intake and Physical Examination:** All detainees undergoing intake medical screening and physical examinations should be carefully evaluated for skin infections.

**Recently hospitalized detainees:** All detainees who are discharged from the hospital should be screened for skin infections immediately upon return to the prison and be specifically instructed to self-report any new onset of skin infections or fever. Old peripheral intravenous sites and post-operative wounds should be carefully examined. (MRSA or other hospital-acquired infections may develop weeks after hospital discharge.)

**Detainees at great risk of serious MRSA infections:** Detainees with risk factors, such as diabetes, immunocompromising conditions, open wounds, recent surgery, indwelling catheters, implantable devices, chronic skin conditions, or paraplegia with decubiti, should be periodically evaluated for skin infections during routine evaluations.

**Monitoring bacterial culture results:** All bacterial culture results should be reviewed in a timely manner to detect new MRSA infections.

**Observations by custody workers:** Detainees with minor skin infections may be reluctant to seek health care. Detainees with visible or reported sores or wounds, or who self-report “boils” or “insect or spider bites” should be referred to health services.

**Food handlers:** All detainee food handlers should be advised on the necessity of self-reporting all skin infections, no matter how minor. Food handlers should be routinely examined for visible skin infections. Food handlers with skin infections should be removed from their duties until their infection has clinically resolved.

**Transfers:** Detainees with SSTIs should ordinarily not be transferred to other institutions until fully evaluated and appropriately treated. More information is provided under detainee transfers and releases in section 6.
Staff (including correctional workers): Staff (including correctional workers) should report all skin infections and any confirmed MRSA infections to their supervisor. Supervisors should refer correctional workers with possible skin infections to their health care provider. Staff with MRSA infections should be removed from direct detainee contact until the infection resolves. Periodic bacteriologic surveillance: Bacterial wound cultures should be obtained as part of periodic surveillance of SSTI pathogens within a given correctional setting to determine the predominant strains and incidence of drug susceptible and resistant organisms. Determination of common patterns will help guide empiric treatment recommendations.

Principles of SSTI Diagnosis and Treatment Appendix 1:

- **Empiric diagnosis:** The diagnosis of a probable Staphylococcal SSTI can be made empirically, without culture confirmation, for detainees who present with a SSTI within the context of a known MRSA outbreak, or when periodic surveillance of SSTIs confirms that CA-MRSA is the predominant circulating pathogen within a given detention setting.

- **Culture diagnosis:**

MRSA infections are diagnosed by routine aerobic bacterial cultures. Positive MRSA cultures from blood and sterile body fluids are considered diagnostic as well. Wound cultures obtained from expressed pus (avoiding skin contamination) or aspirated abscesses are diagnostically meaningful; however, positive cultures obtained directly from the surface of a wound are of limited value in detecting true infection. When providers note a possible MRSA SSTI from detainees, including serious MRSA infections e.g. deep-seated abscesses requiring drainage; recurrent skin infections; an SSTI that is not resolving with current treatment; and as part of periodic surveillance to determine the predominant circulating pathogens in a given facility, bacterial cultures should be obtained. Blood culture should be obtained in febrile detainees with suspected MRSA infections. Whenever a systemic infection with Staphylococcus aureus; e.g., active injection drug use or endocarditis, is clinically suspected, the detainee patient should be referred to the community hospital for an expeditious evaluation.

Treatment Measures:

Once MRSA is diagnosed in a patient, treatment must begin as soon as possible. Therapies are important for MRSA and also underscore the good diagnostic and clinical data needed to determine which therapies work best for particular patients. The guidelines are practical and they are step-by-step. Fortunately, there are a number of options available. But once a provider
gets into the details of therapy, they have to understand what type of infection they are treating, because for conditions such as skin and soft tissue infection, there are an “abundance” of antimicrobials. But for other conditions such as MRSA pneumonia or infective endocarditis, there are fewer options. Pharmacology, availability, efficacy and cost are all factors. Some have made the argument that newer, costlier drugs can save money if used up front in place of older and cheaper alternatives. Remember that this is a recent review of therapy issues related to MRSA, and provides answers to the most basic questions related to this condition. So if a provider has a question, there is a document that looks at all the recent literature and that is where the provider should probably start.

**Conservative Treatment approach:**

A conservative, mechanical approach should be a component of treatment of most SSTIs and is the primary treatment of choice for minor SSTIs (< 5 cm) that have no signs of systemic illness. Most skin abscesses in the early stages of development can be treated with warm soaks or compresses to promote spontaneous drainage. *(Note: Decisions about how to safely implement warm soaks and/or compresses in the correctional/detention setting must be made on a case-by-case basis, in consultation with the infection control officer and physician. Consideration should be given to how and where to safely perform the soaks, as well the safe disposal of bandages for the primary and secondary aspects of infection control.)*

**Incision and drainage (I and D)** *(Appendix 2)*: Surgical drainage may be required if spontaneous drainage does not occur. I and D should not be performed on lesions involving the face, hands, and genitalia. If an infection requires drainage, frequently reassess to determine whether repeated drainage is warranted. This approach must be determined on a case-by-case basis by the IHSC facility, because with some deep-seated abscesses, it may not be possible to successfully perform I & D without conducting imaging studies or performing an invasive procedure. *(Note: Catheters and other foreign devices should be removed whenever possible; infections cannot be adequately treated in the presence of a foreign body.)*

**Optimizing pharmacologic therapy:** *(Appendix 3&4)*

One key with pharmacology is monitoring and optimization. When optimization comes, there is more recent data that helps explain how antimicrobials work. Some agents are more than 50 years old and we are only realizing what types of dosages would be required to actually overcome some of these more serious infections, deeper infections, more difficult to eradicate infections, to bring those dosage regimens up to higher levels and then balance between giving
bigger dosage of drugs and determining whether or not that is also going to bring us more toxicity.

In the IHSC detention setting, antibiotic therapy for MRSA should be considered for the following treatment: large SSTI (>5cm); cellulitis; and with signs or symptoms of systemic infection and other serious manifestation. The optimal drug regimen for CA-MRSA is unknown. When antibiotics are clearly warranted for the treatment of a SSTI, it is recommended that antibiotics be prescribed that are effective in vitro to the culture isolated. Lacking culture results, prescribe antibiotics that are effective against the circulating strain of MRSA, if known. **Empiric antibiotic treatment** of SSTIs can be considered for large (≥ 5cm) lesions when bacterial cultures are not easily obtainable or local IHSC surveillance of wound cultures has identified a circulating strain of MRSA which has stable antibiotic sensitivities. CA-MRSA is now the predominant cause of SSTIs in many communities throughout the United States; however, MSSA remains an extremely common bacterial pathogen causing SSTIs. The appearance or severity of most abscesses is not useful clinically in identifying the offending pathogen. The choice of empirical antibiotic therapy should be based on surveillance data and on whether or not the patient has associated risk factors for MRSA, such as recent hospitalization. Beta-lactam antibiotics, such as cephalaxin, can be prescribed empirically if periodic surveillance cultures reveal that MSSA is the predominant circulating pathogen. When an IHSC provider suspects serious SSTIs such as systemic infections, significant cellulitis, endocarditis and other endovascular infections, osteomyelitis, necrotizing fasciitis, pneumonia, and other deep-seated MRSA infections, evaluation at a community (local) emergency department is recommended to expedite diagnosis and allow for urgent consultations with specialists.

**Staphylococcus aureus** bacteremia is a serious condition and should be treated minimally for two weeks (some experts recommend three weeks) with intravenous (or IV equivalent) antibiotics. Metastatic infections due to bacteremia are common and are associated with significant morbidity and mortality. These patients should be monitored with weekly laboratories and physician visits and in some cases require drug level monitoring and pharmacist consultation.

The use of broad-spectrum antibiotics should be strictly monitored and unnecessary use curtailed, to reduce the development of antibiotic resistance among the detainee population.

**(NOTE: The most recent guidelines recommend much higher dosing and monitoring of blood levels to reach targets that are higher than those in the past. The issue of appropriate dosing has arisen with other drugs as well; daptomycin is an excellent example. Many physicians are using doses that are significantly higher than have been approved by the FDA based on registration trials. This means there is at least a recognition that the provider not only has to pick the right drug, the provider has to pick at the right dose and administer it properly.)**
References:

1. ©2013 UpToDate®; www.uptodate.com
4. The Physician’s Authority for Debate & Exchanges on MRSA, MD Peers & Perspectives; Vol.01, Issue 01; www.MDmag.com
### Appendix 1. Steps for Evaluation and Treatment of Skin and Soft Tissue Infections

#### Signs of Skin and Soft Tissue Infection (SSTI)
(redness, pain, swelling, warmth, tenderness, “spider bite”)

<table>
<thead>
<tr>
<th>Step 1. Evaluate patient and characterize the SSTI.</th>
</tr>
</thead>
</table>
| **Lesion <5 cm**  
- No cellulitis  
- No systemic signs & symptoms (S/S)³ |
| **Lesion ≥5 cm**  
- No cellulitis  
- No systemic S/S³ |
| **Cellulitis**  
and  
No systemic S/S³ |
| **S/S systemic infection, toxic presentation, or fasciitis** |

#### Step 2. Implement appropriate treatment based upon the characteristics of the SSTI.

<table>
<thead>
<tr>
<th>Conservative Measures only*</th>
</tr>
</thead>
</table>
| - Warm soaks or compresses  
- I & D⁶ (if drainable) |
| Note:  
If co-morbid conditions, e.g., diabetes mellitus, consider antibiotics |

<table>
<thead>
<tr>
<th>Conservative Measures and Oral Antibiotics⁵</th>
</tr>
</thead>
</table>
| - Warm soaks/compresses  
- I & D and culture (if drainable)  
- Antibiotics based on culture or surveillance susceptibility data  
- Adjust therapy based upon culture results |

<table>
<thead>
<tr>
<th>Empiric Antibiotics</th>
</tr>
</thead>
</table>
| - Assess for purulence. For purulent cellulitis cover for CA-MRSA.  
- For nonpurulent cellulitis cover for beta-hemolytic streptococci +/- CA-MRSA.  
- Low threshold for IV antibiotics & hospitalization |

<table>
<thead>
<tr>
<th>Empiric IV Antibiotics</th>
</tr>
</thead>
</table>
| - Hospitalize  
- IV antibiotics; cover for staph (MRSA), strep, and other pathogens, as indicated.  
- Surgical intervention as warranted |

#### Step 3. Observe closely for resolution of SSTI and for no recurrence.

⁴ Every SSTI presentation warrants management on a case-by-case basis.
⁵ I & D = incision and drain (see Appendix 2). Abscesses of face, hand, and genitalia should not be drained.
⁶ Antibiotic treatment for presumed or confirmed MRSA infection should be directly observed via pill line.
⁷ Signs and symptoms (S/S) of systemic infection include: fever, unstable vital signs, “toxic” presentation, streaking from the infection site, crepitus, necrosis, and rapid spread of inflammation over a period of hours.
Appendix 2. Incision and Drainage (I&D) Procedure

Abscesses are localized infections of tissue marked by a collection of pus surrounded by inflamed tissue. Abscesses may be found in any area of the body, but most abscesses presenting for urgent attention are found on the extremities, buttocks, breast, perianal area, axilla, groin, or from a hair follicle. Abscesses begin when the normal skin barrier is breached, and microorganisms colonize the underlying tissues. Causative organisms commonly include *Streptococcus sp.*, *Staphylococcus sp.*, enteric bacteria (perianal abscesses), or a combination of anaerobic and gram-negative organisms.

Abscesses resolve by drainage. Smaller abscesses may resolve with conservative measures (warm soaks) to promote spontaneous drainage. Larger abscesses will require incision to drain them (I & D), as the increased inflammation, pus collection, and walling-off of the abscess cavity diminish the effectiveness of antibiotic treatment. Healing following an I & D should progress from the inside of the abscess outward to the incision site. This will require a gauze packing to promote healing from the inside outward.

**Indication:** Abscess within the skin that is palpable.

**Contraindications**
1. Extremely large abscesses that require extensive incision, debridement, or irrigation (best done in operating room).
2. Deep abscesses in very sensitive areas (labial, supravalvar, ischiorectal, perirectal) that require a general anesthetic to obtain proper exposure.
3. Abscess in the hands or feet.
4. Abscesses in the triangle formed by the bridge of the nose and the corners of the mouth (should generally be treated with warm compresses and aggressive antibiotic therapy).
5. Abscesses located near major vessels must be differentiated from aneurysms before I & D are performed to avoid fatal hemorrhage. The distinction is made through aspiration with a large bore needle.

**Materials**
1. Sterile gloves
2. Mask/eye protection (if abscess appears to be under pressure enough to cause expulsion of contents with the incision)
3. 1% or 2% lidocaine with epinephrine for local anesthesia; 10 cc syringe and 23 gauge needle for infiltration. Alternatively, diphenhydramine (Benadryl) 10 to 25 mg can be used for anesthesia. Dilute a 50 mg (1 cc) vial in a syringe with 4 cc of normal saline. *(Note: Epinephrine is contraindicated in areas such as the fingers, nose, toes, and penis.)*
4. Alcohol or povidone-iodine wipes
5. #11 scalpel blade with handle
6. Draping
7. Hemostat or sterile cotton-tipped applicator
8. Packing (plain or iodoform, ½" or ¼" packing)
9. Scissors
10. Gauze and tape
11. Culture swab (aerobic and anaerobic)

*(continued on next page)*
Appendix 2. Incision and Drainage Procedure (I&D) (Page 2 of 3)

Pre-Procedural Education

2. Explain the steps of the procedure, including the not insignificant pain associated with anesthetic infiltration.

Procedure

1. Use Standard Precautions.
2. Cleanse site over abscess with skin preparation of choice.
3. Drape to create a sterile field.
4. Infiltrate local anesthetic, allowing 2–3 minutes for anesthetic to take effect.
5. Incise over abscess with the #11 blade, cutting through the skin into the abscess cavity. Follow skin fold lines whenever possible while making the incision. The incision should be sufficiently wide to allow the abscess to drain and to prevent premature closure of the incision.
   For smaller abscesses requiring incisions, a “stab” or “cruciate” incision should be adequate. Some refer to this as a puncture or stab technique since the operator inserts the tip of the scalpel directly into the center of the abscessed tissue without making a linear incision.
6. Allow the pus to drain, using the gauzes to soak up drainage and blood. If a culture is being obtained, use the culture swab to take culture of abscess contents, swabbing inside the abscess cavity—not from the superficial skin over the abscess.
7. Use the hemostat or sterile cotton-tipped applicator to gently explore the abscess cavity to break up any loculations within the abscess.
8. Loosely pack the abscess cavity with the packing.
9. Place gauze dressing over the wound, and tape in place (without placing tape over the incision site).
10. Remove gloves and wash hands. Properly dispose of contaminated articles and assure appropriate cleaning of the area.
11. Schedule a call-out within 24–48 hours post-op. Depending upon the location and size of the abscess, arrange for the packing material to be changed daily or several times per day.
12. Pain from the site may require acetaminophen or nonsteroidal anti-inflammatory drugs; narcotics are rarely needed. With a tense abscess, the pain relief associated with the I & D itself may be sufficient enough that no pain medication is required.

Post-Procedural Patient Education.

Patients should be instructed to watch for the following symptoms:

• Recollection of pus in the abscess
• Fever and chills
• Increased pain and redness
• Red streaks near the abscess
• Increased swelling

While some inmates will have to return to the clinic to have their dressings changed, others can be taught to do this for themselves. In addition to showing these patients how to change the packing and replace the dressings, they should be educated on:

• Disposal of dressing material
• Hand-washing technique
• Cleansing the area after the dressing is complete

(continued on next page)
Appendix 2. Incision and Drainage Procedure (I&D)  (Page 3 of 3)

Complications
Prevention and management of complications associated with the I & D procedure are outlined below.

<table>
<thead>
<tr>
<th>Complication</th>
<th>Prevention</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient anesthesia</td>
<td>Remember that the tissue around an abscess is acidic, and local anesthetic loses effectiveness in acidic tissues.</td>
<td>Do a field block; use sufficient quantity of anesthetic; allow time for anesthetic effect.</td>
</tr>
<tr>
<td>No drainage</td>
<td>Localize site of incision by palpation.</td>
<td>Extend incision deeper or wider as needed.</td>
</tr>
<tr>
<td>Drainage is sebaceous material</td>
<td>Abscess was an inflamed sebaceous cyst.</td>
<td>Express all material; break up sac with hemostat; pack open as with an abscess.</td>
</tr>
</tbody>
</table>

Following I & D of any abscess, the site should be observed for signs of recollection of pus or cellulitis. Complications of an inadequately treated abscess include bacteremia and septicemia. In persons who are immunocompromised, particularly diabetics, an abscess on an extremity can be complicated by severe cellulitis or gangrene, with potential loss of the affected extremity. An I & D of a periannal abscess frequently results in a chronic anal fistula that requires fistulectomy by a surgeon. Deep palmar abscesses are a surgical emergency.

Documentation on the Medical Record
1. Informed Consent (signed)
2. Procedure used, prep, anesthetic (and quantity), success of drainage, culture if collected
3. Any complications (or “none”)
4. Who was notified of any complication (MLP, attending MD)
5. Follow-up arrangements for scheduled call-out and dressing changes

Sources:

Kronful R. Technique of incision and drainage for skin abscess. *UpToDate.* May 13, 2009;17.2
### Appendix 3. Treatment Options for Mild-to-Moderate Skin and Soft Tissue MRSA Infections

<table>
<thead>
<tr>
<th>Drug</th>
<th>Oral Dose</th>
<th>Monitoring</th>
<th>Adverse Reactions/Drug Interactions/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TMP-SMX</strong></td>
<td>1 DS tablet twice daily (Consider higher dosing with more serious infections.)</td>
<td>Routine lab tests are not indicated. In cases of prolonged treatment or in complicated patients: Monitor CBC/platelets, and renal &amp; hepatitis parameters.</td>
<td><strong>Adverse effects:</strong> Rash, erythema multiforme, Stevens-Johnson syndrome, hemolysis w/ G-6-PD deficiency, hepatitis, pancreatitis, bone marrow suppression. <strong>Drug interactions:</strong> Dapsone, anticoagulants, phenytoin, cyclosporine, diuretics, MTX.. <strong>Comments:</strong> With renal insufficiency, maintain hydration to prevent crystalluria. Check for sulfa allergy.</td>
</tr>
<tr>
<td><strong>Clindamycin</strong></td>
<td>300–450 mg three times daily</td>
<td>Routine lab tests are not indicated.</td>
<td><strong>Adverse effects:</strong> GI upset and relatively high incidence of <em>C. difficile</em>-induced colitis as compared to other antibiotics. <strong>Comments:</strong> If isolate is erythromycin-resistant <em>in vitro</em>, clindamycin resistance may develop during therapy; consult with microbiology laboratory prior to treatment regarding “D test” (Section 4). Advise inmate to report diarrhea immediately.</td>
</tr>
</tbody>
</table>

**Clinical Notes:**

- For less serious infections, antibiotic treatment may be avoided by using conservative measures (warm soaks or compresses and/or I & D). When antibiotics are administered, do so in conjunction with conservative measures.
- Select antibiotics based upon susceptibility results or the prevalent strain circulating in the facility.
- Minocycline or doxycycline, 100 mg twice daily, may be an alternative treatment option; however, laboratory susceptibility results must be carefully reviewed.
- Do not use fluoroquinolones to treat MRSA. MRSA isolates may be sensitive to quinolones *in vitro*; however, the potential for resistance limits the use of this class of antibiotics.
- Within the BOP, rifampin is *not* recommended for treatment of uncomplicated SSTIs. For treatment of recurrent or complicated SSTIs, rifampin can be considered on a case-by-case basis only after Central Office approval. Note that rifampin *must always* be used in conjunction with another antibiotic.
- Recurrent/persistent skin lesions may indicate nonadherence to treatment, antibiotic resistance, or re-exposure to an infected source.
- Resistant or serious infections usually require IV vancomycin or an alternative agent.
### Appendix 4. Treatment Options for Serious MRSA Infections

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose¹</th>
<th>Monitoring</th>
<th>Adverse Effects/Drug Interactions/Comments</th>
</tr>
</thead>
</table>
| Vancomycin (Vancocin®) | 15–20 mg/kg/dose (actual body weight) every 8–12 hours, not to exceed 2 g per dose. For most non-obese patients with SSTIs and normal renal function, a dose of 1 gm every 12 hours is adequate. | Refer to the BOP Antimicrobial Stewardship Guidance, when available, for more detailed information on monitoring. Collect trough level 1 hour prior to the fourth dose. **Target:** 10–15 mcg/mL for uncomplicated SSTIs or cellulitis. **Target:** 15–20 mcg/mL for bacteremia, endocarditis, pneumonia, and other serious infections. Auditory function, Renal function/CBC | **Adverse effects:**  
- Ototoxicity, nephrotoxicity, drug fever, hypotension, rash, pruritus, reversible neutropenia.  
- If used with aminoglycosides, increases nephrotoxicity.  
- Histamine reaction; flushing.  
**Drug interactions:** Anesthetics  
**Comments:**  
- Infuse over 1 hour to reduce “red man syndrome” → flushing, hypotension. Monitor BP. May need to extend infusion time.  
- Adjust dosage is based on trough levels. Refer to the BOP Antimicrobial Stewardship Guidance, when available, for more detailed dosing information.  
- May require second or third antibiotic for serious infections. |
| Linezolid² (Zyvox®)   | 600 mg twice daily, orally or IV  
Can take with or without meals. | CBC with differential/platelet count weekly  
Monitor BP if hypertensive or taking a sympathomimetic. | **Adverse effects:** Diarrhea (including pseudomembranous colitis), bone marrow suppression, nausea, headache. Peripheral and optic neuropathy have been reported in patients treated with linezolid, primarily for those patients treated for longer than the maximum recommended duration of 28 days.  
**Drug interactions:** Avoid adrenergic and serotonergic agents, including decongestants and SSRI antidepressants.  
**Comments:**  
- Avoid consuming foods containing large amounts of tyramine³.  
- Use cautiously if patient is hypertensive. |

¹ Sepsis requires at least 2 weeks of IV antibiotics. Endovascular infections such as endocarditis, osteomyelitis, and other deep-seated infections require 4–6 weeks of therapy and may require combination antibiotic therapy; consult with expert on treatment regimen and length of treatment.

² Linezolid is costly and has potential for serious toxicities. Linezolid should only be used after consultation with a physician expert to determine if alternative antimicrobials would be more appropriate.

³ Avoid foods with very high tyramine content such as packaged soups, pickled/smoked fish, orange pulp, fava beans, and aged cheeses.
Treatment of ICE detainees with hepatitis C

Given the transitional nature of ICE detention, medical care is provided to ICE detainees taking into consideration: the potential risks/harms of initiating treatment when the period of detention is uncertain, the benefits to the detainee, and whether treatment is considered necessary to prevent immediate harm to a detainee.

Prior to initiation of treatment for hepatitis C detainees must undergo specialty testing and specialty consultation; furthermore, a liver biopsy may be required to stage the disease. Many medical therapies for hepatitis C are complex, may have significant side effects, may require specific monitoring and follow-up requirements, may have little benefit to the detainee if interrupted and may have logistics or cost considerations. Once released from ICE custody, former detainees are responsible for their health care needs. Initiating such treatment and then releasing the detainee in the US or deporting the individual can impact the detainee adversely (e.g. if drug resistance develops) and without a specific gain. If a treatment course cannot be completed in its entirety, there may be little benefit to initiate such therapies.

Medical providers need to consider the impact to the patient when determining whether a given therapy should be pursued. Providers need to weigh the significance of other co-morbid conditions, degree of fibrosis or evidence of cirrhosis, medication interactions, detainee mental health, and treatment compliance, including cessation of known risk behavior (i.e. intravenous drug use) when considering whether hepatitis C treatment may be appropriate or not.

While hepatitis C can cause significant health complications, it is a chronic infection for most affected individuals and is not life-threatening in the near future; not providing treatment immediately will generally have little effect on the patient. Most individuals diagnosed with hepatitis C have had the infection for extended periods of time and are not at risk of immediate decompensation. Over decades, hepatitis C can cause progressive liver damage that may lead to cirrhosis and other complications such as hepatocellular carcinoma so consideration for treatment should be made for those with anticipated longer custody stays.

In the case of definitive treatment of hepatitis C infection, IHSC generally follows care prioritization as advocated by the Federal Bureau of Prisons which is based on guidance from the American Association for the Study of Liver Diseases and the Infectious Disease Society of America (www.hcvguidelines.org). Prioritization groups include advanced liver fibrosis/cirrhosis, liver transplant recipients, HIV co-infection, comorbid medical conditions associated with hepatitis C (e.g., cryoglobulinemia, lymphoma), and continuity of care for newly detained ICE detainees who enter custody on a hepatitis C treatment regimen. IHSC does offer general education and counseling, and if indicated, immunization for hepatitis A and B, as well as screening for cirrhosis. If detainees remain in ICE custody for extended periods, hepatitis C treatment will be considered and clinical factors will be identified that would support treatment.

The following algorithm should guide providers in determining what interventions should be considered for detainees with laboratory confirmed hepatitis C:
<table>
<thead>
<tr>
<th>Column A: anticipated custody &lt; 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling/education</td>
</tr>
<tr>
<td>Immunizations: hepatitis A and B, pneumovax, influenza</td>
</tr>
<tr>
<td>Calculate baseline APRI</td>
</tr>
<tr>
<td>Avoid hepatotoxins</td>
</tr>
<tr>
<td>3 month follow up to assess changes in clinical status or custody status which would prompt following column B</td>
</tr>
<tr>
<td>Conservative management of cirrhosis, if evident</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column B: anticipated custody for 6 months or greater</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling/education</td>
</tr>
<tr>
<td>Immunizations: hepatitis A and B, pneumovax, influenza</td>
</tr>
<tr>
<td>Calculate baseline APRI</td>
</tr>
<tr>
<td>Avoid hepatotoxins</td>
</tr>
<tr>
<td>Obtain INR; obtain labs to exclude hepatitis B, HIV, hemochromatosis and autoimmune hepatitis*</td>
</tr>
<tr>
<td>Obtain relevant prior records including prior treatment, genotype, liver biopsy results, ultrasound, etc.</td>
</tr>
<tr>
<td>If comorbidity is identified or cirrhosis is suspected, obtain hep C genotype (if not known) and viral load, AFP and liver ultrasound with doppler flow (if none within 1 year) to exclude HCC, cirrhosis and/or portal hypertension.</td>
</tr>
<tr>
<td>Discuss case with CD and RCD; 1) they may refer for HQs committee review for approval of ID/GI/hepatology consultation for treatment recommendations (see review form attached) and /or 2) consider for SDI list based on the gravity of clinical illness*</td>
</tr>
</tbody>
</table>

^see following page for suggested screening diagnostics

*if treatment is recommended by ID/GI/hepatology consultant, the patient is to be added to the SDI list
Additional useful information:

APRI calculator: http://hepatitisc.uw.edu/go/evaluation-staging-monitoring/evaluation-staging/calculating-apri

Signs/symptoms of cirrhosis:

- albumin <3.4
- INR greater than the upper limit of normal
- platelets less than the lower limit of normal
- elevated bilirubin
- history of GI variceal bleed, ascites, or hepatic encephalopathy
- taking medication to treat manifestations of cirrhosis (e.g., lactulose or rifamixin for hepatic encephalopathy; nadalol or propranolol for portal hypertension; spironolactone for ascites)
- evidence of hepatic encephalopathy (day/night reversal, asterixis/“flap”, slowed mentation)

Suggested laboratory tests for autoimmune hepatitis: ANA screen; if positive anti-smooth muscle antibodies, anti-LMK1, anti-LC1, quantitative immunoglobulins

Suggested laboratory tests for hemochromatosis: Iron studies, ferritin

Patient information for counseling: http://www.cdc.gov/hepatitis/C/PatientEduC.htm

Common drugs to use with caution in patients with chronic liver disease: acetaminophen (max 2 grams/day), NSAIDs, aminoglycosides (risk of hepato-renal syndrome), ACE inhibitors, furosemide, drugs with a narrow therapeutic index*.

Narrow therapeutic index drugs*

<table>
<thead>
<tr>
<th>Carbamazepine</th>
<th>Phenytoin</th>
<th>Cyclosporine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procainamide</td>
<td>Digoxin</td>
<td>Tacrolimus</td>
</tr>
<tr>
<td>Ethosuximide</td>
<td>Theophylline</td>
<td>Levothyroxine</td>
</tr>
<tr>
<td>Warfarin</td>
<td>lithium</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from: North Carolina Pharmacy Practice Act. Article 4A. 90-85.28(b1).
ICE HEALTH SERVICE CORPS Request for Hepatitis C Treatment

<table>
<thead>
<tr>
<th>Name:</th>
<th>A#:</th>
<th>Date of request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current facility:</td>
<td>Attending physician:</td>
<td>Anticipated length of stay in custody:</td>
</tr>
</tbody>
</table>

1. Proposed hepatitis C treatment regimen (medications, doses, and duration of treatment):

2. Is this a request for continuation of treatment? If yes, treatment initiation date?

3. Do any of the following apply: HIV positive, liver transplant recipient, cryoglobulinemia, chronic hepatitis B, autoimmune hepatitis?

4. Does the detainee have an unstable medical or mental health condition?

5. Have there been instances of non-compliance or refusal of treatment while detained?

6. Has the detainee engaged in substance use and/or diversion while detained?

7. Date of hepatitis C diagnosis:

**REQUIRED DIAGNOSTICS:**

<table>
<thead>
<tr>
<th>Hep C genotype:</th>
<th>Hep C viral load, date:</th>
</tr>
</thead>
</table>

Date/results of last liver ultrasound or other imaging:

Date/results of most recent:

<table>
<thead>
<tr>
<th>Platelet count:</th>
<th>Albumin:</th>
</tr>
</thead>
<tbody>
<tr>
<td>INR:</td>
<td>Bilirubin:</td>
</tr>
</tbody>
</table>

Please list Hepatitis C-related complications:

**Please calculate AST to Platelet Ratio Index (APRI):**

[http://www.hepatitis.uw.edu/page/clinical-calculators/apri](http://www.hepatitis.uw.edu/page/clinical-calculators/apri)

**Please calculate Child-Turcotte-Pugh Classification for Cirrhosis score:**

[http://www.hepatitis.uw.edu/page/clinical-calculators/ctp](http://www.hepatitis.uw.edu/page/clinical-calculators/ctp)

---

Not required for hepatitis C treatment consideration, but if these results are available please include:

Date/results of liver biopsy (attach pathology report):

Date/results of last FibroSure (attach lab result):

A GI consultation is not recommended prior to submission of this request. If one has been obtained either during this custody stay or prior, please attach a copy of the consultant’s report. Please also include endoscopy report(s), if performed.

---

**Hepatitis C Treatment Request Board Review**

Date of review:

Review Board Decision:

- [ ] Detainee meets criteria for treatment priority level 1, 2, or 3. Treatment request approved.
- [ ] Detainee does not meet criteria for treatment priority level 1, 2 or 3. Treatment request not approved.
- [ ] Additional information is needed. Treatment request not approved.

Priority level 1-4 criteria listed on following page.

Recommendations:

Name/signature:

10/8/15  2022-ICLI-00045  3270
ICE HEALTH SERVICE CORPS Request for Hepatitis C Treatment

Hepatitis C Treatment Prioritization

Priority Level 1 – Highest Priority for Treatment*
- Cirrhosis: Cases of decompensated cirrhosis with a CTP score of 7 to 9 should receive the highest priority for treatment.
- Liver transplant candidates or recipients
- Hepatocellular carcinoma (HCC)
- Comorbid medical conditions associated with HCV, including: cryoglobulinemia with renal disease or vasculitis, certain types of lymphomas or hematologic malignancies
- Immunosuppressant medication for a comorbid medical condition
- Continuity of care for those already started on treatment

Priority Level 2 – High Priority for Treatment*
- APRI score ≥ 2
- Advanced fibrosis on liver biopsy (e.g., Metavir Stage 3 bridging fibrosis)
- HBV coinfection
- HIV coinfection
- Comorbid liver diseases (e.g., autoimmune hepatitis, hemochromatosis, steatohepatitis, etc.)

Priority Level 3 – Intermediate Priority for Treatment*
- Stage 2 fibrosis on liver biopsy
- APRI score 1.5 to < 2
- Diabetes mellitus
- Porphyria cutanea tarda

Priority Level 4 – Routine Priority for Treatment*
- Stage 0 to stage 1 fibrosis on liver biopsy
- All other cases of HCV infection meeting the eligibility criteria for treatment, as noted below under Other Criteria for Treatment

* Exceptions to the above criteria for Priority Levels 1–4 will be made on an individual basis and will be determined primarily by a compelling or urgent need for treatment, such as evidence for rapid progression of fibrosis, or deteriorating health status from other comorbidities.

Other Criteria for Treatment
In addition to meeting the above criteria for Priority Levels 1–4, inmates being considered for treatment of HCV infection should:
- Have no contraindications to, or significant drug interactions with, any component of the treatment regimen.
- Have a GFR ≥ 30.
- Not be pregnant, especially for any regimen that would require ribavirin or interferon.
- Have sufficient time remaining on their sentence in the BOP to complete a course of treatment.
- Have a life expectancy > 18 months.
- Demonstrate a willingness and an ability to adhere to a rigorous treatment regimen and to abstain from high-risk activities while incarcerated.

The Guidelines for the management of sickle cell disease

October 9, 2014

Introduction;

Sickle cell disease (SCD) is the life-threatening genetic disorder affecting nearly 100,000 individuals in the United States and is associated with many acute and chronic complications requiring immediate medical attention. Two disease-modifying therapies, hydroxyurea and long-term blood transfusions, are available but underused. In addition, hematopoietic stem cell transplantation; the only curative approach, has been used in only a small proportion of affected individuals. This IHSC guideline to support and expand the number of health providers able and willing to provide care for detainees with SCD while in detention. Recognizing the need to provide practical guidance for common problems that may lie outside of the evidence, this IHSC guideline is supplemented by the expertise of the specialists who have many years of experience in managing and studying individuals with SCD. This guideline is divided into sections related to health maintenance as well as clinical manifestations of sickle cell anemia, diagnosis and management of acute and chronic complications. The final 2 sections address hydroxyurea and blood transfusion therapies.

Clinical manifestations of Sickle Cell Anemia;

Most patients with sickling syndromes suffer from hemolytic anemia, with hematocrits from 15-30 %, and significant reticulocytosis.

Granulocytosis is common. The white count can fluctuate substantially and unpredictably during and between painful crises, infectious episode, and other intercurrent illness.

Vasoocclusion of which component usually dominates the clinical course and causes protean manifestations. Intermittent episodes of vasoocclusion in connective and musculoskeletal structures produce painful ischemia manifested by acute pain and tenderness, fever, tachycardia, and anxiety. These recurrent episodes, called painful crises, are the most common clinical manifestation. Their frequency and severity vary greatly. Pain can develop almost anywhere in the body and may last from a few hours to 2 weeks. Repeated crises requiring hospitalization (> 3 per year) correlate with reduced survival in adult life, suggesting that these episodes are associated with accumulation of chronic end-organ damage. Provocative factors include infection, fever, excessive exercise, anxiety, abrupt changes in temperature, hypoxia, or hypertonic dyes.

Repeated micro-infarction can destroy tissues having microvascular beds that promote sickling. Thus the spleen is frequently lost within the first 18-36 months of life, causing susceptibility to infection, particularly by pneumococci. Acute venous obstruction of the spleen; splenic sequestration crisis, a rare
occurrence in early childhood, may require emergency transfusion and/or splenectomy to prevent trapping of the entire arterial output in the obstructed spleen.

Occlusion of retinal vessels can produce hemorrhage, neovascularization, and eventual detachments.

Renal papillary necrosis invariably produces isosthenuria. More widespread renal necrosis leads to renal failure in adults, a common late cause of death.

Bone and joint ischemia can lead to aseptic necrosis, especially of the femoral or humeral heads; chronic arthropathy; and unusual susceptibility to osteomyelitis, which may be caused by organisms, such as Salmonella, rarely encountered in other settings.

The hand-foot syndrome is caused by painful infarcts of the digits and dactylitis.

Stroke is especially common in children; a small subset tends to suffer repeated episodes. Stroke is less common in adults and is often hemorrhagic.

Priapism is a particularly painful complication in males. It is due to infarction of the penile venous outflow tracts; permanent impotence is a frequent consequence.

Chronic lower leg ulcers probably arise from ischemia and superinfection in the distal circulation.

Acute chest syndrome (ACS) is a distinctive manifestation characterized by chest pain, tachycardia, fever, cough, and arterial oxygen desaturation. It can mimic pneumonia, pulmonary emboli, bone marrow infarction and embolism, myocardial ischemia, or in situ lung infarction.

Repeated episodes of acute chest pain correlate with reduced survival. Acutely, reduction in arterial oxygen saturation is especially ominous because it promotes sickling on massive scale. Chronic acute or subacute pulmonary crises lead to pulmonary hypertension and cor pulmonale, an increasingly common cause of death as patients survive longer.

Diagnosis;

Sickle cell diseases (syndromes) are suspected on the basis of hemolytic anemia, RBC morphology, and intermittent episodes of ischemic pain. Diagnosis is confirmed by hemoglobin electrophoresis and the sickling tests. Sickle hemoglobin (HbS; most prevalent genotype, HbSS), the predominant hemoglobin that is present in the red blood cells of persons with SCD, results from substitution of the amino acid valine for glutamic acid at the six position of the β-chain. When deoxygenated, red blood cells from persons with SCD can develop a sickle or crescent shape, become inflexible, and increase blood viscosity through intrinsic properties of the sickle cells as well as abnormal interactions of these cells with
leukocytes, platelets, vascular endothelium, and clotting factors. The most prevalent genotype, HbSS, and the much less common HbSβ°-thalassemia, both commonly referred to as sickle cell anemia because they are phenotypically very similar and are associated with the most severe clinical manifestations. Most of those affected are of African ancestry or self-identify as black, with a minority being of Hispanic, Middle Eastern, or Asian Indian descent. Thorough characterization of the exact hemoglobin profile of the patient is important, because sickle thalassemia and hemoglobin SC (a variant that causes manifestations of sickle cell disease when paired with HbS) disease have distinct prognoses or clinical features. Diagnosis is usually established in childhood, but occasional patients, often with compound heterozygous states, do not develop symptoms until the onset of puberty, pregnancy, or early adult life. Details of the childhood history establish prognosis and need for aggressive or experimental therapies. Factors associated with increased morbidity and reduced survival are more than three crises requiring hospitalization per year, chronic neutrophilia, a history of splenic sequestration or hand-foot syndrome, and second episodes of acute chest syndrome. Patients with a history of cerebrovascular accidents are at high risk for repeated episodes and require especially close monitoring using Doppler carotid flow. Patients with severe or repeated episodes of acute chest syndrome may need lifelong transfusion support, utilizing partial exchange transfusion, if possible.

Management (Evidence-Based Recommendations by Expert Panel Members)

1. **Health maintenance:**

   ✨ Prevention of invasive pneumococcal infection:

   - Administer oral penicillin prophylaxis (125mg for those < 3y and 250mg for those ≥ 3y) twice daily until age 5 y in all children with HbSS
   - Ensure that persons of all ages with SCD have been vaccinated against Streptococcus pneumonia

   ✨ Immunizations:

   - Children aged 6-18 y with functional or anatomic asplenia receive 1 dose of PVC 13 (conjugate 13-valent vaccine)
   - Adults aged ≥ 19 y who have not received pneumococcal vaccine but have functional or anatomic asplenia and who have not previously received PCV 13 or PPSV 23 (23-valent polysaccharide vaccine) should receive 1 dose of PCV 13 first, followed by a dose of PPSV 23 at least 8 wk later, with subsequent doses of PPSV23 to follow current PPSV23 recommendations for adults at high risk; a second PPSV 23 dose is recommended 5 y after the first PPSV23 dose for persons aged 19-64 y with functional or anatomic asplenia, in addition, those who received PPSV 23 before age 65 y for any indication should receive another dose of the vaccine at age 65 y or later if at least 5 y have elapsed since their previous PPSV 23 dose
Adults aged ≥ 19 y with previous PPSV23 vaccination and functional or anatomic asplenia who received ≥1 dose of PPSV23 should be given a PCV 13 dose ≥1 y after the last PPSV23 dose. For those who require additional doses of PPSV23, the first such dose should be given no sooner than 8 wk after PCV13 dose and at least 5 y after the most recent dose of PPVC23.

Screening for hepatitis C:

Screen for hepatitis C virus (HVC) infection in persons at high risk for infection (e.g., those with multiple transfusions) and offer 1-time screening for HVC infection to all adults born between 1945 and 1965.

Electrocardiogram (ECG) screening:

Do not screen asymptomatic children or adults with SCD with ECG.

Screening for retinopathy:

Refer to an ophthalmologist for a dilated eye examination to evaluate for retinopathy beginning at age 10 y, then, a normal dilated retinal examination -rescreen 1- to 2-y intervals.

Screening for risk of stroke using neuroimaging:

- In children with sickle cell anemia, screen annually (beginning at age 2 y and continuing until at least 1ge 16y) with transcranial Doppler. According to the methods used STOP (Stroke Prevention Trial in Sickle Cell Anemia) studies.
- In children with conditional (170-199cm/s) or elevated (≥200cm/s) transcranial Doppler results, refer to a specialist with expertise in long-term transfusion therapy aimed at preventing stroke.
- In children with genotypes other than SCA (e.g., Hbsbeta^thalassemia or HsSC), do not perform screening with transcranial Doppler.
- In asymptomatic children with SCD, do not perform screening with MRI (magnetic resonance imaging) or CT (computed tomography).
- In asymptomatic adults with SCD, do not perform screening with neuroimaging (transcranial Doppler, MRI, or CT).

Screening pulmonary disease:

Do not screen asymptomatic children and adults with pulmonary function tests.
Contraception, reproductive counseling, and opioid use during pregnancy:

Consensus-adapted recommendation from the World Health Organization (WHO) and the US Center for Disease Control and Prevention (CDC).

2. Managing Acute Complications:

Vasoocclusive crisis:

- Continue treatment with nonsteroidal anti-inflammatory drugs (NSAIDs) in adults and children with a vasoocclusive crisis associated with mild to moderate pain in those who report relief with NSAIDs in the absence of contraindications.
- Rapidly initiate treatment with parenteral opioids in adults and children with a vasoocclusive crisis with severe pain.
- Initiate around-the-clock opioid administration by patient-controlled analgesia or frequently scheduled doses vs as requested administration in adults and children with a vasoocclusive crisis associated with severe pain.
- Use incentive spirometry during hospitalization for vasoocclusive crisis to reduce the risk of acute chest syndrome.
- Do not administer a blood transfusion unless there are other indications for transfusion in children and adults with a vasoocclusive crisis.
- Use an individualized prescribing and monitoring protocol (written by the patient’s SCD clinician) or an SCD-specific protocol whenever possible to promote rapid, effective, and safe analgesic management and resolution of the vasoocclusive crisis in children and adults.

Acute chest syndrome (ACS):

- Treat persons with SCD who have ACS with an intravenous cephalosporin, an oral macrolide antibiotic, supplemental oxygen (to maintain oxygen saturation of > 95%), and close monitoring for bronchospasm, acute anemia, and hypoxemia.
- In persons with sickle cell anemia, give simple blood transfusion (10mL/kg of red blood cells) to improve oxygenation-carrying capacity to persons with symptomatic ACS whose hemoglobin concentration is >1.0 g/dL below baseline; if baseline hemoglobin is ≥ 9g/dL, simple blood transfusion may not be required.
- In persons with HbSC disease or HbSβ+ -thalassemia, consult an SCD expert regarding decisions about transfusion.
- Perform urgent exchange transfusion in consultation with hematology, critical care, or apheresis specialists, when there is rapid progression of ACS as manifested by oxygen saturation of < 90% despite supplemental oxygen, increasing respiratory distress, progressive pulmonary infiltrates, decline in hemoglobin concentration despite simple transfusion, or all of these.
- Encourage use of incentive spirometry while awake.
Acute stroke:

- Consult an SCD expert and perform exchange transfusion in persons with SCD who develop acute stroke confirmed by neuroimaging
- Initiate a program of monthly simple or exchange transfusions in children and adults who have had a stroke
- Initiate hydroxyurea therapy when it is not possible to initiate a transfusion program in children and adults who have had a stroke

Priapism:

- Initiate interventions to include vigorous oral or intravenous hydration and oral or intravenous analgesia when an episode of priapism lasts ≥ 4h
- Consult a urologist when an episode of priapism lasts ≥ 4h
- Do not use transfusion therapy for immediate treatment of priapism associated with SCD
- Consult with a hematologist for possible preoperative transfusion if surgical intervention is required

Hepatobiliary complications:

- Treat asymptomatic gallstones with watchful waiting in children and adults with SCD; in those who develop symptoms specific to gallstones, treat with cholecystectomy (the laparoscopic approach is preferred if surgically feasible and available)

Splenic sequestration:

- Provide immediate intravenous fluid resuscitation in persons with hypovolemia due to severe splenic sequestration
- Consult an SCD expert and begin transfusion in persons who have acute splenic sequestration and severe anemia to increase hemoglobin to stable level, while avoiding overtransfusion
- Consult an SCD expert to address the performance and timing of splenectomy in persons with recurrent acute splenic sequestration or symptomatic hypersplenism

Acute renal failure:

- In a patient with an acute increase in serum creatinine level of ≥ 0.3mg/dL, (1) monitor renal function daily, including serum creatinine level, fluid intake, and fluid output; (2) avoid potential nephrotoxic drugs and imaging agents; and (3) evaluate the patient thoroughly for all potential etiologies in consultation with a nephrologist as needed
Do not give blood transfusions to treat acute renal failure unless there are other indications for transfusion
Use renal replacement therapy (e.g., hemodialysis) when needed for acute renal failure

3. **Managing chronic complications:**

- **Avascular necrosis:**
  - Evaluate all children and adults with SCD and intermittent or chronic hip pain for avascular necrosis by history, physical examination, radiography, and magnetic resonance imaging, as needed
  - Treat avascular necrosis with analgesics and consult physical therapy and orthopedic for assessment and follow-up

- **Pulmonary hypertension:**
  - Refer persons who have symptoms or signs suggestive of pulmonary hypertension for echocardiography

- **Renal complication:**
  - Refer persons with proteinuria (>300mg/24h) to a nephrologist for further evaluation
  - For adults with micralbuminuria without other apparent cause, initiate angiotensin-converting enzyme (ACE) inhibitor therapy
  - For adults with proteinuria without apparent cause, initiate ACE inhibitor therapy
  - Initiate ACE inhibitor therapy for renal complications when indicated even in the presence of normal blood pressure
  - Renal replacement therapy (e.g., hemodialysis, peritoneal dialysis, renal transplantation) should be used in persons with SCD if needed

- **Ophthalmologic complications:**
  - Refer children and adults with vitreoretinal complications of proliferative sickle retinopathy (PSR) refractory to medical treatment for evaluation and possible vitrectomy
  - A Refer persons of all ages with PSR to an ophthalmologist for evaluation and possible laser photocoagulation therapy

- **Leg ulcers:**
  - Treat leg ulcers in persons with SCD with initial standard therapy (e.g., debridement, wet to dry dressings, topical agents)
  - Evaluate persons with chronic recalcitrant deep leg ulcers for osteomyelitis
  - Evaluate possible etiologies of leg ulcers to include venous insufficiency and perform wound culture if infection is suspected or if the ulcers deteriorate
Treat with systemic or local antibiotics if leg ulcer site is suspicious for infection and wound culture is positive and organisms are susceptible

4. **Hydroxyurea therapy:**

- In adults with sickle cell anemia (SCA) who have \( \geq 3 \) moderate to severe pain crises associated with sickle cell disease (SCD) during a 12-mo period, initiate treatment with hydroxyurea
- In adults with SCA who have sickle cell-associated pain that interferes with daily activities and quality of life, initiate treatment with hydroxyurea
- In adults with SCA who have a history of severe or recurrent acute chest syndrome (ACS), initiate treatment with hydroxyurea
- In adults with SCA who have severe symptomatic chronic anemia that interferes with daily activities or quality of life, initiate treatment with hydroxyurea
- In infants 9 mo of age or older, in children, and in adolescents with SCA, offer treatment with hydroxyurea regardless of clinical severity to reduce complications (e.g., pain, dactylitis, ACS, anemia) related to SCD
- Discontinue hydroxyurea therapy in women who are pregnant or breastfeeding
- Use an established prescribing and monitoring protocol to ensure proper use of hydroxyurea and maximize benefits and safety
- In persons with HbsB\(^-\) -thalassemia or HbSC who have recurrent SCD-associated pain that interferes with daily activities or quality of life, consult an SCD expert for consideration of hydroxyurea therapy
- In persons not demonstrating a clinical response to appropriate doses and duration of hydroxyurea therapy, consult an SCD expert

5. **Blood transfusion in the management of SCD:**

- **Indications for prophylactic perioperative transfusion:**
  - In adults and children with sickle cell anemia (SCA), transfuse red blood cells to bring the hemoglobin level to 10 g/dL prior to undergoing a surgical procedure involving general anesthesia
  - In persons with HbSS disease who require surgery and who already have a hemoglobin level higher than 8.5 g/dL without transfusion, are receiving long-term hydroxyurea therapy, or who require high-risk surgery (e.g., neurosurgery, prolonged anesthesia, cardiac bypass), consult a sickle cell disease (SCD) expert for guidance as to the appropriate transfusion method
  - In adults and children with HbSC or HbS\(^-\) -thalassemia, consult an SCD expert to determine if full or partial exchange transfusion is indicated before a surgical procedure involving general anesthesia
Appropriate management and monitoring:

- Red blood cell units that are to be transfused to individuals with SCD should include matching for C, E, and K antigens
- In persons with SCA who do not receive transfusions long-term and who are therefore at risk for hyperviscosity due to high percentage of circulating HbS-containing erythrocytes, avoid transfusing to a target hemoglobin level > 10 g/dL
- In children with SCA who receive transfusions long-term, the goal of transfusion should be to maintain a HbS level of < 30% immediately prior to the next transfusion
- The expert panel recommends that clinicians prescribing long-term transfusion therapy follow an established monitoring protocol

Management and prevention of transfusion complications:

- Consult the blood bank for a workup of a possible delayed hemolytic transfusion reaction in a patient with any of the following signs or symptoms: acute anemia, pain, or jaundice within 3 weeks after a blood transfusion
- In persons who receive long-term transfusion therapy, perform serial assessment of iron overload to include validated liver iron quantification methods such as liver biopsy, MRI R2, T2, and R2; the optimal frequency of assessment has not been established and will be based in part on the individual patient’s characteristics
- Administer iron chelation therapy (with consultation with a hematologist) to persons with SCD and documented transfusion-acquired iron overload
References;

5. Up-to-date; September, 2014
ICE - HEALTHCARE CONTINUOUS QUALITY IMPROVEMENT
AUDIT TOOL - FY 2016

You will report EVERY quarter on ALL MEASURES that follow. There are 28 measures in total.

- Medication Errors
  - Medication Administration Errors
  - Prescribing/Ordering Errors
  - Pharmacy Order Errors
- Grievances
- Suicide Watch
- Hunger Strikes

For each of these components, you will review 10 charts (unless findings fall below the threshold established [thresholds are listed after each item] – then you must review 10 additional records). NOTE: If there are less than 10 charts, then review 100% of those charts that are applicable.

- Pregnancy Audit
- Medical Housing Unit
- Screening and Health Assessment
- Hypertension
- Diabetes
- Asthma
- HIV
- Tuberculosis
- Seizure Disorder
- Sick Call/Urgent Care
- Mental Illness with Psychotropic Medication
- Dental Care
- Continuity of Care
- Reasonable Accommodations
- Treatment of Disability
- Medication Administration Records
- Medication Refusal
- Diagnostic Services and Specialty Care Access
- Laboratory and Diagnostics
- Credentialing
- Mortality Review
- Medical Recordkeeping Practices

THRESHOLDS FOR COMPLIANCE: Each indicator has a percentage of compliance required (written next to it). If you fall below this threshold for compliance, you must submit a corrective action plan for it. The corrective action plan should be written in the section following the data.
MEDICATIONS (ESSENTIAL)

Instructions: Place the number if medication errors (from incident reports) in the column marked “numbers”. If none, put “0”. If not applicable, put “N/A”. Do not leave any blank. *Number of errors and number of incident reports should match.*

<table>
<thead>
<tr>
<th>Medication Administration Errors</th>
<th>Number of Errors</th>
<th>Number of Incident Reports Submitted</th>
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</thead>
<tbody>
<tr>
<td>1. Number of wrong medications given</td>
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</tr>
<tr>
<td>2. Number of wrong patients receiving medication</td>
<td></td>
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<tr>
<td>3. Number of medications given at wrong time</td>
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<td>4. Number of medications missed</td>
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<tr>
<td>5. Number of medications administered via wrong route</td>
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<td>6. Number of wrong doses given</td>
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<tr>
<td>7. Number of transcription errors</td>
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<tr>
<td>8. Number of expired prescriptions given</td>
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<tr>
<td>9. Number of blank spaces on medication administration record (i.e. no documentation of missed medication)</td>
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<td>10. Other</td>
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<td>TOTAL NUMBER FROM 1-10:</td>
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<thead>
<tr>
<th>Prescribing/Ordering Errors</th>
<th>Number of Errors</th>
<th>Number of Incident Reports Submitted</th>
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</thead>
<tbody>
<tr>
<td>1. Number of wrong patients receiving medication</td>
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<td>2. Number of wrong drug - indication</td>
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<td>3. Number of wrong drug - allergy</td>
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<td>4. Number of wrong drug – drug interaction</td>
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<td>5. Number of wrong doses</td>
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<td>6. Number of wrong dosing schedules</td>
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<td>7. Number of orders written incorrectly</td>
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<td>8. Number of medication orders not forwarded to pharmacy</td>
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<tr>
<td>9. Other</td>
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<td>TOTAL NUMBER FROM 1-9:</td>
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<table>
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<tr>
<th>Pharmacy Order Errors</th>
<th>Number of Errors</th>
<th>Number of Incident Reports Submitted</th>
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</thead>
<tbody>
<tr>
<td>1. Number of wrong patients</td>
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<tr>
<td>2. Number of wrong medications</td>
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<td>3. Number of wrong doses</td>
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<td>4. Number of incorrect labels</td>
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<tr>
<td>5. Number of wrong routes</td>
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<tr>
<td>6. Number of MAR errors (misprinted, medication missing,)</td>
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<td>TOTAL NUMBER FROM QUESTIONS 1-6:</td>
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</table>
**GRIEVANCES (IMPORTANT)**

Instructions: Obtain the numbers from grievance logs.

<table>
<thead>
<tr>
<th>Number of grievances received</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Number of grievances addressed* within 5 business days</td>
<td></td>
</tr>
</tbody>
</table>
* Designated medical staff shall act on the grievances within 5 working days of receipt and provide the detainee with a written response of the decision and the rationale. |
| 3. Number of grievances related to access to care | |
| 4. Number of grievances related to quality of care | |

Comments:
Corrective Action Plan(s) (if appropriate):

**SUICIDE WATCH (ESSENTIAL)**

Instructions: Obtain the numbers from intake screenings, suicide watch logs and medical records.

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of detainees on suicide watch during specified timeframe (for suicidal ideation, actions)</td>
</tr>
<tr>
<td>2. Number of detainees (from number above) on suicide watch during specified time frame who made an actual suicide attempt</td>
</tr>
<tr>
<td>3. Number of incident reports submitted (required for detainees with suicidal attempt)</td>
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<tr>
<td>4. Number of detainees on suicide watch who were evaluated by behavioral health professionals within 24 hours, unless emergent (in which case the evaluation should be immediate)</td>
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<tr>
<td>5. Number of detainees on suicide watch (from number above) who were seen previously by IHSC for mental health issues.</td>
</tr>
<tr>
<td>6. Number of detainees on suicide watch with daily evaluations done by qualified medical staff</td>
</tr>
<tr>
<td>7. Number of detainees on suicide watch with appropriate documentation (i.e. 15 minute and 8 hour documentation)</td>
</tr>
<tr>
<td>8. Number of detainee on suicide watch that received follow up post/after discharge from suicide watch at interval consistent with the level of acuity (PBNDS)</td>
</tr>
</tbody>
</table>

Comments:
Corrective Action Plan(s) (if appropriate):

**HUNGER STRIKES (ESSENTIAL)**

Instructions: Obtain the numbers from hunger strike logs and medical records.

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of detainees on hunger strikes</td>
</tr>
<tr>
<td>2. Number of detainees requiring medical intervention (intravenous therapy) ON SITE (not those off-site)</td>
</tr>
<tr>
<td>3. Number of detainees requiring medical intervention (intravenous therapy) ON SITE (not those off-site) for whom an incident report was submitted</td>
</tr>
<tr>
<td>4. Number of detainees on hunger strike with complete documentation (daily vital signs, daily weights, intake and output)</td>
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<tr>
<td>5. Number of detainees on hunger strikes with provider evaluation documented</td>
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<tr>
<td>6. Number of detainees on hunger strike requiring court-ordered force-feeding on site</td>
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<tr>
<td>7. Number of detainees on hunger strike requiring court-ordered force-feeding in hospital</td>
</tr>
</tbody>
</table>

Comments:
Corrective Action Plan(s) (if appropriate):
PREGNANCY AUDIT (ESSENTIAL)

Facility: Quarter/Fiscal Year:

Reviewer:

Instructions: A health care provider will review 100% of the charts of the pregnant patients during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

Sample size: 100%

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Was an OB-GYN consult ordered and the scheduled appointment time documented within 7 days of identification of condition? (Not necessarily seen within 7 days) (100%)</td>
</tr>
<tr>
<td>2</td>
<td>Prenatal vitamins prescribed? (100%)</td>
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<td>3</td>
<td>Proper diet ordered? (100%)</td>
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<td>4</td>
<td>Patient education documented at each encounter? (100%)</td>
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<tr>
<td>5</td>
<td>Records reviewed by provider after OB appointment? (100%)</td>
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<tr>
<td>6</td>
<td>Appropriate labs (consideration for HIV, STI, and viral hepatitis) ordered if not obtained from OB-GYN? (100%)</td>
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<tr>
<th>Record</th>
<th>Alien #</th>
<th>1</th>
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</table>

PERCENTAGE

Comments:

Corrective Action Plan(s) (if appropriate):
MEDICAL HOUSING UNIT REVIEW (ESSENTIAL)

Facility: Quarter/Fiscal Year:

Reviewer:

Instructions: An RN, MLP, physician or clinical pharmacist will review appropriate number (see page 1) of patients who were admitted to the MHU during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of MHU patients for the designated time period according to A#, and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

Sample size: See page 1 of this document.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Admitting history/current diagnosis or issues documented on the MHU progress note (to be completed by a physician/MLP or appropriate clinician according to scope of practice)? (100%)</td>
</tr>
<tr>
<td>2</td>
<td>Appropriate exam documented relevant to the reason for the MHU stay (e.g. dental, medical, or behavioral health exam)? (100%)</td>
</tr>
<tr>
<td>3</td>
<td>Provider rounds documented as noted in the treatment plan, if applicable? (90%)</td>
</tr>
<tr>
<td>4</td>
<td>Treatment plan includes specific instructions for nursing and appropriate precautions or interventions for infectious disease, if applicable? (90%)</td>
</tr>
<tr>
<td>5</td>
<td>Nursing care plan present (pre-developed electronic care plans may be applicable)? (90%)</td>
</tr>
<tr>
<td>6</td>
<td>Nursing care follow-up documented? (100%)</td>
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<tr>
<td>7</td>
<td>Nursing progress notes present for each shift? (100%)</td>
</tr>
<tr>
<td>8</td>
<td>24 hour chart review indicated with signature, date and time of review? (90%)</td>
</tr>
<tr>
<td>9</td>
<td>Discharge from MHU documented, if applicable? (100%)</td>
</tr>
<tr>
<td>10</td>
<td>Language Access: Use of translator, provider fluency in language, or English-speaking detainee is documented? (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record</th>
<th>Alien #</th>
<th>1</th>
<th>2</th>
<th>3</th>
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PERCENTAGE

Comments:

Corrective Action Plan(s) (if appropriate):
SCREENING ASSESSMENT (ESSENTIAL)

Facility: Quarter/Fiscal Year:

Reviewer:

Instructions: An RN, MLP, physician or clinical pharmacist will review the appropriate number (see page 1) of randomly selected records for patients that have been at the facility for more than two weeks during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable. Do not leave any area blank.

To RANDOMLY select, list out the total number of health assessments for the designated time period according to A #, and select every other chart for completing audit.

Sample size: See Page 1 of this document

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Initial screening completed within 12 hours of admission to facility? (100%)</td>
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<td>2</td>
<td>All required areas of the intake screening in electronic health record/manual health record are completed? (100%)</td>
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<td>3</td>
<td>TB screening completed during medical intake if applicable (PPD or CXR)? (100%)</td>
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<td>4</td>
<td>PPD read within 48-72 hours? (N/A if CXR performed) (100%)</td>
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<td>5</td>
<td>TB clearance properly documented? (100%)</td>
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<td>6</td>
<td>Was there timely (NLT 2 working days after identification) follow-up for significant findings of acute and chronic conditions? (A significant finding is a condition that, without timely intervention, could lead to deterioration in function, pain, death, or risk to the public health) (100%)</td>
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</tbody>
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<th>Record</th>
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PERCENTAGE

Add additional 10 records if you fall below the threshold.

Comments:

Corrective Action Plan(s) (if appropriate):
HEALTH ASSESSMENT (ESSENTIAL)

Facility:      Quarter/Fiscal Year:      
Reviewer:      

Instructions: An RN, MLP, physician or clinical pharmacist will review the appropriate number (see page 1) of randomly selected records for patients that have been at the facility for more than two weeks during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable. Do not leave any area blank.

To RANDOMLY select, list out the total number of health assessments for the designated time period according to A #, and select every other chart for completing audit.

Sample size: See Page 1 of this document

Item #    Measure  
1          Was health assessment completed within 14 days? (100%)  
2          Was health assessment completed for patients with chronic illnesses within two working days? (100%)  
3          Health assessment (health history and hands-on physical examination) completed by licensed physician/PA/NP/RN? (100%)  
4          If Health Assessment completed by RN, is RN annual training documented in the training files? (If no RN training documented, this item is “no”)? (100%)  
5          If applicable, documentation of transfer summary reviewed within 12 hours? (100%)  
6          Patient education documented at each encounter? (100%)  
7          Language access: Use of translator, provider fluency in language, or English-speaking patient is documented? (100%)  

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PERCENTAGE  

Add additional 10 records if you fall below the threshold.

Comments:  

Corrective Action Plan(s) (if appropriate):
# HYPERTENSION (ESSENTIAL)

**Facility:**

**Quarter/Fiscal Year:**

**Reviewer:**

**Instructions:** An RN, MLP, physician or clinical pharmacist will review appropriate number (see page 1) of randomly selected records of patients with hypertension during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of patients diagnosed with hypertension for the designated time period according to A#: and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

**Sample size:** See page 1 of this document.

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<th>Item #</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Blood pressure reading documented at intake? (100%)</td>
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<td>2</td>
<td>Was PE-C completed within two business days of intake or after illness identification? (100%)</td>
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<td>3</td>
<td>Patient was referred to MLP or higher, if exam was completed by RN? (95%)</td>
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<td>4</td>
<td>Patient has treatment plan documented? (95%)</td>
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<td>Diagnosis listed in provider SOAP note? (100%)</td>
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<td>Diagnosis listed on problem list? (100%)</td>
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<td>7</td>
<td>Baseline labs obtained (CBC, CHEM, lipid profile, UA &amp; EKG) and reviewed within 30 days of illness identification? (100%)</td>
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<td>8</td>
<td>Patient education documented at each encounter? (100%)</td>
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<td>9</td>
<td>Language access: Use of translator, provider fluency in language or English speaking patient is documented? (100%)</td>
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**PERCENTAGE**

Add additional 10 records if you fall below the threshold.

**Comments:**

**Corrective Action Plan(s) (if appropriate):**
# DIABETES (ESSENTIAL)

**Facility:**

**Quarter/Fiscal Year:**

**Reviewer:**

**Instructions:** An RN, MLP, physician or clinical pharmacist will review appropriate number (see page 1) of randomly selected records of patients with diabetes during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of patients diagnosed with diabetes for the designated time period according to A #, and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

**Sample size:** See page 1 of this document.

<table>
<thead>
<tr>
<th>Item #</th>
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<tbody>
<tr>
<td>1</td>
<td>Was PE-C completed within two business days of intake or after illness identification? (100%)</td>
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<tr>
<td>2</td>
<td>Documented blood sugar on intake (if diabetes identified at intake) or documented reason for not testing e.g. detainee just ate food one hour ago? (90%)</td>
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<td>3</td>
<td>Diagnosis listed in provider SOAP note? (100%)</td>
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<td>4</td>
<td>Diagnosis listed on problem list? (100%)</td>
</tr>
<tr>
<td>5</td>
<td>Baseline A1C obtained within 30 days of arrival or within past 3 months? (100%)</td>
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<tr>
<td>6</td>
<td>Baseline measurement of lipids within 30 days? (100%)</td>
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<tr>
<td>7</td>
<td>Documented prescription of aspirin, as clinically indicated? (80%)</td>
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<tr>
<td>8</td>
<td>Degree of control (goal of HgbA1C &lt; 8.0) documented in treatment plan? (90%)</td>
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<td>9</td>
<td>Was a strategy to attain diabetes control documented if HgbA1C was above goal? (100%)</td>
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<td>10</td>
<td>Patient education documented at each encounter? (100%)</td>
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<td>11</td>
<td>Language Access: Use of translator, provider fluency in language, or English-speaking patient is documented? (100%)</td>
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**PERCENTAGE**

Add additional 10 records if you fall below the threshold.

**Comments:**

**Corrective Action Plan(s) (if appropriate):**
ASTHMA (ESSENTIAL)

Facility: Quarter/Fiscal Year:

Reviewer:

Instructions: A mid-level provider or physician will review appropriate number (see page 1) of randomly selected records of patients with asthma during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of patients diagnosed with asthma for the designated time period according to A #, and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

Sample size: See page 1 of this document.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Was PE-C completed within two business days of intake or after illness identification? (100%)</td>
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<tr>
<td>2</td>
<td>Peak flow documented during health assessment? (100%)</td>
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<tr>
<td>3</td>
<td>Peak flow documented during all chronic care visits? (100%)</td>
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<tr>
<td>4</td>
<td>Diagnosis listed in provider SOAP note? (100%)</td>
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<td>5</td>
<td>Diagnosis listed on problem list? (100%)</td>
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<td>6</td>
<td>Treatment plan initiated in accordance with chronic care disease guidelines? (90%)</td>
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<td>7</td>
<td>Patient education documented at each encounter? (100%)</td>
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<td>Language Access: Use of translator, provider fluency in language, or English-speaking patient is documented? (100%)</td>
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PERCENTAGE

Add additional 10 records if you fall below the threshold.

Comments:

Corrective Action Plan(s) (if appropriate):
HIV (ESSENTIAL)

Facility: Quarter/Fiscal Year:
Reviewer:

Instructions: An RN, MLP, physician or clinical pharmacist will review appropriate number (see page 1) of randomly selected records of patients with HIV during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.
To RANDOMLY select, list out the total number of patients diagnosed with HIV for the designated time period according to A #, and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

Sample size: See page 1 of this document.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Was PE-C completed within two business days of intake or after illness identification? <strong>(100%)</strong></td>
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<tr>
<td>2</td>
<td>Documented HIV+ by laboratory or prior medical record? <strong>(95%)</strong></td>
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<td>3</td>
<td>CD4 and viral load obtained within 30 days of disease identification or recent CD4/viral load results obtained from prior record (recent is within the past 90 days)? <strong>(95%)</strong></td>
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<td>4</td>
<td>Antiretroviral treatment considered and documented? <strong>(100%)</strong></td>
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<tr>
<td>5</td>
<td>Treatment plan initiated in accordance with chronic care disease guideline within two business days of illness identification? <strong>(95%)</strong></td>
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<tr>
<td>6</td>
<td>Diagnosis listed in provider SOAP note? <strong>(100%)</strong></td>
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<td>7</td>
<td>Diagnosis listed on problem list? <strong>(100%)</strong></td>
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<td>8</td>
<td>Was patient’s care plan evaluated and documented by a physician with experience in managing HIV patients within 30 days of HIV identification or admission to IHSC facility (if diagnosis already known)? (This include referrals to off-site providers) <strong>(95%)</strong></td>
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<td>9</td>
<td>Was the patient seen by a medical provider at least every 90 days? <strong>(95%)</strong></td>
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<td>10</td>
<td>Was a PPD or IGRA performed within the last year? Note: if the patient has been positive in the past, an annual CXR is acceptable <strong>(95%)</strong></td>
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<td>11</td>
<td>If applicable, was the CXR completed or verified within 72 hours of health assessment as part of treatment plan? <strong>(95%)</strong></td>
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<tr>
<td>12</td>
<td>Patient education documented at each encounter? <strong>(95%)</strong></td>
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<tr>
<td>13</td>
<td>Language Access: Use of translator, provider fluency in language, or English-speaking patient is documented? <strong>(100%)</strong></td>
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PERCENTAGE

Add additional 10 records if you fall below the threshold.

Comments:

Corrective Action Plan(s) (if appropriate):
TUBERCULOSIS (Detainees being treated for active tuberculosis disease) (ESSENTIAL)

Facility: Quarter/Fiscal Year:

Reviewer:

Instructions: An RN, MLP, physician or clinical pharmacist will review appropriate number (see page 1) of randomly selected records of patients with tuberculosis (TB) disease during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of patients diagnosed with TB disease for the designated time period according to A #, and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

Sample size: See page 1 of this document.

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<th>Item #</th>
<th>Measure</th>
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<tr>
<td>1</td>
<td>Was PE-C completed within two business days of intake or after illness identification? (100%)</td>
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<td>2</td>
<td>All patients evaluated for TB disease are tested for HIV? (100%)</td>
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<td>3</td>
<td>Pyrazinamide (PZA) and ethambutol (EMB) prescribed for no more than 60 days unless ordered by the advising physician? (100%)</td>
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<td>4</td>
<td>TB patients are seen at least monthly by a medical provider for follow-up visits? (100%)</td>
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<td>5</td>
<td>CXR is obtained 6-8 weeks after initiation of RIPE with comparison to previous CXR(s)? (100%)</td>
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<td>6</td>
<td>Initial cultures are performed with automatic sensitivity testing and culture and sensitivity results (if at least one culture is positive for M. tb) are reviewed? (100%)</td>
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<tr>
<td>7</td>
<td>TB-CM visit note is completed at the time of diagnosis and updated with culture results, drug sensitivity test results (if culture positive), and final case classification within 90 days of diagnosis? (100%)</td>
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<th>Record</th>
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PERCENTAGE
Add additional 10 records if you fall below the threshold.

Comments:

Corrective Action Plan(s) (if appropriate):
SEIZURE DISORDER (ESSENTIAL)

Facility: Quarter/Fiscal Year:

Reviewer:

Instructions: A mid-level provider or physician will review appropriate number (see page 1) of randomly selected records of patients with seizure disorder during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of patients diagnosed with seizure disorder for the designated time period according to A #, and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

Sample size: See page 1 of this document.

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<th>Item #</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Was PE-C completed within two business days of intake or after illness identification? (100%)</td>
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<tr>
<td>2</td>
<td>Documented complete neurological history/assessment at physical examination? (100%)</td>
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<td>Diagnosis listed in provider SOAP note? (100%)</td>
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<td>Diagnosis listed on problem list? (100%)</td>
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<td>5</td>
<td>If applicable, documented serum drug levels obtained and acknowledged every 3 months until stable, then every 6 months, where indicated? (100%)</td>
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<td>Special Needs issued for lower bunk? (90%)</td>
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<td>7</td>
<td>Treatment plan initiated in accordance with chronic care disease guidelines? (90%)</td>
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<td>Patient education documented at each encounter? (100%)</td>
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<td>Language Access: Use of translator, provider fluency in language or English speaking patient is documented? (100%)</td>
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PERCENTAGE
Add additional 10 records if you fall below the threshold.

Comments:

Corrective Action Plan(s) (if appropriate):
**SICK CALL (URGENT CARE) REVIEW (ESSENTIAL)**

Facility: 
Quarter/Fiscal Year:

Reviewer:

**Instructions:** An RN, MLP, physician or clinical pharmacist will review appropriate number (see page 1) of randomly selected records from patients that have been seen for sick call during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of sick call encounters for the designated time period according to A #, and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

**Sample size:** See page 1 of this document.

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<tr>
<th>Item #</th>
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<tbody>
<tr>
<td>1</td>
<td>Was patient seen or complaint addressed in timely manner (within 24 hours of submitting request)? (100%)</td>
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<tr>
<td>2</td>
<td>Vital signs obtained and documented during assessment? (100%)</td>
</tr>
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<td>3</td>
<td>Weight was documented during assessment? (90%)</td>
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<tr>
<td>4</td>
<td>A thorough pain assessment (intensity, duration, quality, better/worse, etc.) was documented during assessment, if applicable? (100%)</td>
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<tr>
<td>5</td>
<td>Treatment in accordance with nursing guidelines? (100%)</td>
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<tr>
<td>6</td>
<td>If appropriate, patient was referred to a higher level of care? (If not appropriate, mark as N/A) (95%)</td>
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<tr>
<td>7</td>
<td>Patient education documented at each encounter? (100%)</td>
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<td>8</td>
<td>Language Access: Use of translator, provider fluency in language, or English-speaking patient is documented? (100%)</td>
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**PERCENTAGE**

Add additional 10 records if you fall below the threshold.

**Comments:**

**Corrective Action Plan(s) (if appropriate)**
MENTAL ILLNESS WITH PSYCHOTROPIC MEDICATIONS (ESSENTIAL)

Facility: Quarter/Fiscal Year:

Reviewer:

Instructions: A mid-level provider or physician will review appropriate number (see page 1) of randomly selected records of patients with mental illness who take psychotropic medications during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of patients diagnosed with mental illness and prescribed psychotropics during the designated time period according to A #, and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

Sample size: See page 1 of this document.

<table>
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<th>Item #</th>
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<tbody>
<tr>
<td>1</td>
<td>Was a BH referral made in a timely manner (within 72 hours of intake or identification)? (100%)</td>
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<td>2</td>
<td>Diagnosis listed by behavioral health provider in encounter note? (100%)</td>
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<tr>
<td>3</td>
<td>Diagnosis listed on problem list? (100%)</td>
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<tr>
<td>4</td>
<td>If patient takes psychotropic medication, psychotropic medication consent (special consent form) signed for the drug ordered? (100%)</td>
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<tr>
<td>5</td>
<td>Clinical assessment, treatment, and follow up plan documented? (100%)</td>
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<tr>
<td>6</td>
<td>For patients on antipsychotic medication, was there an AIMS (Abnormal Involuntary Movement Scale) test performed? (100%) (physician, MLP, RN can conduct an AIMS test)</td>
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<td>7</td>
<td>Was appropriate lab monitoring ordered depending on the psychotropic drug? (100%)</td>
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**PERCENTAGE**

Add additional 10 records if you fall below the threshold.

Comments:

Corrective Action Plan(s) (if appropriate):
DENTAL CARE (ESSENTIAL)

Facility: Quarter/Fiscal Year:

Reviewer:

Instructions: A dentist, dental hygienist, RN, mid-level provider or physician will review appropriate number (see page 1) of records from patients seen by a dentist for treatment within the designated time frame. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of health assessments for the designated time period according to A #, and select every other chart for completing audit.

If there are not enough medical records to select the required number of records to review, 100% review will be required.

Sample size: See page 1 of this document.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Was dental (oral) screening completed and documented within 14 days of arrival to facility (adults)? ***oral screening includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist? (100%)</td>
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<tr>
<td>2</td>
<td>If applicable, was patient evaluated within 48 hours of referral? (100%)</td>
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<td>3</td>
<td>Does clinical note describe findings, diagnosis/assessment, treatment plans? (100%)</td>
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<td>4</td>
<td>If applicable, patient scheduled for follow-up treatment as recommended? (100%)</td>
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<td>5</td>
<td>Was the oral examination completed by a dentist or scheduled within 12 months of arrival to facility for adults? (100%) oral examination by a dentist includes taking or reviewing the patient’s oral history, an oral health and neck examination, charting of teeth, and examination of the hard and soft tissue of the oral cavity.</td>
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PERCENTAGE

Add additional 10 records if you fall below the threshold.

Comments:

Corrective Action Plan(s) (if appropriate):
CONTINUITY OF CARE REVIEW AFTER ED VISIT (ESSENTIAL)

Facility: ____________________ Quarter/Fiscal Year: ____________________

Reviewer: ____________________

Instructions: Health staff (any IHSC staff) will review appropriate number (see page 1) of randomly selected records of patients who went to the Emergency Department during the current quarter. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

To RANDOMLY select, list out the total number of applicable medical records for the designated time period according to A #, and select every other chart for completing audit. If there are not enough medical records to select the required number of records for auditing, 100% review is required.

Sample size: See page 1 of this document.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Was a discharge summary/instructions requested or present? (Was a discharge summary/instructions received when the patient returned from the hospital?) (100%)</td>
</tr>
<tr>
<td>2</td>
<td>Was there a note from the IHSC provider detailing the reason the detainee was sent to the ED? (100%)</td>
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<tr>
<td>3</td>
<td>Was a note entered in the medical record upon the detainee’s return to the facility listing the ED/hospital’s recommended plan of care? (100%)</td>
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<td>4</td>
<td>Did the provider follow the ED/hospital’s recommended plan of care? (100%)</td>
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<td>5</td>
<td>Upon return from ED, was the patient educated about diagnosis, medications (if applicable) and treatment plan? (100%)</td>
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<td>6</td>
<td>Is there documentation acknowledging patient/parent understands treatment plan? (100%)</td>
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<td>7</td>
<td>Language Access: Use of translator, provider fluency in language, or English-speaking patient is documented? (100%)</td>
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PERCENTAGE

Add additional 10 records if you fall below the threshold.

Comments:

Corrective Action Plan(s) (if appropriate):
### REASONABLE ACCOMMODATIONS SELF-ASSESSMENT

Instructions: Obtain the information from the HSA’s Reasonable Accommodation Self-Assessment Tool

<table>
<thead>
<tr>
<th>POLICY, PROCEDURES AND TRAINING</th>
<th>YES or NO</th>
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<tbody>
<tr>
<td>1. Procedures are in place to ensure detainees with disabilities are informed of and have an equal opportunity to request and obtain health services.</td>
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<tr>
<td>2. Medical/Clinical staff has received initial training on interacting with individuals with disabilities and individuals requiring reasonable accommodations, and annually thereafter.</td>
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<tr>
<td>3. Written evacuation procedures and emergency communications are in place in the clinic for individuals with disabilities.</td>
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<tr>
<td>4. Facility has a designated Reasonable Accommodations officer (Mark N/A if non-applicable)</td>
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<thead>
<tr>
<th>PHYSICAL ACCESSIBILITY</th>
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<td>5. The facility provides reasonable accommodation access for individuals within the Health Unit.</td>
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<tr>
<th>COMMUNICATION</th>
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<tr>
<td>6. The medical unit has access to sign language interpreters and telecommunication (TDD/TTY) for individuals with hearing disabilities.</td>
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</tbody>
</table>
TREATMENT OF DISABILITY

Facility: Quarter/Fiscal Year:

Reviewer:

Purpose: To assess care of detainees who need accommodation for their disabilities.

An individual is considered to have a "disability" if s/he has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment (see http://www.ada.gov/q%26engage02.htm, accessed January 20, 2012). An RN, MLP or physician can review.

Source: Facility logs or tour of facility and interviews with detainees who need accommodation.

Sample: 10 detainees within the population who have a disability that requires special medical treatment. Determine through medical record examination if appropriate treatment and accommodation was given. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable. Do not leave any area blank.

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<tr>
<th>Item #</th>
<th>Measure</th>
<th>Percentage</th>
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<tbody>
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<td>1</td>
<td>Is the disability prominently noted in the file, along with any needed accommodations? (100%)</td>
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<tr>
<td>2</td>
<td>Was the detainee assessed for assistance with activities of daily living (ADL) upon identification of disability? (100%)</td>
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<tr>
<td>3</td>
<td>Were appropriate special orders entered (e.g., lower bunk, assistive device, meal, etc.)? (100%)</td>
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<td>4</td>
<td>Was ADL assistance provided, if applicable? (100%)</td>
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PERCENTAGE

Comments:

Corrective Action Plan(s) (if appropriate):
MEDICATION ADMINISTRATION RECORDS

Facility: Quarter/Fiscal Year:

Reviewer:

Instructions: An RN, MLP, physician or clinical pharmacist will review 10 MARS. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable. Do not leave any area blank.

Sample size: 10

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Is the appropriate up-to-date medication administration record included in the medical record? (100%)</td>
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<tr>
<td>2</td>
<td>Are there undocumented (blank) spaces in the medication administration records? (0%)</td>
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<tr>
<td>3</td>
<td>Does medication administration record include self-administered medication (KOP)? (100%)</td>
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<tr>
<td>4</td>
<td>Is there documentation of patient education for prescribed medications? (100%)</td>
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Sample size: 10

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<th>Record</th>
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PERCENTAGES

Comments:

Corrective Action Plan(s) (if appropriate):
MEDICATION REFUSAL

Facility: Quarter/Fiscal Year:

Reviewer:

Purpose: To assess notification of prescribing clinician of poor adherence to medication orders

Source: Medication administration records, medical record. RN, MLP or physician can review.

Sample: Identify 10 patients from MARs who have missed medication on three consecutive days or four or more doses in a week. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

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<th>Item #</th>
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<tbody>
<tr>
<td>1</td>
<td>Documented refusal in the medical record (with signature of detainee, witness)? (100%)</td>
</tr>
<tr>
<td>2</td>
<td>Explanation of risks and benefits documented in the medical record? (100%)</td>
</tr>
<tr>
<td>3</td>
<td>Was the ordering provider informed of refusals or missed doses (3 consecutive days or 3 consecutive doses and/or 50% of doses missed within 7 days) (100%)</td>
</tr>
<tr>
<td>4</td>
<td>If refusals or missed doses, follow-up counseling documented and clinician response? (100%)</td>
</tr>
<tr>
<td>5</td>
<td>If detainee refused to sign refusal form, was it documented on the form? (100%)</td>
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PERCENTAGE

Comments:

Corrective Action Plan(s) (if appropriate):
DIAGNOSTIC SERVICES AND SPECIALTY CARE ACCESS

Facility: Quarter/Fiscal Year:

Reviewer:

Purpose: To assess timeliness of off-site diagnostic services and specialty care.

Source: Statistics.

MLP or physician can review.

Sample: 10 specialty patients chosen by acuity or risk of harm if access is delayed, particularly in specialties where timely access has been a problem for detainees in this facility.

Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

Item # Measure
1 Documented time urgency on order? (90%)
2 Accomplished within 45 days of order or within ordered timeframe, e.g., “return in 90 days”? (100%)
3 Documented re-evaluation of patient for deterioration each 30 days in excess of time urgency on order? (90%)
4 Clinician acknowledgement and report in medical record within 7 days? (90%)
5 Detainee informed of results or reason for delay if not scheduled? (90%)

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PERCENTAGES

Comments:

Corrective Action Plan(s) (if appropriate):
**LABORATORY AND DIAGNOSTICS**

**Facility:**

**Quarter/Fiscal Year:**

**Reviewer:**

**Purpose:** To assess timeliness, continuity, and coordination of care.

**Source:** Laboratory log. RN, MLP or physician can review.

**Sample:** 10 most recent orders for acute labs, not including routine testing for detainees with chronic illness.

Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

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<th>Item #</th>
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<tbody>
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<td>1</td>
<td>Up to date certification for CLIA-waived testing accessible? (100%)</td>
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<tr>
<td>2</td>
<td>Documentation of applicable staff training for performing CLIA-waived tests? (100%)</td>
</tr>
<tr>
<td>3</td>
<td>Blood drawn or test done within 1 business day of ordered date? (100%)</td>
</tr>
<tr>
<td>4</td>
<td>Results received within 24 hours or as appropriate? (100%)</td>
</tr>
<tr>
<td>5</td>
<td>Clinician acknowledgment of results documented? (100%)</td>
</tr>
<tr>
<td>6</td>
<td>Detainee informed of results; if not, reason documented in medical record? (100%)</td>
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**PERCENTAGES**

**Comments:**

**Corrective Action Plan(s) (if appropriate):**
CREDENTIALING

Facility: Quarter/Fiscal Year:

Reviewer:

Purpose: To assess credentials of all health care professionals, ensuring they are legally qualified to provide services consistent with licensure, certification, and registration requirements of the practicing jurisdiction.

Source: Up to 10 files for each of all licensed health care professionals.

Sample: HSA or AHSA will review.

Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

10 chosen at random.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Documentation of primary source validation (e.g., internet) of current license, certification or registrations for all applicable licensed professionals? (100%)</td>
</tr>
<tr>
<td>2</td>
<td>Validation of DEA license for physicians, psychiatrists, and dentists? (100%)</td>
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<tr>
<td>3</td>
<td>Current CPR certificate (100%)</td>
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<tr>
<td>4</td>
<td>Documentation upon hire and annually thereafter of National Practitioner Data Bank inquiry of licensed independent providers (LIPs)? (100%)</td>
</tr>
</tbody>
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<th>Title</th>
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</table>

PERCENTAGES

Comments:

Corrective Action Plan(s) (if appropriate):
MORTALITY REVIEW

Facility: Quarter/Fiscal Year:
Reviewer:

Purpose: To determine the appropriateness of clinical care; to ascertain whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.

Source: Minutes, notes, medical records, emergency response, and other pertinent documents. MLP or physician will review. Mark as “Y” for yes, “N” for no, and “N/A” for not applicable.

Sample: All in-custody deaths, including those in hospital, within the past quarter.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Measure</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Mortality review (clinical, administrative) completed within 45 calendar days of death? (100%)</td>
</tr>
<tr>
<td>2</td>
<td>Documented assessment as to whether the medical response was appropriate on the day of death or transfer to the hospital? (100%)</td>
</tr>
<tr>
<td>3</td>
<td>Documented assessment as to whether earlier intervention was possible and whether that would have changed the outcome? (100%)</td>
</tr>
<tr>
<td>4</td>
<td>Analysis of ways to improve patient care, independent of the cause of death or RCA completed? (100%)</td>
</tr>
</tbody>
</table>

For suicides only

| 5      | Was there a psychological autopsy ordered/completed? (100%)                                                                         |
| 6      | Was an after-action report completed with all staff involved in the event? (100%)                                                   |
| 7      | Was post-event counseling offered to staff involved in the event? (100%)                                                           |
| 8      | Was treating staff informed of the clinical mortality review and administrative findings? (100%)                                  |

Definition:
Clinical mortality review is an assessment of clinical care provided and the circumstances leading up to the death. Its purpose is to identify areas of patient care or system policies and procedures that can be improved. (This information is collected by the HSA, IHSC Compliance Investigations and Risk Management)

Administrative mortality review is an assessment of correctional and emergency response actions surrounding the detainee’s death. Its purpose is to identify areas where facility operations, policies and procedures can be improved. (This information is collected by the HSA, IHSC Compliance Investigations and Risk Management)

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</table>

Total

Comments:
Corrective Action Plan(s) (if appropriate):
MEDICAL RECORDKEEPING PRACTICES

Facility: Quarter/Fiscal Year: 
Reviewer: 

Instructions: This worksheet should be filled out following the performance-based reviews. For all answers that are “partial compliance” or “non-compliance,” the reviewer should write a comment. For example, if most of the progress notes are legible, but one or two practitioners’ notes are barely legible; the appropriate comment would be “Dr. XX’s notes are not legible.”

Reviewer can be any health care provider.

Sample: 10 records reviewed on detainees with chronic disease.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Partial</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Patient identifying information (100%)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Current problem list (100%)</td>
<td></td>
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<tr>
<td>3</td>
<td>Receiving screen and health assessment forms (100%)</td>
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<td>4</td>
<td>Progress notes (100%)</td>
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<td>5</td>
<td>Clinician orders for medication, signed (100%)</td>
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<td>6</td>
<td>MARs (100%)</td>
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<td>7</td>
<td>Lab and diagnostic reports (100%)</td>
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<td>8</td>
<td>Flow sheets (100%)</td>
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<td>9</td>
<td>Consent, refusal, and release of information forms (100%)</td>
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<td>10</td>
<td>Results of specialty consultations and referrals (100%)</td>
<td></td>
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<tr>
<td>11</td>
<td>Discharge summaries from ED and hospitalizations (100%)</td>
<td></td>
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<tr>
<td>12</td>
<td>Special needs treatment plan documented, if applicable (100%)</td>
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<tr>
<td>13</td>
<td>Immunizations records, where applicable (100%)</td>
<td></td>
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<tr>
<td>14</td>
<td>Date and time of each encounter (100%)</td>
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<tr>
<td>15</td>
<td>Integrated medical, dental, and mental health record (100%)</td>
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<tr>
<td>16</td>
<td>Timely filing, within 72 hours (100%)</td>
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<tr>
<td>17</td>
<td>Consolidated medical record (100%)</td>
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<tr>
<td>18</td>
<td>Content organized for easy retrieval (100%)</td>
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<td>19</td>
<td>EHR password protected, by individual, if applicable(100%)</td>
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<td>20</td>
<td>Integrated health information with EHR, if applicable (100%)</td>
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Comments: 
Corrective Action Plan(s) (if appropriate):
TORRANCE COUNTY DETENTION FACILITY
ACTIVATION RAMP PLAN

<table>
<thead>
<tr>
<th>Ramp Week</th>
<th>Intake Day</th>
<th>Intake Number</th>
<th>Total Population</th>
<th>Planned Pod Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>TBD</td>
<td>(b)(4)</td>
<td></td>
<td>2A/2B/1D</td>
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<tr>
<td>Week 2</td>
<td>TBD</td>
<td></td>
<td></td>
<td>2A/2B/1D/1C/1B</td>
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<tr>
<td>Week 3</td>
<td>TBD</td>
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<td></td>
<td>2A/2B/1D/1C/1B/6A/6B/6C</td>
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<tr>
<td>Week 4</td>
<td>TBD</td>
<td></td>
<td></td>
<td>Unit 5 and 6/2A/2B/1D</td>
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<tr>
<td>Week 5</td>
<td>TBD</td>
<td></td>
<td></td>
<td>Units 5,6,7,8</td>
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<tr>
<td>Week 6</td>
<td>TBD</td>
<td></td>
<td></td>
<td>Units 5,6,7,8/2A/2B</td>
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<tr>
<td>Week 7</td>
<td>TBD</td>
<td></td>
<td></td>
<td>Units 5,6,7,8/2A/2B/1D/1C</td>
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<tr>
<td>Week 8</td>
<td>TBD</td>
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<td>All planned</td>
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</table>

The monthly invoice amount during the ramp up period will be negotiated prior to the issuance of the first task order and will be based on the detainee population. The agreed upon FP monthly amount of (b)(4) will only be paid if the GM is met.
ATTACHMENT 4-DHS PREA STANDARDS

This document incorporates the requirements from Subpart A 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. 13100 (Mar. 7, 2014) that are specifically applicable to detention facilities. Requirements that are applicable to the agency only have not been included, and accordingly, the numbering and sequential order within each of the below sections may not necessarily reflect those contained in Subpart A. Where any requirements of the DHS standards may conflict with the terms of the ICE detention standards currently applicable at the facility, the DHS PREA standards shall supersede:

115.6 Definitions Related to Sexual Abuse and Assault

(1) Sexual abuse includes –
   (a) Sexual abuse and assault of a detainee by another detainee; and
   (b) Sexual abuse and assault of a detainee by a staff member, contractor, or volunteer.

(2) Sexual abuse of a detainee by another detainee includes any of the following acts by one or more detainees, prisoners, inmates, or residents of the facility in which the detainee is housed who, by force, coercion, or intimidation, or if the victim did not consent or was unable to consent or refuse, engages in or attempts to engage in:
   (a) Contact between the penis and the vulva or anus and, for purposes of this subparagraph, contact involving the penis upon penetration, however slight;
   (b) Contact between the mouth and the penis, vulva, or anus;
   (c) Penetration, however slight, of the anal or genital opening of another person by a hand or finger or by any object;
   (d) Touching of the genitalia, anus, groin, breast, inner thighs or buttocks, either directly or through the clothing, with an intent to abuse, humiliate, harass, degrade or arouse or gratify the sexual desire of any person; or
   (e) Threats, intimidation, or other actions or communications by one or more detainees aimed at coercing or pressuring another detainee to engage in a sexual act.

(3) Sexual abuse of a detainee by a staff member, contractor, or volunteer includes any of the following acts, if engaged in by one or more staff members, volunteers, or contract personnel who, with or without the consent of the detainee, engages in or attempts to engage in:
   (a) Contact between the penis and the vulva or anus and, for purposes of this subparagraph, contact involving the penis upon penetration, however slight;
   (b) Contact between the mouth and the penis, vulva, or anus;
   (c) Penetration, however slight, of the anal or genital opening of another person by a hand or finger or by any object that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
   (d) Intentional touching of the genitalia, anus, groin, breast, inner thighs or buttocks, either directly or through the clothing, that is unrelated to official duties or where
the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
(e) Threats, intimidation, harassment, indecent, profane or abusive language, or other actions or communications, aimed at coercing or pressuring a detainee to engage in a sexual act;
(f) Repeated verbal statements or comments of a sexual nature to a detainee;
(g) Any display of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, or
(h) Voyeurism, which is defined as the inappropriate visual surveillance of a detainee for reasons unrelated to official duties. Where not conducted for reasons relating to official duties, the following are examples of voyeurism: staring at a detainee who is using a toilet in his or her cell to perform bodily functions; requiring an inmate detainee to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a detainee’s naked body or of a detainee performing bodily functions.

PREVENTION PLANNING

115.11 Zero tolerance of sexual abuse: Prevention of Sexual Assault Coordinator.

(1) Each facility shall have a written policy mandating zero tolerance toward all forms of sexual abuse and outlining the facility’s approach to preventing, detecting, and responding to such conduct. The agency shall review and approve each facility’s written policy.
(2) Each facility shall employ or 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.

115.13 Detainee supervision and monitoring.

(1) Each facility shall ensure that it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse.
(2) Each facility shall develop and document comprehensive detainee supervision guidelines to determine and meet the facility’s detainee supervision needs, and shall review those guidelines at least annually.
(3) In determining adequate levels of detainee supervision and determining the need for video monitoring, the facility shall take into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in agency custody.
(4) Each facility shall conduct frequent unannounced security inspections to identify and deter sexual abuse of detainees. Such inspections shall be implemented for night as well
as day shifts. Each facility shall prohibit staff from alerting others that these security inspections are occurring, unless such announcement is related to the legitimate operational functions of the facility.

115.15 Limits to cross-gender viewing and searches.

(1) Searches may be necessary to ensure the safety of officers, civilians and detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interests at immigration detention facilities.

(2) Cross-gender pat-down 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-down search is required or in exigent circumstances.

(3) Cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances.

(4) All cross-gender pat-down searches shall be documented.

(5) Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. Facility staff shall not conduct visual body cavity searches of juveniles and, instead, shall refer all such body cavity searches of juveniles to a medical practitioner.

(6) All strip searches and visual body cavity searches shall be documented.

(7) Each facility shall implement policies and procedures that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

(8) The facility shall not search or physically examine a detainee for the sole purposes of determining the detainee’s genital characteristics. 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 standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner.

115.16 Accommodating detainees with disabilities and detainees who are limited English proficient.

(1) The agency and each facility shall take appropriate steps to ensure that detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency’s and facility’s efforts to prevent, detect, and respond to sexual abuse. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and
expressively, using any necessary specialized vocabulary. In addition, the agency and facility shall ensure that any written materials related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency or facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

(2) The agency and each facility shall take steps to ensure meaningful access to all aspects of the agency’s and facility’s efforts to prevent, detect, and respond to sexual abuse to detainees who are limited English proficient, including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary.

(3) In matters relating to allegations of sexual abuse, the agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation, and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.

115.17 Hiring and promotion decisions.

(1) An agency or facility shall not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity.

(2) An agency or facility considering hiring or promoting staff shall ask all applicants who may have contact with detainees directly about previous misconduct described in paragraph (1) of this section, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Agencies and facilities shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The agency, consistent with law, shall make its best efforts to contact all prior institutional employers of an applicant for employment, to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse.

(3) Before hiring new staff who may have contact with detainees, the agency or facility shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with the facility or agency, including a criminal background
records check. Upon request by the agency, the facility shall submit for the agency’s approval written documentation showing the detailed elements of the facility’s background check for each staff member and the facility’s conclusions. The agency shall conduct an updated background investigation every five years for agency employees who may have contact with detainees. The facility shall require an updated background investigation every five years for those facility staff who may have contact with detainees and who work in immigration-only detention facilities.

(4) The agency or facility shall also perform a background investigation before enlisting the services of any contractor who may have contact with detainees. Upon request by the agency, the facility shall submit for the agency’s approval written documentation showing the detailed elements of the facility’s background check for each contractor and the facility’s conclusions.

(5) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate.

(6) In the event the agency contracts with a facility for the confinement of detainees, the requirements of this section otherwise applicable to the agency also apply to the facility and its staff.

115.18 Upgrades to facilities and technologies.

(1) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the facility or agency, as appropriate, shall consider the effect of the design, acquisition, expansion, or modification upon their ability to protect detainees from sexual abuse.

(2) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in an immigration detention facility, the facility or agency, as appropriate, shall consider how such technology may enhance their ability to protect detainees from sexual abuse.

RESPONSIVE PLANNING

115.21 Evidence protocols and forensic medical examinations.

(1) To the extent that the agency or facility is responsible for investigating allegations of sexual abuse involving detainees, it shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable.

(2) The agency and each facility developing an evidence protocol referred to in paragraph (1) of this section, shall consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victims’ needs. Each facility shall establish procedures to make available, to the full extent possible, outside victim services following incidents of sexual abuse; the facility shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available
to provide victim advocate services, the agency shall provide these services by making available a qualified staff member from a community-based organization, or a qualified agency staff member. A qualified agency staff member or a qualified community-based staff member means an individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals.

(3) Where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee’s consent, the facility shall arrange for an alleged victim detainee to undergo a forensic medical examination by qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified health care personnel.

(4) As requested by a victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews.

(5) To the extent that the agency is not responsible for investigating allegations of sexual abuse, the agency or the facility shall request that the investigating agency follow the requirements of paragraphs (1) through (4) of this section.

115.22 Policies to ensure investigation of allegations and appropriate agency oversight.

(1) The agency shall establish an agency protocol, and shall require each facility to establish a facility protocol, to ensure that each allegation of sexual abuse is investigated by the agency or facility, or referred to an appropriate investigative authority.

(2) The agency shall ensure that the agency and facility protocols required by paragraph (a) of this section, include a description of responsibilities of the agency, the facility, and any other investigating entities; and require the documentation and maintenance, for at least five years, of all reports and referrals of allegations of sexual abuse.

(3) The agency shall post its protocols on its Web site; each facility shall also post its protocols on its Web site, if it has one, or otherwise make the protocol available to the public.

(4) Each facility protocol shall ensure that all allegations are promptly reported to the agency as described in paragraphs (5) and (6) of this section, and, unless the allegation does not involve potentially criminal behavior, are promptly referred for investigation to an appropriate law enforcement agency with the legal authority to conduct criminal investigations. A facility may separately, and in addition to the above reports and referrals, conduct its own investigation.

(5) When a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation.

(6) When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint
Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as to the appropriate ICE Field Office Director, and to the local government entity or contractor that owns or operates the facility. If the incident is potentially criminal, the facility shall ensure that it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation.

**TRAINING AND EDUCATION**

**115.31 Staff training.**

1. The agency shall train, or require the training of, all employees who may have contact with immigration detainees, and all facility staff, to be able to fulfill their responsibilities under this part, including training on:
   a. The agency’s and the facility’s zero-tolerance policies for all forms of sexual abuse;
   b. The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse;
   c. Definitions and examples of prohibited and illegal sexual behavior;
   d. Recognition of situations where sexual abuse may occur;
   e. Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences;
   f. How to avoid inappropriate relationships with detainees;
   g. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees;
   h. Procedures for reporting knowledge or suspicion of sexual abuse; and
   i. The requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim’s welfare and for law enforcement or investigative purposes.

2. All current facility staff, and all agency employees who may have contact with immigration detention facility detainees, shall be trained within one year of May 6, 2014, and the agency or facility shall provide refresher information every two years.

3. The agency and each facility shall document that staff that may have contact with immigration facility detainees have completed the training.

**115.32 Other training.**

1. The facility shall ensure that all volunteers and other contractors (as defined in paragraph (4) of this section) who have contact with detainees have been trained on their responsibilities under the agency’s and the facility’s sexual abuse prevention, detection, intervention and response policies and procedures.

2. The level and type of training provided to volunteers and other contractors shall be based on the services they provide and level of contact they have with detainees, but all volunteers and other contractors who have contact with detainees shall be notified of the agency’s and the facility’s zero-tolerance policies regarding sexual abuse and informed how to report such incidents.
(3) Each facility shall receive and maintain written confirmation that volunteers and other contractors who have contact with immigration facility detainees have completed the training.

(4) In this section, the term other contractor means a person who provides services on a non-recurring basis to the facility pursuant to a contractual agreement with the agency or facility.

115.33 Detainee education.

(1) During the intake process, each facility shall ensure that the detainee orientation program notifies and informs detainees about the agency’s and the facility’s zero-tolerance policies for all forms of sexual abuse and includes (at a minimum) instruction on:
   (a) Prevention and intervention strategies;
   (b) Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity;
   (c) Explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer (e.g., the compliance manager or a mental health specialist), the DHS Office of Inspector General, and the Joint Intake Center;
   (d) Information about self-protection and indicators of sexual abuse;
   (e) Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee’s immigration proceedings; and
   (f) The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling.

(2) Each facility shall provide the detainee notification, orientation, and instruction in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills.

(3) The facility shall maintain documentation of detainee participation in the intake process orientation.

(4) Each facility shall post on all housing unit bulletin boards the following notices:
   (a) The DHS-prescribed sexual assault awareness notice;
   (b) The name of the Prevention of Sexual Abuse Compliance Manager; and
   (c) The name of local organizations that can assist detainees who have been victims of sexual abuse.

(5) The facility shall make available and distribute the DHS-prescribed “Sexual Assault Awareness Information” pamphlet.

(6) Information about reporting sexual abuse shall be included in the agency Detainee Handbook made available to all immigration detention facility detainees.

115.34 Specialized training: Investigations.

(1) In addition to the general training provided to all facility staff and employees pursuant to § 115.31, the agency or facility shall provide specialized training on sexual abuse and effective cross-agency coordination to agency or facility investigators, respectively, who conduct investigations into allegations of sexual abuse at immigration detention facilities. All investigations into alleged sexual abuse must be conducted by qualified investigators.
(2) The agency and facility must maintain written documentation verifying specialized training provided to investigators pursuant to this section.

115.35 Specialized training: Medical and mental health care.

(1) The agency shall review and approve the facility’s policy and procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse, in facilities where medical staff may be assigned these activities.

ASSESSMENT FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

115.41 Assessment for risk of victimization and abusiveness.

(1) The facility shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly.

(2) The initial classification process and initial housing assignment should be completed within twelve hours of admission to the facility.

(3) The facility shall also consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization:
   (a) Whether the detainee has a mental, physical, or developmental disability;
   (b) The age of the detainee;
   (c) The physical build and appearance of the detainee;
   (d) Whether the detainee has previously been incarcerated or detained;
   (e) The nature of the detainee’s criminal history;
   (f) Whether the detainee has any convictions for sex offenses against an adult or child;
   (g) Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
   (h) Whether the detainee has self-identified as having previously experienced sexual victimization; and
   (i) The detainee’s own concerns about his or her physical safety.

(4) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive.

(5) The facility shall reassess each detainee’s risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization.

(6) Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (3)(a), (3)(g), (3)(h), or (3)(i) of this section.

(7) The facility shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive
information is not exploited to the detainee’s detriment by staff or other detainees or inmates.

115.42 Use of assessment information.

(1) The facility shall use the information from the risk assessment under § 115.41 of this part to inform assignment of detainees to housing, recreation and other activities, and voluntary work. The agency shall make individualized determinations about how to ensure the safety of each detainee.

(2) When making assessment and housing decisions for a transgender or intersex detainee, the facility shall consider the detainee’s gender self-identification and an assessment of the effects of placement on the detainee’s health and safety. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. The facility should not base placement decisions of transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee; a detainee’s self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. The facility’s placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of the facility, and placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee.

(3) When operationally feasible, transgender and intersex detainees shall be given the opportunity to shower separately from other detainees.

115.43 Protective custody.

(1) The facility shall develop and follow written procedures consistent with the standards in this subpart for each facility governing the management of its administrative segregation unit. These procedures, which should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the facility, must document detailed reasons for placement of an individual in administrative segregation on the basis of a vulnerability to sexual abuse or assault.

(2) Use of administrative segregation by facilities to protect detainees vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. The facility should assign detainees vulnerable to sexual abuse or assault to administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

(3) Facilities that place vulnerable detainees in administrative segregation for protective custody shall provide those detainees access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable.

(4) Facilities shall implement written procedures for the regular review of all vulnerable detainees placed in administrative segregation for their protection, as follows:
(a) A supervisory staff member shall conduct a review within 72 hours of the
detainee’s placement in administrative segregation to determine whether
segregation is still warranted; and
(b) A supervisory staff member shall conduct, at a minimum, an identical review after
the detainee has spent seven days in administrative segregation, and every week
thereafter for the first 30 days, and every 10 days thereafter.
(5) Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours
after the initial placement into segregation, whenever a detainee has been placed in
administrative segregation on the basis of a vulnerability to sexual abuse or assault.

REPORTING

115.51 Detainee reporting.

(1) The agency and each facility shall develop policies and procedures to ensure that
detainees have multiple ways to privately report sexual abuse, retaliation for reporting
sexual abuse, or staff neglect or violations of responsibilities that may have contributed to
such incidents. The agency and each facility shall also provide instructions on how
detainees may contact their consular official, the DHS Office of the Inspector General or,
as appropriate, another designated office, to confidentially and, if desired, anonymously,
report these incidents.
(2) The agency shall also provide, and the facility shall inform the detainees of, at least one
way for detainees to report sexual abuse to a public or private entity or office that is not
part of the agency, and that is able to receive and immediately forward detainee reports of
sexual abuse to agency officials, allowing the detainee to remain anonymous upon
request.
(3) Facility policies and procedures shall include provisions for staff to accept reports made
verbally, in writing, anonymously, and from third parties and to promptly document any
verbal reports.

115.52 Grievances.

(1) The facility shall permit a detainee to file a formal grievance related to sexual abuse at
any time during, after, or in lieu of lodging an informal grievance or complaint.
(2) The facility shall not impose a time limit on when a detainee may submit a grievance
regarding an allegation of sexual abuse.
(3) The facility shall implement written procedures for identifying and handling time-
sensitive grievances that involve an immediate threat to detainee health, safety, or welfare
related to sexual abuse.
(4) Facility staff shall bring medical emergencies to the immediate attention of proper
medical personnel for further assessment.
(5) The facility shall issue a decision on the grievance within five days of receipt and shall
respond to an appeal of the grievance decision within 30 days. Facilities shall send all
grievances related to sexual abuse and the facility’s decisions with respect to such
grievances to the appropriate ICE Field Office Director at the end of the grievance
process.
(6) To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties.

115.53 Detainee access to outside confidential support services.

(1) Each facility shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation and the prosecution of sexual abuse perpetrators to most appropriately address victims’ needs. The facility shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime.

(2) Each facility’s written policies shall establish procedures to include outside agencies in the facility’s sexual abuse prevention and intervention protocols, if such resources are available.

(3) Each facility shall make available to detainees information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If no such local organizations exist, the facility shall make available the same information about national organizations. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible.

(4) Each facility shall inform detainees prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.54 Third-party reporting.

(1) Each facility shall establish a method to receive third-party reports of sexual abuse in its immigration detention facilities and shall make available to the public information on how to report sexual abuse on behalf of a detainee.

OFFICIAL RESPONSE FOLLOWING A DETAINEE REPORT

115.61 Staff reporting duties.

(1) The agency and each facility shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall review and approve facility policies and procedures and shall ensure that the facility specifies appropriate reporting procedures, including a method by which staff can report outside of the chain of command.

(2) Staff members who become aware of alleged sexual abuse shall immediately follow the
reporting requirements set forth in the agency’s and facility’s written policies and procedures.

(3) Apart from such reporting, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions.

115.62 Protection duties.

(1) If an agency employee or facility staff member has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee.

115.63 Reporting to other confinement facilities.

(1) Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the agency or facility whose staff received the allegation shall notify the ICE Field Office and the administrator of the facility where the alleged abuse occurred.
(2) The notification provided in paragraph (1) of this section shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
(3) The agency or facility shall document that it has provided such notification.
(4) The agency or facility office that receives such notification, to the extent the facility is covered by this subpart, shall ensure that the allegation is referred for investigation in accordance with these standards and reported to the appropriate ICE Field Office Director.

115.64 Responder duties.

(1) Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or his or her supervisor, shall be required to:
   (a) Separate the alleged victim and abuser;
   (b) Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence;
   (c) If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
   (d) If the sexual abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
(2) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.
115.65 Coordinated response.

(1) Each facility shall develop a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.
(2) Each facility shall use a coordinated, multidisciplinary team approach to responding to sexual abuse.
(3) If a victim of sexual abuse is transferred between DHS immigration detention facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services.
(4) If a victim is transferred between DHS immigration detention facilities or to a non-DHS facility, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise.

115.66 Protection of detainees from contact with alleged abusers.

(1) Staff, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.

115.67 Agency protection against retaliation.

(1) Staff, contractors, and volunteers, and immigration detention facility detainees, shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force.
(2) For at least 90 days following a report of sexual abuse, the agency and facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff, and shall act promptly to remedy any such retaliation.

115.68 Post-allegation protective custody.

(1) The facility shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of § 115.43.
(2) Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee.
(3) A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper reassessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse.
(4) Facilities shall notify the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours.

INVESTIGATIONS
115.71 Criminal and administrative investigations.

(1) If the facility has responsibility for investigating allegations of sexual abuse, all investigations into alleged sexual abuse must be prompt, thorough, objective, and conducted by specially trained, qualified investigators.

(2) Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity.

(3) (a) The facility shall develop written procedures for administrative investigations, including provisions requiring:

i. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;

ii. (ii) Interviewing alleged victims, suspected perpetrators, and witnesses;

iii. (iii) Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator;

iv. (iv) Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph;

v. (v) An effort to determine whether actions or failures to act at the facility contributed to the abuse; and

vi. (vi) Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and

vii. (vii) Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years.

(b) Such procedures shall govern the coordination and sequencing of the two types of investigations, in accordance with paragraph (2) of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation.

(4) The agency shall review and approve the facility policy and procedures for coordination and conduct of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations.

(5) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

(6) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

DISCIPLINE

115.76 Disciplinary sanctions for staff.
(1) Staff shall be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies.

(2) The agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of sexual abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer, paragraphs (a) - (d) and (g) - (h) of the definition of “sexual abuse of a detainee by a staff member, contractor, or volunteer” in § 115.6.

(3) Each facility shall report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal.

(4) Each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known.

115.77 Corrective action for contractors and volunteers.

(1) Any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. Each facility shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal.

(2) Contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.

(3) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within these standards.

115.78 Disciplinary sanctions for detainees.

(1) Each facility shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse.

(2) At all steps in the disciplinary process provided in paragraph (1), any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future.

(3) Each facility holding detainees in custody shall have a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure.

(4) The disciplinary process shall consider whether a detainee’s mental disabilities or mental
illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(5) The facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact.

(6) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**MEDICAL AND MENTAL CARE**

**115.81 Medical and mental health assessments; history of sexual abuse.**

(1) If the assessment pursuant to § 115.41 indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate.

(2) When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment.

(3) When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.

**115.82 Access to emergency medical and mental health services.**

(1) Detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.

(2) Emergency medical treatment services provided to the victim shall be without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.**

(1) Each facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention.

(2) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(3) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

(4) Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful
pregnancy-related medical services and timely access to all lawful pregnancy-related medical services.

(5) Detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate.

(6) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(7) The facility shall attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

DATA COLLECTION AND REVIEW

115.86 Sexual abuse incident reviews.

(1) Each facility shall conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to the Field Office Director, for transmission to the ICE PSA Coordinator.

(2) The review team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

(3) Each facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the facility administrator and Field Office Director or his or her designee, who shall transmit it to the ICE PSA Coordinator.

115.87 Data collection.

(1) Each facility shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with these standards and applicable agency policies, and in accordance with established schedules.

(2) On an ongoing basis, the PSA Coordinator shall work with relevant facility PSA Compliance Managers and DHS entities to share data regarding effective agency response methods to sexual abuse.

AUDITS AND COMPLIANCE
115.93 Audits of standards.

(1) The agency may require an expedited audit if the agency has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The agency may also include referrals to resources that may assist the facility with PREA-related issues.

ADDITIONAL PROVISIONS IN AGENCY POLICIES

115.95 Additional provisions in agency policies.

(1) The regulations in this subpart A establish minimum requirements for agencies and facilities. Agency and facility policies may include additional requirements.
Attachment 6: G-391 Data Collection Categories and Descriptions

The below table provides all the data collection categories required by ICE for every ground transportation movement. This data will be collected in the excel-based format provided by the COR upon award and submitted to the COR every month, with every invoice.

<table>
<thead>
<tr>
<th>Required G-391 Data Collection Categories and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>This table defines the data collection requirements associated with transportation of aliens by contractor staff for the purpose of completing the monthly G-391 contractor report.</td>
</tr>
</tbody>
</table>

1. **Contract Details** – This section is filled out by the prime contractor.
   - **AOR**: Three letter abbreviation for the Area of Responsibility (e.g., SNA, MIA).
   - **Prime Contractor**: Company or Government Agency who was awarded the transportation contract.
   - **Contract Number**: The number associated with the awarded contract for transportation services.
   - **COR**: The Contracting Officer Representative who is responsible for managing the contract.
   - **Time Period**: The beginning and end dates for the time period when trips were collected for this report.
   - **Total Monthly Invoice Amount**: The total invoice amount associated with the contract and time period reported.

2. **Transportation Activities** – This section is filled out by the prime contractor for each movement during the time period.
   - **General**
     - **Mission Number**: A uniquely identifiable number associated with each transportation movement.
     - **Mission Date**: The date that the trip began (MM/DD/YYYY).
   - **Vehicle**
     - **Vehicle Owner**: Owner of the vehicle used for the mission (e.g. Contractor or the Government).
     - **Vehicle Type**: Type of vehicle used to perform the mission (e.g., Sedan, Van, and Bus).
       - Bus - Any vehicle with a passenger seat capacity greater of 25 or greater.
       - Van - Any vehicle with a passenger seat capacity between 6 and 24.
       - SUV / Mini-Van - Any vehicle with a passenger seat capacity between 3 and 5.
       - Sedan - Any vehicle with a passenger seat capacity of 2 or less.
     - **Vehicle Number**: Vehicle identification number for the ICE or contractor vehicle used to complete the mission.
   - **Movement**
     - **Provider**: The name of the company that provided the movement (subcontractor, prime contractor, or ICE if applicable).
     - **Movement Type**: See descriptions below:
       - **Air Removal**: Ground transportation of aliens to an airport for final removal via air.
       - **Air Transfer**: Transporting aliens in custody to or from an airport for domestic transfers.
       - **Land Removal**: Ground transportation of aliens to their country of origin for final removal. (e.g., busing or walking aliens into Mexico).
       - **Legal**: Transporting of aliens for legal appointments (i.e. court, lawyer or consulate visits).
       - **Medical**: Transporting detainees to a hospital or clinic for medical reasons.
       - **Ambulatory**: Chasing an ambulance.
       - **Pick Up**: Apprehension of an alien from a non-ICE location. (e.g., pick up from jail / prison).
- **Release** - Transporting aliens that have been released from custody to a U.S. domestic location (i.e. bus terminal).
- **Transfer** - Transporting detainees in ICE custody from one facility to another.
- **Stationary Duty** - Time spent performing detention related guard duties (e.g. front gate guard duty, facility patrols, interview escorts, detainee in/out processing, and other guard duties including remote post duties such as in-patient medical stays).
- **Other** - Transportation for a reason other than moving aliens (e.g. vehicle maintenance, file transfers).

  - **Overtime**: Yes/No if overtime was needed for this trip.
  - **Total Overtime Hours**: The number of overtime hours for the trip.
  - **Contract Officers**: Number of contract staff participating in the mission’s transportation team.
  - **ICE Officers**: Number of ICE employees participating in the mission’s transportation team.

**Total Aliens Moved**

  - **Males**: Number of adult males transported.
  - **Females**: Number of adult females transported.
  - **Transgender**: Number of transgender aliens transported.
  - **Juvenile**: Number of juvenile aliens transported.
  - **Family Unit**: Yes/No if a family unit was transported.

3. **Trip Details** – This section is filled out by the prime contractor for each movement during the time period.

   **Start**
   - **Start Location**: Location where the trip began.
   - **Start Odometer**: The odometer reading of the vehicle before the vehicle leaves the start location.
   - **Start Departure Time**: The time (HH:MM) when the vehicle left the start location.
   - **Start Pick Up**: The number of aliens in the vehicle at the time of departure.

   **Stop 1 - 10**
   - **Stop 1-10 Location**: Location where the stop occurred.
   - **Stop 1-10 Odometer**: Odometer reading from the vehicle after arriving at the stop location.
   - **Stop 1-10 Arrival Time**: The time (HH:MM) when the vehicle arrived at the stop location.
   - **Stop 1-10 Departure Time**: The time (HH:MM) when the vehicle left the stop location.
   - **Stop 1-10 Pick Up**: The number of aliens that were picked up at the stop location.
   - **Stop 1-10 Drop Off**: The number of aliens that were dropped off at the stop location.

   **End**
   - **End Location**: Location where the trip ended.
   - **End Odometer**: The odometer reading of the vehicle when the vehicle arrives at the end location.
   - **End Arrival Time**: The time (HH:MM) when the vehicle arrived at the end location.
   - **End Drop Off**: The number of aliens dropped off at the time of arrival at the end location.

4. **Comments** – Any comments regarding the trip that are relevant to the invoice or trip details.
Ryan Schwebach,  
Chair  
District 2  

April 16, 2019

Kevin McCall  
District 1

Detention, Compliance and Removals  
Section Chief  
Department of Homeland Security  
Immigration and Customs Enforcement

Javier Sanchez  
District 3

Office of Acquisition Management  
801 I Street NW

Wayne A. Johnson  
County Manager

Re: ICE IGSA – Torrance County

Tracy Sedillo  
Treasurer

Dear Mr.

Torrance County authorizes CoreCivic to communicate directly with ICE on behalf of the County regarding an IGSA to house detainees at the Torrance County Detention Center. Please let me know if you have any questions or need any further information.

Sincerely,

Jesse Lucero  
Assessor

Linda Jaramillo  
Clerk

Martin Rivera  
Sheriff

Josie Chavez  
Probate Judge

Wayne Johnson  
County Manager
## Cover Page Instructions

Complete the light brown cells with the facility's identifying information and population data below. All cells must be completed.

<table>
<thead>
<tr>
<th>A. Identifying Information</th>
<th>Torrance County Detention Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility name</td>
<td></td>
</tr>
<tr>
<td>Total facility size (square feet)</td>
<td>(b)(4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total capacity</td>
</tr>
<tr>
<td>FY2018 ADP</td>
</tr>
<tr>
<td>ICE-dedicated beds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of the facility that is ICE-dedicated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Financial Information</th>
<th>% of contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Wages</td>
<td>$ (b)(4) 43%</td>
</tr>
<tr>
<td>Staffing Benefits</td>
<td>$ 11%</td>
</tr>
<tr>
<td>Facility</td>
<td>$ 4%</td>
</tr>
<tr>
<td>Other Direct Costs</td>
<td>$ -3%</td>
</tr>
<tr>
<td>Total Operating Costs</td>
<td>$ 55%</td>
</tr>
<tr>
<td>Depreciation &amp; Interest</td>
<td>$ 25%</td>
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<tr>
<td>Contracted Services</td>
<td>$ 6%</td>
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<tr>
<td>G&amp;A</td>
<td>$ 13%</td>
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<tr>
<td>Total Non-Operating Costs</td>
<td>$ 45%</td>
</tr>
<tr>
<td>TOTAL CONTRACT VALUE FOR THE FACILITY</td>
<td>$ 100%</td>
</tr>
<tr>
<td>TOTAL VALUE FOR ICE-DEDICATED BEDS</td>
<td>$</td>
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<tr>
<td>Bed-day rate at total capacity</td>
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</tr>
<tr>
<td>Bed-day rate for ICE-dedicated beds</td>
<td>$</td>
</tr>
<tr>
<td>Transportation Costs (if applicable)</td>
<td>$</td>
</tr>
</tbody>
</table>
## Total Staffing Wages

### Staffing Wages Instructions

Enter the information by category into the light brown cells below. Do not enter transportation staff; these will be covered on tab 9. Transportation. Once you have entered the staffing category, number of positions, and hourly wage rate, all cells in white will calculate automatically. Column 1 is prior year salary costs and Column 2 is the increases. Cells in Column 2 will turn red if costs have increased more than 10% in the last year, and the Government may require further documentation to justify these increases.

<table>
<thead>
<tr>
<th>Labor Description</th>
<th>Full Time or Part Time</th>
<th>Number of Positions</th>
<th>Service Contract Agreement Schedule Number</th>
<th>Wage Determination/Collective Bargaining Agreement Hourly Wage Rate</th>
<th>Number of Hours (2020 Time Conditions)</th>
<th>Proposed Salary Cost</th>
<th>Prior Year 1 Salary Costs</th>
<th>% Difference</th>
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</thead>
<tbody>
<tr>
<td>Unit Clerk</td>
<td>Full Time</td>
<td></td>
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<tr>
<td>Manager, Learning and Development</td>
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<tr>
<td>Bookkeeper</td>
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<td>Accounting Clerk</td>
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<tr>
<td>Manager, Human Resources</td>
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<td>Human Resources Assistant</td>
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<td>Manager, Quality Assurance</td>
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<td>Grievance Coordinator</td>
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<td>Administrative Clerk, P/T</td>
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<tr>
<td>Chief of Security</td>
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<td>Sr. Detention Officer</td>
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<td>Chief of Unit Management</td>
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<td>Maintenance Worker</td>
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<tr>
<td>Warehouse Manager</td>
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<tr>
<td>Warehouse/Commissary Worker</td>
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<tr>
<td>Laundry Supervisor</td>
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<tr>
<td>Recreation Coordinator</td>
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<tr>
<td>Psychiatrist, P/T</td>
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<tr>
<td>Dentist, P/T</td>
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<td>Dental Assistant</td>
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<tr>
<td>RN</td>
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<tr>
<td>Medical Transl.</td>
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<tr>
<td>Medical Records Clerk</td>
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</table>

2022-ICLI-00045  3333
<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Salary Cost</td>
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</tr>
<tr>
<td>FICA Costs - 7.65%</td>
<td></td>
</tr>
<tr>
<td>Total Staffing Wages</td>
<td></td>
</tr>
</tbody>
</table>
Total Staffing Benefits $ (b)(4)

Staffing Benefit Instructions:
Enter the information by category into the light brown cells below for both employees who are exempt from the Service Contract Act and those who are covered by it. Once you have entered the staffing category, number of positions, and hourly wage rate, all cells in white will calculate automatically. Column I on prior year salary costs should also be completed. Cells in Column J will turn red if costs have increased more than 10% in the last year, and the Government may require further documentation to justify these increases.

Instructions for Service Contract Act Employee Benefits:
Enter the information into the light brown cells below to provide information on benefits for employees who are "exempt" or not covered under the Service Contract Act, as well as the total costs from last year.

<table>
<thead>
<tr>
<th>Description</th>
<th>Full Time Positions</th>
<th>Part Time Positions</th>
<th>Total Employees Participating</th>
<th>Total Salary Base</th>
<th>Employer Contribution</th>
<th>Annual Cost</th>
<th>Prior Year 1 Costs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Retirement Programs:</td>
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<td></td>
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<tr>
<td>a. Defined Benefit Plan</td>
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<td>b. Defined Contribution Plan</td>
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<td>c. Other</td>
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<td>2. Insurance Programs:</td>
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<tr>
<td>a. Self Insured</td>
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<td>b. Life, Auto, Disability, A&amp;D, Regulatory Fees</td>
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<td>c. Other</td>
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<td>3. Other Employee Contribution Plans:</td>
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<td>d. Other</td>
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</tbody>
</table>

Total Benefits Cost for Non-Service Contract Act Employees: $ (b)(4)

Instructions for Service Contract Act Employee Benefits:
Enter the information into the light brown cells below to provide information on benefits for employees who are covered under the Service Contract Act, as well as the total costs from last year.

<table>
<thead>
<tr>
<th>Description</th>
<th>Wage Determination/Collective Bargaining Agreement Reference</th>
<th>Number of Employees Participating</th>
<th>Total Hours Subject to Fringe</th>
<th>Determination/Collective Bargaining Agreement Hourly Rate</th>
<th>Annual Cost</th>
<th>Prior Year 1 Costs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Health and Welfare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Pension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Other</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e. Other</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>f. Other</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>h. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Benefits Cost - Service Contract Act Employees: $ - -
### Total Facility Costs

<table>
<thead>
<tr>
<th></th>
<th>Current year</th>
<th>Prior year</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building lease or rent</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Equipment lease*</td>
<td>(b)(4)</td>
<td>$ -</td>
<td>0%</td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td>N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Operations and maintenance*</td>
<td>$</td>
<td>$ -</td>
<td>0%</td>
</tr>
</tbody>
</table>

*For items with an asterisk, please provide itemize charges in the space provided below

### Major Equipment leased

#### Major Equipment Instructions

Enter the lease costs for major equipment, as well as a brief description.

<table>
<thead>
<tr>
<th>Equipment description</th>
<th>Current year</th>
<th>Prior year</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and Equipment</td>
<td>(b)(4)</td>
<td>N/A</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>(b)(4)</td>
<td>$ -</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Operations and maintenance costs

#### Operations and Maintenance Instructions

Enter the costs to maintain the facility (e.g., supplies), as well as the costs from last year.

<table>
<thead>
<tr>
<th>O&amp;M description</th>
<th>Current year</th>
<th>Prior year</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repair and Maintenance</td>
<td>(b)(4)</td>
<td>N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Pest Control</td>
<td></td>
<td>N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Janitorial Supplies</td>
<td></td>
<td>N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>(b)(4)</td>
<td>$ -</td>
<td>0%</td>
</tr>
</tbody>
</table>
### Building Depreciation

Enter the required information in the light brown cells, and the depreciation charge will be automatically calculated using the straight-line method.

<table>
<thead>
<tr>
<th>Building name</th>
<th>Year built</th>
<th>Original value</th>
<th>Salvage value</th>
<th>Life of the building (years)</th>
<th>Annual depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terrance County Detention Facility</td>
<td>0.5</td>
<td>(b)(4)</td>
<td></td>
<td>0</td>
<td>(b)(4)</td>
</tr>
<tr>
<td>Land Improvements</td>
<td>0.5</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Building Improvements</td>
<td>0.5</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Total building depreciation**

### Repairs/Upgrades or Equipment Depreciation

Enter the required information in the light brown cells, and the depreciation charge for equipment and repairs will be automatically calculated.

<table>
<thead>
<tr>
<th>Equipment Description</th>
<th>Year purchased</th>
<th>Original value</th>
<th>Salvage value</th>
<th>Life of the equipment or repairs (years)</th>
<th>Annual depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Hardware and Software</td>
<td></td>
<td></td>
<td></td>
<td>(b)(4)</td>
<td></td>
</tr>
<tr>
<td>Vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronics, Medical, Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office, Household, Laundry, Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Interest

Enter the outstanding loans for depreciated buildings, equipment, or repairs listed above.

<table>
<thead>
<tr>
<th>Asset Description</th>
<th>Original Value</th>
<th>Annual depreciation expense</th>
<th>Years depreciated</th>
<th>Current book value</th>
<th>Interest rate</th>
<th>Annual Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terrance County Detention Facility</td>
<td>(b)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total cost of money**
# Total Other Direct Costs

$ \text{(b)(4)}$

## Other Direct Charges Instructions

Enter the information by category into the light brown cells below, itemizing where prompted. If medical care at the facility is provided by a subcontractor, do not enter costs for medical supplies and equipment (which should be included in the medical subcontract). Credits are defined as overpayments the Government has made in the past year, which should be subtracted from the overall contract cost in the current period. Cells in Column E will turn red if costs have increased more than 10% in the last year, and the Government may require further documentation to justify these increases.

<table>
<thead>
<tr>
<th>Current year</th>
<th>Prior year</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration/Management fee</td>
<td>$ \text{(b)(4)}</td>
<td>N/A</td>
</tr>
<tr>
<td>Food and kitchen supplies</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Detainee welfare*</td>
<td>$</td>
<td>$ -</td>
</tr>
<tr>
<td>IT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telecom</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Medical supplies and equipment</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Recreation</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Credits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detention Officers' uniform allowance</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

*For items with an asterisk, please provide itemized charges in the space provided below

## Detainee welfare and supplies

### Welfare and supplies Instructions

For detainee supplies and welfare, itemize by category (toiletries, linens, etc.) for the current and prior period.

<table>
<thead>
<tr>
<th>Description</th>
<th>Current year</th>
<th>Prior year</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detainee Welfare - Laundry</td>
<td>$ \text{(b)(4)}</td>
<td>N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Detainee Welfare - Clothing</td>
<td></td>
<td>N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Detainee Welfare - Personal Care</td>
<td></td>
<td>N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Detainee Welfare - Wages</td>
<td></td>
<td>N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
<td>$ -</td>
<td>0%</td>
</tr>
</tbody>
</table>
**Total contracted services**  $ 1,862,653.54

**Contracted Services Instructions**

Complete the light brown cells below to show the costs of the relevant subcontracts and third party fees for the current and prior year, along with the name of the company or government to whom those fees are paid. Cells in Column F will turn red if the cost of the subcontract has increased more than 10% in the last year, and the Government may require further documentation to justify these increases.

<table>
<thead>
<tr>
<th>Subcontract</th>
<th>Current year</th>
<th>Prior year</th>
<th>Vendor name</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical (including dental and mental health)</td>
<td>$0 (4)</td>
<td>N/A</td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td>N/A</td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Food Services</td>
<td>$1,000,000</td>
<td>N/A</td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Security</td>
<td></td>
<td>N/A</td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>IGA fee</td>
<td></td>
<td>N/A</td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>
## Total G&A

### Other Direct Charges Instructions

For the general and administrative costs of the facility, complete the light brown cells below, including a brief description of the spend in each category and itemizations where prompted. If charges have increased more than 10% since the prior year, cells in Column E will turn red, and the Government may require further documentation to justify these increases.

<table>
<thead>
<tr>
<th>Current year</th>
<th>Prior year</th>
<th>% change</th>
<th>Brief description of charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting</td>
<td>N/A</td>
<td>0%</td>
<td>Allocated Accounting Costs</td>
</tr>
<tr>
<td>Audit/Risk</td>
<td>N/A</td>
<td>0%</td>
<td>Allocated Audit/Risk Costs</td>
</tr>
<tr>
<td>Finance</td>
<td>N/A</td>
<td>0%</td>
<td>Allocated Finance &amp; IT Costs</td>
</tr>
<tr>
<td>Human Resources</td>
<td>N/A</td>
<td>0%</td>
<td>Allocated Human Resources Costs</td>
</tr>
<tr>
<td>Insurance</td>
<td>N/A</td>
<td>0%</td>
<td>Property and Liability Costs and Allocated</td>
</tr>
<tr>
<td>Legal</td>
<td>N/A</td>
<td>0%</td>
<td>Legal Services - Employment and Allocated</td>
</tr>
<tr>
<td>Office Supplies and miscellaneous</td>
<td>N/A</td>
<td>0%</td>
<td>Postage, Printing, General Office Supplies</td>
</tr>
<tr>
<td>Taxes*</td>
<td>$71,551.00</td>
<td>0%</td>
<td>Gas, Food, Accommodations, etc and Allocated</td>
</tr>
</tbody>
</table>

*For items with an asterisk, please provide itemize changes in the space provided below.

### Tax Itemization Instructions

Enter the itemized amounts that the vendor paid in the last year for taxes that are allowable under

<table>
<thead>
<tr>
<th>Description</th>
<th>Current year</th>
<th>Prior year</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Tax</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Gross Receipts Tax</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>$71,551.00</td>
<td>$71,551.00</td>
<td>0%</td>
</tr>
</tbody>
</table>
### Transportation Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Full Time Positions</th>
<th>Part Time Positions</th>
<th>Total Employees Participating</th>
<th>Total Salary Base</th>
<th>Employer Contribution</th>
<th>Annual Cost</th>
<th>Prior Year Costs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Retirement Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Defined Benefit Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>b. Defined Contribution Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>c. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>2. Insurance Program(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>a. Self Insured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>b. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>c. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>3. Other Employee Contribution Plan(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>a. Worker’s Comp</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>0%</td>
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<tr>
<td>b. Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>c. Unemployment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>d. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Total Benefits Cost for Non-Service Contract Act Employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>

### Vehicle Mileage

<table>
<thead>
<tr>
<th>Description</th>
<th>Mileage/Month</th>
<th>Rate/mile</th>
<th>Cost/Month</th>
<th>Annual Cost</th>
<th>Prior Year Costs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health and Welfare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>2. Pension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>a. Federal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>b. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>c. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>3. Other Employee Contribution Plan(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>a. Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>b. Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>C. Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Total Wages, Benefits, and Taxes Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>

### Vehicle Repairs/Maintenance

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost per Vehicle</th>
<th>Number of Vehicles</th>
<th>Annual Cost</th>
<th>Prior Year Costs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vehicle Repairs/Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>2. Vehicle Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>3. Fuel Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>4. Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>

### Transportation Labor Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Full Time or Part Time</th>
<th>Number of Positions</th>
<th>Collective Bargaining Agreement Hourly Wage Rate</th>
<th>Number of Hours (Wage Times Positions)</th>
<th>Proposed Salary Cost</th>
<th>Prior Year 1 Salary Costs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Fixed Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Fixed Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Fixed Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Total Labor Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>

### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Full Time or Part Time</th>
<th>Number of Positions</th>
<th>Total Employees Participating</th>
<th>Total Salary Base</th>
<th>Employer Contribution</th>
<th>Annual Cost</th>
<th>Prior Year 1 Costs</th>
<th>% Difference</th>
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<td>1. Retirement Programs</td>
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<tr>
<td>b. Defined Contribution Plan</td>
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<td>c. Other</td>
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<td>a. Self Insured</td>
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<td>b. Other</td>
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<td>c. Other</td>
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<td>3. Other Employee Contribution Plan(s)</td>
<td></td>
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<td></td>
<td></td>
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<td>c. Unemployment</td>
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<td>d. Other</td>
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</tr>
<tr>
<td>Total Benefits Cost for Non-Service Contract Act Employees</td>
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### Vehicle Mileage

<table>
<thead>
<tr>
<th>Description</th>
<th>Mileage/Month</th>
<th>Rate/mile</th>
<th>Cost/Month</th>
<th>Annual Cost</th>
<th>Prior Year Costs</th>
<th>% Difference</th>
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<tbody>
<tr>
<td>1. Health and Welfare</td>
<td></td>
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<td>2. Pension</td>
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<td>a. Federal</td>
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<td></td>
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<tr>
<td>b. Other</td>
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<td></td>
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<tr>
<td>c. Other</td>
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<tr>
<td>3. Other Employee Contribution Plan(s)</td>
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<td>C. Total</td>
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<td>Total Wages, Benefits, and Taxes Cost</td>
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### Vehicle Repairs/Maintenance

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost per Vehicle</th>
<th>Number of Vehicles</th>
<th>Annual Cost</th>
<th>Prior Year Costs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vehicle Repairs/Maintenance</td>
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<tr>
<td>2. Vehicle Insurance</td>
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<td>0%</td>
</tr>
<tr>
<td>3. Fuel Costs</td>
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<td>0%</td>
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<td>4. Total</td>
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<td>Total</td>
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<td>0%</td>
</tr>
</tbody>
</table>

### Transportation Instructions

If the facility shares intracampus transportation services for ICLI, please complete the information below. If transportation is provided by another vendor or a subcontract, enter the charge in row 12 and the profit in row 13.

- **Profit on Transportation:** Total Transportation costs - Profit margin = Amount of profit

### Staffing Instructions

Enter the information into the light brown cells below for wages/salary and benefits. Do not enter disposition staff. Those rows have already been entered in Table 2 and Table 3 (Staffing wages and staffing benefits).
Complete the table below to show the type, number, and cost of lease fees that the contractor pays for vehicles to provide transportation services to KCL:

<table>
<thead>
<tr>
<th>Vehicle Type</th>
<th>Brief Description</th>
<th>Cost per Vehicle</th>
<th>Number of Vehicles</th>
<th>Annual Cost</th>
<th>Prior Year 1 Costs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEASE</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>0%</td>
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<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>0%</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Vehicle and Equipment Charges Instructions:
Form 300 should be used to show the depreciation status of purchased vehicles and equipment of applicable. Show total acquisition amounts and purchase dates.

<table>
<thead>
<tr>
<th>Vehicle and Equipment Type</th>
<th>Date into Service</th>
<th>Acquisition Value</th>
<th>Residual Value</th>
<th>Depreciable Basis</th>
<th>Life Years</th>
<th>Annual Depreciation Proposed</th>
<th>Prior Year 1 Depreciation Expense</th>
<th>% Difference</th>
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<td>6</td>
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<tr>
<td>TOTAL</td>
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<td>0%</td>
</tr>
</tbody>
</table>
TITLE 29--LABOR

PART 4 LABOR STANDARDS FOR FEDERAL SERVICE CONTRACTS--Table of Contents

Subpart A Service Contract Labor Standards Provisions and Procedures

Sec. 4.6 Labor standards clauses for Federal service contracts exceeding $2,500.

The clauses set forth in the following paragraphs shall be included in full by the contracting agency in every contract/Inter-Governmental Service Agreement (IGSA) entered into by the United States or the District of Columbia, in excess of $2,500, or in an indefinite amount, the principal purpose of which is to furnish services through the use of service employees:

(a) Service Contract Act of 1965, as amended: This contract/IGSA is subject to the Service Contract Act of 1965 as amended (41 U.S.C. 351 et seq.) and is subject to the following provisions and to all other applicable provisions of the Act and regulations of the Secretary of Labor issued there under (29 CFR part 4).

(b)(1) Each service employee employed in the performance of this Contract/IGSA by the contractor or any subcontractor shall be paid not less than the minimum monetary wages and shall be furnished fringe benefits in accordance with the wages and fringe benefits determined by the Secretary of Labor or authorized representative, as specified in any wage determination attached to this contract.

(2)(i) If there is such a wage determination attached to this Contract/IGSA, the contracting officer shall require that any class of service employee which is not listed therein and which is to be employed under the Contract/IGSA (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conforming class of employees shall be paid the monetary wages and furnished the fringe benefits as are determined pursuant to the procedures in this section.

(ii) Such conforming procedure shall be initiated by the contractor prior to the performance of contract/IGSA work by such unlisted class of employee. A written report of the proposed conforming action, including information regarding the agreement or disagreement of the authorized representative of the employees involved or, where there is no authorized representative, the employees themselves, shall be submitted by the contractor to the contracting officer no later than 30 days after such unlisted class of employees performs any Contract/IGSA work. The contracting officer shall review the proposed action and promptly submit a report of the action, together with the agency's recommendation and all pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. The Wage and Hour Division will approve, modify, or disapprove the action or render a final determination in the event of disagreement within 30 days of receipt or will notify the contracting officer within 30 days of receipt that additional time is necessary.
(iii) The final determination of the conformance action by the Wage and Hour Division shall be transmitted to the contracting officer who shall promptly notify the contractor of the action taken. Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination.

(iv)(A) The process of establishing wage and fringe benefit rates that bears a reasonable relationship to those listed in a wage determination cannot be [[Page 41]] reduced to any single formula. The approach used may vary from wage determination to wage determination depending on the circumstances. Standard wage and salary administration practices, which rank various job classifications by pay grade pursuant to point schemes or other job factors may, for example, be relied upon. Guidance may also be obtained from the way different jobs are rated under Federal pay systems (Federal Wage Board Pay System and the General Schedule) or from other wage determinations issued in the same locality. Basic to the establishment of any conformable wage rate(s) is the concept that a pay relationship should be maintained between job classifications based on the skill required and the duties performed.

(B) In the case of a Contract/IGSA modification, an exercise of an option or extension of an existing contract, or in any other case where a contractor succeeds a Contract/IGSA under which the classification in question was previously conformed pursuant to this section, a new conformed wage rate and fringe benefits may be assigned to such conformed classification by indexing (i.e., adjusting) the previous conformed rate and fringe benefits by an amount equal to the average (mean) percentage increase (or decrease, where appropriate) between the wages and fringe benefits specified for all classifications to be used on the Contract/IGSA which are listed in the current wage determination, and those specified for the corresponding classifications in the previously applicable wage determination. Where conforming actions are accomplished in accordance with this paragraph prior to the performance of Contract/IGSA work by the unlisted class of employees, the contractor shall advise the contracting officer of the action taken but the other procedures in paragraph (b) (2) (ii) of this section need not be followed.

(C) No employee engaged in performing work on this Contract/IGSA shall in any event be paid less than the currently applicable minimum wage specified under section 6(a) (1) of the Fair Labor Standards Act of 1938, as amended. (v) The wage rate and fringe benefits finally determined pursuant to paragraphs (b)(2)(i) and (ii) of this section shall be paid to all employees performing in the classification from the first day on which Contract/IGSA work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or finally determined by the Wage and Hour Division retroactive to the date such class of employees commenced Contract/IGSA work shall be a violation of the Act and this contract.(vi) Upon discovery of failure to comply with paragraphs (b)(2)(i) through (v) of this section, the Wage and Hour Division shall make a final determination of conformed classification, wage rate, and/or fringe benefits which shall be retroactive to the date such class of employees commenced Contract/IGSA work.

(3) If, as authorized pursuant to section 4(d) of the Service Contract Act of 1965 as amended, the term of this Contract/IGSA is more than 1 year, the minimum monetary wages and fringe benefits required to be paid or furnished there under to service employees shall be subject to adjustment after 1 year and not less often than once every 2 years, pursuant to wage
determinations to be issued by the Wage and Hour Division, Employment Standards Administration of the Department of Labor as provided in such Act.

(c) The contractor or subcontractor may discharge the obligation to furnish fringe benefits specified in the attachment or determined conformably thereto by furnishing any equivalent combinations of bona fide fringe benefits, or by making equivalent or differential payments in cash in accordance with the applicable rules set forth in subpart D of 29 CFR part 4, and not otherwise.

(d)(1) In the absence of a minimum wage attachment for this contract, neither the contractor nor any subcontractor under this Contract/IGSA shall pay any person performing work under the Contract/IGSA (regardless of whether they are service employees) less than the minimum wage specified by section 6(a)(1) of the Fair Labor Standards Act of 1938. Nothing in this provision shall relieve the contractor or any subcontractor of any other obligation under [[Page 42]] law or Contract/IGSA for the payment of a higher wage to any employee.

(2) If this Contract/IGSA succeeds a contract, subject to the Service Contract Act of 1965 as amended, under which substantially the same services were furnished in the same locality and service employees were paid wages and fringe benefits provided for in a collective bargaining agreement, in the absence of the minimum wage attachment for this Contract/IGSA setting forth such collectively bargained wage rates and fringe benefits, neither the contractor nor any subcontractor under this Contract/IGSA shall pay any service employee performing any of the Contract/IGSA work (regardless of whether or not such employee was employed under the predecessor contract), less than the wages and fringe benefits provided for in such collective bargaining agreements, to which such employee would have been entitled if employed under the predecessor contract, including accrued wages and fringe benefits and any prospective increases in wages and fringe benefits provided for under such agreement. No contractor or subcontractor under this Contract/IGSA may be relieved of the foregoing obligation unless the limitations of Sec. 4.1b(b) of 29 CFR part 4 apply or unless the Secretary of Labor or his authorized representative finds, after a hearing as provided in Sec. 4.10 of 29 CFR part 4 that the wages and/or fringe benefits provided for in such agreement are substantially at variance with those which prevail for services of a character similar in the locality, or determines, as provided in Sec. 4.11 of 29 CFR part 4, that the collective bargaining agreement applicable to service employees employed under the predecessor Contract/IGSA was not entered into as a result of arm's-length negotiations. Where it is found in accordance with the review procedures provided in 29 CFR 4.10 and/or 4.11 and parts 6 and 8 that some or all of the wages and/or fringe benefits contained in a predecessor contractor's collective bargaining agreement are substantially at variance with those which prevail for services of a character similar in the locality, and/or that the collective bargaining agreement applicable to service employees employed under the predecessor Contract/IGSA was not entered into as a result of arm's-length negotiations, the Department will issue a new or revised wage determination setting forth the applicable wage rates and fringe benefits. Such determination shall be made part of the Contract/IGSA or subcontract, in accordance with the decision of the Administrator, the Administrative Law Judge, or the Administrative Review Board, as the case may be, irrespective of whether such issuance occurs prior to or after the award of a Contract/IGSA or subcontract. 53 Comp. Gen. 401 (1973). In the case of a wage determination issued solely as a result of a finding of substantial variance, such determination shall be effective as of the date of the final administrative decision.
(e) The contractor and any subcontractor under this Contract/IGSA shall notify each service employee commencing work on this Contract/IGSA of the minimum monetary wage and any fringe benefits required to be paid pursuant to this contract, or shall post the wage determination attached to this contract. The poster provided by the Department of Labor (Publication WH 1313) shall be posted in a prominent and accessible place at the worksite. Failure to comply with this requirement is a violation of section 2(a) (4) of the Act and of this contract.

(f) The contractor or subcontractor shall not permit any part of the services called for by this Contract/IGSA to be performed in buildings or surroundings or under working conditions provided by or under the control or supervision of the contractor or subcontractor which are unsanitary or hazardous or dangerous to the health or safety of service employees engaged to furnish these services, and the contractor or subcontractor shall comply with the safety and health standards applied under 29 CFR part 1925.

(g)(1) The contractor and each subcontractor performing work subject to the Act shall make and maintain for 3 years from the completion of the work records containing the information specified in paragraphs (g)(1) (i) through (vi) of this section for each employee subject to the Act and shall make them available for inspection [[Page 43]] and transcription by authorized representatives of the Wage and Hour Division, Employment Standards Administration of the U.S. Department of Labor:

(i) Name and address and social security number of each employee.

(ii) The correct work classification or classifications, rate or rates of monetary wages paid and fringe benefits provided, rate or rates of fringe benefit payments in lieu thereof, and total daily and weekly compensation of each employee.

(iii) The number of daily and weekly hours so worked by each employee.

(iv) Any deductions, rebates, or refunds from the total daily or weekly compensation of each employee.

(v) A list of monetary wages and fringe benefits for those classes of service employees not included in the wage determination attached to this Contract/IGSA but for which such wage rates or fringe benefits have been determined by the interested parties or by the Administrator or authorized representative pursuant to the labor standards clause in paragraph (b) of this section. A copy of the report required by the clause in Paragraph (b) (2) (ii) of this section shall be deemed to be such a list.

(vi) Any list of the predecessor contractor's employees which had been furnished to the contractor pursuant to Sec. 4.6(l)(2).

(2) The contractor shall also make available a copy of this Contract/IGSA for inspection or transcription by authorized representatives of the Wage and Hour Division.
(3) Failure to make and maintain or to make available such records for inspection and transcription shall be a violation of the regulations and this contract, and in the case of failure to produce such records, the contracting officer, upon direction of the Department of Labor and notification of the contractor, shall take action to cause suspension of any further payment or advance of funds until such violation ceases.

(4) The contractor shall permit authorized representatives of the Wage and Hour Division to conduct interviews with employees at the worksite during normal working hours.

(h) The contractor shall unconditionally pay to each employee subject to the Act all wages due free and clear and without subsequent deduction (except as otherwise provided by law or Regulations, 29 CFR part 4), rebate, or kickback on any account. Such payments shall be made no later than one pay period following the end of the regular pay period in which such wages were earned or accrued. A pay period under this Act may not be of any duration longer than semi-monthly.

(i) The contracting officer shall withhold or cause to be withheld from the Government prime contractor under this or any other Government Contract/IGSA with the prime contractor such sums as an appropriate official of the Department of Labor requests or such sums as the contracting officer decides may be necessary to pay underpaid employees employed by the contractor or subcontractor. In the event of failure to pay any employees subject to the Act all or part of the wages or fringe benefits due under the Act, the agency may, after authorization or by direction of the Department of Labor and written notification to the contractor, take action to cause suspension of any further payment or advance of funds until such violations have ceased. Additionally, any failure to comply with the requirements of these clauses relating to the Service Contract Act of 1965, may be grounds for termination of the right to proceed with the Contract/IGSA work. In such event, the Government may enter into other contracts or arrangements for completion of the work, charging the contractor in default with any additional cost.

(j) The contractor agrees to insert these clauses in this section relating to the Service Contract Act of 1965 in all Subcontracts subject to the Act. The term contractor as used in these clauses in any subcontract shall be deemed to refer to the subcontractor, except in the term Government prime contractor.

(k)(1) As used in these clauses, the term service employee means any person engaged in the performance of this Contract/IGSA other than any person employed in a bona fide executive, administrative, or professional capacity, as those terms are defined in part 541 of title 29, Code of Federal Regulations, as of July [Page44) 30, 1976, and any subsequent revision of those regulations. The term service employee includes all such persons regardless of any contractual relationship that may be alleged to exist between a contractor or subcontractor and such persons.

(2) The following statement is included in contracts pursuant to section 2(a) (5) of the Act and is for informational purposes only:

The following classes of service employees expected to be employed under the Contract/IGSA with the Government would be subject, if employed by the contracting agency, to the provisions
of 5 U.S.C. 5341 or 5 U.S.C. 5332 and would, if so employed, be paid not less than the following rates of wages and fringe benefits:

<table>
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Search current rates at [http://www.opm.gov/oca/12tables/](http://www.opm.gov/oca/12tables/)

(1) If wages to be paid or fringe benefits to be furnished any service employees employed by the Government prime contractor or any subcontractor under the Contract/IGSA are provided for in a collective bargaining agreement which is or will be effective during any period in which the Contract/IGSA is being performed, the Government prime contractor shall report such fact to the contracting officer, together with full information as to the application and accrual of such wages and fringe benefits, including any prospective increases, to service employees engaged in work on the contract, and a copy of the collective bargaining agreement. Such report shall be made upon commencing performance of the contract, in the case of collective bargaining agreements effective at such time, and in the case of such agreements or provisions or amendments thereof effective at a later time during the period of Contract/IGSA performance, such agreements shall be reported promptly after negotiation thereof.

(2) Not less than 10 days prior to completion of any Contract/IGSA being performed at a Federal facility where service employees may be retained in the performance of the succeeding Contract/IGSA and subject to a wage determination which contains vacation or other benefit provisions based upon length of service with a contractor (predecessor) or successor (Sec. 4.173 of Regulations, 29 CFR part 4), the incumbent prime contractor shall furnish to the contracting officer a certified list of the names of all service employees on the contractor's or subcontractor's payroll during the last month of Contract/IGSA performance. Such list shall also contain anniversary dates of employment on the Contract/IGSA either with the current or predecessor contractors of each such service employee. The contracting officer shall turn over such list to the successor contractor at the commencement of the succeeding contract.

(m) Rulings and interpretations of the Service Contract Act of 1965, as amended, are contained in Regulations, 29 CFR part 4.

(n)(1) By entering into this contract, the contractor (and officials thereof) certifies that neither it (nor he or she) nor any person or firm who has a substantial interest in the contractor's firm is a person or firm ineligible to be awarded Government contracts by virtue of the sanctions imposed pursuant to section 5 of the Act.

(2) No part of this Contract/IGSA shall be subcontracted to any person or firm ineligible for award of a Government Contract/IGSA pursuant to section 5 of the Act.

(o) Notwithstanding any of the clauses in paragraphs (b) through (m) of this section relating to the Service Contract Act of 1965, the following employees may be employed in accordance with the following variations, tolerances, and exemptions, which the Secretary of Labor, pursuant to section 4(b) of the Act prior to its amendment by Public Law 92-473, found to be necessary and proper in the public interest or to avoid serious impairment of the conduct of Government business:

(1) Apprentices, student-learners, and workers whose earning capacity is impaired by age, physical, or mental deficiency or injury may be employed at wages lower than the minimum wages otherwise required by section 2(a) (1) or [

(2)(b)(1) of the Service Contract Act without diminishing any fringe benefits or cash payments in lieu thereof required under section 2(a) (2) of that Act, in accordance with the conditions and procedures prescribed for the employment of apprentices, student-learners, handicapped persons, and handicapped clients of sheltered workshops under section 14 of the Fair Labor Standards Act of 1938, in the regulations issued by the Administrator (29 CFR parts 520, 521, 524, and 525).

(3) The Administrator will issue certificates under the Service Contract Act for the employment of apprentices, student-learners, handicapped persons, or handicapped clients of sheltered workshops not subject to the Fair Labor Standards Act of 1938, or subject to different minimum rates of pay under the two acts, authorizing appropriate rates of minimum wages (but without changing requirements concerning fringe benefits or supplementary cash payments in lieu thereof), applying procedures prescribed by the applicable regulations issued under the Fair Labor Standards Act of 1938 (29 CFR parts 520, 521, 524, and 525).

(4) The Administrator will also withdraw, annul, or cancel such certificates in accordance with the regulations in parts 525 and 528 of title 29 of the Code of Federal Regulations.

(p) Apprentices will be permitted to work at less than the predetermined rate for the work they perform when they are employed and individually registered in a bona fide apprenticeship program registered with a State Apprenticeship Agency which is recognized by the U.S. Department of Labor, or if no such recognized agency exists in a State, under a program registered with the Bureau of Apprenticeship and Training, Employment and Training Administration, U.S. Department of Labor. Any employee who is not registered as an apprentice in an approved program shall be paid the wage rate and fringe benefits contained in the applicable wage determination for the journeyman classification of work actually performed. The wage rates paid apprentices shall not be less than the wage rate for their level of progress set forth in the registered program, expressed as the appropriate percentage of the journeyman's rate contained in the applicable wage determination. The allowable ratio of apprentices to journeymen employed on the Contract/IGSA work in any craft classification shall not be greater than the ratio permitted to the contractor as to his entire work force under the registered program.

(q) Where an employee engaged in an occupation in which he or she customarily and regularly receives more than $30 a month in tips, the amount of tips received by the employee may be
credited by the employer against the minimum wage required by Section 2(a)(1) or 2(b)(1) of
the Act to the extent permitted by section 3(m) of the Fair Labor Standards Act and Regulations, 29
CFR Part 531. To utilize this provision:

(1) The employer must inform tipped employees about this tip credit allowance before the credit
is utilized;

(2) The employees must be allowed to retain all tips (individually or through a pooling
arrangement and regardless of whether the employer elects to take a credit for tips received);

(3) The employer must be able to show by records that the employee receives at least the
applicable Service Contract Act minimum wage through the combination of direct wages and tip
credit;

(4) The use of such tip credit must have been permitted under any predecessor collective
bargaining agreement applicable by virtue of section 4(c) of the Act.

(r) Disputes concerning labor standards. Disputes arising out of the labor standards provisions of
this Contract/IGSA shall not be subject to the general disputes clause of this contract. Such
disputes shall be resolved in accordance with the procedures of the Department of Labor set forth
in 29 CFR parts 4, 6, and 8. Disputes within the meaning of this clause include disputes between
the contractor (or any of its subcontractors) and the contracting agency, the U.S. Department of
Labor, or the employees or their representatives. (The information collection, recordkeeping, and
reporting requirements contained in this section have been approved by the Office of
Management and Budget under the following numbers:

Paragraph

OMB control number

(b)(2) (i)–(iv)........................... 1215-0150
(e)................................. 1215-0150
(g)(1) (i)–(iv)......................... 1215-0017
(g)(1) (v), (vi)......................... 1215-0150
(l) (1), (2)......................... 1215-0150
(q)(3)................................. 1215-0017

REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT

By direction of the Secretary of Labor

Daniel W. Simms
Director
Division of Wage Determinations

Wage Determination No.: 2015-5443
Revision No.: 7
Date Of Revision: 12/26/2018

Note: Under Executive Order (EO) 13658, an hourly minimum wage of $10.60 for calendar year 2019 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least $10.60 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2019. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: New Mexico
Area: New Mexico Counties of Bernalillo, Sandoval, Torrance, Valencia

**Fringe Benefits Required Follow the Occupational Listing**

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5/3/2019
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14102 - Computer Systems Analyst II  
14103 - Computer Systems Analyst III  
14150 - Peripheral Equipment Operator  
14160 - Personal Computer Support Technician  
14170 - System Support Specialist  
15000 - Instructional Occupations  
15010 - Aircrew Training Devices Instructor (Non-Rated)  
15020 - Aircrew Training Devices Instructor (Rated)  
15030 - Air Crew Training Devices Instructor (Pilot)  
15050 - Computer Based Training Specialist / Instructor  
15060 - Educational Technologist  
15070 - Flight Instructor (Pilot)  
15080 - Graphic Artist  
15085 - Maintenance Test Pilot, Fixed, Jet/Prop  
15086 - Maintenance Test Pilot, Rotary Wing  
15088 - Non-Maintenance Test/Co-Pilot  
15090 - Technical Instructor  
15095 - Technical Instructor/Course Developer  
15110 - Test Proctor  
15120 - Tutor  
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations  
16010 - Assembler  
16030 - Counter Attendant  
16040 - Dry Cleaner  
16070 - Finisher, Flatwork, Machine  
16090 - Presser, Hand  
16110 - Presser, Machine, Drycleaning  
16130 - Presser, Machine, Shirts  
16160 - Presser, Machine, Wearing Apparel, Laundry  
16190 - Sewing Machine Operator  
16220 - Tailor  
16250 - Washer, Machine  
19000 - Machine Tool Operation And Repair Occupations  
19010 - Machine-Tool Operator (Tool Room)  
19040 - Tool And Die Maker  
21000 - Materials Handling And Packing Occupations  
21020 - Forklift Operator  
21030 - Material Coordinator  
21040 - Material Expeditor  
21050 - Material Handling Laborer  
21071 - Order Filler  
21080 - Production Line Worker (Food Processing)  
21110 - Shipping Packer  
21130 - Shipping/Receiving Clerk  
21140 - Store Worker I  
21150 - Stock Clerk  
21210 - Tools And Parts Attendant  
21410 - Warehouse Specialist  
23000 - Mechanics And Maintenance And Repair Occupations  
23010 - Aerospace Structural Welder  
23019 - Aircraft Logs and Records Technician  
23021 - Aircraft Mechanic I  
23022 - Aircraft Mechanic II  
23023 - Aircraft Mechanic III  
23040 - Aircraft Mechanic Helper  
23050 - Aircraft, Painter  
23060 - Aircraft Servicer  
23070 - Aircraft Survival Flight Equipment Technician  
23080 - Aircraft Worker  
23091 - Aircrew Life Support Equipment (ALSE) Mechanic I
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<td>31290 - Shuttle Bus Driver</td>
<td>14.77</td>
<td></td>
</tr>
<tr>
<td>31310 - Taxi Driver</td>
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<td>31361 - Truckdriver, Light</td>
<td>14.77</td>
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<tr>
<td>31362 - Truckdriver, Medium</td>
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<td>31363 - Truckdriver, Heavy</td>
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<tr>
<td>31364 - Truckdriver, Tractor-Trailer</td>
<td>19.11</td>
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</tr>
<tr>
<td>99000 - Miscellaneous Occupations</td>
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<td></td>
</tr>
<tr>
<td>99020 - Cabin Safety Specialist</td>
<td>14.35</td>
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<tr>
<td>99030 - Cashier</td>
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</tr>
<tr>
<td>99050 - Desk Clerk</td>
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<tr>
<td>99095 - Embalmer</td>
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<td></td>
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<tr>
<td>99130 - Flight Follower</td>
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<tr>
<td>99251 - Laboratory Animal Caretaker I</td>
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<td>99252 - Laboratory Animal Caretaker II</td>
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<td>99310 - Mortician</td>
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<td>99410 - Pest Controller</td>
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<td>99510 - Photofinishing Worker</td>
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<td>99710 - Recycling Laborer</td>
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<td>99711 - Recycling Specialist</td>
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<td>99730 - Refuse Collector</td>
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<td>99810 - Sales Clerk</td>
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<tr>
<td>99820 - School Crossing Guard</td>
<td>12.87</td>
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<tr>
<td>99830 - Survey Party Chief</td>
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<td>99831 - Surveying Aide</td>
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<tr>
<td>99832 - Surveying Technician</td>
<td>20.85</td>
<td></td>
</tr>
<tr>
<td>99840 - Vending Machine Attendant</td>
<td>21.03</td>
<td></td>
</tr>
<tr>
<td>99841 - Vending Machine Repairer</td>
<td>16.30</td>
<td></td>
</tr>
<tr>
<td>99842 - Vending Machine Repairer Helper</td>
<td>12.11</td>
<td></td>
</tr>
</tbody>
</table>
Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors, applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is the victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: $4.48 per hour or $179.20 per week or $776.53 per month

HEALTH & WELFARE EO 13706: $4.18 per hour, or $167.20 per week, or $724.53 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706, Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor, 3 weeks after 10 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (See 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b), this wage determination does not apply to any employee who individually qualifies as a bona fide executive, administrative, or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than $27.63 (or on a salary or fee basis at a rate not less than $455 per week) an hour would likely qualify as exempt computer professionals, (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition, because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds $27.63 per hour conformances may be necessary for certain nonexempt employees. For example, if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate, then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage.
determination.

Additionally, because job titles vary widely and change quickly in the computer industry, job titles are not determinative of the application of the computer professional exemption. Therefore, the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

1. The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications;
2. The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications;
3. The design, documentation, testing, creation or modification of computer programs related to machine operating systems; or
4. A combination of the aforementioned duties, the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS – NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am.

If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

** HAZARDOUS PAY DIFFERENTIAL **

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dyeing, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder.

All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an

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adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of $3.35 per week (or $.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS **

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition (Revision 1), dated September 2015, unless otherwise indicated.

** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE, Standard Form 1444 (SF-1444) **

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification, wage rate, and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are included in a contract, a separate SF-1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).

2) After contract award, the contractor prepares a written report listing in order the proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.

3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the U.S.
Department of Labor, Wage and Hour Division, for review (See 29 CFR 4.6(b)(2)(ii)).

4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.

6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1)).
QUALITY CONTROL PLAN

1. Introduction

CoreCivic's Quality Control Plan (QCP) is designed to work in conjunction with the Government's Quality Assurance Surveillance Plan (QASP) to provide continuous quality assurance and improvement. The objectives of CoreCivic’s QCP at Torrance County Detention Facility (TCDF) are (1) to ensure that critical operational performance standards for the services required under the IGSA are provided at a uniform and acceptable level, consistent with the IGSA's Performance Requirements Summary (PRS) and Performance Work Statement (PWS), as well as all applicable standards, policies, and procedures, and (2) to identify operational deficiencies, develop effective corrective action plans, and implement those corrective actions in a timely manner. These objectives will ensure that all programs and services provided by CoreCivic are performed at an acceptable and consistent level, and in a manner that ensures the public safety and the welfare of ICE detainees.

This QCP comprises a comprehensive program of audits, inspections, audit reports, and corrective action plans which provide CoreCivic staff with a structured monitoring and corrective action methodology that is aligned with the Government's QASP.

2. Quality Assurance Policies, Procedures, and Tools

Quality Assurance (QA) is a priority at TCDF and at all facilities operated by CoreCivic. This is reflected in the significant resources allocated to CoreCivic's QA Division and the QA Division’s functional autonomy. Organizational to, the QA Division resides within, and reports directly to, CoreCivic’s Office of General Counsel, allowing it to operate independently of the Operations Division and effectively eliminating the potential for internal conflicts of interest when reporting operational audit findings. The QA Division is headquartered at the Company's corporate office in Nashville, Tennessee, often referred to internally as the Facility Support Center (FSC). The Managing Director, Quality Assurance, oversees all facility QCPs for CoreCivic, including the scheduling and execution of internal, unannounced Annual Operational Audits, which are described more fully below.

Consistent contract compliance and continuous quality improvement are the primary objectives of CoreCivic's QA Division. The structure and methodology for achieving these objectives is established by this QCP and by CoreCivic Policy 1-22, Audits, Inspections and Corrective Action. Moreover, CoreCivic maintains a comprehensive set of policies and procedures which govern all facets of TCDF’s operations. Specific emphasis is placed on incorporating the requirements of the applicable, minimal ICE 2011 Performance Based National Detention Standards (PBNDS) and American Correctional Association (ACA) Standards for Adult Local Detention Facilities (ALDF) into TCDF’s policies and procedures. As these standards change and evolve over time, CoreCivic periodically reviews and updates the QCP and applicable policies and procedures at least on an annual basis. Should an update to the QCP or related policies and procedures be appropriate, CoreCivic will submit the changes in writing to the COR.

CoreCivic's internal audit tool is another key component of the QCP, and is designed with the objective of providing the following information:

- Identification of deficiencies in contractual obligations, safety, and security;
- Assurance that operations and programs are functioning in compliance with the PRS, PWS, and all applicable standards, laws, and regulations;

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• Identification of potential fraud, waste, abuse, mismanagement, or illegal acts, so as to detect, report, and prevent such activity; and
• Assurance that financial and administrative controls are in place and effective.

CoreCivic's internal audit tool is updated at least annually to reflect current policies, procedures, and requirements.

3. Monthly Self-Monitoring Inspections and the Quality Assurance Manager

At TCDF, CoreCivic will employ a Quality Assurance Manager (QAM) who will report directly to the Warden and be responsible for managing the QCP. In accordance with these responsibilities and CoreCivic Policy 1-22, the QAM will perform or oversee revolving monthly self-monitoring inspections of the facility’s critical operations associated with ICE and ICE detainees for compliance with the QCP and to validate that TCDF's operations and services meet applicable performance standards. Critical operational areas generally include safety, security, order/control, care (including food service and health services), detainee activities, detainee justice, administration and management, workforce integrity, and prevention of detainee discrimination. TCDF will notify the COR at least 48 hours in advance of these monthly inspections to ensure the COR has the opportunity to participate. Through these self-monitoring inspections, TCDF will identify deficiencies and develop and timely implement appropriate corrective actions.

4. Annual Operational Audits

In addition to the monthly self-monitoring inspections, CoreCivic will conduct an internal, unannounced annual operational audit of TCDF (commencing after its first full year of continuous operations). This "Annual Operational Audit" is performed by CoreCivic's internal, full-time audit team, consisting of non-TCDF personnel. The audit team will arrive at TCDF on an unannounced basis, which ensures that auditors are able to view and assess the facility's normal day-to-day staffing, conditions, and operations. The audit team typically spends three to four days at the facility auditing all critical operational areas. Moreover, the audit team looks well beyond documentary evidence as part of the audit process, observing facility operational practices across numerous functions to determine compliance. In addition, audit team members routinely share operational best practices with facility staff to encourage a commitment to continuous improvement.

The audit team will conduct daily audit closeout meetings with the facility's staff, communicating their detailed observations and audit findings, focusing on areas that need improvement, and offering guidance and best practices for resolving deficiencies. A final audit report is compiled and distributed to key personnel at TCDF and at the FSC following the audit. Final audit reports and other results generated by TCDF's QCP activities will be provided to the COR or COTR as requested.

5. External Audits and Inspections

For all external audits and inspections, including Government audits, local health department inspections, annual fire marshal inspections, and other external audits and inspections, the QAM will distribute copies of the audit report to TCDF's Warden, appropriate facility department head(s), and appropriate FSC stakeholders. In addition, the QAM will upload the report and any identified findings to CoreCivic's electronic database and send a copy of the report to the COR or COTR as requested.
6. Corrective Action Program

TCDF will develop a written corrective action plan (CAP) for each deficiency identified during a monthly self-monitoring inspection, Annual Operational Audit, or external audit or inspection. TCDF’s QAM will work directly with the Warden, Assistant Wardens, and department heads to identify root causes and develop CAPs that effectively correct the deficiencies to include: (a) a clear statement of each corrective action step; (b) the title of the person who will perform each corrective action step; (c) how the corrective action step will be documented; and (d) the target completion date for each corrective action step. As needed, CoreCivic subject matter experts may be consulted to assist in identifying root causes and in developing effective CAPs. Once developed, CAPs must be implemented by facility staff as soon as possible.

Under current CoreCivic Policy 1-22, upon written notification of a deficiency by the Government, the associated CAP must be sent to the FSC QA Division for review. The FSC QA Division then reviews the CAP to help ensure the CAP addresses the root cause, includes all key elements, and is likely to be effective. Once reviewed by the FSC QA Division, the CAP is transmitted to the Government for final approval and to the facility for implementation.

In certain instances, additional measures may be instituted to ensure that deficiencies are fully resolved. Such additional measures include the use of targeted follow-up audits or inspections, targeted technical assistance visits (to assist facility personnel with identifying root causes, correcting deficiencies, and improving processes and procedures), and requiring monthly monitoring of CAPs. These additional QA measures are implemented on a case-by-case basis, consistent with what is necessary to ensure compliance with the performance standards.

7. Reporting and Communication

CoreCivic's FSC QA Division provides comprehensive reporting to executive, operational, and facility leadership regarding both external and internal audit results, corrective action plans, and facility certifications. These communications are provided through a variety of means, including weekly audit reports, CAP status reports, and quarterly executive reports and briefings.

Similarly, staff at TCDF will cooperate collaboratively with Government staff, providing access to detainees and staff in all areas of the facility at all times. Government staff will have access during normal administrative business hours to all books, records, reports and self-monitoring documents maintained by CoreCivic concerning the operation of TCDF.

In addition, the Warden and QAM will communicate directly with TCDF’s on-site Government monitor on a regular basis, through a combination of formal and informal meetings, phone calls, and email. TCDF staff are expected to be diligent in ensuring both courteous and timely cooperation with all Government staff, as CoreCivic is committed to maintaining a cooperative and supportive relationship with the Government.

8. QCP Past Performance

Through the use of this QCP methodology, CoreCivic has been successful in developing a relationship of trust and integrity with ICE at numerous facilities. CoreCivic's inspection and auditing processes, along with its corrective action and reporting programs, allow staff to identify areas of operational risk and quickly provide additional resources, staff training, policy revisions, or other needed changes to ensure compliance with performance standards.
QUALITY ASSURANCE SURVEILLANCE PLAN

1. INTRODUCTION

ICE’s Quality Assurance Surveillance Plan (QASP) is based on the premise that the Service Provider, and not the Government, is responsible for the day-to-day operation of the Facility and all the management and quality control actions required to meet the terms of the Agreement. The role of the Government in quality assurance is to ensure performance standards are achieved and maintained. The Service Provider shall develop a comprehensive program of inspections and monitoring actions and document its approach in a Quality Control Plan (QCP). The Service Provider’s QCP, upon approval by the Government, will be made a part of the resultant Agreement.

This QASP is designed to provide an effective surveillance method to monitor the Service Provider’s performance relative to the requirements listed in the Agreement. The QASP illustrates the systematic method the Government (or its designated representative) will use to evaluate the services the Service Provider is required to furnish.

This QASP is based on the premise the Government will validate that the Service Provider is complying with ERO-mandated quality standards in operating and maintaining detention facilities. Performance standards address all facets of detainee handling, including safety, health, legal rights, facility and records management, etc. Good management by the Service Provider and use of an approved QCP will ensure that the Facility is operating within acceptable quality levels.

2. DEFINITIONS

Performance Requirements Summary (Attachment A): The Performance Requirements Summary (PRS) communicates what the Government intends to qualitatively inspect. The PRS is based on the American Correctional Association (ACA) Standards for Adult Local Detention Facilities (ALDF) and ICE 2011 Performance Based National Detention Standards (PBNDS). The PRS identifies performance standards grouped into nine functional areas, and quality levels essential for successful performance of each requirement. The PRS is used by ICE when conducting quality assurance surveillance to guide them through the inspection and review processes.

Functional Area: A logical grouping of performance standards.

Contracting Officer’s Technical Representative (COTR): The COTR interacts with the Service Provider to inspect and accept services/work performed in accordance with the technical standards prescribed in the Agreement. The Contracting Officer issues a written memorandum that appoints the COTR. Other individuals may be designated to assist in the inspection and quality assurance surveillance activities.

Performance Standards: The performance standards are established in the ERO ICE 2011 PBNDS at http://www.ice.gov/detention-standards/2011 as well as the ACA standards for ALDF. Other standards may also be defined in the Agreement.
Measures: The method for evaluating compliance with the standards.

Acceptable Quality Level: The minimum level of quality that will be accepted by ICE to meet the performance standard.

Withholding: Amount of monthly invoice payment withheld pending correction of a deficiency. See Attachment A for information on the percentages of an invoice amount that may be withheld for each functional area. Funds withheld from payment are recoverable (See Sections 7 and 8) if the COTR and Contracting Officer confirm resolution or correction, and should be included in the next month’s invoice.

Deduction: Funds may be deducted from a monthly invoice for an egregious act or event, or if the same deficiency continues to occur. The Service Provider will be notified immediately if such a situation arises. The Contracting Officer in consultation with the ERO will determine the amount of the deduction. Amounts deducted are not recoverable.

4. QUALITY CONTROL PLAN

The Service Provider shall develop, implement, and maintain a Quality Control Plan (QCP) that illustrates the methods it will use to review its performance to ensure it conforms to the performance requirements. (See Attachment A for a summary list of performance requirements.) Such reviews shall be performed by the Service Provider to validate its operations, and assure ICE that the services meet the performance standards.

The Service Provider’s QCP shall include monitoring methods that ensure and demonstrate its compliance with the performance standards. This includes inspection methods and schedules that are consistent with the regular reviews conducted by ERO. The reports and other results generated by the Service Provider’s QCP activities should be provided to the COTR as requested.

The frequency and type of the Service Provider’s reviews should be consistent with what is necessary in order to ensure compliance with the performance standards.

The Service Provider is encouraged not to limit its inspection to only the processes outlined in the 2011 PBND; however, certain key documents shall be produced by the Service Provider to ensure that the services meet the performance standards. Some of the documentation that shall be generated and made available to the COTR for inspection is listed below. The list is intended as illustrative and is not all-inclusive. The Service Provider shall develop and implement a program that addresses the specific requirement of each standard and the means it will use to document compliance.

- Written policies and procedures to implement and assess operational requirements of the standard
- Documentation and record keeping to ensure ongoing operational compliance with the standards (e.g., inventories, logbooks, register of receipts, reports, etc.)
- Staff training records
- Contract discrepancy reports (CDRs)
- Investigative reports
• Medical records
• Records of investigative actions taken
• Equipment inspections
• System tests and evaluation

5. METHODS OF SURVEILLANCE

ICE will monitor the Service Provider’s compliance with the Performance Standards using a variety of methods. All facilities will be subject to a full annual inspection, which will include a review of the Service Provider’s QCP activities. In addition, ICE may conduct additional routine, follow-up, or unscheduled ad hoc inspections as necessary (for instance, as a result of unusual incidents or data reflected in routine monitoring). ICE may also maintain an on-site presence in some facilities in order to conduct more regular or frequent monitoring. Inspections and monitoring may involve direct observation of facility conditions and operations, review of documentation (including QCP reports), and/or interviews of facility personnel and detainees.

5.1 Documentation Requirements: The Service Provider shall develop and maintain all documentation as prescribed in the PBNDs (e.g., post logs, policies, and records of corrective actions). In addition to the documentation prescribed by the standards, the Service Provider shall also develop and maintain documentation that demonstrates the results of its own inspections as prescribed in its QCP. The Government may review 100% of the documents, or a representative sample, at any point during the period of performance.

6. FUNCTIONAL PERFORMANCE AREAS AND STANDARDS

To facilitate the performance review process, the required performance standards are organized into nine functional areas. Each functional area represents a proportionate share (i.e., weight) of the monthly invoice amount payable to the Service Provider based on meeting the performance standards. Payment withholdings and deductions will be based on these percentages and weights applied to the overall monthly invoice.

ICE may, consistent with the scope the Agreement, unilaterally change the functional areas and associated standards affiliated with a specific functional area. The Contracting Officer will notify the Service Provider at least 30 calendar days in advance of implementation of the new standard(s). If the Service Provider is not provided with the notification, adjustment to the new standard shall be made within 30 calendar days after notification. If any change affects pricing, the Service Provider may submit a request for equitable price adjustment in accordance with the “Changes” clause. ICE reserves the right to develop and implement new inspection techniques and instructions at any time during performance without notice to the Service Provider, so long as the standards are not more stringent than those being replaced.

7. FAILURE TO MEET PERFORMANCE STANDARDS

Performance of services in conformance with the PRS standards is essential for the Service Provider to receive full payment as identified in the Agreement. The Contracting Officer may take withholdings or deductions against the monthly invoices for unsatisfactory performance documented through surveillance of the Service Provider’s activities gained through site inspections, reviews of documentation (including monthly QCP reports), interviews and other
feedback. As a result of its surveillance, the Service Provider will be assigned the following rating relative to each performance standard:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>Based on the measures, the performance standard is demonstrated.</td>
</tr>
<tr>
<td>Deficient</td>
<td>Based on the measures, compliance with most of the attributes of the performance standard is demonstrated or observed with some area(s) needing improvement. There are no critical areas of unacceptable performance.</td>
</tr>
<tr>
<td>At-Risk</td>
<td>Based on the performance measures, the majority of a performance standard’s attributes are not met.</td>
</tr>
</tbody>
</table>

Using the above standards as a guide, the Contracting Officer will implement adjustments to the Service Provider’s monthly invoice as prescribed in Attachment A.

Rather than withholding funds until a deficiency is corrected, there may be times when an event or a deficiency is so egregious that the Government deducts (vs. “withholds”) amounts from the Service Provider’s monthly invoice. This may happen when a significant event occurs, when a particular deficiency is noted multiple times without correction, or when the Service Provider has failed to take timely action on a deficiency about which he was properly and timely notified. The amount deducted will be consistent with the relative weight of the functional performance area where the deficiency was noted. The deduction may be a one-time event, or may continue until the Service Provider has either corrected the deficiency, or made substantial progress in the correction.

Further, a deficiency found in one functional area may tie into another. If a detainee escaped, for example, a deficiency would be noted in “Security,” but may also relate to a deficiency in the area of “Administration and Management.” In no event will the withhold or deduction exceed 100% of the invoice amount.

8. NOTIFICATIONS

(a) Based on the inspection of the Service Provider’s performance, the COTR will document instances of deficient or at-risk performance (e.g., noncompliance with the standard) using the CDR located at Attachment B. To the extent practicable, issues should be resolved informally, with the COTR and Service Provider working together. When documentation of an issue or deficiency is required, the procedures set forth in this section will be followed.

(b) When a CDR is required to document performance issues, it will be submitted to the Service Provider with a date when a response is due. Upon receipt of a CDR, the Service Provider shall immediately assess the situation and either correct the deficiency as quickly as possible or prepare a corrective action plan. In either event, the Service Provider shall return the CDR with the action planned or taken noted. After the COTR reviews the Service Provider’s response to the CDR including its planned remedy or corrective action taken, the COTR will either accept the plan or correction or reject the correction or plan for revision and provide an
explanation. This process should take no more than one week. The CDR shall not be used as a substitute for quality control by the Service Provider.

(c) The COTR, in addition to any other designated ICE official, shall be notified immediately in the event of all emergencies. Emergencies include, but are not limited to the following: activation of disturbance control team(s); disturbances (including gang activities, group demonstrations, food boycotts, work strikes, work-place violence, civil disturbances, or protests); staff use of force including use of lethal and less-lethal force (includes detainees in restraints more than eight hours); assaults on staff or detainees resulting in injuries requiring medical attention (does not include routine medical evaluation after the incident); fights resulting in injuries requiring medical attention; fires; full or partial lock down of the Facility; escape; weapons discharge; suicide attempts; deaths; declared or non-declared hunger strikes; adverse incidents that attract unusual interest or significant publicity; adverse weather (e.g., hurricanes, floods, ice or snow storms, heat waves, tornadoes); fence damage; power outages; bomb threats; significant environmental problems that impact the Facility operations; transportation accidents resulting in injuries, death or property damage; and sexual assaults. Note that in an emergency situation, a CDR may not be issued until an investigation has been completed.

(d) If the COTR concludes that the deficient or at-risk performance warrants a withholding or deduction, the COTR will include the CDR in its monthly report, with a copy to the Contracting Officer. The CDR will be accompanied by the COTR’s investigation report and written recommendation for any withholding. The Contracting Officer will consider the COTR’s recommendation and forward the CDR along with any relevant supporting information to the Service Provider in order to confirm or further discuss the prospective cure, including the Government’s proposed course of action. As described in section 7 above, portions of the monthly invoice amount may be withheld until such time as the corrective action is completed, or a deduction may be taken.

(e) Following receipt of the Service Provider’s notification that the correction has been made, the COTR may re-inspect the Facility. Based upon the COTR’s findings, he or she will recommend that the Contracting Officer continue to withhold a proportionate share of the payment until the correction is made, or accept the correction as final and release the full amount withheld for that issue.

(f) If funds have been withheld and either the Government or the Service Provider terminates the Agreement, those funds will not be released. The Service Provider may only receive withheld payments upon successful correction of an instance of non-compliance. Further, the Service Provider is not relieved of full performance of the required services hereunder; the Agreement may be terminated upon adequate notice from the Government based upon any one instance, or failure to remedy deficient performance, even if a deduction was previously taken for any inadequate performance.

(g) The COTR will maintain a record of all open and resolved CDRs.
9. DETAINEE OR MEMBER OF THE PUBLIC COMPLAINTS

The detainee and the public are the ultimate recipients of the services identified in this Agreement. Any complaints made known to the COTR will be logged and forwarded to the Service Provider for remedy. Upon notification, the Service Provider shall be given a pre-specified number of hours after verbal notification from the COTR to address the issue. The Service Provider shall submit documentation to the COTR regarding the actions taken to remedy the situation. If the complaint is found to be invalid, the Service Provider shall document its findings and notify the COTR.

10. ATTACHMENTS

   A. Performance Requirements Summary
   
   B. Contract Discrepancy Report
<table>
<thead>
<tr>
<th>FUNCTIONAL AREA/WEIGHT</th>
<th>PERFORMANCE STANDARD (PNBDS 2011)</th>
<th>WITHHOLDING CRITERIA</th>
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<td>Safety (20%)</td>
<td>PNBDS References: Part 1 - SAFETY 1.1 Emergency Plans; 1.2 Environmental Health and Safety; 1.3 Transportation (by Land).</td>
<td>A Contract Discrepancy Report that cites violations of cited PNBDS and PWS (contract) sections that provide a safe work environment for staff, volunteers, contractors and detainees, permits the Contract Officer to withhold or deduct up to 20% of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.</td>
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<td>Security (20%)</td>
<td>PNBDS References: Part 2 - SECURITY 2.1 Admission and Release; 2.2 Classification System; 2.3 Contraband; 2.4 Facility Security and Control; 2.5 Funds and Personal Property; 2.6 Hold Rooms in Detention Facilities; 2.7 Key and Lock Control; 2.8 Population Counts; 2.9 Post Orders; 2.10 Searches of Detainees; 2.11 Sexual Abuse and Assault Prevention and Intervention; 2.12 Special Management Units; 2.13 Staff-Detainee Communication; 2.14 Tool Control; 2.15 Use of Force and Restraints.</td>
<td>A Contract Discrepancy Report that cites violations of PNBDS and PWS (contract) sections that protect the community, staff, contractors, volunteers, and detainees from harm, permits the Contract Officer to withhold or deduct up to 20% of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.</td>
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<td>Order (10%)</td>
<td>PNBDS Reference: Part 3 - ORDER 3.1 Disciplinary System.</td>
<td>A Contract Discrepancy Report that cites violations of PNBDS and PWS (contract) sections that maintain an orderly environment with clear expectations of behavior and systems of accountability permits the Contract Officer to withhold or deduct up to 10% of a monthly invoice until the Contract Officer determines there is full compliance with the standard of section.</td>
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<td>Care (20%)</td>
<td>PNBDS References: Part 4 - CARE 4.1 Food Service; 4.2 Hunger Strikes; 4.3 Medical Care; 4.4 Personal Hygiene; 4.5 Suicide Prevention and Intervention; 4.6 Terminal Illness, Advanced Directives, and Death.</td>
<td>A Contract Discrepancy Report that cites violations of PNBDS and PWS (contract) sections that provide for the basic needs and personal care of detainees, permits the Contract Officer to withhold or deduct up to 20% of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.</td>
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<td>Activities (10%)</td>
<td>PNBDS References: Part 5 - ACTIVITIES 5.1 Correspondence and Other Mail; 5.2 Escorted Trips for Non-Medical Emergencies; 5.3 Marriage Requests; 5.4 Recreation; 5.5 Religious Practices; 5.6 Telephone Access; 5.7 Visitation; 5.8 Voluntary Work Program.</td>
<td>A Contract Discrepancy Report that cites violations of PNBDS and PWS (contract) sections that reduce the negative effects of confinement permits the Contract Officer to withhold or deduct up to 10% of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.</td>
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<td>Justice (10%)</td>
<td>PNBDS References: Part 6 - JUSTICE 6.1 Detainee Handbook; 6.2 Grievance System; 6.3 Law Libraries and Legal Materials; 6.4 Legal Rights Group Presentations.</td>
<td>A Contract Discrepancy Report that cites violations of PNBDS and PWS (contract) sections that treat detainees fairly and respect their legal rights, permits the Contract Officer to withhold or deduct up to 10% of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.</td>
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| Administration and Management (10%) | PBNDS References: Part 7 - ADMIN & MANAGEMENT  
7.1 Detention Files;  
7.2 News Media Interviews and Tours;  
7.3 Staff Training;  
7.4 Transfer of Detainees;  
Accommodations for the Disabled, 4-ALDF-6B-04, 4-ALDF-6B-07 | A Contract Discrepancy Report that cites violations of PBNDS and PWS (contract) sections that require the Contractor’s administration and management of the facility in a professional and responsible manner consistent with legal requirements, permits the Contract Officer to withhold or deduct up to 10% of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section. |
| Workforce Integrity (10%) | Staff Background and Reference Checks (Contract) 4-ALDF-7B-03  
Staff Misconduct 4-ALDF-7B-01  
Staffing Pattern Compliance within 10% of required (Contract) 4-ALDF-2A-14  
Staff Training, Licensing, and Credentialing (Contract) 4-ALDF-4D-05, 4-ALDF-7B-05, 4-ALDF-7B-08 | A Contract Discrepancy Report that cites violations of the ALDF Standards associated with Workforce Integrity and PWS (contract) sections permits the Contract Officer to withhold or deduct up to 10% of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section. |
| Detainee Discrimination (10%) | Discrimination Prevention 4-ALDF-6B-02-03 | A Contract Discrepancy Report that cites violations of the ALDF Standards associated with Detainee Discrimination and PWS (contract) sections permits the Contract Officer to withhold or deduct up to 10% of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section. |
### STAFF DEPLOYMENT BY SHIFT & POSITION

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### SERVICES

**WAREHOUSE MANAGER**
- **Job Code:** 1070
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**WAREHOUSE/COMMISSARY WORKER**
- **Job Code:** 9046
- **Shifts:** 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 3.00

**LAUNDRY SUPERVISOR**
- **Job Code:** 9009
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**FOOD SERVICE MANAGER**
- **Job Code:** 1069
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** Contract

**FOOD SERVICE WORKER**
- **Supervisor:** 9006
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.40
- **Total Staff:** Contract

**TOTAL**
- **1st Shift:** 7
- **2nd Shift:** 2
- **3rd Shift:** 0
- **Total Staff:** 5.00

### PROGRAMS

**RECREATION COORDINATOR**
- **Job Code:** 2017
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**CHAPLAIN**
- **Job Code:** 2142
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**LIBRARY AIDE**
- **Job Code:** 5017
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**TOTAL**
- **1st Shift:** 3
- **2nd Shift:** 0
- **3rd Shift:** 0
- **Total Staff:** 3.00

### HEALTH SERVICES - 8HR SHIFTS

**HEALTH SERVICES ADMINISTRATOR**
- **Job Code:** 1010
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**PHYSICIAN**
- **Job Code:** 2031
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**ARNP**
- **Job Code:** 2014
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 7
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 3.00

**PSYCHIATRIST, P/T**
- **Job Code:** 2091
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 0.50
- **Total Staff:** 0.50

**MENTAL HEALTH COORDINATOR**
- **Job Code:** 2054
- **Shifts:** 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 3.00

**DENTIST, P/T**
- **Job Code:** 2067
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 0.60
- **Total Staff:** 0.60

**DENTAL ASSISTANT**
- **Job Code:** 3014
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**CLINICAL SUPERVISOR**
- **Job Code:** 2046
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**RN**
- **Infectious Disease / CPI**
- **Job Code:** 2068
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**RN**
- **Chronic Care**
- **Job Code:** 2068
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**RN**
- **Pharmacy**
- **Job Code:** 2068
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**MEDICAL TRANSLATOR**
- **Job Code:** 5071
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 2.00

**MEDICAL RECORDS CLERK**
- **Job Code:** 5018
- **Shifts:** 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 3.00

**ADMINISTRATIVE CLERK**
- **Job Code:** 5002
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** 1.00

**MENTAL HEALTH COUNSELOR**
- **Job Code:** 2046
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 5
- **Hrs/PP:** 80
- **Relief Factor:** 1.00
- **Total Staff:** Contract/PRN (2)

### HEALTH SERVICES - 12HR SHIFTS

**RN**
- **Job Code:** 2068
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 7
- **Hrs/PP:** 80
- **Relief Factor:** 2.57
- **Total Staff:** 10.28

**LPN**
- **Job Code:** 3003
- **Shifts:** 1st, 2nd, 3rd
- **Days Covered:** 7
- **Hrs/PP:** 80
- **Relief Factor:** 2.57
- **Total Staff:** 7.71

**TOTAL**
- **1st Shift:** 22
- **2nd Shift:** 6
- **Total Staff:** 38.09

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*Positions hired under a contractual or fee basis for services rendered.

**Three Commissary / Warehouse workers salary and wages funded through Commissary proceeds.

Shift schedules may be adjusted as necessary to accommodate inmate activity.
## STAFF DEPLOYMENT BY SHIFT & POSITION

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*Positions hired under a contractual or fee basis for services rendered.
**Three Commissary/Warehouse workers salary and wages funded through Commissary proceeds.

Shift schedules may be adjusted as necessary to accommodate inmate activity.
9. Factor 1: Subfactor 5 – LIST OF KEY PERSONNEL & RESUMES

9.1 RATIONALE FOR SELECTION OF KEY PERSONNEL

Project Manager

We selected (b)(6), (b)(7)(C) for the Project Manager position due to his superlative performance as our Project Manager at the El Centro Service Processing Center. During his 5+ years of tenure, he earned accolades from his ICE counterparts for his prompt response to any and all concerns, and participated in all Facility meetings regarding the security and safety of operations. His management style and skills were directly responsible for the high degree of professionalism our staff at ECSPC, which was cited by numerous inspections teams. Both the Assistant Field Office Director and the COR told us more than once that we could replace anyone at the facility—except (b)(6), (b)(7)(C)

Assistant Project Manager

We selected (b)(6), (b)(7)(C) for the Assistant Project Manager position due to his exceptional knowledge of PBNDS/ACA standards, and his demonstrated program management skills which contributed significantly to PIDC attainment of ACA reaccreditation in 2011 and 2014 with scores of 99.64% for both inspections. His astute attention to detail, coupled with his organizational skills ensured ICE and other agency inspectors left the facility knowing that “compliance” was uppermost on his agenda.

Training Officer

We selected (b)(6), (b)(7)(C) for the Training Officer position by virtue of his experience as the current Training Officer at El Paso Service Processing Center. His extensive professional knowledge of PBNDS/ACA will continue to benefit ICE/EPSPC during performance of the new contract. His time will be 100% committed to providing the required contract training for detention staff. His resume is found in Section 9.2.3 of this document.

Please find resumes for the following Key Personnel starting in Section 9.2. Letters of Commitment from these Key Personnel can be found in Section 9.3. Position descriptions for these Key Personnel can be found in Section 9.4.
9.2.3 **Training Officer**

**QUALIFICATIONS SUMMARY**

has over 16 years of experience in the Criminal Justice system. He has over 16 years with the Texas Department of Criminal Justice. The past six (6) years of his experience has included three (3), Training Sergeant for the Texas Department of Criminal Justice, and three (3) years with the Doyon team at El Paso SPC as a professional trainer. He currently maintains the Level III combined Instructor credentials for the state of Texas.

**WORK HISTORY**

*Doyon Security Services, El Paso, TX*  
Oct 2011 - Present

**Training Manager.** As the Training Officer organized the training files for approximately 435 Doyon Detention Officers. **From February 2012 – February 2013, was the only employee assigned to the training department. In this capacity, was responsible for scheduling and conducting Quarterly Firearms classroom training, Firearms qualification, and range operations, weapons issuance, storage, and inspections to include ammunition inventories and issuance. In December 2012, updated the ICE policy on Sexual Abuse/Assault Prevention and intervention by adding the Prison Rape Elimination Act (PREA), and presenting it to who forwarded it for approval. That curriculum was approved and is presently part of all training. (February 2013 – present) As the Training Manager continues to schedule and conduct training as listed above, is also responsible for maintaining all state of Texas Private Security licensing including Trainer Licensing, Training School Licensing, Company Security Licensing, all Commissioned and Non-commissioned Officer licensing and renewal. Additionally, he has updated the curriculum for the mandatory 16-hour training for Suicide Prevention, Intervention, recognition and self-harm. The Doyon Training Department was also instrumental in the El Paso SPC American Correctional Association (ACA) re-accreditation (2013), by providing training documentation that was essential to the audit.

*Texas Department of Criminal Justice, El Paso, TX*  
Dec 2009- Sept 2011

**Training Sergeant** was responsible for the training of 259 security and non-security employees at the State Jail Facility. Responsible for scheduling the mandatory annual 40-hour In-service Training. Developing and maintaining training files for each employee, Responsible for entering all training into the CTSD Database files for each employee. Responsible for conducting the 40 hours of training in areas that include: Security Procedures, Supervision of Offenders, Signs of Suicide Risks, Suicide precautions, Use of Force regulations and tactics, Report Writing, Offender rules and regulations, Rights and responsibilities of offenders, Fire and emergency procedures, Safety procedures, Key and tool control, Interpersonal relations, Communications skills, Counseling techniques, Cultural Diversity, First Aid/CPR, Chemical agents, Physical Agility testing, and Weapons qualification. Responsible for Records Retention for the CTSD at the Sanchez Unit. Received a
This Intergovernmental Service Agreement ("Agreement") is entered into between United States Department of Homeland Security Immigration and Customs Enforcement ("ICE"), and Cibola County New Mexico, ("Service Provider") for the detention and care of aliens ("detainees"). The term "Parties" is used in this Agreement to refer jointly to ICE and the Service Provider.

**FACILITY LOCATION:**

The Service Provider shall provide detention services for detainees at the following institution(s):

Cibola County Correctional Center  
2000 Cibola Loop  
Milan, New Mexico  87021

The following documents constitute the complete agreement:
- Intergovernmental Service Agreement (IGSA)
- Proposal dated 10/25/16,
- Attachment 1 - RESERVED
- Attachment 2 - Title 29, Part 4 Labor Standards for Federal Service Contracts
- Attachment 3 - Wage Determination Number: 2015-2361 Dated 09/01/2016
- Attachment 4 - Quality Control Plan (TO BE PROVIDED BY THE SERVICE PROVIDER PRIOR TO AWARD
- Attachment 5 - Quality Assurance Surveillance Plan
  - 5.A. Performance Requirements Summary
  - 5.B. Sample Contract Deficiency Report
- Attachment 6 - Performance Work Statement (PWS)
- Attachment 7 - Staffing Plan (TO BE PROVIDED BY THE SERVICE PROVIDER WITH PROPOSAL)
- Attachment 8- Incorporation of DHS PREA Standards
IN WITNESS WHEREOF, the undersigned, duly authorized officers, have subscribed their names on behalf of the [Name of Service Provider] and Department of Homeland Security, U.S. Immigration and Customs Enforcement. This Agreement shall become effective upon the execution of all signatory parties below.

ACCEPTED:

U.S. Immigration and Customs Enforcement

[Signature]

Contracting Officer

Signature: ____________________________

Date: ____________________________

BOARD OF COUNTY COMMISSIONERS

APPROVED, ADOPTED AND PASSED on this 26th day of October, 2016.

Robert Armijo
Commissioner, District I

T. Walter Jaramillo
Commissioner, District II

ABSENT

Jack Moleres
Commissioner, District III

Patrick Simpson
Commissioner, District IV

Lloyd F. Felipe
Commissioner, District V

Elisa Bro
Cibola County Clerk

4/8/14
EROIGSA-17-0003

Cibola County

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

Signature: ____________

Date: 11/01/16
# Intergovernmental Service Agreement (IGSA)

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Article 1. Purpose

A. **Purpose:** The purpose of this Inter-Governmental Service Agreement (IGSA) is to establish an Agreement between ICE and the Service Provider for the provision of the necessary physical structure, equipment, facilities, personnel, and services to provide a program of care in a properly staffed and secure environment under the authority of the Immigration and Nationality Act, as amended. All persons in the custody of ICE are “Administrative Detainees.” This term recognizes that ICE detainees are not charged with criminal violations and are only held in custody to assure their presence throughout the administrative hearing process and to assure their presence for removal from the United States pursuant to a lawful final order by the Immigration Court, the Board of Immigration Appeals or other Federal judicial body.

B. **Responsibilities:** This Agreement sets forth the responsibilities of ICE and the Service Provider. The Service Provider shall provide all personnel, management, equipment, supplies, and services necessary for performance of all aspects of the Agreement and ensure that the safekeeping, housing, subsistence, medical, and other program services provided to ICE detainees housed in the facility is consistent with ICE’s civil detention authority, the PWS, IGSA requirements and ICE standards referenced in this agreement. The Agreement states the services the Service Provider shall perform satisfactorily to receive payment from ICE at the rate prescribed in Article 1 C.

C. **Rates:** This is a fixed rate agreement, not a cost reimbursable agreement, with respect to the bed day rate for detainees. ICE will be responsible for reviewing and approving the costs associated with this Agreement and subsequent modifications utilizing all applicable federal procurement laws, regulations and standards in arriving at the bed day rate.

| Month 1 Ramp Pricing (b)(4) and above | $(b)(4) |
| Fixed Monthly Payment for detainees | $(b)(4) |
| Bed Day Rate for detained detainees | $(b)(4) |
| * Escort Services at Regular Rate | $(b)(4) |
| * Escort Services at Overtime Rate | $(b)(4) |
| * Stationary Guard at Regular Rate | $(b)(4) |
| * Stationary Guard at Overtime Rate | $(b)(4) |
| *Detainee Work Program Reimbursement | $(b)(4) |

*Transportation Costs: $TBD

If this IGSA contains a population guarantee, ICE will not be liable for any failure to meet the population guarantee if such failure directly results from an occurrence that impairs the ability to use the facility’s capacity, and such occurrence arises out of causes beyond the control and without the fault or negligence of ICE. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, freight embargoes,
court orders and extraordinarily severe weather. This provision shall become effective only if ICE immediately notifies the Provider of the extent and nature of the occurrence resulting in the failure and takes all reasonable steps to limit any adverse effects required by the occurrence.

Article 2. General

A. **Commencement of Services:** ICE is under no obligation to utilize the facilities identified herein until the need for detention services has been identified, funding has been identified and made available, and the Facility meets ICE requirements, and is in compliance with ICE 2011 Performance-Based National Detention Standards (PBNDS). Therefore, ICE may perform numerous assessments to ensure compliance prior to presenting detainees for housing. CCA may submit requests to waive compliance with PBNDS optimal standards within 180 days of the Agreement effective date.

*Should there be a need for a ramp-up plan, the effective start of the plan is from the date of the first detainee presented for housing.*

B. **Funding:** The obligation of ICE to make payments to the Service Provider is contingent upon the availability of Federal funds. ICE will neither present detainees to the Service Provider nor direct performance of any other services until ICE has the appropriate funding. Orders will be placed under this Agreement when specific requirements have been identified and funding obligated. Performance under this Agreement is not authorized until the Contracting Officer issues an order in writing. The effective date of the services will be negotiated and specified in this Agreement. The Service Provider shall be prepared to accept detainees immediately upon issuance of task order and in accordance with any agreed upon ramp-up plan.

C. **Subcontractors:** The Service Provider shall notify and obtain approval from the ICE Contracting Officer if it intends to house ICE detainees in a facility other than the Cibola County Correctional Center. If either the Facility or any future facility is operated by an entity other than the Service Provider, ICE will treat the entity as a subcontractor to the Service Provider. The Service Provider shall obtain the Contracting Officer’s approval before subcontracting the detention and care of detainees to another entity. The Contracting Officer has the right to deny, withhold, or withdraw approval of the proposed subcontractor. Upon approval by the Contracting Officer, the Service Provider shall ensure that any subcontract includes all provisions of this Agreement, and shall provide ICE with copies of all subcontracts. All payments will be made to the Service Provider. ICE will not accept invoices from, or make payments to, a subcontractor. Subcontractors that perform under this agreement are subject to the terms and conditions of this IGSA.

D. **Assignment:** The Service Provider may assign some or all of its responsibilities and liabilities for performance of this Agreement upon approval of ICE.

E. **Staffing:** The number, type and distribution of staff as described in the contract-staffing plan shall be maintained throughout the term of the contract. Written requests to change
the number, type and/or distribution of staff described in the staffing plan must be submitted to the CO, through the COR, for approval prior to implementation. Staffing levels shall not fall below a monthly average of 95% of the approved staffing plan.

Each month, the contractor shall submit to the COR the current average monthly vacancy rate, and indicate any individual positions that have been vacant more than 120 days. Failure to fill any individual position within 120 days of the vacancy may result in a deduction from the monthly invoice, if the vacancy in combination with other vacancies regardless of duration bring staffing levels below 95%. ICE may calculate the deduction retroactive to day one of the vacancy, excluding the days for ICE’s conditional approval process, starting on the day of receipt and concluding on the day conditional approval is granted. The deduction will be based on the daily salary and benefits of the vacant position. No deduction shall apply during any period the Service Provider documents that a vacant position is covered through the use of overtime, contract staff or otherwise.

F. **Consistent with Law:** This is a firm fixed rate Agreement, not a cost reimbursable Agreement. This Agreement is permitted under applicable statutes, regulations, policies and judicial mandates. Any provision of this Agreement contrary to applicable statutes, regulation, policies or judicial mandates is null and void and shall not necessarily affect the balance of the Agreement.

Article 3. Covered Services

A. **Bedspace:** The Service Provider shall provide and operate approximately a 1116 bed adult male civil detention facility. The facility shall be located within appropriate proximity and access to emergency services (medical, fire protection, law enforcement, etc. The Service Provider will also ensure that adequate administrative space in accordance with the Physical Plant Requirements listed under Article 35 of this agreement. ICE will be financially liable only for the actual detainee days as defined in Paragraph C of Article 3.

B. **Basic Needs:** The Service Provider shall provide ICE detainees with safekeeping, housing, subsistence, medical and other services in accordance with this Agreement. In providing these services, the Service Provider shall ensure compliance with all applicable laws, regulations, fire and safety codes, policies and procedures. If the Service Provider determines that ICE has delivered a person for custody who is under the age of eighteen (18), the Service Provider shall not house that person with adult detainees and shall immediately notify the ICE COR or designated ICE official. ICE will remove the juvenile within seventy-two (72) hours.

C. **Unit of Service and Financial Liability:** The unit of service is called a "Bed Day" and is defined as one person per day. The bed day begins on the date of arrival. The Service Provider may bill ICE for the date of arrival but not the date of departure. The Service Provider shall not charge for costs that are not directly related to the housing and detention of detainees. Such unallowable costs include but are not limited to:
1) Salaries of elected officials
2) Salaries of employees not directly engaged in the housing and detention of detainees
3) Indirect costs in which a percentage of all local government costs are pro-rated and applied to individual departments unless, those cost are allocated under an approved Cost Allocation Plan
4) Detainee services which are not provided to, or cannot be used by, Federal detainees
5) Operating costs of facilities not utilized by Federal detainees
6) Interest on borrowing (however represented), bond discounts, costs of financing/refinancing, except as prescribed by OMB Circular A-87.
7) Legal or professional fees (specifically legal expenses for prosecution of claims against the Federal Government, legal expenses of individual detainees or inmates)
8) Contingencies

D. Interpretive/Translation Services: The Service Provider shall make special provisions for non-English speaking, handicapped or illiterate detainees. Upon request, ICE will assist the Service Provider in obtaining translation services through a toll free line. The Service Provider shall provide all instructions verbally, either in English or the detainees’ language, as appropriate, to detainees who cannot read.

E. Escort and Transportation Services: The Service Provider shall provide, upon request and as scheduled by ICE, necessary escort and transportation services for ICE detainees to and from designated locations. Escort services shall be required for escorting detainees to court hearings; escorting detainees who are witnesses to the courtroom and staged with the ICE Judge during administrative proceedings. Transportation Services shall be performed by at least qualified sworn law enforcement or correctional officer personnel employed by the Service Provider under their policies, procedures and authorities.

F. Staffing Selection: The Service Provider will make all reasonable efforts to hire security and medical staff who are bilingual and speak English and HaitianSpanish or any other languages predominantly found in the detainee population.

Article 4. Receiving and Discharging Detainees

A. Required Activity: The Service Provider shall receive and discharge detainees only to and from properly identified ICE/ERO personnel or other properly identified Federal law enforcement officials with prior authorization from ICE/ERO. Presentation of U.S. Government identification will constitute “proper identification.” The Service Provider shall furnish receiving and discharging services twenty-four (24) hours per day, seven (7) days per week. ICE will furnish the Service Provider with reasonable notice of receiving and discharging detainees. The Service Provider shall ensure positive identification and recording of detainees and ICE officers. The Service Provider shall not permit medical or emergency discharges except through coordination with on-duty ICE officers.
B. **Emergency Situations:** ICE detainees shall not be released from the Facility into the custody of other Federal, state, or local officials for any reason, except for medical or emergency situations, without express authorization of ICE.

C. **Restricted Release of Detainees:** The Service Provider shall not release ICE detainees from its physical custody to any persons other than those described in Paragraph A of Article IV for any reason, except for either medical, other emergency situations, or in response to a federal writ of habeas corpus. If an ICE detainee is sought for federal, state, or local proceedings, only ICE may authorize release of the detainee for such purposes. The Service Provider shall contact the ICE COR or designated ICE official immediately regarding any such requests.

D. **Safe Release:** The time, point and manner of release from a facility shall be consistent with safety considerations and shall take into account special vulnerabilities. Facilities that are not within a reasonable walking distance of, or that are more than one mile from, public transportation shall transport detainees to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day. If public transportation is within walking distance of the detention facility, detainees shall be provided with an information sheet that gives directions to and describes the types of transportation services available. However, facilities must provide transportation for any detainee who is not reasonably able to walk to public transportation due to age, disability, illness, mental health or other vulnerability, or as a result of weather or other environmental conditions at the time of release that may endanger the health or safety of the detainee. Upon release, detainees shall also be provided with a list of legal, medical and social services that are available in the release community and a list of shelter services available in the immediate area along with directions to each shelter. Prior to their release, detainees shall be given the opportunity to make a free phone call to a friend or relative to arrange for pick up from the facility. Detainees shall be provided with a laundered set of their own clothing, or one set of non-institutional clothing and footwear, weather appropriate, for their final destination.

E. **Service Provider Right of Refusal:** The Service Provider retains the right to refuse acceptance of any detainee if such refusal is supported by a valid justification and agreed to by the COR. Examples of such justification are: any detainee exhibiting violent or disruptive behavior, or any detainee found to have a medical condition that requires medical care beyond the scope of the Service Provider's health care provider. In the case of a detainee already in custody, the Service Provider shall notify ICE and request such removal of the detainee from the Facility. The Service Provider shall allow ICE reasonable time to make alternative arrangements for the detainee.

F. **Emergency Evacuation:** In the event of an emergency requiring evacuation of the Facility, the Service Provider shall evacuate ICE detainees in the same manner, and with the same safeguards, as it employs for persons detained under the Service Provider's authority. The Service Provider shall notify the ICE COR or designated ICE official within two (2) hours of evacuation.
Article 5. ICE Performance-Based National Detention Standards and Other Applicable Standards

A. The Service Provider shall house detainees and perform related detention services at a minimum in accordance with the 2011 edition of ICE Performance Based National Detention Standards (PBNDS) unless otherwise specified in this agreement. The complete set of standards applicable to this procurement is available from the following website: http://www.ice.gov/detention-standards/2011/ and are incorporated herein. CCA may submit requests to waive compliance with PBNDS optimal standards within 180 days of the Agreement effective date. ICE Inspectors will conduct periodic inspections of the Facility to assure compliance with the ICE PBNDS.

B. If a change in the standards identified herein results in a documentable financial impact to the Service Provider, the Service Provider must notify the Contracting Officer within thirty (30) days of receipt of the change and request either 1) a waiver to the Standards or, 2) to negotiate a change in per diem.

C. The Facility’s operation shall reflect the 2011 PBNDS Expected Outcomes. Where minimum requirements are expressed, innovation is encouraged to further the goals of detention reform. CCA may submit requests to waive compliance with PBNDS optimal standards within 180 days of the Agreement effective date.

D. The Service Provider shall also comply with the American Correctional Association (ACA) Standards for Adult Local Detention Facilities (ALDF) months, and Standards Supplement, Standards for Health Services in Jails, National Commission on Correctional Health Care (NCCHC). Finally, the Service Provider will comply with all required elements (listed in Attachment 8) of Subpart A of the U.S. Department of homeland Security Regulation titled “Standards to Prevent, Detect, and respond to Sexual Abuse and Assault in Confinement Facilities”, 79 Fed. Reg. 13100 (Mar. 7, 2014) (DHS PREA). Some ACA standards are augmented by ICE Policy and/or procedure. In cases where other standards conflict with ICE Policy or Standards, ICE Policy and Standards will prevail. If any requirements of the DHS PREA standards conflict with the terms of the 2011 PBNDS, the DHS PREA standards shall prevail.

Article 6. Medical Services

A. The Service Provider shall be responsible for providing health care services for ICE detainees at the Facility in accordance with the 2011 PBNDS, including but not limited to: intake arrival screening, tuberculosis testing and symptom screening, on-site sick call, chronic care, over the counter and prescription medication and durable medical equipment and medical supplies.

B. In the event of an emergency, the Service Provider shall proceed immediately with providing necessary medical treatment. In such event, the Service Provider shall notify ICE immediately regarding the nature of the transferred detainee’s illness or injury and
type of treatment provided. The costs of all emergency medical services provided off-site will be the responsibility of ICE Health Service Corps (IHSC) and at no time shall the Service Provider or detainee incur any financial liability related to such services.

C. A full copy of a detainee’s medical records shall be transferred with the detainee upon request of the detainee. Otherwise a transfer summary shall accompany the detainee outlining necessary care during transit to include medications, medical precautions, equipment needed, and appropriately authorized methods of travel.

D. The Service Provider shall ensure that all health care service providers utilized for ICE detainees hold current licenses, certifications, and/or registrations within the State and/or City where they treat our detained population. The Service Provider shall retain, at a minimum, enough medical staff and appropriately trained and qualified personnel per shift to ensure appropriate access to and delivery of care as addressed in 2011 PBNDS.

E. The Service Provider shall ensure that onsite medical and health care coverage is available for all ICE detainees at the facility twenty-four (24) hours per day, seven (7) days per week including an on-call physician, dentist and mental health professional, or designee, available 24 hours per day. The Service Provider shall ensure that its employees solicit each detainee for health requests and deliver them in writing to the medical and health care staff to be reviewed daily.

F. The Service Provider shall furnish onsite health care under this Agreement as defined by the Facility local health authority on the effective date of this Agreement. The Service Provider shall not charge any ICE detainee a fee or co-payment for medical services or treatment provided at the Facility. The Service Provider shall ensure that ICE detainees receive no lower level of onsite medical care and services than spelled out in 2011 PBNDS.

G. Onsite health care personnel shall perform initial medical screening within (12) hours of arrival to the Facility. Sick call coverage, provision of over-the-counter and prescription medications, treatment of minor injuries, treatment of special needs and mental and dental health assessments shall be available to the detainees. Arrival screening shall include, all elements required by PBNDS 2011 and at a minimum, Tuberculosis (TB) symptom screening, planting of the TB skin test (PPD) or chest x-ray, and recording the history of past and present illnesses (mental and physical, pregnancy status, history of substance abuse).

H. The Service Provider shall furnish mental health evaluations as determined by the Facility local health authority and in accordance with detention, 2011 PBNDS, National Commission on Correctional Health Care (NCCHC), and ACA standards with the expectation to provide custody oversight and medication as needed.

I. A full health assessment to include a history and hands on physical examination shall be completed within the first 14 days of detainee arrival unless the clinical situation dictates an earlier evaluation. Detainees with chronic medical and/or mental health conditions
shall receive prescribed treatment and follow-up care with the appropriate level of
provider and in accordance with PBNDSD2011, National Commission on Correctional
Health Care (NCCHC) and ACA standards.

J. If the Service Provider determines that an ICE detainee has a medical condition which
renders that person unacceptable for detention under this Agreement, (for example,
contagious disease, condition needing life support, uncontrollable violence, or serious
mental health condition), the Service Provider shall notify ICE. Upon such notification,
the Service Provider shall allow ICE reasonable time to make the proper arrangements
for further disposition of that detainee.

K. The Service Provider shall release any and all medical information for ICE detainees to
the IHSC representatives upon request. The Service Provider shall submit a Medical
Payment Authorization Request (MedPAR) to IHSC for payment for off-site medical
care (e.g. off-site lab testing, eyeglasses, prosthetics, hospitalizations, emergency visits).
The Service Provider shall enter payment authorization requests electronically as outlined

L. The Service Provider shall furnish twenty-four (24) hour emergency medical care and
facility emergency evacuation procedures. In an emergency, as determined by the
Service Provider, the Service Provider shall obtain the medical treatment required. The
Service Provider shall have access to an off-site emergency medical provider at all times.
The Health Authority of the Service Provider shall notify the organization listed below as
soon as possible, and in no case more than seventy-two (72) hours after detainee receipt
of such care. Authorized payment for all off-site medical services for the initial
emergency need and for medical care required beyond the initial emergency situation will
be made by the Veterans Administration Franchise Service Center (VA FSC) on behalf of
IHSC directly to the medical provider(s).

ICE Health Services Corps
VA Financial Services Center
PO Box 149345
Austin, TX 78714-9345
Phone: (800) 479-0523
Fax: (512) 460-5538

M. The Service Provider shall allow IHSC Managed Care Coordinators or any ICE personnel
reasonable access to its facility and medical records of ICE detainees for the purpose of
liaison activities with the local IGSA Health Authority and associated Service Provider
departments in accordance with HIPAA privacy exception at 45 C.F.R. §§ 164.512
(k)(5)(i).

N. The Service Provider shall provide ICE detainee medical records to ICE whether created
by the Service Provider or its sub-Service Provider/vendor upon request from the
Contracting Officer’s Representative or Contracting Officer in accordance with HIPAA
privacy exception at 45 C.F.R. §§ 164.512 (k)(5)(i), which allows disclosure without
consent to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual if the correctional institution or such law enforcement official represents that such protected health information is necessary for:

a. The provision of health care to such individuals;
b. The health and safety of such individual or other inmates;
c. The health and safety of the officers or employees of or others at the correctional institution;
d. The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
e. Law enforcement on the premises of the correctional institution; and
f. The administration and maintenance of the safety, security, and good order of the correctional institution.
g. Conducting a quality improvement / quality of care review consistent with an established quality improvement (medical quality management) program and interfacing with the IHSC quality improvement program consistent with federal, state, and local laws.

O. The Service Provider shall direct offsite medical providers to submit all medical invoices for authorized payment for medical, dental, and mental health services to the following address:

VA Financial Services Center
PO Box 149345
Austin TX 78714-9345
(800) 479-0523

P. The VA Financial Services Center provides prescription drug reimbursement for individuals in the custody of ICE. Prescriptions are filled at local pharmacies which are part of the Script Care Network (or other designated Pharmacy Benefits Manager). Below is the process for obtaining prescriptions for ICE detainees:

a. The Service Provider shall request a group number which should be used at the pharmacy in conjunction with the BIN# 004410 and Processor Control # IHSC assigned by Script Care Network to designate this as an ICE detainee. The custodial facility should either fax or take a copy of the prescription to their participating pharmacy and indicate that this is an ICE detainee.
b. The pharmacy shall run the prescription through the Script Care network for processing.
c. Formulary prescriptions will be dispensed; however, there will be no need for an exchange of cash between the pharmacy and custodial facility as the pharmacy will receive payment directly from Script Care.
d. Non-Formulary prescriptions will follow the same procedure as formulary prescriptions; however, non-formulary medications will require prior authorization. The custodial facility will fax the Drug Prior Authorization Request Form to Script Care to 409-833-7435. The authorization will be
loaded into the Script Care network and the pharmacy will receive a call indicating that the prescription has been approved. Non-Formulary urgent requests must be submitted in the above manner except an X should be placed on the form marked for URGENT REQUEST and faxed to 409-923-7391. The authorization shall be loaded into the Script Care network and the pharmacy shall receive a call indicating the prescription has been approved.

For further information regarding the Script Care Network please contact the VA Financial Services Center at 800-479-0523 or Script Care directly at 800-880-9988.

Q. Facility Requirements for Infectious Disease Screening

The Service Provider will ensure that there is adequate space and equipment to provide medical intake screening including a tuberculosis (TB) screening chest x-ray within the intake processing area. In order to prevent the spread of airborne infectious disease or cross contamination of zones within the facility, the HVAC system in the intake screening area will be designed to prevent air exchange between the intake screening area and any other area within the facility. (CDC guidelines http://www.cdc.gov/tb/publications/guidelines/Correctional.htm)
R. Tuberculosis Screening

In order to prevent the transmission of TB to the resident population of a detention facility, the Service Provider will perform a TB screening as part of the routine intake screening within 12 hours of detainee admission and identify suspected TB disease before the detainee is assigned to a housing unit or is transferred from the intake processing area. Any chest x-ray screening will be performed by a trained and qualified health care provider and interpreted by a credentialed radiologist. Detainees will remain isolated from the rest of the facility population (remain in the intake screening area) until the chest x-ray report is obtained and the interpretation verifies that the detainee is free of contagious TB. The turnaround time for chest x-ray interpretation should be four hours or less. Detainees who are identified with confirmed or suspected active TB will be assigned to an airborne infection isolation room and managed in accordance with the PBNDS and CDC guidelines. There will be a process in place for detainees who refuse the screening assessment for TB. This process should comply with guidelines established by other nationally known detention facilities or the CDC.

S. Tele-radiology Service Provider

The Service Provider shall either use the services of the ICE Tele-radiology Service Provider (ITSP) or those of a Tele-radiology Service Provider of their choice and at the Service Provider’s cost. Prior to using the ITSP, the Service Provider shall contact the Contracting Officer to receive approval. The cost of the equipment, maintenance of the equipment, training of staff, and arrangements for interpretation of the x-rays by credentialed radiologists, and transmission of data to and from the detention facility are provided by the ITSP and charged directly to ICE. The Service Provider shall coordinate with the ITSP to ensure adequate space is provided for the equipment, connectivity and electrical services are installed, immediate 24/7 access to equipment for service and maintenance by ITSP technicians is granted, a tele-radiology coordinator is appointed and available for training by the ITSP, and medical staff is available to perform the screening exams and receive reports. The tele-radiology coordinator may be a nurse or nurse practitioner and collateral duty of the appointed staff. It is not necessary to appoint a full time coordinator if the volume of work does not support a full time employee.

T. Medical Countermeasures (MCM)

In the event of an anthrax attack where detainees have been or are suspected to have been exposed to anthrax spores, the Service Provider will provide the appropriate medical countermeasures within six (6) hours of the emergency declaration to include non-pharmacological countermeasures such as decontamination and pharmacological countermeasures to include the appropriate antibiotic. To ensure proper pharmacological care, the Service Provider will adhere to at least one of the following:

1. Maintain an independent cache of antibiotics that could be administered to the maximum number of detainees that may be located within the Facility within a six (6) hour period after an emergency declaration on any given day and time.
2. Partner with ICE where ICE provided medical countermeasures (MCM) will be stored at the Facility behind two pharmacy-approved locks, in a climate controlled environment that remains within the temperature range of 68° – 77° F at all times, is accessible within one (1) hour after an emergency declaration on any given day and time, and the ability to provide accountability reports to ICE as required (at least quarterly). The ICE provided MCM will be administered only to ICE detainees.

3. Obtain strategic national stockpile MCM from the local health department and administer to detainees within six (6) hours after an emergency declaration on any given day and time.

Article 7. Employment Screening Requirements

General: Performance under this Intergovernmental Service Agreement requires access to sensitive DHS information. The Service Provider shall adhere to the following.

A. Employment Eligibility: Screening criteria that may exclude applicants from consideration to perform under this agreement includes:

- Criminal conduct, either as substantiated by convictions or independent evidence
- Misconduct or negligence in employment
- Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation
- Alcohol abuse, without evidence of rehabilitation, of a nature and duration that suggests that the applicant would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or others
- Falsification and/or omission of pertinent information to influence a favorable employment decision
- Dishonest conduct, to include failure to honor just debts
- National security concerns
- Any other legitimate nondiscriminatory reason that DHS or its components find would adversely affect the efficiency of the service.

Subject to existing law, regulations and/or other provisions of this Agreement, illegal or undocumented aliens shall not be employed by the Service Provider.

The Service Provider shall certify that each employee working on this Agreement has a Social Security Card issued and approved by the Social Security Administration. The Service Provider shall be responsible to the Government for acts and omissions of his own employees.
B. SUITABILITY DETERMINATIONS

DHS will exercise full control over granting, denying, withholding or terminating unescorted government facility and/or sensitive Government information access for Contractor employees, based upon the results of a background investigation. DHS may, as it deems appropriate, authorize and make a favorable expedited entry on duty (EOD) decision based on preliminary security checks. The expedited EOD decision will allow the employees to commence work temporarily prior to the completion of the full investigation. The granting of a favorable EOD decision shall not be considered as assurance that a favorable full employment suitability authorization will follow as a result thereof. The granting of a favorable EOD decision or a full employment suitability determination shall in no way prevent, preclude, or bar the withdrawal or termination of any such access by DHS, at any time during the term of the contract. No employee of the Contractor shall be allowed to EOD and/or access sensitive information or systems without a favorable EOD decision or suitability determination by the Office of Professional Responsibility, Personnel Security Unit (OPR-PSU). No employee of the Contractor shall be allowed unescorted access to a Government facility without a favorable EOD decision or suitability determination by the OPR-PSU.

C. BACKGROUND INVESTIGATIONS

Contract employees (to include applicants, temporaries, part-time and replacement employees) under the contract, needing access to sensitive information, shall undergo a position sensitivity analysis based on the duties each individual will perform on the contract. The results of the position sensitivity analysis shall identify the appropriate background investigation to be conducted. Background investigations will be processed through the Personnel Security Unit. Prospective Contractor employees shall submit the following completed forms to the Personnel Security Unit through the COR, no less than 5 days before the starting date of the contract or 5 days prior to the expected entry on duty of any employees, whether a replacement, addition, subcontractor employee, or vendor:

Standard Form 85P, “Questionnaire for Public Trust Positions” Form will be submitted via e-QIP (electronic Questionnaires for Investigation Processing) (2 copies)

FD Form 258, “Fingerprint Card” (2 copies)

Foreign National Relatives or Associates Statement

DHS 11000-9, “Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act”

Optional Form 306 Declaration for Federal Employment (applies to contractors as well)

Authorization for Release of Medical Information
Prospective Contractor employees who currently have an adequate current investigation and security clearance issued by the Defense Industrial Security Clearance Office (DISCO) or by another Federal Agency may not be required to submit complete security packages, and the investigation will be accepted for adjudication under reciprocity.

An adequate and current investigation is one where the investigation is not more than five years old and the subject has not had a break in service of more than two years.

Required forms will be provided by DHS at the time of award of the contract. Only complete packages will be accepted by the OPR-PSU. Specific instructions on submission of packages will be provided upon award of the contract.

Be advised that unless an applicant requiring access to sensitive information has resided in the US for three of the past five years, the Government may not be able to complete a satisfactory background investigation. In such cases, DHS retains the right to deem an applicant as ineligible due to insufficient background information.

The use of Non-U.S. citizens, including Lawful Permanent Residents (LPRs), is not permitted in the performance of this contract for any position that involves access to DHS IT systems and the information contained therein, to include, the development and/or maintenance of DHS IT systems; or access to information contained in and/or derived from any DHS IT system.

D. TRANSFERS FROM OTHER DHS CONTRACTS:

Personnel may transfer from other DHS Contracts provided they have an adequate and current investigation (see above). If the prospective employee does not have an adequate and current investigation an eQip Worksheet will be submitted to the Intake Team to initiate a new investigation.

Transfers will be submitted on the COR Transfer Form which will be provided by the Dallas PSU Office along with other forms and instructions.

E. CONTINUED ELIGIBILITY

If a prospective employee is found to be ineligible for access to Government facilities or information, the COR will advise the Contractor that the employee shall not continue to work or to be assigned to work under the contract.

The OPR-PSU may require drug screening for probable cause at any time and/or when the contractor independently identifies, circumstances where probable cause exists.

The OPR-PSU may require reinvestigations when derogatory information is received and/or every 5 years.
DHS reserves the right and prerogative to deny and/or restrict the facility and information access of any Contractor employee whose actions are in conflict with the standards of conduct, 5 CFR 2635 and 5 CFR 3801, or whom DHS determines to present a risk of compromising sensitive Government information to which he or she would have access under this contract.

The Contractor will report any adverse information coming to their attention concerning contract employees under the contract to the OPR-PSU through the COR. Reports based on rumor or innuendo should not be made. The subsequent termination of employment of an employee does not obviate the requirement to submit this report. The report shall include the employees’ name and social security number, along with the adverse information being reported.

The OPR-PSU must be notified of all terminations/resignations within five days of occurrence. The Contractor will return any expired DHS issued identification cards and building passes, or those of terminated employees to the COR. If an identification card or building pass is not available to be returned, a report must be submitted to the COR, referencing the pass or card number, name of individual to whom issued, the last known location and disposition of the pass or card. The COR will return the identification cards and building passes to the responsible ID Unit.

F. EMPLOYMENT ELIGIBILITY

The contractor shall agree that each employee working on this contract will successfully pass the DHS Employment Eligibility Verification (E-Verify) program operated by USCIS to establish work authorization.

The E-Verify system, formerly known as the Basic Pilot/Employment Eligibility verification Program, is an Internet-based system operated by DHS USCIS, in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees. E-Verify represents the best means currently available for employers to verify the work authorization of their employees.

The Contractor must agree that each employee working on this contract will have a Social Security Card issued and approved by the Social Security Administration. The Contractor shall be responsible to the Government for acts and omissions of his own employees and for any Subcontractor(s) and their employees.

Subject to existing law, regulations and/or other provisions of this contract, illegal or undocumented aliens will not be employed by the Contractor, or with this contract. The Contractor will ensure that this provision is expressly incorporated into any and all Subcontracts or subordinate agreements issued in support of this contract.
G. SECURITY MANAGEMENT

The Contractor shall appoint a senior official to act as the Corporate Security Officer. The individual will interface with the OPR-PSU through the COR on all security matters, to include physical, personnel, and protection of all Government information and data accessed by the Contractor.

The COR and the OPR-PSU shall have the right to inspect the procedures, methods, and facilities utilized by the Contractor in complying with the security requirements under this contract. Should the COR determine that the Contractor is not complying with the security requirements of this contract, the Contractor will be informed in writing by the Contracting Officer of the proper action to be taken in order to effect compliance with such requirements.

The following computer security requirements apply to both Department of Homeland Security (DHS) operations and to the former Immigration and Naturalization Service operations (FINS). These entities are hereafter referred to as the Department.

H. INFORMATION TECHNOLOGY SECURITY CLEARANCE

When sensitive government information is processed on Department telecommunications and automated information systems, the Contractor agrees to provide for the administrative control of sensitive data being processed and to adhere to the procedures governing such data as outlined in DHS IT Security Program Publication DHS MD 4300. Pub. or its replacement. Contractor personnel must have favorably adjudicated background investigations commensurate with the defined sensitivity level. Contractors who fail to comply with Department security policy are subject to having their access to Department IT systems and facilities terminated, whether or not the failure results in criminal prosecution. Any person who improperly discloses sensitive information is subject to criminal and civil penalties and sanctions under a variety of laws (e.g., Privacy Act).
INFORMATION TECHNOLOGY SECURITY TRAINING AND OVERSIGHT

All contractor employees using Department automated systems or processing Department sensitive data will be required to receive Security Awareness Training. This training will be provided by the appropriate component agency of DHS.

Contractors who are involved with management, use, or operation of any IT systems that handle sensitive information within or under the supervision of the Department, shall receive periodic training at least annually in security awareness and accepted security practices and systems rules of behavior. Department contractors, with significant security responsibilities, shall receive specialized training specific to their security responsibilities annually. The level of training shall be commensurate with the individual's duties and responsibilities and is intended to promote a consistent understanding of the principles and concepts of telecommunications and IT systems security.

All personnel who access Department information systems will be continually evaluated while performing these duties. Supervisors should be aware of any unusual or inappropriate behavior by personnel accessing systems. Any unauthorized access, sharing of passwords, or other questionable security procedures should be reported to the local Security Office or Information System Security Officer (ISSO).

Article 8. Ordering Period, the Guaranteed Minimum, and Termination

This Ordering Agreement becomes effective upon the date of final signature by the ICE Contracting Officer and the authorized signatory of the Service Provider and the Ordering Period will remain in effect for 60 months, and may be extended by bi-lateral modification or terminated in writing by either party. Either party must provide written notice of intention to terminate the Ordering Agreement, 60 days in advance of the effective date of termination, or the Parties may agree to a shorter period. There are no termination costs associated with the termination of the Ordering Agreement, nor is the Government required to place Orders beyond the guaranteed minimum ordering period.

The guaranteed minimum ordering period is the greater of 60 days of services, or $4,523,968.08.

Individual Task Orders may be terminated by the Government, provided 60 days’ notice is given to the Service Provider in advance of the effective date of termination, although the Parties may agree to a shorter notification period. For terminations under this Article, ICE will be under no financial obligation for any costs related to the termination. The Service Provider will only be paid for the 60 days of service provided to ICE up to and including the day of termination.

Article 9. Inspections, Audit, Surveys, and Tours
A. **Facility Inspections:** The Service Provider shall allow ICE or an entity or organization approved by ICE to conduct inspections of the Facility, as required, to ensure an acceptable level of services and acceptable conditions of confinement as determined by ICE. No notice to the Service Provider is required prior to an inspection. ICE will share findings of the inspection with the Service Provider's Facility Administrator. The Inspection Report will state any improvements to facility operation, conditions of confinement, and level of service that will be required by the Service Provider.

B. ICE may not house detainees in any facility that has received two consecutive overall ratings of less than acceptable. Upon notice that the second overall rating is less than acceptable, ICE may remove all detainees from the Facility within seven (7) calendar days. Any minimum guarantee stated elsewhere in this Agreement is no longer applicable if detainees are removed as a result of two overall ratings less than acceptable. No further funds will be obligated and no further payments will be made.

C. **Possible Termination:** If the Service Provider, after being afforded a reasonable time of at least 30 days to comply, fails to remedy deficient service identified through an ICE inspection, ICE may terminate this Agreement without regard to any other provisions in this Agreement.

D. **Share Findings:** The Service Provider shall provide ICE copies of facility inspections, reviews, examinations, and surveys performed by accreditation sources. The Service Provider shall cooperate fully with the Detention Service Manager (DSM).

E. **Access to Detainee and Facility Records:** The Service Provider shall, upon request, grant ICE access to any record in its possession, regardless of whether the Service Provider created the record, concerning any detainee held pursuant to this Agreement. This right of access includes, but is not limited to, incident reports, records relating to suicide attempts, and behavioral assessments and other records relating to the detainee's behavior while in the Service Provider's custody; provided, however that access to medical and mental health record information be provided in accordance with Article VI. Furthermore, the Service Provider shall retain all records where this right of access applies for a period of two (2) years from the date of the detainee's discharge from the Service Provider's custody. This right of access specifically applies to all inspections and other Facility reports.

**Article 10. Modifications and Disputes**

A. **Modifications:** Actions other than those designated in this Agreement will not bind or incur liability on behalf of either Party. Either Party may request a modification to this Agreement by submitting a written request to the other Party. A modification will become a part of this Agreement only after the ICE Contracting Officer has approved the modification in writing.

B. **Change Orders:**
1. The Contracting Officer may at any time, by written order, and without notice to the Service Provider, make changes within the general scope of this Agreement in any one or more of the following:
   (a) Description of services to be performed, including revisions to the applicable Detention Standards.
   (b) Place of performance of the services.

2. If any such change causes an increase or decrease in the cost of the services under the Agreement, the Contracting Officer will make an equitable adjustment in the agreement price and will modify the Agreement accordingly.

3. The Service provider must assert its right to an adjustment under this Article within 30 days from the date of receipt of the written order including a proposal addressing the cost impacts and detailed supporting data.

4. If the Service Provider’s proposal includes costs that are determined unreasonable and/or unsupportable, as determined by the Contracting Officer, the Contracting Officer will disallow those costs when determining a revised rate, if any.

5. Failure to agree to any adjustment will be a dispute under the Disputes section of the Agreement. However, nothing in this Article excuses the Service Provider from proceeding with the Agreement as changed.

C. Disputes: The ICE Contracting Officer and the authorized signatory of the Service Provider will settle disputes, questions and concerns arising from this Agreement. Settlement of disputes will be memorialized in a written modification between the ICE Contracting Officer and authorized signatory of the Service Provider. In the event a dispute is not able to be resolved between the Service Provider and the ICE Contracting Officer, the ICE Contracting Officer will make the final decision. If the Service Provider does not agree with the final decision, the matter may be appealed to the ICE Head of the Contracting Activity (HCA) for resolution. The ICE HCA may employ all methods available to resolve the dispute including alternative dispute resolution techniques. The Service Provider shall proceed diligently with performance of this Agreement pending final resolution of any dispute.

Article 11. Adjusting the Bed Day Rate

ICE will reimburse the Service Provider at the fixed detainee bed day rate shown in Article 1 paragraph C. The Service Provider may request a rate adjustment no less than thirty-six (36) months after the effective date of the Agreement unless required by law (see Article 19). After thirty-six (36) months, the Service Provider may request a rate by submitting a new Jail Services Cost Statement with a summary of the rate adjustment, break-out of the requested increase amount, and back-up documentation necessary to support the request. The Parties agree to base the cost portion of the rate adjustment on the principles of allowability and allocability as set forth in OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments, federal procurement laws, regulations, and standards in arriving at the
bed day rate. If ICE does not receive an official request for a bed day rate adjustment that is supported by the information provided, the fixed bed day rate as stated in this Agreement will be in place indefinitely.

All rate adjustments are prospective. As the bed day rate is fixed, there are no retroactive adjustment(s).

Article 12. Enrollment, Invoicing, and Payment

A. Enrollment in Electronic Funds Transfer: The Service Provider shall provide ICE with the information needed to make payments by electronic funds transfer (EFT). Since January 1, 1999, ICE makes all payments only by EFT. The Service Provider shall identify their financial institution and related information on Standard Form 3881, Automated Clearing House (ACH) Vendor Miscellaneous Payment Enrollment Form http://www.fms.treas.gov/pdf/3881.pdf. The Service Provider shall submit a completed SF 3881 to ICE payment office prior to submitting its initial request for payment under this Agreement. If the EFT data changes, the Service Provider shall be responsible for providing updated information to the ICE payment office.

B. Consolidated Invoicing: The Service Provider shall submit an original monthly itemized invoice within the first ten (10) working days of the month following the calendar month when it provided the services via one of the following three methods:

1. By mail:

   DHS, ICE
   Burlington Finance Center
   P.O. Box 1620
   Williston, VT 05495-1620
   Attn: ICE-ERO-FOD-IFP

2. By fax: (include a cover sheet with point of contact and number of pages)

   802-288-7658

3. By e-mail:

   Invoice.Consolidation@dhs.gov

Invoices submitted by other than these three methods will be returned. The Service Provider's Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (http://www.ccr.gov) prior to award and shall be notated on every invoice submitted to ICE to ensure prompt payment provisions are met. The ICE program office shall also be notated on every invoice.

Each invoice submitted shall contain the following information:
1. Name and address of the Facility;
2. Invoice date and number;
3. Agreement number, line item number and, if applicable, the Task Order number;
4. Terms of any discount for prompt payment offered;
5. Name, title, and phone number of person to notify in event of defective invoice;
6. Taxpayer Identification Number (TIN).
7. Total number of bed days; total number of miles.
8. Bed day rate;
9. Number of bed days multiplied by the bed day rate;
10. Name of each detainee;
11. Resident’s/detainee’s A-number;
12. Specific dates of detention for each resident/detainee;
13. An itemized listing of all other charges;
14. For stationary guard services, the itemized monthly invoice shall state the number of hours being billed, the duration of the billing (times and dates) and the name of the resident(s)/detainee(s) that was guarded.
15. For Mileage, the itemized monthly invoice shall include a copy of the GSA webpage that shows the mileage rate being applied for that invoice.

Items 1 through 14 above shall be included in the invoice. Invoices without the above information may be returned for resubmission.

C. Payment: ICE will transfer funds electronically through either an Automated Clearing House subject to the banking laws of the United States, or the Federal Reserve Wire Transfer System. The Prompt Payment Act applies to this Agreement. The Prompt Payment Act requires ICE to make payments under this Agreement the thirtieth (30th) calendar day after the Burlington Finance Office receives a complete invoice. Either the date on the Government’s check, or the date it executes an electronic transfer of funds, constitutes the payment date. The Prompt Payment Act requires ICE to pay interest on overdue payments to the Service Provider. ICE will determine any interest due in accordance with the Prompt Payment Act provided the Service Provider maintains an active registration in Central Contractor Registration (CCR) and all information is accurate.

Article 13. ICE Furnished Property

A. ICE Property Furnished to the Service Provider: ICE may furnish Federal Government property and equipment to the Service Provider. Accountable property remains titled to ICE and shall be returned to the custody of ICE upon termination of the Agreement. The suspension of use of bed space made available to ICE is agreed to be grounds for the recall and return of any or all ICE furnished property.

B. Service Provider Responsibility: The Service Provider shall not remove ICE property from the Facility without the prior written approval of ICE. The Service Provider shall report any loss or destruction of any ICE property immediately to ICE.

Unless specifically addressed by the terms of this Agreement, the parties agree to be responsible for the negligent or wrongful acts or omissions of their respective employees.

A. **Service Provider Held Harmless:** ICE liability for any injury, damage or loss to persons or property arising in the performance of this Agreement and caused by the negligence of its own officers, employees, agents and representatives is governed by the Federal Tort Claims Act, 28 USC 2691 et seq. The Service Provider shall promptly notify ICE of any claims or lawsuits filed against any ICE employees of which Service Provider is notified. The Service Provider will be held harmless for any injury, damage or loss to persons or property caused by an ICE employee arising in the performance of this Agreement.

B. **Federal Government Held Harmless:** Service Provider liability for any injury, damage or loss to persons or property arising out of the performance of this Agreement and caused by the negligence of its own officers, employees, agents and representatives is governed by the applicable State tort claims act. ICE will promptly notify the Service Provider of any claims filed against any of Service Provider’s employees of which ICE is notified. The Federal Government will be held harmless for any injury, damage or loss to persons or property caused by a Service Provider employee arising in the performance of this Agreement.

C. **Defense of Suit:** In the event a detainee files suit against the Service Provider contesting the legality of the detainee’s incarceration and/or immigration/citizenship status, or a detainee files suit as a result of an administrative error or omission of the Federal Government, ICE will request that the U.S. Attorney’s Office, as appropriate, move either to have the Service Provider dismissed from such suit; to have ICE substituted as the proper party defendant; or to have the case removed to a court of proper jurisdiction. Regardless of the decision on any such motion, ICE will request that the U.S. Attorney’s Office be responsible for the defense of any suit on these grounds.

D. **ICE Recovery Right:** The Service Provider shall do nothing to prejudice ICE’s right to recover against third parties for any loss, destruction of, or damage to U.S. Government property. Upon request of the Contracting Officer, the Service Provider shall furnish to ICE all reasonable assistance and cooperation, including assistance in the prosecution of suit and execution of the instruments of assignment in favor of ICE in obtaining recovery.

Article 15. Financial Records

A. **Retention of Records:** All financial records, supporting documents, statistical records, and other records pertinent to contracts or subordinate agreements under this Agreement shall be retained by the Service Provider for three (3) years for purposes of federal examinations and audit. The three (3) year retention period begins at the end of the first year of completion of service under the Agreement. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three (3) year period, the records must be retained until completion of the action and
resolution of all issues which arise from it or until the end of the regular three (3) year period, whichever is later.

B. Access to Records: ICE and the Comptroller General of the United States, or any of their authorized representatives, have the right of access to any pertinent books, documents, papers or other records of the Service Provider or its subcontractors, which are pertinent to contract compliance, in order to make audits, examinations, excerpts, and transcripts. The rights of access must not be limited to the required retention period, but shall last as long as the records are retained.

C. Delinquent Debt Collection: ICE will hold the Service Provider accountable for any overpayment, or any breach of this Agreement that results in a debt owed to the Federal Government. ICE will apply interest, penalties, and administrative costs to a delinquent debt owed to the Federal Government by the Service Provider pursuant to the Debt Collection Improvement Act of 1982, as amended.

Article 16. Transportation

A. All transportation of ICE detainees shall be conducted in accordance with the ICE 2011 PBNDS. Furthermore, except in emergency situations, a single officer may not transport a single detainee of the opposite gender and if there is an expectation that a pat search will occur during transport, an officer of the same gender as the detainee(s) must be present.

B. In the event of transportation services involving distances that exceed a twelve (12) hour workday to complete, the Service Provider shall be reimbursed for related costs of lodging and meals commensurate with the U.S. General Services Administration rates for such within the geographical area of occurrence. Any incurred overtime pay for such services will be reimbursed at the applicable overtime rate for the transportation officer position specified in Article I. C., Rates. Overnight lodging resulting from transportation services shall be approved in advance by the COR or designated ICE official. All transportation services shall be accomplished in an appropriate and economical manner.

C. The Service Provider personnel provided for the above services shall be of the same qualifications, receive the same training, complete the same security clearances, and wear the same uniforms as those Service Provider personnel provided in the other areas of this Agreement. Transportation officers shall have the required state licenses for commercial drivers with the proper endorsement limited to vehicles with Automatic Transmission and the state Department of Motor Vehicles (DMV) (or Motor Vehicles Department (MVD)) Medical Certification.

D. Transport/Escort/Stationary Services Rate: The Service Provider agrees, upon request of ICE in whose custody an ICE detainee is held, to provide all such ground transportation/escort/stationary services as may be required to transport detainees housed at the facility securely, in a timely manner, to locations as directed by the ICE COR or designated ICE official. At least two (2) qualified law enforcement or correctional
officer personnel employed by the Service Provider under their policies, procedures and practices shall perform transport services. Furthermore, except in emergency situations, a single officer may not transport a single detainee of the opposite gender and if there is an expectation that a pat search will occur during transport, an officer of the same gender as the detainee(s) must be present.

E. **Medical/Legal Transportation**: The Service Provider shall provide transportation and escort guard services for ICE detainees to and from a medical facility for outpatient care and attending off-site court proceedings. An officer or officers shall keep the detainee under constant supervision twenty-four (24) hours per day until the detainee is ordered released from the hospital, or at the order of the COR. The number of escorts will be determined by the COR. The Service Provider agrees to augment such practices as may be requested by ICE to enhance specific requirements for security, detainee monitoring, visitation, and contraband control.

F. The Service Provider shall, upon order of the COR, or upon its own decision in an urgent medical situation with notification to the COR immediately thereafter, transport a detainee to a hospital location. An officer(s) shall keep the detainee under supervision 24 hours per day until the detainee is ordered released from the hospital, or at the order of the COR. The Service Provider shall then return the detainee to the Facility. The Service Provider shall ensure that at least one officer responsible for the security of the detainee while he is an in-patient at the hospital will be of the same sex as the detainee.

G. **Service Provider Furnished Vehicles**: If the Service Provider is to use its own vehicles, the following requirements apply to this agreement.

1. The Service Provider shall not allow employees to use their personal vehicles to transport detainees.

2. The Service Provider shall furnish suitable vehicles in good condition, approved by the Government, to safely provide the required transportation services. The Service Provider shall comply with all federal and state laws with regard to inspections, licensing, and registration for all vehicles used for transportation.

3. The Service Provider shall furnish vehicles equipped with interior security features including physical separation of detainees from guards. The Service Provider shall provide interior security specifications of the vehicles to ICE for review and approval prior to installation.

4. Nothing in this Agreement shall restrict the Service Provider from acquiring additional vehicles as deemed necessary by the Service Provider at no cost to the Government.

H. **Government Furnished Vehicles**: If ICE authorizes the Service Provider to use Government furnished vehicles, the following requirements apply to this agreement.(Not Applicable)
1. If ICE chooses to authorize Service Provider employees to operate Government furnished vehicles, the Government will provide the Service Provider with Government Vehicles and Government Fleet Cards (for the purchase of fuel) for the purpose of transporting detainees to and from ICE Designated Facilities (see Route List or Analysis), or alternative transportation sites, in support of ERO transportation needs under this Agreement. The vehicles assigned for this purpose will remain the property of the Federal Government, and all costs associated with the operation and use of the vehicles, such as, but not limited to, vehicle maintenance and fuel, will be covered through the Government’s Fleet Management Program.

2. The Service Provider agrees to be responsible for reimbursement to ICE for any damages sustained by the vehicles as a result of any act or omission on the part of the Service Provider, its employees and or persons acting on behalf of the Service Provider. The Service Provider shall be responsible to promptly report any accidents or damage to the Government Vehicles in accordance with the ICE Management Directives listed below and any other ICE policies that pertain to reporting such damage. The Service Provider agrees to fully cooperate and assist ICE in making any claims against a third party at fault for causing the property damage to the Government Vehicles.

3. In addition, the Service Provider agrees to assume financial responsibility for any claims or litigations filed by persons sustaining personal injuries or property damage for incidents or accidents caused by the negligent acts or omissions of the Service Provider, agents, or other persons acting on behalf of the Service Provider. The Service Provider agrees to fully cooperate and assist ICE in the defense of any claims made against ICE.

4. In order for ICE to maintain accurate fleet records of the transportation services, the Service Provider officers utilizing the vehicles shall complete specific documentation that will be provided by ICE, to record the times of vehicle usage for proper hourly guard reimbursement, and to record the inspection of the vehicles for damage each time the vehicles are used. The form that is required is the Official Detail Form (formerly G-391). This form is to be filled out at the beginning of each shift. At the end of a shift, the form is to be provided to the ICE Shift Supervisor with a copy to the COR. The Service Provider shall keep the original for three years. The form is Attachment 8 to this Agreement.

5. The COR will provide forms to the Service Provider to request and authorize routine maintenance of vehicles.

6. The Service Provider shall be responsible for any costs or expenses associated with the return of the vehicles, to include, towing charges, title replacement fees or licensing expenses made necessary by the loss of any paperwork associated with the vehicles.
7. The Government will provide instruction on the proper use of the Fleet Card to all Service Provider personnel responsible for the operation of any Government Vehicle. The instruction will be in accordance with the DHS Fleet Card Manual (Attachment 8).

8. A list of the Government vehicles authorized for use by the Service Provider is found as Attachment 9.

I. **Training and Compliance:** The Service Provider shall comply with ICE transportation standards related to the number of hours the Service Provider’s employee may operate a vehicle. The transportation shall be accomplished in the most economical manner. The Service Provider personnel provided for the above services shall be of the same qualifications, receive training, complete the same security clearances, and wear the same uniforms as those personnel provided for in other areas of this Agreement.

J. **Miscellaneous Transportation:** The COR may direct the Service Provider to transport detainees to unspecified, miscellaneous locations not exceeding 240 miles roundtrip no more than twice a month.

K. When the COR provides documents to the Service Provider concerning the detainee(s) to be transported and/or escorted, the Service Provider shall deliver these documents only to the named authorized recipients. The Service Provider shall ensure the material is kept confidential and not viewed by any person other than the authorized recipient.

L. The Service Provider shall establish a fully operational communication system compatible with ICE communication equipment that has direct and immediate contact with all transportation vehicles and post assignments. Upon demand, the COR shall be provided with current status of all vehicles and post assignment employees.

M. Failure on the Service Provider’s part to comply fully with the detainee(s) departure as pre-scheduled may result in the Service Provider having deductions made for non-performance.

N. **Armed Transportation Officers:** All transportation Detention Officers shall be armed in the performance of these duties.

O. **Billing Procedures:** The itemized monthly invoice for such stationary guard services shall state the number of hours being billed, the duration of the billing (times and dates) and the name of the detainee(s) that was guarded.

P. **Anticipated Transportation Routes:** The following transportation routes and/or destinations are anticipated requirements for this Agreement. The following requirements are **one way routes from the Facility.** Mileage may vary from the table depending on the starting point of the destination. These routes are not all inclusive and should not be limited to the following:
<table>
<thead>
<tr>
<th>Mileage From FACILITY</th>
<th>Locations</th>
<th>City</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Albuquerque Airport</td>
<td></td>
<td>5 days a week</td>
</tr>
<tr>
<td></td>
<td>Albuquerque Sub Office</td>
<td></td>
<td>5 days a week</td>
</tr>
<tr>
<td></td>
<td>Torrance County Detention Facility to</td>
<td></td>
<td>5 days a week</td>
</tr>
<tr>
<td></td>
<td>Albuquerque Sub Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cibola to El Paso SPC</td>
<td></td>
<td>2 days a week</td>
</tr>
<tr>
<td></td>
<td>Cibola to San Diego/ AZ Meet and Greet</td>
<td></td>
<td>3 days a week</td>
</tr>
</tbody>
</table>

**Article 17. Guard Services**

A. The Service Provider agrees to provide stationary guard services, at a separately agreed hourly rate, on demand by the COR and shall include, but not limited to, escorting and guarding detainees to medical or doctor's appointments, hearings, ICE interviews, and any other remote location requested by the COR. Qualified detention officer personnel employed by the Service Provider under its policies, procedures, and practices will perform such services. The Service Provider agrees to augment such practices as may be requested by CO or COR to enhance specific requirements for security, detainee monitoring, visitation, and contraband control. Public contact is prohibited unless authorized in advance by the COR.

B. The Service Provider shall be authorized two officers for each such remote location, unless additional officers are required, per the direction of the COR or designated ICE officer. Except in cases of an emergency, one of the two above referenced officers shall be of the same sex as the detainees being assigned to the remote location.

C. The itemized monthly invoice for such stationary guard services shall state the number of hours being billed, the duration of the billing (times and dates) and the names of the detainees that were guarded. Such services shall be denoted as a separate item on submitted invoices. ICE agrees to reimburse the Service Provider for actual stationary guard services provided during the invoiced period.

**Article 18. Contracting Officer's Representative (COR)**

A. The COR will be designated by the Contracting Officer. When and if the COR duties are reassigned, an administrative modification will be issued to reflect the changes. This designation does not include authority to sign contractual documents or to otherwise
commit to, or issue changes, which could affect the price, quantity, or performance of this Agreement.

B. Should the Service Provider believe it has received direction that is not within the scope of the agreement; the Service Provider shall not proceed with any portion that is not within the scope of the agreement without first contacting the Contracting Officer. The Service Provider shall continue performance of efforts that are deemed within the scope.

Article 19. Labor Standards and Wage Determination

A. The Service Contract Act, 41 U.S.C. 351 et seq., Title 29, Part 4 Labor Standards for Federal Service Contracts, is hereby incorporated as Attachment 2. These standards and provisions are included in every contract and IGSA entered into by the United States or the District of Columbia, in excess of $2,500, or in an indefinite amount, the principal purpose of which is to furnish services through the use of service employees.

B. Wage Determination: Each service employee employed in the performance of this Agreement shall be paid not less than the minimum monetary wages and shall be furnished fringe benefits in accordance with the wages and fringe benefits determined by the Secretary of Labor or authorized representative, as specified in any wage determination attached to this Agreement. (See Attachment 3 - Wage Determination)

C. FAR 52.222-43 Fair Labor Standards Act and the Service Contract Act-Price Adjustment (Multiyear and Option Contracts) is incorporated by reference.

Article 20. Notification and Public Disclosures

A. Information obtained or developed as a result of this IGSA is under the control of ICE and is subject to public disclosure only pursuant to the provisions of applicable federal laws, regulations, and executive orders or as ordered by a court. Insofar as any documents created by the Service Provider contain information developed or obtained as a result of this IGSA, such documents shall be subject to public disclosure only pursuant to the provisions of applicable federal laws, regulations, and executive orders or as ordered by a court. To the extent the Service Provider intends to release the IGSA or any information relating to, or exchanged under, this IGSA, the Service Provider agrees to coordinate with the ICE Contracting Officer prior to such release. The Service Provider may, at its discretion, communicate the substance of this IGSA when requested. ICE understands that this IGSA will become a public document when presented to the Service Provider's governing body for approval.

B. The CO shall be notified in writing of all litigation pertaining to this IGSA and provided copies of any pleadings filed or said litigation within five working days of receipt. The Service Provider shall cooperate with Government legal staff and/or the United States Attorney regarding any requests pertaining to federal or Service Provider litigation.
C. The Service Provider shall notify the CO when a member of the United States Congress requests information or makes a request to visit the facility. The Service Provider shall coordinate all public information related issues pertaining to ICE detainees with the CO. All press statements and releases shall be cleared, in advance, with the ICE Office of Public Affairs. The Service Provider shall promptly make public announcements stating the facts of unusual or newsworthy incidents to local media. Examples of such events include, but are not limited to: deaths, escapes from custody, and facility emergencies.

D. With respect to public announcements and press statements, the Service Provider shall ensure employees agree to use appropriate disclaimers clearly stating the employees’ opinions do not necessarily reflect the position of the United States Government in any public presentations they make or articles they write that relate to any aspect of contract performance or the facility operations.

Article 21. Incident Reporting

A. The COR shall be notified immediately in the event of all serious incidents. The COR will provide after-hours contact information to the Service Provider at the time of award.

B. Serious incidents include, but are not limited to: activation of disturbance control team(s); disturbances (including gang activities, group demonstrations, food boycotts, work strikes, workplace violence, civil disturbances/protests); staff use of force including use of lethal and less-lethal force (includes inmates in restraints more than eight hours); assaults on staff/inmates resulting in injuries requiring medical attention (does not include routine medical evaluation after the incident); fights resulting in injuries requiring medical attention; serious physical injury to any detainee, regardless of the source; fires; full or partial lock down of the Facility; escape; weapons discharge; suicide attempts; deaths; declared or non-declared hunger strikes; adverse incidents that attract unusual interest or significant publicity; adverse weather (e.g., hurricanes, floods, ice/snow storms, heat waves, tornadoes); fence damage; power outages; bomb threats; detainee admitted to a community hospital; witness security cases taken outside the Facility; significant environmental problems that impact the facility operations; transportation accidents (i.e. airlift, bus) resulting in injuries, death or property damage; and allegations or reports of sexual assaults.

C. The Service Provider agrees to cooperate with any Federal investigation concerning incidents and treatment involving ICE detainees to the full extent of its authorities, including providing access to any relevant databases, personnel, and documents.

Article 22. Detainee Privacy

A. The Service Provider agrees to comply with the Privacy Act of 1974 ("Act") and the agency rules and regulations issued under the Act in the design, development, or
operation of any system of records on individuals to accomplish an agency function when the Agreement specifically identifies (i) the systems of records; and (ii) the design, development, or operation work that the Service Provider is to perform. The Service Provider shall also include the Privacy Act into any and all subcontracts when the work statement in the proposed subcontract requires the redesign, development, or operation of a system of records on individuals that is subject to the Act; and

B. In the event of violations of the Act, a civil action may be brought against the agency involved when the violation concerns the design, development, or operation of a system of records on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency when the violation concerns the operation of a system of records on individuals to accomplish an agency function. For purposes of the Act, when the agreement is for the operation of a system of records on individuals to accomplish an agency function, the Service Provider is considered to be an employee of the agency.

1. “Operation of a system of records,” as used in this Article, means performance of any of the activities associated with maintaining the system of records, including the collection, use, and dissemination of records.

2. “Record,” as used in this Article, means any item, collection, or grouping of information about an individual that is maintained by an agency, including, but not limited to, education, financial transactions, medical history, and criminal or employment history and that contains the person’s name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a fingerprint or voiceprint or a photograph.

3. “System of records on individuals,” as used in this Article, means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

Article 23. Zero Tolerance for Sexual Harassment, Abuse, and Assault

A. The Service Provider shall develop and implement a comprehensive sexual abuse/assault prevention and intervention program in accordance with the DHS PREA standards referenced in Article 5 above. This program shall include training that is given separately to both staff and detainees, in accordance with the Prison Rape Elimination Act (PREA) and 2011 PBNDS 2.11. Additionally, the Service Provider will hire staff to perform the duties of a Prevention of Sexual Assault Program Coordinator as well as an Investigator with specialized PREA training to ensure the appropriate prevention, intervention, response and investigation of allegations of sexual abuse or assault.

B. The Service Provider will ensure that information regarding the facility’s policy on sexual abuse/assault is included in the detainee handbook; that the facility articulates
to staff and to detainees and adheres to a standard of zero tolerance for incidents of sexual abuse or assault; that detainees shall be encouraged to promptly report acts of harassment of a sexual nature, or abuse or signs of abuse observed; that victims of sexual abuse are given timely access to emergency medical treatment and crisis intervention services; that training is included for all staff to ensure that they fulfill their responsibilities under the Service Providers’ Sexual Abuse and Assault Prevention and Intervention Program; that the facility reports immediately all sexual abuse and/or assault to ICE/ERO; that the Service Provider develops and implements a policy that includes: an evidence protocol for sexual assault, including access to a forensic medical exam, an internal administrative investigation process that will not compromise a criminal investigation. The Service Provider will also maintain a policy that requires medical staff to report allegations or suspicions of sexual assault to appropriate facility staff, how the victim’s medical, mental health and future safety needs will be addressed; appropriate disciplinary sanctions, how a detainee may contact the Office of the Inspector General to confidentially report sexual abuse or assault.

Article 24. Detainee Telephone Services (DTS)

A. The Service Provider shall provide detainees with reasonable and equitable access to telephones as specified in the ICE 2011 Performance-Based National Detention Standard on Telephone Access. Telephones shall be located in an area that provides for a reasonable degree of privacy and a minimal amount of environmental noise during phone calls.

B. If authorized to do so under applicable law, the Service Provider shall monitor and record detainee conversations. If detainee telephone conversations can be monitored under applicable law, the Service Provider shall provide notice to detainees of the potential for monitoring. However, the Service Provider shall also provide procedures at the facility for detainees to be able to place unmonitored telephone calls to their attorneys, a court, or for the purpose of obtaining legal representation. A detainee’s call to a court, a legal representative, the DHS Office of Inspector General, the DHS Office for Civil Rights and Civil Liberties, or for the purposes of obtaining legal representation may not be electronically monitored without a court order.

C. Telephone rates shall not exceed the FCC rates for inmate telephone service, as well as State established rates where applicable, and shall conform to all applicable federal, state, and local telephone regulations including the FCC order entitled Rates for Interstate Inmate Calling Services, 78 Fed. Reg. 67956 (November 13, 2013).

D. Video phones, portable electronics or other enhanced telecommunications features provided by the DTS contractor to ICE detainees, based upon concurrence between ICE and the Service Provider, may be added in the future subject to negotiation at no cost to ICE. These features may not in any way compromise the safety and security of the detainees, staff or the facility. Any new or enhanced telecommunications features must be integrated within the DTS service and can NOT be a separate system
or software from the DTS service. Such capabilities may now or in the future include: video visitation, limited web access for law library, email, kites, commissary ordering, educational tools, news, sports, and video games. Pricing for the use of these technologies will be set by the DTS provider, subject to negotiations with ICE, and shall be negotiated at a future time and date if required.

E. **Facilities:** The ICE designated DTS Contractor shall be the exclusive provider of detainee telephones for this facility. This will occur at the expiration of any current contract with a Telecommunications Company. The Service Provider shall make all arrangements with the DTS Contractor per the DTS Contract. The DTS Contractor shall be allowed to install vending debit machines and shall receive 100 percent of all revenues collected by sale of prepaid debit services. The DTS Contractor shall be responsible for furnishing all inventory and supply of all DTS calling services to the Service Provider. The DTS Contractor shall be responsible for the costs incurred for installation of the equipment, any monthly telephone charges incurred from the operation of DTS, and the maintenance and operation of the system. The Service Provider shall not be entitled to any commissions, fees, or revenues generated by the use of the DTS or the detainee telephones.

F. The Service Provider shall inspect telephones for serviceability, in accordance with ICE 2011 Performance-Based National Detention Standards and ICE policies and procedures. The Service Provider shall notify the COR or ICE designee of any inoperable telephones.

CC. **DTS Contractor Information:**

Talton Communications  
910 Ravenwood Dr.  
Selma, AL 36701

Customer Relations Manager  
(334) 375-6770  
communications.com

Operations Manager  
(334) 375-6770  
haltoncommunications.com

**Article 25. Government Use of Wireless Communication Devices**

All personnel that have been issued a Federal Government owned wireless communication device, including but not limited to, cellular telephones, pagers or wireless Internet devices, are authorized to possess and use those items in all areas of the facility in which ICE detainees are present.

**Article 26. Certified Cost and Pricing Data**

A) **Requirements for Certified Cost or Pricing Data and Data Other Than Certified Cost or Pricing Data**
(a) **Exceptions from certified cost or pricing data.**

(1) In lieu of submitting certified cost or pricing data, offerors may submit a written request for exception by submitting the information described in the following subparagraphs. The Contracting Officer may require additional supporting information, but only to the extent necessary to determine whether an exception should be granted, and whether the price is fair and reasonable.

   (i) **Identification of the law or regulation establishing the price offered.** If the price is controlled under law by periodic rulings, reviews, or similar actions of a governmental body, attach a copy of the controlling document.

   (ii) **Commercial item exception.** For a commercial item exception, the offeror shall submit, at minimum, information on prices at which the same item or similar items have previously been sold in the commercial market that is adequate for evaluating the reasonableness of the price for this acquisition. Such information may include —

   (A) For catalog items, a copy of or identification of the catalog and its date, or the appropriate pages for the offered items, provide a copy or describe current discount policies and price lists (published or unpublished), e.g., wholesale, original equipment manufacturer, or reseller. Also explain the basis of each offered price and its relationship to the established catalog price, including how the proposed price relates to the price of recent sales in quantities similar to the proposed quantities;

   (B) For market-priced items, the source and date or period of the market quotation or other basis for market price, the base amount, and applicable discounts. In addition, describe the nature of the market;

   © For items included on an active Federal Supply Service Multiple Award Schedule contract, proof that an exception has been granted for the schedule item.

(2) The offeror grants the Contracting Officer or an authorized representative the right to examine, at any time before award, books, records, documents, or other directly pertinent records to verify any request for an exception under this provision, and the reasonableness of price. For items priced using catalog or market prices, or law or regulation, access does not extend to cost or profit information or other data relevant solely to the offeror's determination of the prices to be offered in the catalog or marketplace.

(b) **Requirements for certified cost or pricing data.** If the offeror is not granted an exception from the requirement to submit certified cost or pricing data, the following applies:

   (1) The offeror shall prepare and submit certified cost or pricing data, and data other than certified cost or pricing data, and supporting attachments.

   (2) As soon as practicable after agreement on price, but before IGSA award, the offeror shall submit a Certificate of Current Cost or Pricing Data, the format of which is at the end of this Article.
B) Requirements for Certified Cost or Pricing Data and Data Other Than Certified Cost or Pricing Data – Modifications

(a) Exceptions from certified cost or pricing data.

(1) In lieu of submitting certified cost or pricing data for modifications under this IGSA, for price adjustments expected to exceed \( b(4) \) on the date of the agreement on price or the date of the award, whichever is later, the Service Provider may submit a written request for exception by submitting the information described in the following subparagraphs. The Contracting Officer may require additional supporting information, but only to the extent necessary to determine whether an exception should be granted, and whether the price is fair and reasonable –

   (i) identification of the law or regulation establishing the price offered. If the price is controlled under law by periodic rulings, reviews, or similar actions of a governmental body, attach a copy of the controlling document.

(2) The Service Provider grants the Contracting Officer or an authorized representative the right to examine, at any time before award, books, records, documents, or other directly pertinent records to verify any request for an exception under this clause, and the reasonableness of price. For items priced using catalog or market prices, or law or regulation, access does not extend to cost or profit information or other data relevant solely to the Service Provider’s determination of the prices to be offered in the catalog or marketplace.

(b) Requirements for certified cost or pricing data. If the Service Provider is not granted an exception from the requirement to submit certified cost or pricing data, the following applies:

(1) The Service Provider shall submit certified cost or pricing data, data other than certified cost or pricing data, and supporting attachments.

(2) As soon as practicable after agreement on price, but before award, the Service Provider shall submit a Certificate of Current Cost or Pricing Data. The form is included at the end of this Article.

C) Subcontractor Certified Cost or Pricing Data

(a) Before awarding any subcontract expected to exceed \( b(4) \) on the date of agreement on price or the date of award, whichever is later; or before pricing any subcontract modification involving a pricing adjustment expected to exceed \( b(4) \) the Service Provider shall require the subcontractor to submit certified cost or pricing data (actually or by specific identification in writing), to include any information reasonably required to explain the subcontractor’s estimating process such as the judgmental factors applied and the mathematical or other methods used in the estimate, including those used in projecting from known data, and the nature and amount of any contingencies included in the price, unless (1) the prices are based upon adequate price competition, or (2) if a waiver has been granted.
(b) The Service Provider shall require the subcontractor to certify in substantially the form at the end of this Article that, to the best of its knowledge and belief, the data submitted under paragraph (a) of this clause were accurate, complete, and current as of the date of agreement on the negotiated price of the subcontract or subcontract modification.

(c) In each subcontract that exceeds when entered into, the Service Provider shall insert either -

1. The substance of this clause, including this paragraph (c), if paragraph (a) of this clause requires submission of certified cost or pricing data for the subcontract; or

2. The substance of the Section below entitled “Subcontractor Certified Cost or Pricing Data - Modifications.”

D) Subcontractor Certified Cost or Pricing Data – Modifications

(a) The requirements of paragraphs (b) and (c) of this Section shall –

1. Become operative only for any modification to this IGSA involving a pricing adjustment expected to exceed and

2. Be limited to such modifications.

(b) Before awarding any subcontract expected to exceed on the date of agreement on price or the date of award, whichever is later; or before pricing any subcontract modification involving a pricing adjustment expected to exceed the Service Provider shall require the subcontractor to submit certified cost or pricing data (actually or by specific identification in writing), to include any information reasonably required to explain the subcontractor’s estimating process such as the judgmental factors applied and the mathematical or other methods used in the estimate, including those used in projecting from known data, and the nature and amount of any contingencies included in the price, unless (1) prices of the modification are based upon adequate price competition, or (2) if a waiver has been granted.

© The Service Provider shall require the subcontractor to certify in substantially the form at the end of this Article that, to the best of its knowledge and belief, the data submitted under paragraph (b) of this clause were accurate, complete, and current as of the date of agreement on the negotiated price of the subcontract or subcontract modification.

(d) The Service Provider shall insert the substance of this Article, including this paragraph (d), in each subcontract that exceeds on the date of agreement on price or the date of award, whichever is later.

E) Price Reduction for Defective Certified Cost or Pricing Data

(a) If any price, including profit or fee, negotiated in connection with this IGSA, or any cost reimbursable under this IGSA, was increased by any significant amount because –
(1) The Service Provider or a subcontractor furnished certified cost or pricing data that were not complete, accurate, and current as certified in its Certificate of Current Cost or Pricing Data;

(2) A subcontractor or prospective subcontractor furnished the Service Provider certified cost or pricing data that were not complete, accurate, and current as certified in the Service Provider’s Certificate of Current Cost or Pricing Data; or

(3) Any of these parties furnished data of any description that were not accurate, the price or cost shall be reduced accordingly and the IGSA shall be modified to reflect the reduction.

(b) Any reduction in the IGSA price under paragraph (a) of this clause due to defective data from a prospective subcontractor that was not subsequently awarded the subcontract shall be limited to the amount, plus applicable overhead and profit markup, by which (1) the actual subcontract or (2) the actual cost to the Service Provider, if there was no subcontract, was less than the prospective subcontract cost estimate submitted by the Service Provider; provided, that the actual subcontract price was not itself affected by defective certified cost or pricing data.

(c)

(1) If the Contracting Officer determines under paragraph (a) of this clause that a price or cost reduction should be made, the Service Provider agrees not to raise the following matters as a defense:

(i) The Service Provider or subcontractor was a sole source supplier or otherwise was in a superior bargaining position and thus the price of the IGSA would not have been modified even if accurate, complete, and current certified cost or pricing data had been submitted.

(ii) The Contracting Officer should have known that the certified cost or pricing data in issue were defective even though the Service Provider or subcontractor took no affirmative action to bring the character of the data to the attention of the Contracting Officer.

(iii) The IGSA was based on an agreement about the total cost of the IGSA and there was no agreement about the cost of each item procured under the IGSA.

(iv) The Service Provider or subcontractor did not submit a Certificate of Current Cost or Pricing Data.

(2)

(i) Except as prohibited by subdivision (2)(ii) of this clause, an offset in an amount determined appropriate by the Contracting Officer based upon the facts shall be allowed against the amount of a IGSA price reduction if –

(A) The Service Provider certifies to the Contracting Officer that, to the best of the Service Provider’s knowledge and belief, the Service Provider is entitled to the offset in the amount requested; and
(B) The Service Provider proves that the certified cost or pricing data were available before the "as of" date specified on its Certificate of Current Cost or Pricing Data, and that the data were not submitted before such date.

(ii) An offset shall not be allowed if –

(A) The understated data were known by the Service Provider to be understated before the "as of" date specified on its Certificate of Current Cost or Pricing Data; or

(B) The Government proves that the facts demonstrate that the IGSA price would not have increased in the amount to be offset even if the available data had been submitted before the "as of" date specified on its Certificate of Current Cost or Pricing Data.

(d) If any reduction in the IGSA price under this clause reduces the price of items for which payment was made prior to the date of the modification reflecting the price reduction, the Service Provider shall be liable to and shall pay the United States at the time such overpayment is repaid –

(1) Simple interest on the amount of such overpayment to be computed from the date(s) of overpayment to the Service Provider to the date the Government is repaid by the Service Provider at the applicable underpayment rate effective for each quarter prescribed by the Secretary of the Treasury under 26 U.S.C. 6621(a)(2); and

(2) A penalty equal to the amount of the overpayment, if the Service Provider or subcontractor knowingly submitted certified cost or pricing data that were incomplete, inaccurate, or noncurrent.

F) Price Reduction for Defective Certified Cost or Pricing Data - Modifications

(a) This Article shall become operative only for any modification to this IGSA involving a pricing adjustment expected to exceed [(b)(4)] except that this Article does not apply to any modification (1) where prices of the modification are based upon adequate price competition, or (2) when a waiver has been granted.

(b) If any price, including profit or fee, negotiated in connection with any modification under this clause, or any cost reimbursable under this IGSA, was increased by any significant amount because

(1) the Service Provider or a subcontractor furnished certified cost or pricing data that were not complete, accurate, and current as certified in its Certificate of Current Cost or Pricing Data,

(2) a subcontractor or prospective subcontractor furnished the Service Provider certified cost or pricing data that were not complete, accurate, and current as certified in the Service Provider's Certificate of Current Cost or Pricing Data, or
(3) any of these parties furnished data of any description that were not accurate, the price or cost shall be reduced accordingly and the IGSA shall be modified to reflect the reduction. This right to a price reduction is limited to that resulting from defects in data relating to modifications for which this clause becomes operative under paragraph (a) of this clause.

(c) Any reduction in the IGSA price under paragraph (b) of this clause due to defective data from a prospective subcontractor that was not subsequently awarded the subcontract shall be limited to the amount, plus applicable overhead and profit markup, by which (1) the actual subcontract or (2) the actual cost to the Service Provider, if there was no subcontract, was less than the prospective subcontract cost estimate submitted by the Service Provider; provided, that the actual subcontract price was not itself affected by defective certified cost or pricing data.

(d)

(1) If the Contracting Officer determines under paragraph (b) of this clause that a price or cost reduction should be made, the Service Provider agrees not to raise the following matters as a defense:

(i) The Service Provider or subcontractor was a sole source supplier or otherwise was in a superior bargaining position and thus the price of the IGSA would not have been modified even if accurate, complete, and current certified cost or pricing data had been submitted.

(ii) The Contracting Officer should have known that the certified cost or pricing data in issue were defective even though the Service Provider or subcontractor took no affirmative action to bring the character of the data to the attention of the Contracting Officer.

(iii) The IGSA was based on an agreement about the total cost of the IGSA and there was no agreement about the cost of each item procured under the IGSA.

(iv) The Service Provider or subcontractor did not submit a Certificate of Current Cost or Pricing Data.

(2)

(i) Except as prohibited by subdivision (d)(2)(ii) of this clause, an offset in an amount determined appropriate by the Contracting Officer based upon the facts shall be allowed against the amount of a IGSA price reduction if-

(A) The Service Provider certifies to the Contracting Officer that, to the best of the Service Provider’s knowledge and belief, the Service Provider is entitled to the offset in the amount requested; and

(B) The Service Provider proves that the certified cost or pricing data were available before the “as of” date specified on its Certificate of Current Cost or Pricing Data, and that the data were not submitted before such date.

(ii) An offset shall not be allowed if -
(A) The understated data were known by the Service Provider to be understated before the "as of" date specified on its Certificate of Current Cost or Pricing Data; or

(B) The Government proves that the facts demonstrate that the IGSA price would not have increased in the amount to be offset even if the available data had been submitted before the "as of" date specified on its Certificate of Current Cost or Pricing Data.

(c) If any reduction in the IGSA price under this clause reduces the price of items for which payment was made prior to the date of the modification reflecting the price reduction, the Service Provider shall be liable to and shall pay the United States at the time such overpayment is repaid.

(1) Simple interest on the amount of such overpayment to be computed from the date(s) of overpayment to the Service Provider to the date the Government is repaid by the Service Provider at the applicable underpayment rate effective for each quarter prescribed by the Secretary of the Treasury under 26 U.S.C. 6621(a)(2); and

(2) A penalty equal to the amount of the overpayment, if the Service Provider or subcontractor knowingly submitted certified cost or pricing data that were incomplete, inaccurate, or noncurrent.

Certificate of Current Cost or Pricing Data

This is to certify that, to the best of my knowledge and belief, the cost or pricing data submitted, either actually or by specific identification in writing, to the Contracting Officer or to the Contracting Officer's representative in support of _____* are accurate, complete, and current as of _____**. This certification includes the cost or pricing data supporting any advance agreements and forward pricing rate agreements between the offeror and the Government that are part of the proposal.

Service Provider __________________________________________________________

Signature ______________________________________________________________

Name _________________________________________________________________

Title ________________________________________________________________

Date of execution*** __________________________________________________

* Identify the proposal, request for price adjustment, or other submission involved, giving the appropriate identifying number (e.g., RFP No.).

** Insert the day, month, and year when price negotiations were concluded and price agreement was reached or, if applicable, an earlier date agreed upon between the parties that is as close as practicable to the date of agreement on price.
*** Insert the day, month, and year of signing, which should be as close as practicable to the date when the price negotiations were concluded and the contract price was agreed to.

Article 27. Combating Trafficking in Persons

(a) Definitions. As used in this clause—

“Coercion” means—
(1) Threats of serious harm to or physical restraint against any person;
(2) Any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or
(3) The abuse or threatened abuse of the legal process.

“Commercial sex act” means any sex act on account of which anything of value is given to or received by any person.

“Debt bondage” means the status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined.

“Employee” means an employee of the Contractor directly engaged in the performance of work under the contract who has other than a minimal impact or involvement in contract performance.

“Forced Labor” means knowingly providing or obtaining the labor or services of a person—
(1) By threats of serious harm to, or physical restraint against, that person or another person;
(2) By means of any scheme, plan, or pattern intended to cause the person to believe that, if the person did not perform such labor or services, that person or another person would suffer serious harm or physical restraint; or
(3) By means of the abuse or threatened abuse of law or the legal process.

“Involuntary servitude” includes a condition of servitude induced by means of—
(1) Any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such conditions, that person or another person would suffer serious harm or physical restraint; or
(2) The abuse or threatened abuse of the legal process.

“Severe forms of trafficking in persons” means—
(1) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
(2) The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

"Sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.

(b) Policy. The United States Government has adopted a zero tolerance policy regarding trafficking in persons. Contractors and contractor employees shall not—

(1) Engage in severe forms of trafficking in persons during the period of performance of the contract;
(2) Procure commercial sex acts during the period of performance of the contract; or
(3) Use forced labor in the performance of the contract.

(c) Contractor requirements. The Contractor shall—

(1) Notify its employees of—
(i) The United States Government's zero tolerance policy described in paragraph (b) of this clause; and
(ii) The actions that will be taken against employees for violations of this policy. Such actions may include, but are not limited to, removal from the contract, reduction in benefits, or termination of employment; and
(2) Take appropriate action, up to and including termination, against employees or subcontractors that violate the policy in paragraph (b) of this clause.

(d) Notification. The Contractor shall inform the Contracting Officer immediately of—

(1) Any information it receives from any source (including host country law enforcement) that alleges a Contractor employee, subcontractor, or subcontractor employee has engaged in conduct that violates this policy; and
(2) Any actions taken against Contractor employees, subcontractors, or subcontractor employees pursuant to this clause.

(e) Remedies. In addition to other remedies available to the Government, the Contractor's failure to comply with the requirements of paragraphs (c), (d), or (f) of this clause may result in—

(1) Requiring the Contractor to remove a Contractor employee or employees from the performance of the contract;
(2) Requiring the Contractor to terminate a subcontract;
(3) Suspension of contract payments;
(4) Loss of award fee, consistent with the award fee plan, for the performance period in which the Government determined Contractor non-compliance;
(5) Termination of the contract for default or cause, in accordance with the termination clause of this contract; or
(6) Suspension or debarment.

(f) Subcontracts. The Contractor shall include the substance of this clause, including this paragraph (f), in all subcontracts.

(g) Mitigating Factor. The Contracting Officer may consider whether the Contractor had a Trafficking in Persons awareness program at the time of the violation as a mitigating factor when determining remedies. Additional information about Trafficking in Persons and examples of awareness programs can be found at the website for the Department of State’s Office to Monitor and Combat Trafficking in Persons at http://www.state.gov/g/tp.

Article 28. Order of Precedence

Should there be a conflict between the 2011 PBNDS and other any other term and/or condition of the IGSA, the Service Provider shall contact the Contracting Officer for clarification.

Article 29. Reporting Executive Compensation and First-Tier Subcontract Awards

a) Definitions. As used in this article:

"Executive" means officers, managing partners, or any other employees in management positions.

"First-tier subcontract" means a subcontract awarded directly by the Contractor for the purpose of acquiring supplies or services (including construction) for performance of a prime contract. It does not include the Contractor’s supplier agreements with vendors, such as long-term arrangements for materials or supplies that benefit multiple contracts and/or the costs of which are normally applied to a Contractor’s general and administrative expenses or indirect costs.

"Months of award" means the month in which a contract is signed by the Contracting Officer or the month in which a first-tier subcontract is signed by the Contractor.

"Total compensation" means the cash and noncash dollar value earned by the executive during the Contractor’s preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

(1) Salary and bonus.
(2) *Awards of stock, stock options, and stock appreciation rights.* Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Financial Accounting Standards Board’s Accounting Standards Codification (FASB ASC) 718, Compensation-Stock Compensation.

(3) *Earnings for services under non-equity incentive plans.* This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

(4) *Change in pension value.* This is the change in present value of defined benefit and actuarial pension plans.

(5) *Above-market earnings on deferred compensation which is not tax-qualified.*

(6) Other compensation, if the aggregate value of all such other compensation (e.g., severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds 

(b) Section 2(d)(2) of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of the Government Funding Transparency Act of 2008 (Pub. L. 110-252), requires the Contractor to report information on subcontract awards. The law requires all reported information be made public, therefore, the Contractor is responsible for notifying its subcontractors that the required information will be made public.

(c) Nothing in this article requires the disclosure of classified information.

(d)

(1) *Executive compensation of the prime contractor.* As a part of its annual registration requirement in the Central Contractor Registration (CCR) database, the Contractor shall report the names and total compensation of each of the five most highly compensated executives for its preceding completed fiscal year, if—

(i) In the Contractor’s preceding fiscal year, the Contractor received—

(A) 80 percent or more of its annual gross revenues from Federal contracts (and subcontracts), loans, grants (and subgrants), cooperative agreements, and other forms of Federal financial assistance; and

(B) or more in annual gross revenues from Federal contracts (and subcontracts), loans, grants (and subgrants), cooperative agreements, and other forms of Federal financial assistance; and

(ii) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at [http://www.sec.gov/answers/excomp.htm](http://www.sec.gov/answers/excomp.htm).)
(2) **First-tier subcontract information.** Unless otherwise directed by the contracting officer, or as provided in paragraph (h) of this clause, by the end of the month following the month of award of a first-tier subcontract with a value of \( (b)(4) \) or more, the Contractor shall report the following information at [http://www.fsrs.gov](http://www.fsrs.gov) for that first-tier subcontract. (The Contractor shall follow the instructions at [http://www.fsrs.gov](http://www.fsrs.gov) to report the data.)

(i) Unique identifier (DUNS Number) for the subcontractor receiving the award and for the subcontractor's parent company, if the subcontractor has a parent company.

(ii) Name of the subcontractor.

(iii) Amount of the subcontract award.

(iv) Date of the subcontract award.

(v) A description of the products or services (including construction) being provided under the subcontract, including the overall purpose and expected outcomes or results of the subcontract.

(vi) Subcontract number (the subcontract number assigned by the Contractor).

(vii) Subcontractor’s physical address including street address, city, state, and country. Also include the nine-digit zip code and congressional district.

(viii) Subcontractor’s primary performance location including street address, city, state, and country. Also include the nine-digit zip code and congressional district.

(ix) The prime contract number, and order number if applicable.

(x) Awarding agency name and code.

(xi) Funding agency name and code.

(xii) Government contracting office code.

(xiii) Treasury account symbol (TAS) as reported in FPDS.

(xiv) The applicable North American Industry Classification System code (NAICS).

(3) **Executive compensation of the first-tier subcontract.** Unless otherwise directed by the Contracting Officer, by the end of the month following the month of award of a first-tier subcontract with a value of \( (b)(4) \) or more, and annually thereafter (calculated from the prime contract award date), the Contractor shall report the names and total compensation of each of the five most highly compensated executives for that first-tier...
subcontractor for the first-tier subcontractor’s preceding completed fiscal year at [http://www.fsrs.gov](http://www.fsrs.gov), if—

(i) In the subcontractor’s preceding fiscal year, the subcontractor received—

(A) 80 percent or more of its annual gross revenues from Federal contracts (and subcontracts), loans, grants (and subgrants), cooperative agreements, and other forms of Federal financial assistance; and

(B) [b](4) or more in annual gross revenues from Federal contracts (and subcontracts), loans, grants (and subgrants), cooperative agreements, and other forms of Federal financial assistance; and

(ii) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at [http://www.sec.gov/answers/execomp.htm](http://www.sec.gov/answers/execomp.htm).)

(e) The Contractor shall not split or break down first-tier subcontract awards to a value less than [b](4) to avoid the reporting requirements in paragraph (d).

(f) The Contractor is required to report information on a first-tier subcontract covered by paragraph (d) when the subcontract is awarded. Continued reporting on the same subcontract is not required unless one of the reported data elements changes during the performance of the subcontract. The Contractor is not required to make further reports after the first-tier subcontract expires.

(g)  

(1) If the Contractor in the previous tax year had gross income, from all sources, under [b](4) the Contractor is exempt from the requirement to report subcontractor awards.

(2) If a subcontractor in the previous tax year had gross income from all sources under [b](4) the Contractor does not need to report awards for that subcontractor.

(h) The FSRS database at [http://www.fsrs.gov](http://www.fsrs.gov) will be prepopulated with some information from CCR

**Article 30. Exclusivity**

The Service Provider agrees that the Facility is to be for the exclusive use of ICE and its detainee population. No other agency shall be allowed to use the Facility to house its detainees, prisoners, or inmates without prior approval of the Contracting Officer. If given approval, a separate bed day rate shall be negotiated with the other agency and ICE shall not be responsible for payment related to beds used by another agency. The other
agency shall be separately invoiced for the beds it uses. The duration of the use of beds will be determined on a case by case basis.

**Article 31. Use of Service Provider’s Policies and Procedures**

The Contracting Officer shall approve the Service Provider’s policies and procedures for use under this Agreement. Upon approval, the Service Provider is authorized to use its policies and procedures in conjunction with the Performance-Based National Detention Standards mandated under this Agreement.

**Article 32. Accreditation**

The Service Provider shall have eighteen (18) months from issuance of the task order to fund this Agreement to become American Correctional Association (ACA) accredited. The Service Provider shall, within nine (9) months from the date this facility becomes operational, formally apply for accreditation to the ACA. Once full accreditation has been obtained, the Service Provider shall maintain this accreditation throughout the life of the Agreement, inclusive of any period extensions. The Service Provider shall provide the Contracting Officer with written proof of such application within five (5) days of the application. The Service Provider shall provide the Contracting Officer with written proof of its accreditation within five (5) days of notification of its accreditation.

**Article 33. Quality Control**

A. The Service Provider is responsible for management and quality control actions necessary to meet the quality standards set forth in the Agreement. The Service Provider must provide a Quality Control Plan (QCP) that meets the requirements specified in the Performance Requirements Summary (PRS), Attachment 5A to the CO for concurrence prior to award of the IGSA (or as directed by the CO). The CO will notify the Service Provider of concurrence or required modifications to the plan before the Agreement start date. If a modification to the plan is required, the Service Provider must make appropriate modifications and obtain concurrence of the revised plan by the CO before the contract start date.

B. The Service Provider shall provide an overall QCP that addresses critical operational performance standards for the services required under this contract. The QCP shall ensure that services will be maintained at a uniform and acceptable level. At a minimum, the Service Provider shall periodically review and update the QCP policies and procedures at least on an annual basis. The Service Provider shall audit facility’s operations associated with ICE and ICE detainees monthly for compliance with the QCP. The Service Provider shall notify the Government 48 hours in advance of the audit to ensure the COR is available to participate. The Service Provider’s QCP shall identify deficiencies, appropriate corrective action(s), and timely implementation plans to the COR.

C. If the Service Provider proposes changes in the QCP after contract award, the Service Provider shall submit them to the COR for review. If the COR concurs with the
changes, the COR shall submit the changes to the CO. The CO may modify the contract to include these changes.

Article 34. Quality Assurance Surveillance Program (QASP)

A. The Government’s Quality Assurance Surveillance Program is based on the premise that the Service Provider, and not the Government, is responsible for management and quality control actions to meet the terms of the Agreement. The Quality Assurance Surveillance Plan (QASP) procedures recognize that unforeseen problems do occur. Good management and use of an adequate Quality Control Plan will allow the facility to operate within acceptable quality levels.

B. Each phase of the services rendered under this Agreement is subject to inspection both during the Service Provider’s operations and after completion of the tasks.

C. When the Service Provider is advised of any unsatisfactory condition(s), the Service Provider shall submit a written report to the COR addressing corrective/preventive actions taken. The QASP is not a substitute for quality control by the Service Provider.

D. The COR may check the Service Provider’s performance and document any noncompliance; only the Contracting Officer may take formal action against the Service Provider for unsatisfactory performance.

E. The Government may reduce the invoice or otherwise withhold payment for any individual item of nonconformance observed. The Government may apply various inspection and extrapolation techniques (i.e., 100 % surveillance, random sampling, planned sampling, unscheduled inspections) to determine the quality of services, the appropriate reductions, and the total payment due.

F. Attachment 5 of this Agreement sets forth the procedures and guidelines that ICE will use to inspect the technical performance of the Service Provider. It presents the financial values and mechanisms for applying adjustments to the Service Provider’s invoices as dictated by work performance measured to the desired level of accomplishment.

1. The purpose of the QASP is to:

   a. Define the roles and responsibilities of participating Government officials.
   b. Define the types of work to be performed.
   c. Describe the evaluation methods that will be employed by the Government in assessing the Service Provider’s performance.
   d. Describe the process of performance documentation.

2. Roles and Responsibilities of Participating Government Officials

   a. The COR(s) will be responsible for monitoring, assessing, recording, and reporting on the technical performance of the Service Provider on a day-
to-day basis. The COR(s) will have primary responsibility for completing "Quality Assurance Surveillance Forms" to document their inspection and evaluation of the Service Provider's work performance.

b. The Contracting Officer (CO) or designee has overall responsibility for evaluating the Service Provider's performance in areas of contract compliance, contract administration, and cost and property control. The CO shall review the COR's evaluation of the Service Provider's performance and invoices. If applicable, deductions will be assessed in accordance with the evaluation of the Service Provider's performance, e.g., monetary adjustments for inadequate performance.

G. The rights of the Government and remedies described in this section are in addition to all other rights and remedies set forth in this Agreement. Any reductions in the Service Provider's invoice shall reflect the contract's reduced value resulting from the Service Provider's failure to perform required services. The Service Provider shall not be relieved of full performance of the services hereunder and may be terminated for default based upon inadequate performance of services, even if a reduction was previously taken for any inadequate performance.

Article 35. Physical Plant Requirements

A. Enforcement and Removal Operations Office Space

The Service Provider shall provide the following offices and other space for ICE:

- Lobby A101 249 sf
- Large conference room A107 576 sf
- Small conference room A108 351 sf
- Office A109 135 sf
- Office A115 115 sf
- Office A116, A1217, A119, A120 all 99 sf.
- Classroom A118 559 sf (will be shared ICE/CCA)
- Office A121, A122, A123, A125, A126, A127 all 85 sf
- Coffee room A124, 77 sf
- Supervisors Office A128 122 sf
- Supervisors Office A129 122 sf
- Reception A130 315 sf
- Large office A132 214 sf
- Office A134 167 sf
- Small storage A135 61 sf
- Office A136 144 sf
- Large office A137 199 sf
- Open office A138 931 sf
- Copier room/Office A139 89 sf
- Office A140 182 sf
• Open office A141 884 sf
• Staff restroom A144 65 sf
• Coffee/Break room A145 102 sf
• Computer room A146 117 sf
• Files/Large office A148 405 sf
• Restroom A149 121 sf
• Restroom A150 121 sf
• Break room A151 202 sf
• Office/Storage A152 234 sf
• Offices A153, A154, A155 93 sf each
• Computer room/Office A156 120 sf
• Storage A157 66 sf
• Offices A158, A159 93 sf

I.

B. Health Services Space

Health Services Space: Health services will be provided by the Service Provider or if applicable, through its sub-Service Provider.

C. Processing Area
The processing area shall be designed to process detainees as required in high frequency rates and varying numbers i.e., a busload up to 100 detainees at one time. The processing area shall be in compliance with the ICE Hold Room Standard and the 2011 PBNDS.

D. Freedom of Movement

The Service Provider should make reasonable efforts to allow for open or flexible movement within the facility; including regular ingress and egress to recreation areas consistent with the classification levels of the detainee population and facility layout.

E. Furniture

All furniture and case goods shall be furnished by the Service Provider.

F. ICE IT Equipment

ICE will provide and install IT equipment in office spaces for ICE personnel only, to include computer workstations and screens, printers and fax machines. All infrastructure, cabling, and interfacing equipment shall be provided by the Service Provider.

G. Communication Equipment
1. The Service Provider shall purchase, install and maintain a complete and operating communication system, which includes but is not limited to: patch panels, landing blocks, circuits, PBX and voice mail, phone sets and other supporting infrastructure and supporting system in compliance with ICE specifications. Separate billing to ICE must be established on all reoccurring service fees for communications and IT. Systems shall be installed specifically for ICE use.

2. Service Provider to Insert specifications for communications system here.

NOTE: ICE communication system must be a complete, independent and physically separate system from the Service Provider communication system, and billed separately. The system shall serve all operational components: ICE, OPLA, and IHSC. If applicable, EOIR shall have a separate system within EOIR IT space as per the EOIR Design.
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Performance Work Statement

I. INTRODUCTION

A. Background

Enforcement and Removal Operations (ERO), a component of U.S. Immigration and Customs Enforcement (ICE), maintains custody of one of the most highly transient and diverse populations of any detention system in the nation. These detainees are housed in authorized facilities nationwide including local facilities operating under Inter-Governmental Service Agreements (IGSAs), private Contract Detention Facilities (CDFs), and ICE-owned Service Processing Centers (SPC).

A key goal of Immigration Detention Reform is to create a civil detention system that is not penal in nature and serves the needs of ICE to provide safe and secure conditions based on characteristics of a diverse population including an individual’s perceived threat to the community, risk of flight, type and status of immigration proceeding, community ties, and medical and mental health issues.

B. Scope of Work Performance

This Performance Work Statement (PWS) sets forth the Agreement’s performance requirements for IGSA-provided detention facilities and services for ICE detainees.

The Facility’s operation shall reflect the 2011 PBNDS Expected Outcomes and Practices as well as the Optimal provisions listed in in Attachment1. Where minimum requirements are expressed, innovation is encouraged to further the goals of detention reform.

C. Explanation of Terms/Acronyms

1. ADMINISTRATIVE CONTRACTING OFFICER (ACO): ICE employee responsible for contract compliance, contract administration, cost control, and reviewing Contracting Officer’s Representative’s (COR) assessment of Service Provider’s performance.

2. ADULT LOCAL DETENTION FACILITY (ALDF): A facility which detains persons over the age of 18.

3. ALIEN: Any person who is not a citizen or national of the United States.

4. BED DAY: Per diem "detainee day" or “man-day” means day in or day out and all days in between. The Service Provider may charge for day of arrival or day of departure, but not both.
5. BOOKING: Admission procedure for an ICE detainee, which includes searching, fingerprinting, photographing, medical screening, and collecting personal history data. Booking also includes the inventory and storage of the individual's accompanying personal property.

6. BUREAU OF PRISONS (BOP): The U.S. Federal Bureau of Prisons protects society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

7. COMPLAINT: A written or verbal expression of grief, pain, or dissatisfaction by a detainee with the facility administrator concerning personal health/welfare or the operations and services of the facility.

8. CONTRACTOR: The entity, which provides the services, described in this Performance Work Statement.

9. CONTRACTING OFFICER (CO): An employee of the Government responsible for the complete conduct and integrity of the contracting process, including administration after award. The only individual authorized to issue changes to this contract.

10. CONTRACTING OFFICER'S REPRESENTATIVE (COR): An employee of the Government, appointed by the Contracting Officer, to assist in the technical monitoring or administration of the contract.

11. CONTROL ROOM: Integrates all internal and external security communications networks within a secure room. Activities conducted within the control room have a critical impact on the institution's orderly and secure operation.

12. DEPARTMENT OF HOMELAND SECURITY (DHS): The United States federal executive department responsible for ensuring the homeland is safe, secure, and resilient against terrorism and other hazards.

13. DEPARTMENT OF JUSTICE (DOJ): The United States federal executive department responsible for enforcement of the law and administration of justice. It includes the Executive Office of Immigration Review (EOIR), the Federal Bureau of Investigation (FBI), and the Federal Bureau of Prisons (BOP), and the U.S. Marshals Service (USMS).

14. DESIGNATED SERVICE OFFICIAL: An employee of U.S. Immigration and Customs Enforcement designated in writing by ICE Officer-In-Charge (OIC) to represent ICE on matters pertaining to the operation of the facility.
15. DETAINEE: Any person confined under the auspices and the authority of any Federal agency.

16. DETAINEE RECORDS: Information concerning the individual's personal, criminal and medical history, behavior, and activities while in custody, including, but not limited to:

17. Detainee, Personal Property, Receipts, Visitors List, Photographs, Fingerprint, Disciplinary Infractions, Actions Taken, Grievance Reports, Medical Records, Work Assignments, Program Participation, Miscellaneous Correspondence, etc.

18. DETENTION OFFICERS: Service Provider's staff members responsible for the security, care, transportation, and supervision of detainees during all phases of activity in a detention facility. The officer is also responsible for the safety and security of the facility.

19. DETENTION STANDARDS COMPLIANCE UNIT (DSCU): A unit within Enforcement and Removal Operations whose purpose is to develop and prescribe policies, standards, and procedures for ICE detention operations and to ensure detention facilities are operated in a safe, secure, and humane condition for both detainees and staff.

20. DIRECT SUPERVISION: A method of detainee management that ensures continuous direct contact between detainees and staff by posting sufficient officers to provide frequent, nonscheduled observation of, and personal interaction with detainees.

21. EMERGENCY: Any significant disruption of normal facility procedure, policy, or activity caused by riot, strike, escape, fire, medical exigency, natural disaster, or other serious incident.


23. ENTRY ON DUTY (EOD): The first day the employee begins performance at a designated duty station on this contract.

24. ENVIRONMENTAL ANALYSIS AND EVALUATION (EAE): This document initiates the analysis and evaluation of environmental effects of proposed actions and considers alternative proposals. It determines the need for an Environmental Assessment.

25. ENVIRONMENTAL ASSESSMENT (EA): Specific document summarizing the results of thorough analyses of environmental impacts caused by proposed actions. It determines the need for an Environmental Impact Statement.
26. ENVIRONMENTAL IMPACT STATEMENT (EIS): Comprehensive document providing full and fair discussion of significant environmental impacts caused by the proposed action(s). It also states the reasonable alternatives, which would avoid or minimize the adverse impact(s) or enhance the quality of the human environment.

27. FACILITY: The physical plant and grounds in which the Service Provider's services are operated.

28. FINDING OF NO SIGNIFICANT IMPACT (FONSI): Formal statement indicating that no significant effect upon the quality of the human environment will occur because of the proposed action(s).

29. IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE): An agency within the U.S. Department of Homeland Security that promotes homeland security and public safety through the criminal and civil enforcement of federal laws governing border control, customs, trade, and immigration.

30. ICE HEALTH SERVICE CORPS (IHSC): The medical authority for ICE, provides on-site, direct patient care to ICE detainees at 23 detention locations and manages off-site medical referrals for aliens housed in approximately 270 other facilities nationwide. IHSC medical facilities follow applicable health care standards that guide current national policy regarding the delivery of health care.

31. IMMEDIATE RELATIVES: Spouses, children (including stepchildren and adopted children) and their spouses, parents (including stepparents), siblings (including stepsiblings and half-siblings) and their spouses.

32. INCIDENT REPORT: Written documentation of an event, such as a minor disturbance, officer misconduct, any detainee rule infraction, etc.

33. JUSTICE PRISONER AND ALIEN TRANSPORTATION SYSTEM (JPATS): DOJ's prisoner transportation system operated by the U.S. Marshals Service (USMS), sometimes referred to as the "airlift."

34. LIFE SAFETY CODE: A manual published by The National Fire Protection Association specifying minimum standards for fire safety necessary in the public interest.

35. LOG BOOK: The official record of post operations and inspections.

36. MAN-DAY: See Bed Day.

37. MAN-HOUR: Man-hour means productive hours when the required services are performed. Only productive hours can be billed.
38. MARSHALS SERVICE (USMS): An agency within the U.S. Department of Justice responsible for enforcing federal laws and providing support to virtually all elements of the federal justice system.

39. MEDICAL RECORDS: Separate records of medical examinations and diagnosis maintained by the responsible physician or nurse. Limited information from these records is transferred to the detainee record: date and time of all medical examinations; and, copies of standing or direct medical orders from the physician to the facility staff.

40. MEDICAL SCREENING: A system of structured observation and/or initial health assessment to identify newly-arrived detainees who could pose a health or safety threat to themselves or others.

41. OFFICE OF PROFESSIONAL RESPONSIBILITY, PERSONNEL SECURITY UNIT (OPR-PSU): The ICE office, which implements a component-wide personnel security program.

42. ON CALL/REMOTE CUSTODY OFFICER POST: These posts shall be operated on demand by the COR and shall include, but not be limited to, escorting and providing custody of detainees for hearings, ICE interviews, or at any other location requested by the COR.

43. QUALIFIED HEALTH PROFESSIONAL: Physicians, dentists, and other professional and technical workers who by state law engage in activities that support, complement or supplement the functions of physicians and/or dentists who are licensed, registered, or certified, as appropriate to their qualifications, to practice.

44. QUALITY ASSURANCE: The actions taken by the Government to assure requirements of the Performance Work Statement (PWS) are met.

45. QUALITY ASSURANCE SURVEILLANCE PLAN (QASP): A Government document used to ensure that systematic quality assurance methods are used in the administration of performance based standards and other requirements included in this agreement.

46. QUALITY CQNRQL (QC): The Service Provider's inspection system, which covers all the services to be performed under the Agreement. The actions that a Service Provider takes to control the production of services so that they meet the requirements stated in the Agreement.

47. QUALITY CQNRQL PLAN (QCP): A Service Provider-produced document that addresses critical operational performance standards for services provided.
48. RESPONSIBLE PHYSICIAN: A person licensed to practice medicine with whom the facility enters into a contractual agreement to plan for and provide health care services to the detainee population of the facility.

49. RESTRAINT EQUIPMENT: This includes but is not limited to: handcuffs, belly chains, leg irons, straight jackets, flexi cuffs, soft (leather) cuffs, and leg weights.

50. SAFETY EQUIPMENT: This includes, but is not limited to, fire fighting equipment (i.e., chemical extinguisher, hoses, nozzles, water supplies, alarm systems, portable breathing devices, gas masks, fans, first aid kits, stretchers, and emergency alarms).

51. SECURITY DEVICES: Locks, gates, doors, bars, fences, screens, hardened ceilings, floors, walls and barriers used to confine and control detainees. In addition, electronic monitoring equipment, security alarm systems, security light units, auxiliary power supply, and other equipment used to maintain facility security.

52. SECURITY PERIMETER: The outer portions of a facility, which actually provide for secure confinement of detainees.

53. SERVICE PROVIDER: See Contractor.

54. STANDING MEDICAL ORDERS: Written orders, by a physician, to medical personnel for the definitive treatment of identified minor, self-limiting conditions and for on-site treatment of emergency conditions.

55. TOUR OF DUTY: No more than 12 hours in any 24-hour period with a minimum of eight hours off between shifts, except as directed by state or local law.

56. TRANSPORTATION COSTS: All materials, equipment and labor necessary to respond to requests by designated officials for secure movement of detainees from place to place necessary for processing, hearings, interviews, etc.

57. UNIFORM: A clearly identifiable outfit which can include traditional or non-traditional articles such as khaki pants and polo shirts.

58. WEAPONS: This includes but is not limited to firearms, ammunition, knives, slappers, billy clubs, electronic defense modules, chemical weapons (mace), and authorized batons.
II. GENERAL INFORMATION

A. Introduction

Unless otherwise specified, all plans, policies, and procedures shall be developed by the Service Provider and submitted in writing to the CO for review and concurrence prior to receiving detainees for housing. Once concurrence has been granted, these plans, policies, and procedures shall not be modified without the prior written acknowledgment of the CO. The Service Provider does not have a right of refusal and shall take all referrals from ICE, as long as the individuals have been properly classified to be housed at this facility. The Service Provider is prohibited from constructing or making modifications to or adding any additional bed space or facilities at the facility location without the prior written approval of the CO.

B. General

The Service Provider shall abide by all rules and regulations in the following sources:

1. Post Orders

2. American Correctional Association (ACA) Standards for Adult Local Detention Facilities (most current edition) and the most recent copies of the supplements as they are issued. Copies are obtainable for purchase through the Internet website. HTTP://www.aca.org/storeibookstore/.

3. Officers’ Handbook (M-68)

4. The 2011 Performance Based National Detention Standards (PBNDS). CCA may submit requests to waive compliance with PBNDS optimal standards within 180 days of the Agreement effective date. (Note: The provisions of the PBNDS 2011 should be interpreted as minimum requirements. Facilities are encouraged to design and operate the facility to provide the least restrictive conditions appropriate to maintain the security and safety of the staff and detainees.)

5. Federal, state, and local laws governing use of firearms, fire safety and environmental health.

6.

All services must comply with this agreement and all applicable federal, state, and local laws and standards. Should a conflict exist between any of these laws or standards or regulations, the most stringent shall apply. If the Service Provider is unable to determine which law or standard is more stringent, the CO shall determine the appropriate standard.
This PWS contains numerous references, which direct the Service Provider to notify, contact, or provide the CO with information or data. Post-award, the CO may formally designate other Government individuals to assume those responsibilities. The Service Provider is responsible for a Quality Control Program (QCP), which ensures all requirements of this PWS are achieved. The specific requirements for the QCP are further detailed within this PWS.

C. Records Management

The Service Provider shall comply with all statutes, regulations, and guidelines from the National Archives and Records Administration. Records and information management functions are required and mandated by the following laws and regulations: Chapters 21, 29, 31, and 33 of Title 44, United States Code; 36 CFR 12; 41 CFR 201 subchapters A and B; OMB Circular A-130; and DOJ Order 271 O.8A, Removal and Maintenance of Documents. Criminal penalties for unlawfully destroying, damaging, removing, or improperly handling or releasing federal records are addressed in Chapters 37 and 101 of Title 18, United States Code.

D. Inspection by Regulatory Agencies

Work described in the contract is subject to inspection by other Government agencies. The Service Provider shall participate in responding to all requests for information and inspection or review findings by regulatory agencies.

E. Performance Evaluation Meetings

The Service Provider’s representatives shall meet with the COR(s) on a regular basis as determined necessary by the Government. These meetings will provide a management level review and assessment of Service Provider performance and allow for discussion and resolution of problems.

F. Service Provider’s Employee Manual

The Service Provider shall provide rules or policies, which, at a minimum, addresses the following:

1. Organization
2. Recruiting procedures
3. Opportunities for Equal Employment
4. Qualifying for jobs, job descriptions, responsibilities, salaries, and fringe benefits
5. Screening employees for illegal drug use
6. Holidays, leave, and work hours
7. Personnel records, employee evaluations, promotion, and retirement
8. Training
9. Standards of conduct, disciplinary procedures, and grievance procedures
10. Resignation and termination
11. Employee-management relations
12. Security, safety, health, welfare, and injury incidents

The Service Provider must provide a copy of the rules or policies to the Service Provider’s employees at the facility. Upon request by the COR, the Service Provider shall document to the Government that all employees have reviewed a copy of the rules or policies.

G. Housing, Health, and Medical Care

The Service Provider shall provide detention services, to include detainee welfare and record keeping services for ICE.

1. Detention Site Standards

The Service Provider shall ensure the detention site conforms to ACA and the 2011 PBNDS. A fire and emergency plan shall exist and shall be aggressively managed. The Service Provider shall ensure facilities conformance to the following:

For safety, security, and sanitation purposes, an inspection of the detainee housing areas shall be conducted by a supervisor at a minimum of two (2) times per shift. All locks, windows, walls, floors, ventilators, covers, access panels, and doors shall be checked daily for operational wear and detainee tampering. The Service Provider shall take immediate action to repair all defective findings and/or equipment. All inspection results and any instructions to staff shall be logged into the housing area security logbook and be available for review by the COR.

The Facility shall be subject to periodic and random inspections by the COR, or other officials as may be determined by ICE, to ensure compliance with the 2011 PBNDS and the terms of this agreement. Deficiencies shall be immediately rectified or a plan for correction submitted by the Service Provider to the COR for approval.

2. Health and Medical Care

The Service Provider shall comply with written policies and procedures for appropriately addressing the health needs of ICE detainees. Policies and procedures shall be written to ensure that medical, dental, and mental health care are delivered in compliance with NCCHC standards and shall include, but not be limited to, the following:

a. Policies and procedures for accessing 24-hour emergency medical care for ICE detainees.
b. Policies and procedures for prompt summoning of emergency medical personnel.

c. Policies and procedures for emergency medical evacuation of detainees, if deemed necessary by qualified medical personnel.

d. Policies, procedures, and post orders for duty officers to ensure that medical emergencies are recognized and promptly attended to.

e. Policies and procedures addressing detention standards on medical care to include access to care, suicide prevention, hunger strikes, etc.

f. Policies and procedures that support a system allowing for detainees to request medical/mental health services through submission of written requests. Medical/mental health requests for treatment deemed urgent by the medical provider will be forwarded by the Service Provider to the COR and/or alternate COR as soon as possible. Detainee requests shall be addressed with urgency.

g. Policies and procedures that support a continuum of health care services including screening, prevention, health education, diagnosis, and treatment consistent with National Commission on Correctional Health Care (NCCHC) standards and applicable clinical guidelines.

h. Policies and procedures that ensure that detainees released or removed will receive a discharge plan, a summary of medical records, medication and referrals to community-based providers as medically appropriate.

i. Policies and procedures that include the following screening inquiries: past hospitalizations, relevant family medical history, dietary needs and past or recent abuse or violence; and that include – where there is a clinically significant finding as a result of the initial screening – an immediate medical/mental referral with the detainee receiving a health assessment no later than two working days from the initial screening unless the clinical situation would dictate earlier evaluation.

j. Policies and procedures that ensure that detainees experiencing severe, life-threatening intoxication or withdrawal are transferred immediately to a licensed acute care facility.

k. Any detainee complaint for medical care not received shall be promptly addressed and the COR shall be immediately notified.
III. PERSONNEL

The Service Provider shall employ personnel whose qualifications are commensurate with job responsibilities and authority levels. The Service Provider shall assure that employees meet the standards of competency, training, appearance, behavior and integrity. The Service Provider will effect disciplinary or adverse action against employees who disregard those standards.

A. Minimum Standards of Employee Conduct

The Service Provider shall develop standards of employee conduct and corresponding disciplinary actions that are consistent with the following standards of conduct. All employees shall certify in writing that they have read and understand the standards.

A record of this certificate must be provided to the COR prior to the employees beginning work under this contract. The Service Provider shall hold employees accountable for their conduct based on these standards, which are not restricted to, but must include:

1. Employees shall not display favoritism or preferential treatment to one detainee, or group of detainees, over another.
2. Employees shall not discuss or disclose information from detainee files or immigration cases, except when necessary in the performance of duties under this contract.
3. The employee may not interact with any detainee except in a relationship that supports the approved goals of the facility. Specifically, employees shall not receive nor accept any personal (tangible or intangible) gift, favor, or service, from any detainee, any detainee's family, or associate no matter how trivial the gift, favor, or service may seem, for themselves or any members of their family. In addition, the employee shall not give any gift, favor, or service to detainees, detainee's family, or associates.
4. The employee shall not enter into any business relationship with detainees or their families (e.g., selling, buying, or trading personal property).
5. The employee shall not have any outside or social contact with any detainee, his or her family, or associates, except for those activities, which are part of the facility program and a part of the employee's job description.
6. All employees are required to immediately report to the Warden/Facility Director or ICE Supervisor any criminal or non-criminal violation or attempted violation of these standards.
7. The Service Provider shall report all violations or attempted violations of the standards of conduct or any criminal activity immediately to the COR. Violations may result in employee removal from the facility. Failure on the part of the Service Provider either to report a known violation or to take appropriate disciplinary action against offending employee or employees shall subject the Service Provider to appropriate action including possible termination for default.
8. The Service Provider shall not employ any person who is currently an
employee of any federal agency - including active duty military personnel - or
whose employment would present an actual or apparent conflict of interest.

B. Random Drug Testing

The Service Provider shall have a random drug-screening program that randomly
tests a minimum of 10% of all Service Provider staff every quarter. ICE may require
drug screening for cause at any time. The Service Provider shall order and
accomplish drug screening at the Service Provider’s expense. A laboratory approved
by the National Institute of Drug Abuse (NIDA) must perform the screening. The
Service Provider shall provide the results of all such drug screening to the COR
within 24 hours after receipt.

C. Contraband Program and Inspection

A contraband control program shall be established in accordance with the 2011
PBNDs and the ACA standards on the control of contraband. The Service Provider’s
employees are subject to random contraband inspection in accordance with facility
standards and policies. ICE may require contraband screening and inspection for
cause at any time. Upon notification of a violation by the COR, the Service Provider
shall immediately remove the employee from performing duties under this
Agreement. The Service Provider shall revoke employees' credentials, complete
required disposition, and immediately notify the COR when the employee is removed
from duty.

D. Removal from Duty

If the COR or the Service Provider receives and confirms disqualifying information
concerning a Service Provider employee, the Service Provider shall, upon notification
by the COR, immediately remove the employee from performing duties under this
Agreement. The Service Provider shall revoke the employee’s identification
credentials and complete any required dispositions. The Service Provider shall
immediately notify the COR when the employee is removed from duty. Disqualifying
information includes but is not limited to the following:

1. Conviction of a felony, a crime of violence, domestic violence, or a serious
   misdemeanor.
2. Possessing a record of arrests for continuing offenses.
3. Falsification of information entered on suitability forms.
4. Non-payment of court ordered payments (child support, liens, etc.), or
   excessive delinquent debt as determined by credit check.
5. Misconduct or negligence in prior employment, which would have a bearing
   on efficient service in the position in question, or would interfere with or
   prevent effective accomplishment by the employing agency of its duties and
   responsibilities.
6. Alcohol abuse of a nature and duration, which suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of others.

7. Illegal use of narcotics, drugs, or other controlled substances, without evidence of substantial rehabilitation.

ICE may direct the Service Provider to remove any employee who has been disqualified either for security reasons or for being unfit to perform his/her duties as determined by the COR or the Contracting Officer. The Service Provider shall take action immediately and notify the COR when the employee is removed from duty. A determination of being unfit for duty may be made from, but is not limited to, incidents of delinquency set forth below:

3. Neglect of duty, including sleeping while on duty, loafing, unreasonable delays or failures to carry out assigned tasks, conducting personal affairs during official time, leaving post without relief, and refusing to render assistance or cooperation in upholding the integrity of the security program at the work sites;
4. Falsification or unlawful concealment, removal, mutilation, or destruction of any official documents or records, or concealment of material facts by willful omissions from official documents or records;
5. Theft, vandalism, immoral conduct, or any other criminal actions;
6. Possessing, selling, consuming, or being under the influence of intoxicants, drugs, or substances which produce similar effects;
7. Unethical or improper use of official authority or credentials;
8. Unauthorized use of communication equipment or government property;
9. Misuse of equipment or weapons;
10. Violations of security procedures or regulations;
11. Recurring tardiness;
12. Possession of alcohol, illegal substances, or contraband while on duty;
13. Undue fraternization with detainees as determined by the COR;
14. Repeated failure to comply with visitor procedures as determined by the COR;
15. Performance, as determined by investigation by the Contracting Officer involving acquiescence, negligence, misconduct, lack of diligence, good judgment, and/or good common sense resulting in, or contributing to, a detainee escape;
16. Failure to maintain acceptable levels of proficiency or to fulfill training requirements;
17. Changes in an employee's ability to meet the physical and/or mental health requirements of this Agreement;
18. Service Provider employee who is under investigation by any law enforcement agency will be removed from duties pending outcome of the disposition. At the direction of the COR, the Service Provider shall reassign contract employees who have been arrested or who have alleged misconduct to duties that do not permit direct contact with detainees pending the disposition of the charges. Any alleged misconduct shall be reported immediately to the COR. If such reassignments are not available, the Service Provider shall remove the employee from work under this contract and other ICE contracts.

E. Tour of Duty Restrictions

The Service Provider shall not utilize any uniformed contract employee to perform duties under this Agreement for more than 12 hours in any 24-hour period, and shall ensure that such employees have a minimum of eight hours off between shifts; provided, however, Service Provider may utilize uniformed contract employees to perform duties under this Agreement for up to 16 hours in any 24 hour period in the event of an emergency or other non-routine circumstances. Authorization is required from the COR prior to an employee performing services that exceed 16 hours. If an employee is performing other duties for either the Service Provider or another employer, those hours shall count against the 16-hour limitation. Employees performing transportation duties can work up to 15 hrs in a 24 hr period as needed under Department of Transportation regulations.

F. Dual Positions

In the event that a supervisory detention officer is not available for duty the Service Provider should provide a full-time supervisor as a replacement. A contract employee shall not hold the position of Detention Officer and Supervisory Detention Officer simultaneously. The COR will document and refer to the Contracting Officer the failure of the Service Provider to provide necessary personnel to cover positions.

G. Post Relief

As indicated in the post orders, the Detention Officer shall not leave his or her post until relieved by another Detention Officer. When the Service Provider or Service Provider's Supervisors authorize rest or relief periods, the Service Provider shall assign undesignated officers to perform the duties of the Detention Officers on break.

H. Personnel Files

The Service Provider shall maintain a system of personnel files, and make all personnel files available to the CO and the COR upon request. These files shall be maintained and current for the duration of the employee's tenure under the Agreement. The files shall contain verification of training and experience and credentials for all the staff.
I. Uniform Requirements

These requirements apply to Resident Monitoring Staff (Supervisory Detention Officers and Detention Officers) who perform work under the contract.

1. Uniforms

The Service Provider shall provide uniforms to its employees, such as khaki pants and polo shirts. The design and color of the Service Provider's uniforms shall not be similar to those worn by ICE officers. All officers performing under this contract shall wear uniforms of the same style and color while on duty. Supervisory personnel should wear different color shirts to distinguish them from line staff. Uniforms and equipment do not have to be new, but shall be in good condition and meet the standards at start of duty. Officers not in proper uniform shall be considered "not ready for duty/not on duty" until properly uniformed. All uniforms shall be clean, neat, and in good order.

The complete uniform consists of seasonal attire that includes appropriate shirt, pants, belt (mandatory), jacket, shoes or boots (mandatory), duty belt, mini-mag flashlight and holder, handheld radio, and key-holder. The Service Provider shall ensure that each officer has a complete uniform while performing assignments under this Agreement.

Prior to the Agreement performance date, the Service Provider shall document to the COR the uniform and equipment items that have been issued to each employee. The COR shall have the right to approve or disapprove any uniform apparel.

2. Identification Credentials

The Service Provider shall ensure that all employees both uniformed and non-uniformed (if applicable) have the required identification credentials in their possession while on the premises. The Service Provider identification credential document shall contain the following:

a. A photograph that is at least one inch square that shows the full face and shoulders of the employee and is no more than 30 days old when the Service Provider issues the credential.

b. A printed document that contains personal data and description consisting of the employee's name, sex, birth date, height, weight, hair color and eye color, as well as the date of issuance, the signature of the employee, and the signature of project manager designated Service Provider personnel.
c. To avoid the appearance of having Government issued badges, the Service Provider shall not possess wallet type badges or credentials. All credentials shall be approved by the COR.

J. Permits and Licenses

1. Business Permits and Licenses

The Service Provider must obtain all required permits and licenses by the date of the Agreement award. The Service Provider must (depending on the state’s requirements) be licensed as a qualified security service company in accordance with the requirements of the district, municipality, county, and state in which ICE work site(s) is/are located. Throughout the term of this Agreement, the Service Provider shall maintain current permits/business licenses and make copies available for Government Inspection. The Service Provider shall comply with all applicable federal, state, and local laws and all applicable Occupational Safety and Health Administration (OSHA) standards.

2. Licensing of Employees

Before reporting to duty on this contract, the Service Provider shall ensure each employee has registration, commissions, permits, and licenses as required by the district, municipality, county, and state in which ICE work site is located. The Service Provider shall verify all licenses and certifications. If applicable, all Service Provider staff shall possess a current license/registration, in the state in which they are practicing.

3. Jurisdiction

The Service Provider’s authority under this Agreement is limited to space or posts that are under the charge and control of ICE. The Service Provider will not extend his services into any other areas.

K. Encroachment

Service Provider employees shall not have access to Government equipment, documents, materials, and telephones for any purpose other than as authorized by ICE. Service Provider employees shall not enter any restricted areas of the processing centers unless necessary for the performance of their duties.

L. Work Schedules

The Service Provider shall follow the criteria described below when establishing work schedules, contact relief, rest periods, and starting and stopping work.
1. Post Work Schedules

One week in advance, the Service Provider shall prepare supervisory and Detention Officer work schedules, for a two-week period, and shall post them in work areas or locker rooms. A manpower report shall be submitted to the COR on a monthly basis. Schedules shall be prepared on a form designated by ICE. The Service Provider can use their own format if they already have an established procedure for doing so. Changes in duty hours shall also be posted on this form in sufficient time to ensure 24-hour advance notice. By noon each day, the Service Provider shall provide, to ICE the duty roster showing all assignments for the following day. At the completion of each shift, the Service Provider shall also provide an employment report listing (copies of the sign-in sheets [GSA Form 139, or approved equivalent Record of Arrival and Departure from Buildings during Security Hours] for each shift) for each employee who actually worked, work classification, post assignments, and hours worked, as well as total hours worked by supervisory and non-supervisory employees to the COR. The on-duty Service Provider Supervisor shall conduct regular post checks to ensure personnel are prepared to be on duty. When an employee is not being utilized at a given post, the Service Provider at the direction of the COR or ICE Supervisor on Duty may reassign him/her to another post.

2. Starting and Stopping Work

The Service Provider is responsible for all employees to be dressed in full uniform and ready to begin work promptly at the beginning of each shift. Each employee shall remain at the duty locations until the shift is completed. The Service Provider shall provide, to ICE COR, documentation certifying that each contract employee has been issued approved uniforms and equipment prior to Entry on Duty (EOD) date.

3. Recording Presence

The Service Provider shall direct its employees to sign in when reporting for work, and to sign out when leaving at the end of their period of duty. The Service Provider’s supervisory and regular personnel are required to register at the applicable work site(s) and shall use GSA Form 139, Record of Arrival and Departure from Buildings during normal duty hours or other forms designated by ICE. The Government shall specify the registration points, which will be at the protected premises, and the Service Provider must utilize those points for this purpose. Officers, working as supervisors, shall make the designation "Supervisor" in the rank column on GSA Form 139, Record of Arrival and Departure from Buildings during normal duty hours, or other forms designated by ICE; all others will enter "On Duty." The applicable post or position numbers may be entered in the "relief" column after mutual concurrence between ICE and the Service Provider.
Each line on GSA Form 139, Record of Arrival and Departure from Buildings during normal duty hours, or other forms designated by ICE must be completed in chronological order, without exception. Lines may not be left blank between signatures. If an entire line is used to enter a calendar date to separate individual workdays, a one-line limit for each date entered will be followed. Erasures,obliterations, superimposed, or double entries of any type on anyone line are unacceptable and will not be processed for payment. If errors are made in signatures, times, post numbers, or duty status on this form, the next line immediately following the line containing such errors, will be used to record all corrected information. A single line will be drawn through the entire line on which such mistakes appear. The Service Provider must attach a detailed memorandum explaining the reasons for the mistakes to each form containing erroneous entries.

4. Rest Periods

When the Service Provider authorizes rest and relief periods for a Service Provider employee, a substitute officer shall be assigned to the duty location.

5. Work Relief

When the work assignments require that the Service Provider's employees do not leave the assigned duty locations until a substitute officer has provided relief, this condition shall be explicitly stated on GSA Form 2580, Guard Post Assignment Record, or other forms designated by ICE COR. The Service Provider shall enforce the procedure without exceptions.

6. Hospitalization of Detainees

The detainees shall not use the telephones unless the Service Provider receives prior approval from the COR. The contract employees shall not fraternize with clinic/hospital staff or with casual visitors to the clinic/hospital. Detainee visitation is not permitted at the hospital. The Service Provider is obligated to relay messages as requested by the detainee to ICE COR.
IV. BACKGROUND AND CLEARANCE PROCEDURES

A. Initial Drug Testing

The Service Provider must obtain screening for the use of illicit drugs of every employee and prospective employee working under this Agreement. Drug screening is urinalysis to detect the use of amphetamines, cocaine metabolites, opiates (morphine/codeine), phencyclidine (PCP), and marijuana metabolites by an individual. ICE may expand the above list to include additional drugs. A lab approved by the National Institute of Drug Abuse (NIDA) must perform the screening. Prior to the granting of a favorable EOD decision, the Service Provider must submit the results of the drug screening on the applicant to the COR. Drug testing of an applicant will commence as soon as scheduled upon receipt of an applicant's personnel suitability packet by the COR. The results of an applicant's drug test must be submitted to the COR no later than 21 calendar days after receipt of an applicant's personnel suitability packet. Such tests shall be obtained from a National Institute of Drug Abuse (NIDA) approved laboratory and screened for the presence of the following drugs or drug classes: amphetamines, cocaine metabolites, opiates (morphine/codeine), phencyclidine (PCP) and marijuana metabolites. (The ICEIDRO reserves the right to expand the list above to include additional drug/drug classes.) Service Provider shall ensure that all federal, state, and local legal procedures are followed whether or not included in these procedures, with regard to the specimen, Service Provider must ensure that the confirmations are correct and that an adequate chain of custody procedure exists and is followed. The Service Provider must post the ICE "Drug Free Workplace Policy" in all facility work areas.

B. Training

Employees shall not perform duties under this Agreement until they have successfully completed all initial training and the COR receives written certification from the Service Provider.

Facility staff will be trained in accordance with the 2011 PBNDS and ACA standards. To enhance the staff's ability to carry out the mission of civil detention, additional training related to communication skills, sensitivity, multi-cultural awareness, PREA and basic medical care shall be provided and required.

To support a civil versus penal environment, facility staff may be dressed in non-traditional uniforms.
1. General Training Requirements

   a. All employees will have the training described in the ACA Standards and in this section. The Service Provider shall provide the required refresher courses or have an institution acceptable to the COR to provide the training. Failure of any employee to complete training successfully is sufficient reason to disqualify him or her from duty.

   b. All new Officers and Custody staff will receive 120 hours of training as delineated in the ACA Standards during the first year of employment.

   All staff assigned to the facilities addressed in this IGSA will also receive any other additional training ICE may require.

   **Firearm Training for Required Armed Detention Services in accordance with State Licensing requirements. Service Provider shall certify proficiency every quarter.**

   Additional classes shall be at the discretion of the Service Provider with the approval of the COR.

2. Refresher Training

   a. Every year the Service Provider shall conduct 40 hours of Refresher Training for all Officers and Custody staff including Supervisory Officers. Refresher training shall consist of these critical subjects listed above and a review of basic training subjects and others as approved by ICE.

   b. The Service Provider shall coordinate recertification in CPR and First Aid with the ICE training staff. This training shall be provided at no cost to the Government. Annually, upon completion, the Service Provider shall provide documentation of refresher training to the COR.

   c. In addition to the refresher training requirements for all Officers and Custody staff, supervisors must receive refresher training relating to supervisory duties.

3. Basic First Aid and CPR Training

   a. All members of the Service Provider’s security staff shall be trained annually in basic first aid and CPR. They must be able to:

      1. Respond to emergency situations within four minutes.
      2. Recognize warning signs of impending medical emergencies.
      3. Know how to obtain medical assistance.
      4. Recognize signs and symptoms of mental illness.
      5. Administer medication.
6. Know the universal precautions for protection against blood-borne diseases.

4. Supervisory Training

All new Supervisory Officers assigned to perform work under this agreement must successfully complete a minimum of 40 hours of formal supervisory training provided by the Service Provider prior to assuming duties. This training is in addition to mandatory training requirements for Officers. Supervisory training shall include the following management areas:

a. Techniques for issuing written and verbal orders
b. Uniform clothing and grooming standards
c. Security Post Inspection procedures
d. Employee motivation
e. Scheduling and overtime controls
f. Managerial public relations
g. Supervision of detainees
h. Other company policies
i. Responding to sexual assault/abuse
j. Responding to assaults on staff, detainee on detainee violence, and supervising and/or responding to uses of force.

All supervisory staff assigned to the facilities addressed in this IGSA will also receive training in the Civil Liberties – Criminal Justice and Legal Issues and Mental Health Concerns in ICE Detention.

Additional classes shall be at the discretion of the Service Provider with the approval of the COR.

The Service Provider shall submit documentation to the COR, to confirm that each supervisor has received basic training as specified in the basic training curriculum.

5. Proficiency Testing

The Service Provider shall give each Detention Officer a written examination following each training class to display proficiency. The Service Provider may give practical exercises when appropriate.

6. Training Documentation
a. The Service Provider shall submit a training forecast and lesson plans to the COR or ICE designee, on a monthly basis, for the following 60-day period. The training forecast shall provide date, time, and location of scheduled training and afford the COR observation/evaluation opportunity.

b. The Service Provider shall certify and submit the training hours, type of training, date and location of training, and name of the instructor monthly for each employee to the COR or ICE designee.
V. REQUIRED SERVICES - ADMINISTRATION AND MANAGEMENT

A. Manage Information System for Collecting, Retrieving, Storing, and Reporting Detainee Detention

All detainee files are to be prepared, maintained, retired, and disposed of in accordance with the 2011 PBNDS. Policy and procedures shall be developed to ensure the confidentiality and security of all detainee files. Information from a detention file will be released to an outside third party only with the detainee’s signed release-of-information consent form. Any release of information will be in accordance with applicable Federal and state regulations.

B. Manage the Receiving and Discharge of Detainees

In accordance with the 2011 PBNDS, the Service Provider will provide for the admitting and releasing of detainees to protect the health, safety, and welfare of each individual. During the admissions process, detainees undergo screening for medical purposes, have their files reviewed to ensure they can be housed at the facility, submit to a standard body search, and are personally observed and certified regarding the examination, categorization, inventorying, and safeguarding of all personal belongings. This shall include fingerprinting of detainees.

The Service Provider shall comply with the ICE policy on Admission and Release when entering detainee admission and release data. ICE detainees shall be fingerprinted in accordance with the ICE policy on Admissions Documentation. The intake process shall include, at a minimum, a medical and social screening prior to detainee release into the general population.

This facility is designed for Level I, II, and III detainees that include non-criminals as well as those with criminal records.

Detainees will have access to a minimum of one free telephone call during the admission process and the release process.

C. Manage and Account for Detainee Assets (funds, property)

The Service Provider will provide for the control and safeguarding of detainees’ personal property. This will include: the secure storage and return of funds, valuables, baggage, and other personal property; a procedure for documentation and receipt of surrendered property; and the initial and regularly scheduled inventories of all funds, valuables, and other property.

The Service Provider shall have written standard procedures for inventory and receipt of detainee funds and valuables that adheres to the requirements of ICE policy on Funds and Personal Property; and Detention and Removal Operations Policy and Procedure Manual (DROPPPM) Update: Chapter 30: Detainee Property Management.
Written procedures shall be established for returning funds, valuables, and personal property to a detainee being transferred or released that adheres to the requirements of ICE policy. The Service Provider shall ensure that all detainees who are scheduled for either transfer or release are given all funds (in cash) immediately prior to leaving the facility. Confiscated foreign currency funds are to be returned to the detainee.

D. Securely Operate the Facility

Policy and procedures for the maintenance and security of keys and locking mechanisms shall be developed. The procedures shall include, but are not limited to: method of inspection to expose compromised locks or locking mechanisms; method of replacement for all damaged keys and/or locks; a preventive maintenance schedule for servicing locks and locking mechanisms and method of logging all work performed on locks and locking mechanisms; policy for restricting security keys from 24 hour issue or removal from the institution; and method of issuing emergency keys. Staff responsible for lock maintenance shall receive training and be certified from a Government approved training program (or equivalent) specializing in the operation of locks and locking mechanisms. The Service Provider shall provide constant unarmed perimeter surveillance of the facility. Surveillance may be provided via a minimum of one motorized security patrol.

The Service Provider shall develop policies and procedures regarding detainee use of those classified controlled tools and equipment most likely to be used in an escape or as a weapon. Further, the Service Provider shall ensure that detainee usage of those classified controlled tools and equipment is only under direct Service Provider staff supervision.

E. Enforce the Detainee Disciplinary Policy

The Service Provider shall comply with the 2011 PBNDS disciplinary policy. Facility authorities may take disciplinary action against any detainee who is not in compliance with the rules and procedures of the facility.

F. Administrative Segregation Policy

Placements in administration segregation for purposes of protection custody should only be done for short duration. Use of administrative segregation to protect vulnerable populations shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees who have been placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel and other services to the maximum extent possible.
G. Maintain Detainee Accountability

Population counts will be conducted in accordance with the 2011 PBNDS. All counts shall be documented in separate logs maintained in the applicable locations where detainees are housed, the control center and shift supervisor’s office and shall be maintained for a minimum of 30 days. Count records must be available for review and secured away from the detainee population.

H. Collect and Disseminate Intelligence Information

Policy and procedures for collecting, analyzing, and disseminating intelligence information regarding issues affecting safety, security, and the orderly running of the facility shall be developed. This information should include, but not be limited to: gang affiliations; domestic terrorist groups; tracking of detainees having advanced skills in areas of concern (locksmiths, gunsmiths, explosives, and computers, etc.); narcotics trafficking; mail and correspondences; detainee financial information; detainee telephone calls; visiting room activity; and actions of high profile detainees. The Service Provider shall share all intelligence information with the ICE Intelligence Office.

I. Provide Security Inspection System

The Service Provider will develop and maintain a security inspection system with the aim of controlling the introduction of contraband into the facility, ensure facility safety, security and good order, prevent escapes, maintain sanitary standards, and eliminate fire and safety hazards. The Service Provider’s inspections program will meet the requirements of the 2011 PBNDS for Security Inspections.

The Service Provider shall report all criminal activity related to the performance of this contract to the appropriate law enforcement investigative agency. The Government may investigate any incident pertaining to performance of this contract. The Service Provider shall cooperate with the Government on all such investigations. The Service Provider shall immediately report all serious incidents or criminal activity to the COR Serious incidents include, but are not limited to the following: activation of disturbance control team(s); disturbances (including gang activities, group demonstrations, food boycotts, work strikes, work place violence, civil disturbances/protests); staff uses of force including use of lethal and less lethal force (includes detainees in restraints more than eight hours); assaults on staff/detainees resulting in injuries that require medical attention (does not include routine medical evaluation after the incident); fires; fights resulting in injuries requiring medical attention; full or partial lock-down of the facility; escape; weapons discharge; suicide attempts; deaths; declared or non-declared hunger strikes; adverse incidents that attract unusual interest or significant publicity; adverse weather; fence damage; power outages; bomb threats; high profile detainee cases admitted to a hospital; significant environmental problems that impact the facility operations; transportation accidents resulting in injuries, death or property damage; and sexual assaults. Pursuant to ICE
instructions, the Service Provider shall counteract civil disturbances, attempts to commit espionage or sabotage, and other acts that adversely affect the normal site conditions, the security and safety of personnel, property, detainees, and the general public.

J. Maintain Institutional Emergency Readiness

The Service Provider shall submit an institutional emergency plan that will be operational prior to issuance of the NTP. The plan shall receive the concurrence of the COR prior to implementation and shall not be modified without the further written concurrence of the CO. The Service Provider shall have written agreements with appropriate state and local authorities that will allow the Service Provider to make requests for assistance in the event of any emergency incident that would adversely affect the community. Likewise, the Service Provider shall have in place, an internal corporate nation-wide staff contingency plan consisting of employees who possess the same expertise and skills required of staff working directly on this contract. At the discretion of ICE, these employees would be required to respond to an institutional emergency at the contracted facility if deemed necessary. The emergency plans shall include provisions for two or more disturbance control teams. Protective clothing and equipment for each team member and 30 percent of all additional facility staff members shall be provided by the Service Provider, and maintained in a secure location outside the secure perimeter of the facility.

Any decision by ICE or other federal agencies to provide and/or direct emergency assistance will be at the discretion of the Government. The Service Provider shall reimburse the Government for any and all expenses incurred in providing such assistance.

Attempts to apprehend any escapee(s) shall be in accordance with the Emergency Plan, which shall comply with the 2011 PBNDS regarding Emergency Plans.

The Service Provider shall submit to the COR a proposed inventory of intervention equipment (e.g., weapons, munitions, chemical agents) intended for use during performance of this contract. The COR, prior to issuance of the NTP, shall provide concurrence of the intervention equipment. The approved intervention equipment inventory shall not be modified without prior written concurrence of the CO.

The Service Provider shall obtain the appropriate authority from state or local law enforcement agencies to use force as necessary to maintain the security of the facility. The use of force by the Service Provider shall at all times be consistent with all applicable policies of the 2011 PBNDS on Use of Force.
K. Manage Computer Equipment and Services in Accordance with all Operational Security Requirements

The Service Provider must comply with all federal security and privacy laws and regulations established to protect federal systems and data. The Service Provider will inform all personnel of the confidential nature of ICE detainee information.

The Service Provider will restrict access of data information pertaining to ICE detainees to authorized employees with the appropriate clearance who require this information in the course of their official duties. In accordance with the Freedom of Information/Privacy Act (FOIA/PA), the Service Provider may not disclose information obtained pertaining to ICE detainees to a third party without written permission from the COR. The Service Provider is required to develop a procedural system to identify and record unauthorized access, or attempts to access ICE detainee information. The Service Provider will notify the COR and alternate COR within four hours of a security incident.
VI. FACILITY SECURITY AND CONTROL

A. Security and Control (General)

The Service Provider shall maintain a copy of facility post orders for employee review within the areas of assignment, and shall initiate responses to any incidents as outlined in the post orders. The Service Provider employees shall write reports of incidents as outlined in the post orders. The Service Provider shall operate and control all designated points of access and egress on the site; such as, detainee housing units, courtrooms, medical facilities, and hold rooms. The Service Provider shall inspect all packages carried in or out of site in accordance with ICE procedures. The Service Provider shall comply with ICE security plans.

The Service Provider shall comply with all the 2011 PBNDS pertaining to the security and control of the detention facilities. The Service Provider will adhere to local operating procedures within each facility.

B. Unauthorized Access

The Service Provider shall detect and detain persons attempting to gain unauthorized access to the site(s) identified in this contract.

C. Direct Supervision of Detainees

The Service Provider shall provide supervision of all detainees in all areas, including supervision in detainee housing and activity areas, to permit Detention Officers to hear and respond promptly to emergencies.

D. Logbooks

The Service Provider shall be responsible to complete and document in writing, for each shift, the following information in the logbooks:

1. Activities that have an impact on the detainee population (e.g., detainee counts, shakedowns, detainee movement in and out of the site, and escorts to and from court).
2. Shift activities (e.g., security checks, meals, recreation, religious services, property lockers, medical visits).
3. Entry and exit of persons other than detainees, ICE staff, or Service Provider Staff (e.g., attorneys and other visitors).
4. Fire drills and unusual occurrences.
E. Records and Reports

The Service Provider shall furnish, on a daily basis, a manifest of all detainees currently detained in the facility. The manifest shall contain the following information for each detainee: "A" File Number (system of numbering supplied by ICE); office received from; name; date of birth; gender; nationality; date of arrival; number of days the detainee has been in the facility; and type of release, if applicable. The Service Provider shall provide monthly status reports to the COR or alternate COR. Such reports will include a monthly key indicator report, which indicates the key personnel positions of the facility (e.g., position title, name of the employee, vacancies and length of vacancies, dates of service, additional comments). These monthly reports must be submitted to the COR or alternate COR by the fifth of each month for the previous month's activities and staffing.

The Service Provider shall prepare required orders, instructions, and reports of accidents, security violations, fires, and bomb threats. The reports shall be maintained, on file, concerning all activities in connection with duties and responsibilities for the services performed under this Agreement. All such records must be kept using a system with a written policy, which allows the reports to be made available to the Government for inspection. The Service Provider shall, at the request of ICE, prepare any special or other reports, or issue further orders and instruction as may be required in support of work within the scope of this Agreement. The distribution, format, and time elements for these reports shall be directed by Government requirements. All records and logs, required for operation and performance of work under this Agreement, shall be made available to ICE at Agreement completion. The Service Provider shall provide a detailed and comprehensive inventory of records to be turned over to the Contracting Officer at contract completion or contract termination. The written inventory shall be recorded on Standard Form (SF) 135 or approved equivalent, Records Transmittal and Receipt, and shall be consistent with the National Archives and Records Administration (NARA) guidelines for inventoried records (see: http://www.nara.gov/records/index.html). Inventory shall describe the contents of a particular box of records and shall include record type and date of records, and shall be consistent with NARA inventory requirements.

The SF - 135, Records Transmittal and Receipt, shall be itemized in sufficient detail to provide program officials with the information required for researching or retrieving retired records. Instructions for the level of detail required can be found on the back of the SF- 135a, Records Transmittal and Receipt (continuation), and the Service Provider shall inventory the records to that level of detail.

F. Detainee Counts

The Service Provider shall monitor detainee movement and physically count detainees as directed in the ICE Detentions Operations Manual and post orders. (For the ICE Detention Operations Manual, please see: http://www.ice.gov/detention-
standards/2011/). All counts shall be documented in separate logs maintained in the applicable locations where detainees are housed, control center, and shift supervisor's office and shall be maintained for a minimum of 30 days.

G. Daily Inspections

The Detention Officers shall conduct daily inspections of all security aspects of the site. They shall check all bars, locks, windows, walls, floors, ventilation covers, glass panels, access plates, protective screens, doors, lights, and equipment for operational wear and detainee tampering. The Detention Officers shall also report slippery floor surfaces. This documentation shall be made daily in a logbook. Problems discovered during these inspections shall be clearly identified in the documentation.

The Service Provider shall also notify the COR of any abnormalities or problems. The Service Provider shall immediately notify the COR or alternate COR on duty of any physical facility damage. Written documentation of any problem areas shall be submitted to the COR by the end of the shift.

H. Control of Contraband

The Service Provider shall conduct searches for contraband at least once daily, in all areas in which detainees have access. Searches shall be random and unannounced. During the searches, detainee possessions shall be disturbed as little as possible. Contraband items shall be immediately confiscated, logged into the Contraband logbook in accordance with the 2011 PBNDS, and turned over to the COR or alternate COR on duty. The Service Provider shall document records of the searches in a logbook and forward a report to the COR within 24 hours after discovery of the contraband items.

I. Keys and Access Control Devices

The Service Provider shall adhere to key control policies, in accordance with the 2011 PBNDS.

**Entrance Access Controls:** The Service Provider shall operate and enforce the personnel admitting and identification systems, and package inspection procedures in accordance with security guidelines at the protected premises prescribed by the 2011 PBNDS.

The Service Provider may accept registered mail and parcels, in accordance with ICE approved procedures. The Service Provider shall be responsible for the distribution of all received mail and parcels.
J. Control of Chemicals

The Service Provider shall adhere to, the 2011 PBNDS, ACA, and OSHA established procedures, applicable laws, and regulations governing the storage and inventory of all flammable, toxic, and caustic materials used for janitorial cleaning, laundry maintenance, vehicle maintenance, and other applications.

K. Post Orders

The Service Provider shall develop post orders, policies and procedures, and instructions necessary for proper performance at each duty post. Each post will have a separate post order. The Service Provider is responsible for compliance with all such orders, policies and procedures, and instructions. ICE shall approve all post orders prior to implementation of them.

The Service Provider shall make post orders available to all Service Provider employees. Each Service Provider Detention Officer shall certify, in writing, that he or she understands and agrees to comply with all post orders, policies and procedures, and instructions prior to being initially assigned to that post. The Service Provider shall retain its employees’ certifications and make them available to the COR upon request.

L. Deviation from Prescribed Schedule Assignments

The Service Provider is authorized to deviate from the scheduled assignment when unusual conditions or circumstances so demand, and if prior approval is received from the COR. All deviations shall be recorded in the daily logbook. When the COR is not available, the Service Provider shall notify the alternate COR immediately or as soon as is practically possible.

M. Use of Force Policy

ICE restricts the use of physical force by Detention Officers to instances of justifiable self-protection, protection of others, and protection of property and prevention of escapes. Physical force may only be used to the degree necessary to safeguard the well being of the detainee(s) and others in the immediate area. The following policies pertain to use of force:

1. The Service Provider shall adhere to the 2011 PBNDS on the use of deadly and non-deadly force to include the use of intermediate and deadly weapons.
2. The physical force report shall include:
   a. An accounting of the events leading to the use of force.
   b. A precise description of the incident to include date, time, place, type of force used, and reasons for employing force.
   c. A description of the person (Detention Officers or detainees) who suffered described injuries, if any, and the treatment given.
d. A list of all participants and witnesses (Service Providers, detainees, and ICE personnel) to incident.

3. The calculated use of force must be in accordance with the 2011 PBNDS and requires, at a minimum, the following:
   e. The formulation of an After Action Review Team, which must include the participation of the COR.
   f. An After Action Report submitted to the COR within 30 days of the incident, with corrective actions noted, if applicable.
   g. Video footage of the incident must be made available for potential ICE review.

N. Use of Restraints Policy

The Service Provider shall comply with the 2011 PBNDS governing the use of restraint equipment. Restraints shall never be applied as punishment nor shall they be used for more time than is necessary. Restraints shall be used only as a precaution against escape during transfer to prevent detainee self-injury, injury to others, property damage, or for medical reasons under direction of the Health Authority. Restraints consist of handcuffs, waist restraints, and leg restraints. When directed by the COR, the Detention Officer may use Government-provided disposable nylon straps in lieu of handcuffs or leg restraints in emergencies, mass arrest situations, or if a detainee's wrists or ankles are too large for conventional restraints. ICE prohibits the Service Provider from using all other restraint devices.

O. Intelligence Information

The Service Provider shall notify the COR or Alternate COR immediately on issues, which could impact the safety, security, and the orderly operation of the facility.

P. Lost and Found

The Service Provider shall log and maintain all lost and found articles and shall report all items to the COR or Alternate COR.

Q. Escapes

The Service Provider shall take all appropriate measures to prevent escapes. The Service Provider shall notify the COR and Alternate COR immediately if an escape or an attempted escape has occurred. The Service Provider shall provide the COR and alternate COR with a written report prior to the end of the shift. The Service Provider shall be held to the following standards concerning escapes:

1. The Service Provider assumes absolute liability for the escape of any detainee in its control, subject to limitations delineated in item 5 below.
2. The Service Provider shall provide written policies and procedures regarding the actions to be taken in the event of an escape. This document
must include reporting requirements for all contract employees, escorts, supervisors, and management personnel. These procedures must meet the approval of the COR, be reviewed at least annually, and updated as necessary.

3. Escapes shall be grounds for removing the responsible Service Provider Employee(s) from duty if the Service Provider Employee(s) is/are determined by the Service Provider or the COR to be negligent. Notice of removal shall be provided to the Contracting Officer.

4. Corrective actions to prevent future escapes or attempted escapes shall be taken immediately and verbally communicated to the COR for approval. A written report of the remedial action shall be due to the COR within 24 hours of an escape or attempted escape.

5. ICE may make deductions due to nonperformance. It is specifically understood and agreed that the Government may not reduce the Service Provider’s invoice or otherwise withhold payment from or impose any financial penalty upon the Service Provider based upon walk-aways or escapes from the facility, unless such walk-aways or escapes are the result of the Service Provider’s gross negligence, it being understood and agreed that this is not a secure facility.

R. Injury, Illness, and Reports

The Service Provider shall immediately assist employees, detainees, or others on the premises in need of immediate help or who are injured or ill. Service Provider employees shall provide first aid when necessary.

The Service Provider shall immediately notify the COR and alternate COR about all incidents that result in physical harm to or threaten the safety, health, or welfare of any person at the site including job-related injuries. If a detainee requires immediate medical attention, the Detention Officer shall notify the medical provider as well as the COR and alternate COR. The Service Provider shall submit a follow-up written report to the COR within 24 hours of the occurrence. The Service Provider shall cooperate with ICE in reviewing serious incidents. A serious incident means any incident resulting in injury to a detainee, Service Provider staff, ICE staff, or property damage.

The Service Provider shall submit a monthly injury report summary containing, but not limited to, name, time/date, location, circumstances, care rendered, current status, Worker's Compensation status, and reference to identification of initial report.
S. Protection of Employees

The Service Provider shall develop plans that comply with ICE comprehensive plans and procedures to safeguard employees against exposure of blood borne pathogens. The ICE plan is based upon OSHA standards found in the Employee Occupational Safety and Health (EOSH) Manual. (For additional information, please see Occupational Exposure to Blood Bourne Pathogens, 29 CFR 1910.1030.)

T. Medical Requests

The Service Provider shall adhere to ICE policies and procedures regarding detainee medical requests. Please see http://www.ice.gov/doclib/PBNDS/pdf/medical_care.pdf to view the 2011 PBNDS on Medical Care. If a detainee requires emergency medical attention, the Detention Officer shall immediately notify his or her Supervisor via radio or telephone. The Service Provider’s Supervisor will, in turn, notify the medical provider as well as the COR and alternate COR.

U. Emergency Medical Evacuation

The Service Provider shall develop and implement written policies and procedures that define emergency health care evacuation of detainees from within the facility.

V. Sanitation and Hygienic Living Conditions

The Service Provider shall comply with the requirements of the Occupational Safety and Health Act of 1970 and all codes and regulations associated with 29 CFR 1910 and 1926. The Service Provider shall comply with all applicable ICE, federal, state and local laws, statutes, regulations, and codes. In the event there is more than one reference to a safety, health, or environment requirement in an applicable, law, standard, code, regulation, or ICE policy, the most stringent requirement shall apply.
VII. MANAGE A DETAINEE WORK PROGRAM

A. General

It will be the sole responsibility of ICE to determine whether a detainee will be allowed to perform on voluntary work details and at what classification level. All detainees shall be searched when they are returned from work details. Detainees shall not be used to perform the responsibilities or duties of an employee of the Service Provider. Detainees shall not be used to perform work in areas where sensitive documents are maintained (designated ICE workspace). Custodial/janitorial services to be performed in designated ICE work space will be the responsibility of the Service Provider. Appropriate safety/protective clothing and equipment shall be provided to detainee workers as appropriate. Detainees shall not be assigned work that is considered hazardous or dangerous. This includes, but is not limited to, areas or assignments requiring great heights, extreme temperatures, use of toxic substances, unusual physical demands, and cleaning of medical areas.
VIII. HEALTH SERVICES

The Service Provider will provide all health and medical-related services for the facility, as previously described in this PWS.

A. Manage a Detainee Death in Accordance with the 2011 PBNDS on Terminal Illness, Advance Directives, and Death

The Service Provider shall fingerprint the deceased. Staff members performing the fingerprinting shall date and sign the fingerprint card to ensure that a positive identification has been made and file the card in the detainee's file.

If death is due to violence, accident surrounded by unusual or questionable circumstances, or is sudden and the deceased has not been under immediate medical supervision, the Service Provider shall notify the coroner of the local jurisdiction to request a review of the case, and if necessary, examination of the body.

The Service Provider shall establish coroner notification procedures outlining such issues as performance of an autopsy, which will perform the autopsy, obtaining state approved death certificates, and local transportation of the body. The Service Provider shall in cooperation with the Field Office representative, ensure the body is turned over to the designated family member, the nearest of kin or the Consular Officer of the detainee’s country of legal residence.
IX. FOOD SERVICE

A. Manage Food Service Program in a Safe and Sanitary Environment

The Service Provider shall provide detainees with nutritious, adequately varied meals, prepared in a sanitary manner while identifying, developing, and managing resources to meet the operational needs of the food service program. The Service Provider shall identify, develop, and manage food service program policy, procedures, and practices in accordance with the provisions of the 2011 PBNDS on Food Service.
X. DETAINEE SERVICES AND PROGRAMS

A. Manage Multi-Denominational Religious Services Program

The Service Provider shall ensure detainees of different religious beliefs will be provided reasonable and equitable opportunity to practice their respective faiths. The religious services program will comply with all elements of the 2011 PBNDS on Religious Practices and relevant federal statutes.

B. Provide for a Detainee Recreation Program

The Service Provider shall develop and ensure adequate and meaningful recreation programs for detainees at the facility. In addition to the indoor and outdoor recreation areas, the facility shall provide several multi-purpose rooms that can be used for activities such as indoor table games, watch TV, read, and generally interact with other detainees in a relaxed setting.

Indoor and outdoor areas will offer recreational equipment to provide aerobic and strength conditioning. Outside recreation activities may include handball, volleyball, basketball, soccer, or other activities appropriate to the needs of the population. Subject to the security needs of the facility, and using the provisions of the PBNDS 2011 as a guide, detainees will be allowed ample access to the recreation areas within the facility's perimeter. Recreation time should be no less than as specified in the PBNDS 2011.

C. Manage and Maintain a Commissary

A commissary shall be operated by the Service Provider as a privilege to detainees who will have the opportunity to purchase from the commissary several times per week. These items will not include those items prohibited by the Warden/Facility Director. All items available at the commissary must be approved by the COR or alternate COR. The commissary inventory shall be provided to the COR upon request. The Service Provider may assess sales tax to the price of items, if state sales tax is applicable.

Revenues are to be maintained in a separate account and not commingled with any other funds. If funds are placed in an interest bearing account, the interest earned must be credited to the detainees. Any expenditure of funds from the account shall only be made with the approval of the Contracting Officer. Any revenues earned in excess of those needed for commissary operations shall be used solely to benefit detainees at the facility. Profits may also be used to offset commissary staff salaries. The Service Provider shall provide independent auditor certification of the funds to the COR every 90 days. At the end of the contract period, or as directed by the Contracting Officer, a check for any balance remaining in this account shall be made.
payable to the *Treasury General Trust Fund* and given/transmitted to the Contracting Officer.

Detainees are permitted to receive funds from outside sources (i.e., from family, friends, bank accounts). Outside funds or those generated from work may be used to pay for products and services from the commissary.

**D. Visitation**

Visitation shall be provided within a designated area with hours of operation throughout the week consistent with the PBNDS 2011. The facility shall provide multi-purpose rooms for NGOs rights presentations [and EOIR LOP programs]. These rooms shall also be available for use by consular officials.

**E. Law Library**

The Service Provider shall provide secure space within the secure perimeter, either a dedicated room or a multipurpose room for computers, printers, books, and materials to provide a reading area - "Law Library" - in accordance with the 2011 PBNDS on the Access to Legal Materials.

**F. Library**

The Service Provider shall provide secure space within the secure perimeter, either a dedicated room or a multipurpose room for books and materials to provide a reading area and detainees will be permitted to take books back to their housing area consistent with safety and security requirements.

**G. Barber Shop**

A barber shop, designed and equipped in accordance with ICE standards, shall be made available to ICE detainees.

**H. Language Access**

The Service Provider will ensure that applicable content of all instructions given to ICE detainees and copies of the Detainee Handbook - as addressed in the PBNDS 2011 standards - are communicated to detainees in a language or manner that the detainee can understand. All written materials provided to detainees shall generally be translated into Spanish. Where practicable, provisions for written translation shall be made for other significant segments of the ICE population with limited English proficiency.

Oral interpretation or assistance shall also be provided to any ICE detainee who speaks another language in which written material has not been translated or who is illiterate.
I. Create and Manage a Detainee Representative Program

The Service Provider shall create and manage a Detainee Representative Program. Functioning separately from the Detainee Grievance Program, detainees elect representatives from their living quarters to represent them in bringing issues forward to staff and/or supervisors. A facility manager shall meet with detainee housing area representatives on a scheduled basis to address detainee concerns.

J. Physical Plant

The facility operation and maintenance shall ensure that detainees are housed in a safe, secure, and humane manner. All equipment, supplies, and services shall be Service Provider-furnished except as otherwise noted. The facility, whether new construction expansion or an existing physical plant, shall be operated, and maintained in accordance with all applicable federal, state, and local laws, regulations, codes, guidelines, and policies. In the event of a conflict between federal, state, or local codes, regulations or requirements, the most stringent shall apply. In the event there is more than one reference to a safety, health, or environmental requirement in an applicable law, standard, code, regulation or Government policy, the most stringent requirement shall apply.

The facility shall provide housing configurations commensurate with the security needs of the population. A one year construction schedule is acceptable for new physical plant requirements. The facility shall comply with the building codes under which it was permitted at the time of original construction.

Whether new construction expansion or existing physical plant, fire protection and life safety issues shall be governed by the building and life safety codes under which the facility was permitted at the time of original construction.

The facility, whether new construction expansion or existing physical plant, shall comply with the requirements in effect at the time of the original facility construction of the Architectural Barriers Act of 1968 as amended and the Rehabilitation Act of 1973 as amended. The standards for facility accessibility by physically handicapped persons as set forth in "Uniform Federal Accessibility Standards/Fed Std. 795 4/0118 Edition" (UFAS) shall apply. All areas of the buildings and site shall meet these requirements. Activities, which are implemented, in whole or in part, with federal funds, must comply with applicable legislation and regulations established to protect the human or physical environment and to ensure public opportunity for review. The Service Provider shall remain in compliance with federal statutes during performance of the contract including, but not limited to the following Acts: Clean Air, Clean Water, Endangered Species, Resources Conservation and Recovery; and other applicable laws, regulations and requirements. The Service Provider shall also comply with all applicable limitations and mitigation identified in any Environmental Assessment or Environmental Impact Statement prepared in conjunction with the contract pursuant to the National Environmental Policy Act, 42U.S.C. 4321.
If a spill(s) or release(s) of any substance into the environment occur, the Service Provider shall immediately report the incident to the COR or ICE designated official.

A safety program shall be maintained in compliance with all applicable Federal, state and local laws, statutes, regulations and codes. The Service Provider shall comply with the requirements of the *Occupational Safety and Health Act of 1970* and all codes and regulations associated with 29 CFR 1910 and 1926.

**Fire Alarm Systems and Equipment** - All fire detection, communication, alarm, annunciation, suppression and related equipment shall be operated, inspected, maintained and tested in accordance with the edition of the applicable NEC and Life Safety Codes under which the facility was permitted at the time of original construction. The Service Provider shall provide outside lighting sufficient to illuminate the entire facility and secure perimeter.

For new construction expansion or existing physical plant, final and completed, the Service Provider prior to issuance of the NTP shall submit design/construction documents to the COR. For all new construction expansion, the construction schedule shall be updated to reflect current progress and submitted to the COR on a monthly basis. Government staff will make periodic visits during construction to verify Service Provider progress and compliance with contract requirements. As-built drawings and current drawings of the buildings and site utilities shall be maintained in a secure location during construction and contract performance. These updates shall be provided to the COR within 30 days of any changes made. Site utilities include, but are not limited to: water and sewer lines; gas lines; tunnels; steam lines; chilled water lines; recording layouts; elevations; modifications; additions; etc. Two copies of the as-built drawings shall be provided to the COR in AUTOCAD release 14.0 on a CD-ROM no later than 90 days after issuance of the NTP. Promptly after the occurrence of any physical damage to the facility (including disturbances), the Service Provider shall report such damage to the COR or ICE designated official. It shall be the responsibility of the Service Provider to repair such damage, to rebuild or restore the institution. A number of Government staff will be on-site to monitor contract performance and manage other Government interests associated with operation of the facility. Government staff will have full access to all areas of the facility. Service Provider access to Government required space must be pre-approved by the COR. In cases of emergency the Service Provider shall notify the COR promptly.

The Service Provider, in accordance with its facility operation and maintenance, shall ensure that detainees are housed in a safe, secure, and humane manner. All equipment, supplies, and services shall be Service Provider-furnished except as otherwise noted.

The facility shall be operated, and maintained in accordance with all applicable federal, state, and local laws, regulations, codes, guidelines, and policies.
The Service Provider shall provide and maintain a perimeter patrol and an electronic surveillance system, which will identify any unauthorized access to the institution’s perimeter.

4. ICE IT Equipment: ICE shall provide and install IT equipment in office spaces for ICE personnel only, to include computer workstations and screens, printers and fax machines. All infrastructure and cabling shall be provided by the Service Provider.

Government space shall be climate controlled and located consistent with the administrative office space for the Service Provider’s staff. Government-occupied space shall be separate from, but accessible to, detainee housing units and the centralized visiting area. Government-occupied space shall also be secure and inaccessible to Service Provider staff, except when specific permission is granted by on-site ICE, or OPLA staff. The Service Provider shall be responsible for all maintenance, security, and janitorial costs associated with space designated for Government staff. The Service Provider shall provide no less than 85 on-site parking spaces for Government use. The Service Provider shall ensure that video cameras monitor hallways, exits, and common areas. A qualified individual shall be responsible for monitoring this system inside and outside the building. Considering that the videos will be recordings of residents who may be seeking asylum or other considerations under U.S. immigration law, the Service Provider is required to maintain the tapes and may not release them to anyone, unless approved by DRS. The Service Provider shall develop a plan for keeping the videos for the duration of the project period and destruction of them upon completion of the program.
XI. PROPERTY ACCOUNTABILITY

A. General

The Service Provider shall enact practices to safeguard and protect Government property against abuse, loss, or any other such incidents. Government property shall be used only for official business.

ICE shall maintain a written inventory of all Government property issued to the Service Provider for performance hereunder. Upon expiration of this contract, the Service Provider shall render a written accounting to the COR of all such property. The Service Provider shall assume all risk, and shall be responsible for any damage to or loss of Government furnished property used by Service Provider employees.

Normal wear and tear will be allowed. The Service Provider, upon expiration of services, shall immediately transfer to the COR, any and all Government property in its possession or in the possession of any individuals or organizations under its control, except as otherwise provided for in this contract. The Service Provider shall cooperate fully in transferring property to the successor Service Provider.

The Government shall withhold final payment until adjustments are made for any lost property.

B. Facility, Equipment, Materials, Supplies, and Instructions Furnished by the Government

The Government will furnish the following property at no cost to the Service Provider:

I. Copies of the detention standards cited in the PWS and one copy of all pertinent operational manuals prior to starting work under the contract. The Service Provider shall be responsible to duplicate these standards for Service Provider employees.

II. Administrative forms, Equal Employment Opportunity, Occupational Safety and Health Administration, Service Contract Act, Drug Free Posters, and DHS OIG hotline poster, as required in this contract. As applicable DHS work orders will be issued to the Service Provider via DHS Form 1-203, Order to Detain or Release Alien.

III. ICE office space equipment, such as, but not limited to: office telephones, copying machines, fax machines, computer equipment, and typewriters for Government use.

XII. FIREARMS / BODY ARMOR

A. Firearms Requirements
1. The Service Provider shall provide new firearms and maintain sufficient licensed firearms and ammunition to equip each armed Detention Officer and armed supervisor(s) with a licensed weapon while on duty. Firearms may be reissued to new replacement employees throughout the life of the contract as long as the firearm is in serviceable condition.

2. Personal firearms shall not be used. A licensed gunsmith shall certify, in writing, all firearms safe and accurate.

3. Firearms shall be standard police service-type, semi-automatic or revolvers capable of firing hollow-point ammunition that meets the recommendations of the firearms manufacturer. Ammunition will be factory load only - no reloads. The Service Provider shall adhere to the manufacturer's specifications regarding ammunition retention, e.g., ammunition shall be properly rotated and older ammunition utilized prior to utilization of newer ammunition.

4. The Service Provider shall provide sufficient ammunition for each armed Detention Officer, including uniformed contract supervisor(s); they shall be issued three full magazines.

5. The Service Provider shall account for all firearms and ammunition daily.

6. If any weapons or ammunition are missing from the inventory, the COR shall be notified immediately.

7. All firearms shall be licensed by the State.

8. Firearms will be inspected. This shall be documented by the Warden/Facility Director.

9. Loading, unloading, and cleaning of the firearms shall only take place in designated areas.

10. The firearms shall be cleaned and oiled as appropriate to ensure optimum operating conditions.

11. Firearms shall be carried with the safety on, if applicable, with a round in the chamber.

12. The Service Provider shall maintain appropriate and ample supplies of firearms upkeep and maintenance equipment (cleaning solvents, lubricating oil, rods, brushes, patches, and other normal maintenance tools).

13. The Service Provider shall provide a complete listing of licensed firearms by serial numbers and by each safe location to the COR prior to beginning performance under this contract.

14. These lists shall be kept current through the terms of the contract and posted within each firearm's safe.

15. The Service Provider shall obtain and maintain on file appropriate State and municipality permits and weapons permits for each officer.

16. A copy of this permit shall be provided to the COR at least three working days prior to the anticipated assignment date of any individual.

17. The Service Provider shall ensure that his/her employees have all permits and licenses in their possession at all times while in performance of this contract.

18. The Service Provider shall provide safes/vaults for storage of firearms and ammunition, for each location where firearms are issued or exchanged.
which meet agency requirements and are approved for the storage of firearms and ammunition.

19. The COR is responsible for approving the proposed safes/vaults prior to usage. Contract supervisors and guards shall make accurate receipt and return entries on a Firearms and Equipment Control Register.

20. Except when issuing or returning ammunition or firearms, each safe/vault shall remain locked at all times.

21. The Service Provider shall be responsible for having the combination of each safe/vault changed at least once every six months, or more often if circumstances warrant.

22. The Service Provider certifies firearms training to the COR.

23. The Service Provider shall certify proficiency every quarter.

24. The Service Provider shall provide an ICE approved intermediate weapon(s).

B. Body Armor Requirements

1. The Service Provider shall provide body armor to all armed Detention Officers and armed supervisor(s).

2. Body armor shall be worn while on armed duty.

3. The body armor shall meet all requirements as set forth in the ICE Firearms Policy.

4. The Service Provider shall procure replacement body armor if the body armor becomes unserviceable, ill-fitting, worn/damaged, or at the expiration of service life.

5. All armed Detention Officers and armed supervisors need to be made aware of the health risks associated with the wearing of body armor in high heat/high humidity conditions and/or during strenuous exertion. When Detention Officers and supervisors are required to wear body armor, they shall be provided opportunities to rehydrate and remove the body armor as necessary.

6. The use of personally owned body armor is not authorized.
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
<td>(E)</td>
<td>(F)</td>
</tr>
<tr>
<td>Regular Rate:</td>
<td>(b)(4)</td>
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<td></td>
<td></td>
<td>0.00</td>
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<td>(b)(4)</td>
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<td></td>
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</tbody>
</table>

This is a Labor Hour CLIN.
NOT-TO-EXCEED (NTE): (b)(4)
Amount: (b)(4) Option Line Item
Product/Service Code: S206
Product/Service Description: HOUSEKEEPING- GUARD

**4003a**
OP 4: Transportation Services - Labor
PoP: 08/18/2024 - 08/17/2025
Fixed Price: (b)(4)

**4003b**
OP 4: Transportation Services - Mileage Rate
PoP: 08/18/2024 - 08/17/2025
Fixed Price: (b)(4)

**4003c**
OP 4: Transportation Services - Mileage Rate above (b)(4)
PoP: 08/18/2024 - 08/17/2025
Fixed Price: (b)(4)

There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement.
Amount: (b)(4) Option Line Item
Continued ...
SECTION B:
SUPPLIES OR SERVICES AND PRICES/COSTS

B.1 GENERAL

The Contractor shall provide all management, supervision, labor, and materials necessary to perform the services identified in the Performance Work Statement, including the purchase of detention bed at firm-fixed prices, on an Indefinite Delivery – Indefinite Quantity basis to have detention beds purchased on a firm fixed price basis.

B.2 CONTRACT PRICING

Please see Section B above.

B.3 MINIMUM AND MAXIMUM QUANTITIES

In accordance with FAR 16.504(a)(4)(ii), the minimum and maximum quantity the Government will acquire under this contract is as follows:

**Minimum** (\(b)(4)\) during the period of performance of the IDIQ contract.

**Maximum**: The maximum for this IDIQ contract will be the calculated total maximum value of all the CLINs in Section B of this IDIQ contract in Section B, including the base year and all options. This amount is (\(b)(4)\).

B.4 FUNDING

Funds for the services ordered will be obligated, at the task order level, in advance of such services being ordered, or excess funds de-obligated at the task order level, by modification to the task order contracts unilaterally by the Government.
SECTION C:
DESCRIPTION/SPECIFICATIONS/PERFORMANCE WORK STATEMENT

U.S. Department of Homeland Security
Immigration and Customs Enforcement

Performance Work Statement
Detention Services
(Texas-Wide RFP)

See Attached Addendum A - PWS
And Addendum B – PWS Addendum for Requirement C
SECTION E:
INSPECTION AND ACCEPTANCE

E.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)

This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text can be accessed electronically at this internet address: http://acquisition.gov/far/index.html.

<table>
<thead>
<tr>
<th>Clause Number</th>
<th>Clause Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.246-4</td>
<td>Inspection of Services – Fixed Price</td>
<td>Aug 1996</td>
</tr>
<tr>
<td>52.246-6</td>
<td>Inspection of Services – Time and Material and Labor Hour</td>
<td>May 2001</td>
</tr>
</tbody>
</table>

E.2 INSPECTION REQUIREMENTS

Review of Deliverables ---

a. The Contracting Officer or Contracting Officer’s Representative will provide written acceptance, comments and/or change requests, if any, within thirty (30) business days from receipt by the Government of the initial deliverable.

b. Upon receipt of the Government comments, the Contractor shall have fifteen (15) business days to incorporate the Government's comments and/or change requests and to resubmit the deliverable in its final form.

c. If written acceptance, comments and/or change requests are not issued by the Government within thirty (30) calendar days of submission, the draft deliverable shall be deemed acceptable as written and the Contractor may proceed with the submission of the final deliverable product. The Contractor shall provide all deliverables to the COR in Microsoft Excel, PowerPoint or Word format.

E.3 DELIVERABLES CHART

<table>
<thead>
<tr>
<th>#</th>
<th>Deliverable</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Quality Control Plan</td>
<td>With Proposal Submission; Updated as Needed</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3</td>
<td>Standard Operating Procedures</td>
<td>Within 30 calendar days of award of contract</td>
</tr>
<tr>
<td>4</td>
<td>Post Orders</td>
<td>Within 30 calendar days of award of contract, annually and as requested by the COR.</td>
</tr>
<tr>
<td>5</td>
<td>Communication Plan</td>
<td>With Proposal Submission; Updated as Needed</td>
</tr>
<tr>
<td>6</td>
<td>Resumes of Key Personnel</td>
<td>Submitted within 5 days after award. For all new candidates, prior to Entry on Duty (EOD)</td>
</tr>
<tr>
<td>7</td>
<td>Organizational Chart</td>
<td>With Proposal Submission and after that, anytime as requested.</td>
</tr>
<tr>
<td>8</td>
<td>Staffing Plan</td>
<td>With Proposal Submission and after that anytime as requested by the COR.</td>
</tr>
<tr>
<td>9</td>
<td>Documentation of employee receipt of ICE Operations Policy/Procedure Manual</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>10</td>
<td>Contractor employee certification for standards of conduct</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>11</td>
<td>Contractor employee violation of standards of conduct and disciplinary action</td>
<td>Reported immediately* to COR</td>
</tr>
<tr>
<td>12</td>
<td>Notification of change in employee’s health status</td>
<td>Notification immediately to COR (immediate verbal report, with written follow-up)</td>
</tr>
<tr>
<td></td>
<td>Section E</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>13</td>
<td>Employee termination, transfer, suspension, personnel action relating to disqualifying information or incidents of delinquency</td>
<td>Notification immediately to COR (immediate verbal report, with written follow-up)</td>
</tr>
<tr>
<td>14</td>
<td>Report of any on contract employee misconduct</td>
<td>Notification immediately to COR (immediate verbal report, with written follow-up)</td>
</tr>
<tr>
<td>15</td>
<td>e-QIP Security Process</td>
<td>Prior to Entry on Duty (EOD)</td>
</tr>
<tr>
<td>16</td>
<td>Physical Force Incident Reports</td>
<td>Reported to COR immediately (immediate verbal report, with written report within two (2) hours of incident)</td>
</tr>
<tr>
<td>17</td>
<td>Report of escapes</td>
<td>Reported to COR immediately (immediate verbal report, with written report within two (2) hours of incident)</td>
</tr>
<tr>
<td>18</td>
<td>Physical harm or threat to safety, health or welfare</td>
<td>Reported to COR immediately (immediate verbal report, with written report within 24 hours of incident)</td>
</tr>
<tr>
<td>19</td>
<td>Drug Test Results</td>
<td>Upon EOD and as requested by COR, or reported immediately to COR upon found violation</td>
</tr>
<tr>
<td>20</td>
<td>Emergency Call Back Roster</td>
<td>Quarterly or as needed</td>
</tr>
<tr>
<td>21</td>
<td>Training Plan, with Curriculum</td>
<td>Within 30 calendar days of award of contract; Updated as Needed</td>
</tr>
<tr>
<td>22</td>
<td>Quarterly Training Forecast</td>
<td>Quarterly</td>
</tr>
<tr>
<td>23</td>
<td>Training certification and reports for formal and on the job training (including Supervisors and refresher)</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>24</td>
<td>Daily Time Sheet</td>
<td>As requested by COR</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Timeline</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>25</td>
<td>Emergency Action Plan to include Auxiliary Power procedures</td>
<td>Within 30 calendar days of award of contract; Updated as Needed</td>
</tr>
<tr>
<td>26</td>
<td>Sexual Assault &amp; Suicide Prevention Program</td>
<td>No later than the post award conference</td>
</tr>
<tr>
<td>27</td>
<td>Firearms Training Certificates</td>
<td>Annually</td>
</tr>
<tr>
<td>28</td>
<td>Employee Weapon Permit</td>
<td>To COR 3 days prior to EOD, and then after as requested by COR</td>
</tr>
<tr>
<td>29</td>
<td>Notification of employee criminal activity</td>
<td>Reported immediately to COR and appropriate law enforcement agency.</td>
</tr>
<tr>
<td>30</td>
<td>Officer Testing Questions and Results</td>
<td>Post award, as needed by the COR</td>
</tr>
<tr>
<td>31</td>
<td>Key, Tool Cabinet Inventory Class A and Class B Log</td>
<td>At the beginning of day and end of each shift</td>
</tr>
<tr>
<td>32</td>
<td>Equipment Inventory</td>
<td>Within 30 calendar days after award of contract, then annually or as requested by COR</td>
</tr>
<tr>
<td>33</td>
<td>Intervention Equipment Inventory</td>
<td>Within 30 calendar days after award of contract, then annually or as requested by COR</td>
</tr>
<tr>
<td>34</td>
<td>Regular Tool Control Log</td>
<td>Monthly</td>
</tr>
<tr>
<td>35</td>
<td>Detainee Volunteer Work Screening Form (Request Form)</td>
<td>As required</td>
</tr>
<tr>
<td>36</td>
<td>Detainee Volunteer Work Program Training Form</td>
<td>As required</td>
</tr>
<tr>
<td>37</td>
<td>ACA Accreditation</td>
<td>Within 18 months of contract award</td>
</tr>
<tr>
<td>#</td>
<td>Description</td>
<td>Frequency</td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>38</td>
<td>Proposed daily transportation routes</td>
<td>Within 30 calendar days of contract award</td>
</tr>
<tr>
<td>39</td>
<td>Safety Devices/Equipment Training Plan</td>
<td>Quarterly</td>
</tr>
<tr>
<td>40</td>
<td>Chemical Perpetual Inventory Sheet</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>41</td>
<td>Compliance and Independent Audit Report</td>
<td>Annually</td>
</tr>
<tr>
<td>42</td>
<td>Key Indicators Report</td>
<td>Monthly, by 5th of each month for previous month’s data</td>
</tr>
<tr>
<td>43</td>
<td>General Supply/Inventory Plan</td>
<td>Within 30 calendar days after award of contract, then annually or as requested by COR</td>
</tr>
<tr>
<td>44</td>
<td>Commissary Inventory List</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>45</td>
<td>Statement of Detainee Funds Accounts</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>46</td>
<td>IT Security Plan</td>
<td>Within 30 calendar days after award of contract</td>
</tr>
<tr>
<td>47</td>
<td>Finalized List of Approved Food Vendors</td>
<td>Within 30 calendar days after award of contract and upon any changes thereafter</td>
</tr>
<tr>
<td>48</td>
<td>Prime Vendor/Food Service Expenditures</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>49</td>
<td>Employee Meal Ticket Sales Report</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>50</td>
<td>Number of Meals Served/Daily Meal Count</td>
<td>Quarterly or as requested by COR</td>
</tr>
<tr>
<td>51</td>
<td>Detainee Records</td>
<td>Continuous</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Frequency/Timeframe</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------</td>
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</tr>
<tr>
<td>52</td>
<td>Detainee Death</td>
<td>Reported immediately to COR (immediate verbal report, with written report within two (2) hours of incident)</td>
</tr>
<tr>
<td>53</td>
<td>Detainee Departure Documents</td>
<td>Continuous, prior to detainee departing.</td>
</tr>
<tr>
<td>54</td>
<td>Detainee Volunteer Food Service Worker Contingency Plan</td>
<td>Within 30 calendar days of award of contract and after that anytime as requested by the COR.</td>
</tr>
<tr>
<td>55</td>
<td>35 Day Regular Menu</td>
<td>Monthly</td>
</tr>
<tr>
<td>56</td>
<td>Physical damage to the facility documentation</td>
<td>Immediate verbal report to COR, with written report within five (5) days.</td>
</tr>
<tr>
<td>57</td>
<td>Detainee Special Needs Menu</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>58</td>
<td>Daily Diet List (Medical &amp; Religious)</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>59</td>
<td>Holiday Menus</td>
<td>Annually</td>
</tr>
<tr>
<td>60</td>
<td>Emergency Food Preparation and Service Schedule</td>
<td>Within 30 calendar days of award of contract</td>
</tr>
<tr>
<td>61</td>
<td>ACA Temperature Log Report (refrigerators, freezers, dishwasher temperatures and water)</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>62</td>
<td>Food Service Weekly Inspection Log</td>
<td>Weekly or as requested by COR</td>
</tr>
<tr>
<td>63</td>
<td>Food Handler Certification</td>
<td>Maintained for all food service employees at all times, and as requested by COR</td>
</tr>
<tr>
<td>64</td>
<td>Food and Non-Food Inventory</td>
<td>Monthly or as requested by COR</td>
</tr>
<tr>
<td></td>
<td>Item Description</td>
<td>Frequency</td>
</tr>
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<tr>
<td>65</td>
<td>Maintenance Service Work Orders</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>66</td>
<td>Common Fare Cost for Detainees</td>
<td>Quarterly, or as requested by COR</td>
</tr>
<tr>
<td>67</td>
<td>Authorized Detainee Worker List Weekly Schedule</td>
<td>Weekly, or as requested by COR</td>
</tr>
<tr>
<td>68</td>
<td>Detainee Volunteer Food Service Work Detail Pay List</td>
<td>Monthly</td>
</tr>
<tr>
<td>69</td>
<td>Monthly Medical Inspection Corrective Actions</td>
<td>Monthly</td>
</tr>
<tr>
<td>70</td>
<td>Certified Dietician In-Service Staff Training and Department Inspection</td>
<td>Quarterly, or as requested by the COR</td>
</tr>
<tr>
<td>71</td>
<td>Medical Clearance including TB test</td>
<td>For all new employees and after diagnosed with illness or communicable disease. Employees must be re-examined and medically cleared before returning to work. TB test certification annually.</td>
</tr>
<tr>
<td>72</td>
<td>Vehicle inventory log and interior specification for each vehicle type</td>
<td>Within 30 calendar days of award of contract, annually and as requested by COR</td>
</tr>
<tr>
<td>73</td>
<td>Menu Cycle (Revisions and Registered Dietician Recertification of all menus)</td>
<td>Annually</td>
</tr>
<tr>
<td>74</td>
<td>End of Month Food Service Cost Report, including Cost Per Meal Data</td>
<td>Annually</td>
</tr>
<tr>
<td>75</td>
<td>Firearms Control Register</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>76</td>
<td>Surveillance Video</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>----</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>77</td>
<td>Detainee or Contractor Employee Contraband Found Report</td>
<td>Immediately to COR (immediate verbal report, with written follow-up)</td>
</tr>
<tr>
<td>78</td>
<td>Staff Vacancy Report</td>
<td>To COR by 5th of each month for previous month’s data</td>
</tr>
<tr>
<td>79</td>
<td>Additional Reports as requested by the COR</td>
<td>As needed</td>
</tr>
<tr>
<td>80</td>
<td>Notice of facility readiness</td>
<td>10 days prior to the end of the Transition Period</td>
</tr>
<tr>
<td>81</td>
<td>Records related to performance by contractor</td>
<td>As requested by CO or COR at any time during the term of the contract or at termination/expiration.</td>
</tr>
<tr>
<td>82</td>
<td>Litigation</td>
<td>As requested by CO or COR at any time during the term of the contract or at/after termination/expiration.</td>
</tr>
<tr>
<td>83</td>
<td>Congressional Inquiry</td>
<td>Immediately to COR and CO (immediate verbal report, with written follow-up) to FOD, DFOD, COR, and CO</td>
</tr>
<tr>
<td>84</td>
<td>Press statements and/or releases</td>
<td>To FOD, DFOD &amp; COR prior to release</td>
</tr>
<tr>
<td>85</td>
<td>Correctional Officer assignment, Names of Supervisory Correctional Officers, and Shift Rosters</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>86</td>
<td>Overnight lodging requests</td>
<td>Advance of commencement of overnight trip</td>
</tr>
<tr>
<td>87</td>
<td>Non-returned ID Badges/Credentials</td>
<td>Immediately to COR</td>
</tr>
<tr>
<td>88</td>
<td>Intelligence Information</td>
<td>Immediately to COR</td>
</tr>
<tr>
<td>89</td>
<td>Serious Incidents</td>
<td>Immediately to COR</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Timing</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>90</td>
<td>Contractor Employee Manual</td>
<td>Within 30 calendar days of award of contract and after that anytime as requested by the COR.</td>
</tr>
<tr>
<td>91</td>
<td>Any requested Detainee medical documentation</td>
<td>Immediately to COR</td>
</tr>
<tr>
<td>92</td>
<td>Medical and Personnel Records of Contractor Employees</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>93</td>
<td>Contractor Business Permits and Licenses</td>
<td>Within 30 calendar days of award of contract and after that anytime as directed by COR.</td>
</tr>
<tr>
<td>94</td>
<td>Contractor Employee Registrations, Commissions, Permits, and Licenses</td>
<td>Prior to EOD and then after, as requested by COR</td>
</tr>
<tr>
<td>95</td>
<td>Correctional Officer Post Assignment Record</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>96</td>
<td>Count Records</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>97</td>
<td>GSA Form 139 or ICE equivalent</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>98</td>
<td>Authorization to exceed a change in duty</td>
<td>To COR for approval prior to commencement of change of duty</td>
</tr>
<tr>
<td>99</td>
<td>Lost and Found</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>100</td>
<td>Security incidents – computers</td>
<td>To COR within four (4) hours of incident</td>
</tr>
<tr>
<td>101</td>
<td>Daily Detainee Manifest</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>102</td>
<td>Contract Discrepancy Report, Corrective Action Plan, or outcome measures required by any inspection or accreditation review, QASP or PBNDS requirements</td>
<td>As outlined within the requiring document</td>
</tr>
</tbody>
</table>
### Section E

<table>
<thead>
<tr>
<th></th>
<th>Spill Report</th>
<th>Immediately to COR</th>
</tr>
</thead>
<tbody>
<tr>
<td>103</td>
<td>Transition-Out</td>
<td>1 week after notification of Transition to New Vendor</td>
</tr>
<tr>
<td>105</td>
<td>Small Business Subcontracting Plan</td>
<td>Submitted with Proposal</td>
</tr>
<tr>
<td>106</td>
<td>Operational Data/Metrics Summary</td>
<td>Due within three (3) days of request</td>
</tr>
<tr>
<td>107</td>
<td>Renovation Progress Meetings</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

*The word “immediately” or “immediate,” as used above in the Deliverables Chart is defined as “as soon as reasonably possible”. The Contractor should use prudent and reasonable judgement to determine the timeframe necessary to notify the Government as defined above based on the situation, but it should not exceed a reasonable timeframe to notify the Government. For example, a reasonable timeframe for a physical force incident is as soon as the incident that required a physical force response has been contained. A reasonable timeframe to notify the Government of an attempted escape is after the detainee is safely within the confines of the building. A reasonable timeframe to report an actual escape in which the Contractor does not know the location of the detainee is as soon as the Contractor realizes there has been an escape. In the case of a conflict between the Program Office and the Contractor on a reasonable timeframe, the Contracting Officer will determine the appropriate reasonable timeframe.*

### E.4 ACCEPTANCE CRITERIA

The Government will provide written notification of acceptance or rejection of all final deliverables within thirty (30) calendar days. Absent written notification, final deliverables may be construed as accepted. All notifications of rejection will be accompanied with an explanation of the specific deficiencies causing the rejection.

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[END OF SECTION E]
SECTION F:
DELIVERIES OR PERFORMANCE

F.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)

This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text can be accessed electronically at this internet address: http://acquisition.gov/far/index.html.

<table>
<thead>
<tr>
<th>Clause Number</th>
<th>Clause Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.242-15</td>
<td>Stop Work Order</td>
<td>Aug 1989</td>
</tr>
<tr>
<td>52.242-17</td>
<td>Government Delay of Work</td>
<td>Apr 1984</td>
</tr>
</tbody>
</table>

F.2 PERIOD OF PERFORMANCE

The anticipated period of performance is as follows:

<table>
<thead>
<tr>
<th>Period of Performance</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Period</td>
<td>08/18/2020 – 08/17/2021</td>
</tr>
<tr>
<td>In Accordance with FAR 52.217-9</td>
<td></td>
</tr>
<tr>
<td>Option 1</td>
<td>08/18/2021 – 08/17/2022</td>
</tr>
<tr>
<td>Option 2</td>
<td>08/18/2022 – 08/17/2023</td>
</tr>
<tr>
<td>Option 3</td>
<td>08/18/2023 – 08/17/2024</td>
</tr>
<tr>
<td>Option 4</td>
<td>08/18/2024 – 08/17/2025</td>
</tr>
<tr>
<td>Option 5</td>
<td>08/18/2025 – 08/17/2026</td>
</tr>
<tr>
<td>Option 6</td>
<td>08/18/2026 – 08/17/2027</td>
</tr>
<tr>
<td>Option 7</td>
<td>08/18/2027 – 08/17/2028</td>
</tr>
<tr>
<td>Option 8</td>
<td>08/18/2028 – 08/17/2029</td>
</tr>
<tr>
<td>Option 9</td>
<td>08/18/2029 – 08/17/2030</td>
</tr>
</tbody>
</table>

F.3 PLACE OF PERFORMANCE:

Houston Contract Detention Facility
15850 Export Plaza Drive
Houston, TX 77032

No single facility described below should provide housing of [b](4) The facilities’ requirements are as follows:

- A facility or facilities is required to house approximately [b](4) male and female detainees within the Houston AOR. These detention services must be performed within driving miles from the Houston Field Office located at 126 Northpoint Drive, Houston, TX 77060, and must be within driving miles or less from the George Bush International
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Airport of Houston. The facility(ies) can be no more than driving miles from a major hospital and emergency services. The facility(ies) shall have access to public and commercial transportation routes and services. The facility(ies) is (are) expected to house Level 1, 1.5, 2, and 3 risk detainees. Please see the PWS Addendums attached as Addendum B for additional specific requirements.

The facility shall be managed and operable 24 hours a day, 7 days a week for 365 days a year and 366 days a year for any leap years. The services shall be conducted in accordance with industry standards and ICE’s Performance Based National Detention Standards (PBNDS) 2011, as revised in 2016, as well as applicable federal, state, and local laws, regulations, codes, guidelines, policies and standards. The facilities must meet the requirements of the DHS Final Rule, 6 CFR Part 115, Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities, also known as the DHS Prison Rape Elimination Act (PREA) Standards applicable to immigration detention facilities.

F.4 CONTRACTOR EVALUATING PROCEDURES:

The Government will issue Contractor performance ratings for each awarded requirement from this solicitation via the Contractor Performance Assessment Reporting System (CPARS) in accordance with FAR 42.1502. The CPARS website is located: http://www.cpars.gov.

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[END OF SECTION F]
SECTION G: CONTRACT ADMINISTRATION DATA

G.1 CONTRACT ADMINISTRATION

Notwithstanding the Contractor’s responsibility for total management responsibility during the performance of this contract, the administration of the contract will require maximum coordination between the ICE and the Contractor.

The Government points of contact for this resulting contract are identified above.

G.2 CONTRACTING OFFICER'S REPRESENTATIVE

The following individual is designated and authorized by the CO to perform contract administration functions related to the technical performance of this contract.

The Government points of contact for this resulting contract are identified above.

(a) The Contracting Officer (CO) may designate Government personnel to act as the Contracting Officer's Representative (COR) to perform functions under the contract such as review or inspection and acceptance of supplies, services, including construction, and other functions of a technical nature. The CO will provide a written notice of such designation to the Contractor within five working days after contract award or for construction, not less than five working days prior to giving the contractor the notice to proceed. The designation letter will set forth the authorities and limitations of the COR under the contract.

(b) The CO cannot authorize the COR or any other representative to sign documents, such as contracts, contract modifications, etc., that require the signature of the CO.

G.3 INVOICE REQUIREMENTS

Invoices shall be submitted as follows:

Service Providers/Contractors shall use these procedures when submitting an invoice.

1. Invoice Submission: Invoices shall be submitted monthly in a “.pdf” format in accordance with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows:

a) Email:

• Invoice.Consolidation@ice.dhs.gov
• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)
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• Contract Specialist/Contracting Officer

Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b) USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: ICE-ERO/FOD-FHO

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.

c) Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: The Service Provider’s or Contractor’s Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i). Name and address of the Service Provider/Contractor. Note: the name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM. If payment is remitted to another entity, the name, address and DUNS information of that entity must also be provided which will require Government verification before payment can be processed;

(ii). Dunn and Bradstreet (D&B) DUNS Number;

(iii). Invoice date and invoice number;
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(iv). Agreement/Contract number, contract line item number and, if applicable, the order number;

(v). Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered;

(vi). If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii). Terms of any discount for prompt payment offered;

(viii). Remit to Address;

(ix). Name, title, and phone number of person to resolve invoicing issues;

(x). ICE program office designated on order/contract/agreement and

(xi). Mark invoice as “Interim” (Ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing)

(xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer – System for Award Management or 52-232-34, Payment by Electronic Funds Transfer – Other than System for Award Management.

3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:

(i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below:

a. Detention Bed Space Services
   • Bed day rate;
   • Detainees check-in and check-out dates;
   • Number of bed days multiplied by the bed day rate;
   • Name of each detainee;
   • Detainees identification information

(ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other
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Minor Charges such as sack lunches and detainee wages: shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format:

a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include:
   - Bed day rate;
   - Detainees check-in and check-out dates;
   - Number of bed days multiplied by the bed day rate;
   - Name of each detainee;
   - Detainees identification information

b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:
   - Mileage rate being applied for that invoice;
   - Number of miles;
   - Transportation routes provided;
   - Locations serviced;
   - Names of detainees transported;
   - Itemized listing of all other charges; and,
   - for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.

c. Stationary Guard Services: The itemized monthly invoice shall state:
   - The location where the guard services were provided,
   - The employee guard names and number of hours being billed,
   - The employee guard names and duration of the billing (times and dates), and
   - for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.

d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):

1) The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support.

(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.

4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience or unfairness. Examples of Sensitive PII include information
such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status.

As part of your obligation to safeguard information, the follow precautions are required:

(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.

(ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.

(iii) Use shredders when discarding paper documents containing Sensitive PII.

(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf for more information on and/or examples of Sensitive PII.

5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov.

Invoices without the above information may be returned for resubmission.

The preferred method of submittal is email.

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[END OF SECTION G]
SECTION H:
SPECIAL CONTRACT REQUIREMENTS

H.1. CONTRACTOR’S INSURANCE

The Contractor shall maintain insurance in an amount not less than $3,000,000 to protect the Contractor from claims under workman’s compensation acts and from any other claims for damages for personal injury, including death which may arise from operations under this contract whether such operations by the Contractor itself or by any subcontractor or anyone directly or indirectly employed by either business entity. The Contractor shall maintain General Liability insurance: bodily injury liability coverage written on a comprehensive form of policy of at least $500,000 per occurrence is required.

Additionally, an automobile liability insurance policy providing for bodily injury and property damage liability covering automobiles operated in the United States shall provide coverage of at least $200,000 per person and $500,000 per occurrence for bodily injury and $20,000 per occurrence for property coverage. Certificates of such insurance shall be subject to the approval of the CO for adequacy of protection. All insurance certificates required under this contract shall provide 30 days’ notice to the Government of any contemplated cancellation.

The Contractor shall provide that all staff having access to detainee monies and valuables are bonded in an amount sufficient to ensure reimbursement to the detainee by the Contractor in case of loss.

H.2. SECURITY REQUIREMENTS - REQUIRED SECURITY LANGUAGE FOR SENSITIVE /BUT UNCLASSIFIED (SBU) CONTRACT DETENTION FACILITY

General: Performance under this Contract Detention Facility requires access to sensitive DHS information and will involve direct contact with ICE Detainees. The Contractor shall adhere to the following.

Contractor Employee Fitness Screening: Screening criteria under DHS Instruction 121-01-007-001 (Personnel Security, Suitability and Fitness Program), or successor thereto, that may exclude contractor employees from consideration to perform under this agreement includes:

- Misconduct or negligence in employment;
- Criminal or dishonest conduct;
- Material, intentional false statement or deception of fraud in examination or appointment;
- Refusal to furnish testimony as required by 5 CFR § 5.4 (i.e., a refusal to provide testimony to the Merit Systems Protection Board or the Office of Special Counsel);
- Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation.
- Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the
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duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

- Illegal use of narcotics, drugs, or other controlled substances, without evidence of substantial rehabilitation;
- Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force;
- Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question (for Excepted Service employees); and
- Any other nondiscriminatory reason that an individual’s employment (or work on a contract) would not protect the integrity of promote the efficiency of the service.

Contractor Employee Fitness Screening: Screening criteria under 6 CFR § 115.117 (Sexual Abuse and Assault Prevention Standards) implemented pursuant to Public Law 108-79 (Prison Rape Elimination Act (PREA) of 2003) or successor thereto, that WILL exclude contractor employees from consideration to perform under this agreement includes:

- Engaged in Sexual Abuse in a Prison, Jail, Holding Facility, Community Confinement Facility, Juvenile Facility, or other Institution as defined under 42 USC 1997;
- Convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- Civilly or administratively adjudicated to have engaged in such activity.

Subject to existing law, regulations and/or other provisions of this Agreement, illegal or undocumented aliens shall not be employed by the Service Provider.

1.2.1 GENERAL

The United States Immigration and Customs Enforcement (ICE) has determined that performance of the tasks as described in contract agreement (#) 70COCR20D00000014 requires that the Contractor, subcontractor(s), vendor(s), etc. (herein known as Contractor) have access to sensitive DHS information and ICE Detainees, and that the Contractor will adhere to the following:

1.2.2 PRELIMINARY FITNESS DETERMINATION

ICE will exercise full control over granting, denying, withholding or terminating unescorted government facility and/or sensitive Government information access for contractor employees, based upon the results of a Fitness screening process. ICE may, as it deems appropriate, authorize and make a favorable expedited preliminary Fitness determination based on preliminary security checks. The preliminary Fitness determination will allow the contractor employee to commence work temporarily prior to the completion of a Full Field Background Investigation. The granting of a favorable preliminary Fitness shall not be considered as assurance that a favorable final Fitness determination will follow as a result thereof. The granting of preliminary Fitness or final Fitness shall in no way prevent, preclude, or bar the withdrawal or termination of any such access by ICE, at any time during the term of the contract. No employee
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of the Contractor shall be allowed to enter on duty and/or access sensitive information or systems without a favorable preliminary Fitness determination or final Fitness determination by the Office of Professional Responsibility, Personnel Security Unit (OPR-PSU). No employee of the Contractor shall be allowed unescorted access to a Government facility without a favorable preliminary Fitness determination or final Fitness determination by OPR-PSU. Contract employees are processed under DHS Instruction 121-01-007-001 (Personnel Security, Suitability and Fitness Program), or successor thereto; those having direct contact with Detainees will also have 6 CFR § 115.117 considerations made as part of the Fitness screening process.

1.2.3 BACKGROUND INVESTIGATIONS

Contractor employees (to include applicants, temporaries, part-time and replacement employees) under the contract, needing access to sensitive information and/or ICE Detainees, shall undergo a position sensitivity analysis based on the duties each individual will perform on the contract. The results of the position sensitivity analysis shall identify the appropriate background investigation to be conducted. Background investigations will be processed through the Personnel Security Unit. Contractor employees nominated by a Contracting Officer Representative for consideration to support this contract shall submit the following security vetting documentation to OPR-PSU, through the Contracting Officer Representative (COR), within 10 days of notification by OPR-PSU of nomination by the COR and initiation of an Electronic Questionnaire for Investigation Processing (e-QIP) in the Office of Personnel Management (OPM) automated on-line system.

1. Standard Form 85P (Standard Form 85PS (With supplement to 85P required for armed positions)), “Questionnaire for Public Trust Positions” Form completed on-line and archived by the contractor employee in their OPM e-QIP account.

2. Signature Release Forms (Three total) generated by OPM e-QIP upon completion of Questionnaire (e-signature recommended/acceptable – instructions provided to applicant by OPR-PSU). Completed on-line and archived by the contractor employee in their OPM e-QIP account.

3. Two (2) SF 87 (Rev. December 2017) Fingerprint Cards. (Two Original Cards sent via COR to OPR-PSU)

4. Foreign National Relatives or Associates Statement. (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)

5. DHS 11000-9, “Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act” (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)
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6. Optional Form 306 Declaration for Federal Employment (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)

7. Questionnaire regarding conduct defined under 6 CFR § 115.117 (Sexual Abuse and Assault Prevention Standards) (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)

8. One additional document may be applicable if contractor employee was born abroad. If applicable, additional form and instructions will be provided to contractor employee. (If applicable, the document will be sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)

Contractor employees who have an adequate, current investigation by another Federal Agency may not be required to submit complete security packages; the investigation may be accepted under reciprocity. The questionnaire related to 6 CFR § 115.117 listed above in item 7 will be required for positions designated under PREA.

An adequate and current investigation is one where the investigation is not more than five years old, meets the contract risk level requirement, and applicant has not had a break in service of more than two years. (Executive Order 13488 amended under Executive Order 13764/DHS Instruction 121-01-007-01).

Required information for submission of security packet will be provided by OPR-PSU at the time of award of the contract. Only complete packages will be accepted by the OPR-PSU as notified by the COR.

To ensure adequate background investigative coverage, contractor employees must currently reside in the United States or its Territories. Additionally, contractor employees are required to have resided within the United States or its Territories for three or more years out of the last five (ICE retains the right to deem a contractor employee ineligible due to insufficient background coverage). This time-line is assessed based on the signature date of the standard form questionnaire submitted for the applied position. Contractor employees falling under the following situations may be exempt from the residency requirement: 1) work or worked for the U.S. Government in foreign countries in federal civilian or military capacities; 2) were or are dependents accompanying a federal civilian or a military employee serving in foreign countries so long as they were or are authorized by the U.S. Government to accompany their federal civilian or military sponsor in the foreign location; 3) worked as a contractor employee, volunteer, consultant or intern on behalf of the federal government overseas, where stateside coverage can be obtained to complete the background investigation; 4) studied abroad at a U.S. affiliated college or university; or 5) have a current and adequate background investigation (commensurate with the position risk/sensitivity levels) completed for a federal or contractor employee position, barring any break in federal employment or federal sponsorship.
Only U.S. Citizens and Legal Permanent Residents are eligible for employment on contracts requiring access to DHS sensitive information unless an exception is granted as outlined under DHS Instruction 121-01-007-001. Per DHS Sensitive Systems Policy Directive 4300A, only U.S. citizens are eligible for positions requiring access to DHS Information Technology (IT) systems or positions that are involved in the development, operation, management, or maintenance of DHS IT systems, unless an exception is granted as outlined under DHS Instruction 121-01-007-001.

1.2.4 TRANSFERS FROM OTHER DHS CONTRACTS:

Contractor employees may be eligible for transfer from other DHS Component contracts provided they have an adequate and current investigation meeting the new assignment requirement. If the contractor employee does not meet the new assignment requirement a DHS 11000-25 with ICE supplemental page will be submitted to OPR-PSU to initiate a new investigation.

Transfers will be accomplished by submitting a DHS 11000-25 with ICE supplemental page indicating “Contract Change.” The questionnaire related to 6 CFR § 115.117 listed above in item 7 will be required for positions designated under PREA.

1.2.5 CONTINUED ELIGIBILITY

ICE reserves the right and prerogative to deny and/or restrict facility and information access of any contractor employee whose actions conflict with Fitness standards contained in DHS Instruction 121-01-007-01, Chapter 3, paragraph 6.B or who violate standards of conduct under 6 CFR § 115.117. The Contracting Officer or their representative can determine if a risk of compromising sensitive Government information exists or if the efficiency of service is at risk and may direct immediate removal of a contractor employee from contract support. The OPR-PSU will conduct periodic reinvestigations every 5 years, or when derogatory information is received, to evaluate continued Fitness of contractor employees.

1.2.6 REQUIRED REPORTS

The Contractor will notify OPR-PSU, via the COR, of all terminations/resignations of contractor employees under the contract within five days of occurrence. The Contractor will return any expired ICE issued identification cards and building passes of terminated/resigned employees to the COR. If an identification card or building pass is not available to be returned, a report must be submitted to the COR referencing the pass or card number, name of individual to whom issued, the last known location and disposition of the pass or card. The COR will return the identification cards and building passes to the responsible ID Unit.

The Contractor will report any adverse information coming to their attention concerning contractor employees under the contract to the OPR-PSU, via the COR, as soon as possible. Reports based on rumor or innuendo should not be made. The subsequent termination of employment of an employee does not obviate the requirement to submit this report. The report
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shall include the contractor employees’ name and social security number, along with the adverse information being reported.

The Contractor will provide, through the COR a Quarterly Report containing the names of contractor employees who are active, pending hire, have departed within the quarter or have had a legal name change (Submitted with documentation). The list shall include the Name, Position and SSN (Last Four) and should be derived from system(s) used for contractor payroll/voucher processing to ensure accuracy.

CORs will submit reports to psu-industrial-security@ice.dhs.gov

Contractors, who are involved with management and/or use of information/data deemed “sensitive” to include “law enforcement sensitive” are required to complete the DHS Form 11000-6-Sensitive but Unclassified Information NDA for contractor access to sensitive information. The NDA will be administered by the COR to the all contract personnel within 10 calendar days of the entry on duty date. The completed form shall remain on file with the COR for purpose of administration and inspection.

Sensitive information as defined under the Computer Security Act of 1987, Public Law 100-235 is information not otherwise categorized by statute or regulation that if disclosed could have an adverse impact on the welfare or privacy of individuals or on the welfare or conduct of Federal programs or other programs or operations essential to the national interest. Examples of sensitive information include personal data such as Social Security numbers; trade secrets; system vulnerability information; pre-solicitation procurement documents, such as statements of work; and information pertaining to law enforcement investigative methods; similarly, detailed reports related to computer security deficiencies in internal controls are also sensitive information because of the potential damage that could be caused by the misuse of this information. All sensitive information must be protected from loss, misuse, modification, and unauthorized access in accordance with DHS Management Directive 11042.1, DHS Policy for Sensitive Information and ICE Policy 4003, Safeguarding Law Enforcement Sensitive Information.”

Any unauthorized disclosure of information should be reported to ICE.ADSEC@ICE.dhs.gov.

1.2.7 SECURITY MANAGEMENT

The Contractor shall appoint a senior official to act as the Corporate Security Officer. The individual will interface with the OPR-PSU through the COR on all security matters, to include physical, personnel, and protection of all Government information and data accessed by the Contractor.

The COR and the OPR-PSU shall have the right to inspect the procedures, methods, and facilities utilized by the Contractor in complying with the security requirements under this contract. Should the COR determine that the Contractor is not complying with the security requirements of this contract, the Contractor will be informed in writing by the Contracting Officer of the proper action to be taken in order to effect compliance with such requirements.

The computer security requirements as described in paragraphs 1.2.8 and 1.2.9 of this section
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apply to both Department of Homeland Security (DHS) U.S. Immigration and Customs Enforcement (ICE) operations and to the former Immigration and Naturalization Service operations (FINS). These entities are hereafter referred to as the Department.

1.2.8 INFORMATION TECHNOLOGY SECURITY CLEARANCE

When sensitive government information is processed on Department telecommunications and automated information systems, the Contractor agrees to provide for the administrative control of sensitive data being processed and to adhere to the procedures governing such data as outlined in DHS MD 4300.1, Information Technology Systems Security, or its replacement. Contractor employees must have favorably adjudicated background investigations commensurate with the defined sensitivity level.

Contractor employees who fail to comply with Department security policy are subject to having their access to Department IT systems and facilities terminated, whether or not the failure results in criminal prosecution. Any person who improperly discloses sensitive information is subject to criminal and civil penalties and sanctions under a variety of laws (e.g., Privacy Act).

1.2.9 INFORMATION TECHNOLOGY SECURITY TRAINING AND OVERSIGHT

In accordance with Chief Information Office requirements and provisions, all contractor employees accessing Department IT systems or processing DHS sensitive data via an IT system will require an ICE issued/provisioned Personal Identity Verification (PIV) card. Additionally, Information Assurance Awareness Training (IAAT) will be required upon initial access and annually thereafter. IAAT training will be provided by the appropriate component agency of DHS.

Contractor employees, who are involved with management, use, or operation of any IT systems that handle sensitive information within or under the supervision of the Department, shall receive periodic training at least annually in security awareness and accepted security practices, systems rules of behavior, to include Unauthorized Disclosure Training, available on PALMS or by contacting ICE.ADSEC@ICE.dhs.gov. Department contractor employees, with significant security responsibilities, shall receive specialized training specific to their security responsibilities annually. The level of training shall be commensurate with the individual’s duties and responsibilities and is intended to promote a consistent understanding of the principles and concepts of telecommunications and IT systems security.

All personnel who access Department information systems will be continually evaluated while performing these duties. System Administrators should be aware of any unusual or inappropriate behavior by personnel accessing systems. Any unauthorized access, sharing of passwords, or other questionable security procedures should be reported to the local Security Office or Information System Security Officer (ISSO).

H.3. ICE INFORMATION GOVERNANCE AND PRIVACY REQUIREMENTS CLAUSE (JUL 2017)
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No section of this clause may be read as self-deleting unless the terms of the contract meet the requirements for self-deletion as specified in this clause.

A. Limiting Access to Privacy Act and Other Sensitive Information

(1) Privacy Act Information
In accordance with FAR 52.224-1 Privacy Act Notification (APR 1984), and FAR 52.224-2 Privacy Act (APR 1984), if this contract requires contractor personnel to have access to information protected by the Privacy Act of 1974 the contractor is advised that the relevant DHS system of records notices (SORNs) applicable to this Privacy Act information may be found at www.dhs.gov/privacy. Applicable SORNs of other agencies may be accessed through the agencies’ websites or by searching FDsys, the Federal Digital System, available at http://www.gpo.gov/fdsys/. SORNs may be updated at any time.

(3) Prior Approval Required to Hire Subcontractors
The Contractor is required to obtain the Contracting Officer's approval prior to engaging in any contractual relationship (Subcontractor) in support of this contract requiring the disclosure of information, documentary material and/or records generated under or relating to this contract. The Contractor (and any Subcontractor) is required to abide by Government and Agency guidance for protecting sensitive and proprietary information.

(4) Separation Checklist for Contractor Employees
Contractor shall complete a separation checklist before any employee or Subcontractor employee terminates working on the contract. The separation checklist must verify: (1) return of any Government-furnished equipment; (2) return or proper disposal of sensitive personally identifiable information (PII), in paper or electronic form, in the custody of the employee or Subcontractor employee including the sanitization of data on any computer systems or media as appropriate; and (3) termination of any technological access to the Contractor’s facilities or systems that would permit the terminated employee’s access to sensitive PII.

In the event of adverse job actions resulting in the dismissal of an employee or Subcontractor employee, the Contractor shall notify the Contracting Officer’s Representative (COR) within 24 hours. For normal separations, the Contractor shall submit the checklist on the last day of employment or work on the contract.

As requested, contractors shall assist the ICE Point of Contact (ICE/POC), Contracting Officer, or COR with completing ICE Form 50-005/Contractor Employee Separation Clearance Checklist by returning all Government-furnished property including but not limited to computer equipment, media, credentials and passports, smart cards, mobile devices, PIV cards, calling cards, and keys and terminating access to all user accounts and systems.

B. Privacy Training, Safeguarding, and Remediation

If the Safeguarding of Sensitive Information (MAR 2015) and Information Technology Security and Privacy Training (MAR 2015) clauses are included in this contract, section B of
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this clause is deemed self-deleting.

(1) Required Security and Privacy Training for Contractors
Contractor shall provide training for all employees, including Subcontractors and independent contractors who have access to sensitive personally identifiable information (PII) as well as the creation, use, dissemination and/or destruction of sensitive PII at the outset of the employee’s work on the contract and every year thereafter. Training must include procedures on how to properly handle sensitive PII, including security requirements for the transporting or transmission of sensitive PII, and reporting requirements for a suspected breach or loss of sensitive PII. All Contractor employees are required to take the Privacy at DHS: Protecting Personal Information training course. This course, along with more information about DHS security and training requirements for Contractors, is available at The Federal Information Security Management Act (FISMA) requires all individuals accessing ICE information to take the annual Information Assurance Awareness Training course. These courses are available through the ICE intranet site or the Agency may also make the training available through hypertext links or CD. The Contractor shall maintain copies of employees’ certificates of completion as a record of compliance and must submit an annual e-mail notification to the ICE Contracting Officer’s Representative that the required training has been completed for all the Contractor’s employees.

(2) Safeguarding Sensitive PII Requirement
Contractor employees shall comply with the Handbook for Safeguarding sensitive PII at DHS at all times when handling sensitive PII, including the encryption of sensitive PII as required in the Handbook. This requirement will be flowed down to all subcontracts and lower tiered subcontracts as well.

(3) Non-Disclosure Agreement Requirement
All Contractor personnel that may have access to PII or other sensitive information shall be required to sign a Non-Disclosure Agreement (DHS Form 11000-6) prior to commencing work. The Contractor shall maintain signed copies of the NDA for all employees as a record of compliance. The Contractor shall provide copies of the signed NDA to the Contracting Officer’s Representative (COR) no later than two (2) days after execution of the form.

(4) Prohibition on Use of PII in Vendor Billing and Administrative Records
The Contractor’s invoicing, billing, and other financial/administrative records/databases may not store or include any sensitive Government information, such as PII that is created, obtained, or provided during the performance of the contract. It is acceptable to list the names, titles and contact information for the Contracting Officer, Contracting Officer’s Representative, or other ICE personnel associated with the administration of the contract in the invoices as needed.

(5) Reporting Suspected Loss of Sensitive PII
Contractors must report the suspected loss or compromise of sensitive PII to ICE in a timely manner and cooperate with ICE’s inquiry into the incident and efforts to remediate any harm to potential victims.

1. The Contractor must develop and include in its security plan (which is submitted to ICE) an
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internal system by which its employees and Subcontractors are trained to identify and report the potential loss or compromise of sensitive PII.

2. The Contractor must report the suspected loss or compromise of sensitive PII by its employees or Subcontractors to the ICE Security Operations Center (480-496-6627), the Contracting Officer’s Representative (COR), and the Contracting Officer within one (1) hour of the initial discovery.

3. The Contractor must provide a written report to ICE within 24 hours of the suspected loss or compromise of sensitive PII by its employees or Subcontractors. The report must contain the following information:

   a. Narrative or detailed description of the events surrounding the suspected loss or compromise of information.
   b. Date, time, and location of the incident.
   c. Type of information lost or compromised.
   d. Contractor’s assessment of the likelihood that the information was compromised or lost and the reasons behind the assessment.
   e. Names of person(s) involved, including victim, Contractor employee/Subcontractor and any witnesses.
   f. Cause of the incident and whether the company’s security plan was followed and, if not, which specific provisions were not followed.
   g. Actions that have been or will be taken to minimize damage and/or mitigate further compromise.
   h. Recommendations to prevent similar situations in the future, including whether the security plan needs to be modified in any way and whether additional training may be required.

4. The Contractor shall provide full access and cooperation for all activities determined by the Government to be required to ensure an effective incident response, including providing all requested images, log files, and event information to facilitate rapid resolution of sensitive information incidents.

5. At the Government’s discretion, Contractor employees or Subcontractor employees may be identified as no longer eligible to access sensitive PII or to work on that contract based on their actions related to the loss or compromise of sensitive PII.

(6) Victim Remediation
The Contractor is responsible for notifying victims and providing victim remediation services in the event of a loss or compromise of sensitive PII held by the Contractor, its agents, or its Subcontractors, under this contract. Victim remediation services shall include at least 18 months of credit monitoring and, for serious or large incidents as determined by the Government, call center help desk services for the individuals whose sensitive PII was lost or compromised. The Contractor and ICE will collaborate and agree on the method and content of any notification that may be required to be sent to individuals whose sensitive PII was lost or compromised.
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C. Government Records Training, Ownership, and Management

(1) Records Management Training and Compliance
(a) The Contractor shall provide DHS basic records management training for all employees and Subcontractors that have access to sensitive PII as well as to those involved in the creation, use, dissemination and/or destruction of sensitive PII. This training will be provided at the outset of the Subcontractor’s/employee’s work on the contract and every year thereafter. This training can be obtained via links on the ICE intranet site or it may be made available through other means (e.g., CD or online). The Contractor shall maintain copies of certificates as a record of compliance and must submit an e-mail notification annually to the Contracting Officer’s Representative verifying that all employees working under this contract have completed the required records management training.

(b) The Contractor agrees to comply with Federal and Agency records management policies, including those policies associated with the safeguarding of records covered by the Privacy Act of 1974. These policies include the preservation of all records created or received regardless of format, mode of transmission, or state of completion.

(2) Records Creation, Ownership, and Disposition
(a) The Contractor shall not create or maintain any records not specifically tied to or authorized by the contract using Government IT equipment and/or Government records or that contain Government Agency data. The Contractor shall certify in writing the destruction or return of all Government data at the conclusion of the contract or at a time otherwise specified in the contract.

(b) Except as stated in the Performance Work Statement and, where applicable, the Contractor’s Commercial License Agreement, the Government Agency owns the rights to all electronic information (electronic data, electronic information systems or electronic databases) and all supporting documentation and associated metadata created as part of this contract. All deliverables (including all data and records) under the contract are the property of the U.S. Government and are considered federal records, for which the Agency shall have unlimited rights to use, dispose of, or disclose such data contained therein. The Contractor must deliver sufficient technical documentation with all data deliverables to permit the agency to use the data.

(c) The Contractor shall not retain, use, sell, disseminate, or dispose of any government data/records or deliverables without the express written permission of the Contracting Officer or Contracting Officer’s Representative. The Agency and its contractors are responsible for preventing the alienation or unauthorized destruction of records, including all forms of mutilation. Willful and unlawful destruction, damage or alienation of Federal records is subject to the fines and penalties imposed by 18 U.S.C. § 2701. Records may not be removed from the legal custody of the Agency or destroyed without regard to the provisions of the Agency records schedules.

D. Data Privacy and Oversight
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Section D applies to information technology (IT) contracts. If this is not an IT contract, section D may read as self-deleting.

(1) Restrictions on Testing or Training Using Real Data Containing PII
The use of real data containing sensitive PII from any source for testing or training purposes is generally prohibited. The Contractor shall use synthetic or de-identified real data for testing or training whenever feasible. ICE policy requires that any proposal to use of real data or de-identified data for IT system testing or training be approved by the ICE Privacy Officer and Chief Information Security Officer (CISO) in advance. In the event performance of the contract requires or necessitates the use of real data for system-testing or training purposes, the Contractor in coordination with the Contracting Officer or Contracting Officer’s Representative and Government program manager shall obtain approval from the ICE Privacy Office and CISO and complete any required documentation.

If this IT contract contains the Safeguarding of Sensitive Information (MAR 2015) and Information Technology Security and Privacy Training (MAR 2015) clauses, section D(2) of this clause is deemed self-deleting.

(2) Requirements for Contractor IT Systems Hosting Government Data
The Contractor is required to obtain a Certification and Accreditation for any IT environment owned or controlled by the Contractor or any Subcontractor on which Government data shall reside for the purposes of IT system development, design, data migration, testing, training, maintenance, use, or disposal.

(3) Requirement to Support Privacy Compliance
(a) The Contractor shall support the completion of the Privacy Threshold Analysis (PTA) document when it is required. PTAs are triggered by the creation, modification, upgrade, or disposition of an IT system, and must be renewed at least every three years. Upon review of the PTA, the DHS Privacy Office determines whether a Privacy Impact Assessment (PIA) and/or Privacy Act System of Records Notice (SORN), or modifications thereto, are required. The Contractor shall provide adequate support to complete the PIA in a timely manner, and shall ensure that project management plans and schedules include the PTA, PIA, and SORN (to the extent required) as milestones. Additional information on the privacy compliance process at DHS, including PTAs, PIAs, and SORNs, is located on the DHS Privacy Office website (www.dhs.gov/privacy) under “Compliance.” DHS Privacy Policy Guidance Memorandum 2008-02 sets forth when a PIA will be required at DHS, and the Privacy Impact Assessment Guidance and Template outline the requirements and format for the PIA.

(b) If the contract involves an IT system build or substantial development or changes to an IT system that may require privacy documentation, the Contractor shall assign or procure a Privacy Lead, to be listed under “Key Personnel.” The Privacy Lead shall be responsible for providing adequate support to DHS to ensure DHS can complete any required PTA, PIA, SORN, or other supporting documentation to support privacy compliance. The Privacy Lead shall work with personnel from the program office, the ICE Privacy Office, the Office of the Chief Information Officer, and the Records Management Branch to ensure that the privacy
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documentation is kept on schedule, that the answers to questions in the PIA are thorough and complete, and that questions asked by the ICE Privacy Office and other offices are answered in a timely fashion. The Privacy Lead:

- Must have excellent writing skills, the ability to explain technology clearly for a non-technical audience, and the ability to synthesize information from a variety of sources.
- Must have excellent verbal communication and organizational skills.
- Must have experience writing PIAs. Ideally the candidate would have experience writing PIAs for DHS.
- Must be able to work well with others.

(c) If a Privacy Lead is already in place with the program office and the contract involves IT system builds or substantial changes that may require privacy documentation, the requirement for a separate Private Lead specifically assigned under this contract may be waived provided the Contractor agrees to have the existing Privacy Lead coordinate with and support the ICE Privacy POC to ensure privacy concerns are proactively reviewed and so ICE can complete any required PTA, PIA, SORN, or other supporting documentation to support privacy compliance if required. The Contractor shall work with personnel from the program office, the ICE Office of Information Governance and Privacy, and the Office of the Chief Information Officer to ensure that the privacy documentation is kept on schedule, that the answers to questions in any privacy documents are thorough and complete, that all records management requirements are met, and that questions asked by the ICE Privacy Office and other offices are answered in a timely fashion.

H.4. INFORMATION TECHNOLOGY SECURITY AND PRIVACY TRAINING (MAR 2015)

(a) Applicability. This clause applies to the Contractor, its subcontractors, and Contractor employees (hereafter referred to collectively as “Contractor”). The Contractor shall insert the substance of this clause in all subcontracts.

(b) Security Training Requirements.

(1) All users of Federal information systems are required by Title 5, Code of Federal Regulations, Part 930.301, Subpart C, as amended, to be exposed to security awareness materials annually or whenever system security changes occur, or when the user’s responsibilities change. The Department of Homeland Security (DHS) requires that Contractor employees take an annual Information Technology Security Awareness Training course before accessing sensitive information under the contract. Unless otherwise specified, the training shall be completed within thirty (30) days of contract award and be completed on an annual basis thereafter not later than October 31st of each year. Any new Contractor employees assigned to the contract shall complete the training before accessing sensitive information under the contract. The training is accessible at http://www.dhs.gov/dhs-security-and-training-requirements-contractors. The Contractor shall maintain copies of training certificates for all Contractor and subcontractor
employees as a record of compliance. Unless otherwise specified, initial training certificates for each Contractor and subcontractor employee shall be provided to the Contracting Officer’s Representative (COR) not later than thirty (30) days after contract award. Subsequent training certificates to satisfy the annual training requirement shall be submitted to the COR via e-mail notification not later than October 31st of each year. The e-mail notification shall state the required training has been completed for all Contractor and subcontractor employees.

(2) The DHS Rules of Behavior apply to every DHS employee, Contractor and subcontractor that will have access to DHS systems and sensitive information. The DHS Rules of Behavior shall be signed before accessing DHS systems and sensitive information. The DHS Rules of Behavior is a document that informs users of their responsibilities when accessing DHS systems and holds users accountable for actions taken while accessing DHS systems and using DHS Information Technology resources capable of inputting, storing, processing, outputting, and/or transmitting sensitive information. The DHS Rules of Behavior is accessible at

(b)(7)(E)

Unless otherwise specified, the DHS Rules of Behavior shall be signed within thirty (30) days of contract award. Any new Contractor employees assigned to the contract shall also sign the DHS Rules of Behavior before accessing DHS systems and sensitive information. The Contractor shall maintain signed copies of the DHS Rules of Behavior for all Contractor and subcontractor employees as a record of compliance. Unless otherwise specified, the Contractor shall e-mail copies of the signed DHS Rules of Behavior to the COR not later than thirty (30) days after contract award for each employee. The DHS Rules of Behavior will be reviewed annually and the COR will provide notification when a review is required.

(c) Privacy Training Requirements. All Contractor and subcontractor employees that will have access to Personally Identifiable Information (PII) and/or Sensitive PII (SPII) are required to take Privacy at DHS: Protecting Personal Information before accessing PII and/or SPII. The training is accessible at

(b)(7)(E)

Training shall be completed within thirty (30) days of contract award and be completed on an annual basis thereafter not later than October 31st of each year. Any new Contractor employees assigned to the contract shall also complete the training before accessing PII and/or SPII. The Contractor shall maintain copies of training certificates for all Contractor and subcontractor employees as a record of compliance. Initial training certificates for each Contractor and subcontractor employee shall be provided to the COR not later than thirty (30) days after contract award. Subsequent training certificates to satisfy the annual training requirement shall be submitted to the COR via e-mail notification not later than October 31st of each year. The e-mail notification shall state the required training has been completed for all Contractor and subcontractor employees.

H.5. SAFEGUARDING OF SENSITIVE INFORMATION (MAR 2015)

(a) Applicability. This clause applies to the Contractor, its subcontractors, and Contractor employees (hereafter referred to collectively as “Contractor”). The Contractor shall insert the substance of this clause in all subcontracts.
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(b) Definitions. As used in this clause—

“Personally Identifiable Information (PII)” means information that can be used to distinguish or trace an individual’s identity, such as name, social security number, or biometric records, either alone, or when combined with other personal or identifying information that is linked or linkable to a specific individual, such as date and place of birth, or mother’s maiden name. The definition of PII is not anchored to any single category of information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified. In performing this assessment, it is important for an agency to recognize that non-personally identifiable information can become personally identifiable information whenever additional information is made publicly available—in any medium and from any source—that, combined with other available information, could be used to identify an individual.

PII is a subset of sensitive information. Examples of PII include, but are not limited to: name, date of birth, mailing address, telephone number, Social Security number (SSN), email address, zip code, account numbers, certificate/license numbers, vehicle identifiers including license plates, uniform resource locators (URLs), static Internet protocol addresses, biometric identifiers such as fingerprint, voiceprint, iris scan, photographic facial images, or any other unique identifying number or characteristic, and any information where it is reasonably foreseeable that the information will be linked with other information to identify the individual.

“Sensitive Information” is defined in HSAR clause 3052.204-71, Contractor Employee Access, as any information, which if lost, misused, disclosed, or, without authorization is accessed, or modified, could adversely affect the national or homeland security interest, the conduct of Federal programs, or the privacy to which individuals are entitled under section 552a of Title 5, United States Code (the Privacy Act), but which has not been specifically authorized under criteria established by an Executive Order or an Act of Congress to be kept secret in the interest of national defense, homeland security or foreign policy. This definition includes the following categories of information:

(1) Protected Critical Infrastructure Information (PCII) as set out in the Critical Infrastructure Information Act of 2002 (Title II, Subtitle B, of the Homeland Security Act, Public Law 107-296, 196 Stat. 2135), as amended, the implementing regulations thereto (Title 6, Code of Federal Regulations, Part 29) as amended, the applicable PCII Procedures Manual, as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the PCII Program Manager or his/her designee);

(2) Sensitive Security Information (SSI), as defined in Title 49, Code of Federal Regulations, Part 1520, as amended, “Policies and Procedures of Safeguarding and Control of SSI,” as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the Assistant Secretary for the Transportation Security Administration or his/her designee);

(3) Information designated as “For Official Use Only,” which is unclassified information of a sensitive nature and the unauthorized disclosure of which could adversely impact a person’s privacy or welfare, the conduct of Federal programs, or other programs or operations essential to
the national or homeland security interest; and

(4) Any information that is designated “sensitive” or subject to other controls, safeguards or protections in accordance with subsequently adopted homeland security information handling procedures.

“Sensitive Information Incident” is an incident that includes the known, potential, or suspected exposure, loss of control, compromise, unauthorized disclosure, unauthorized acquisition, or unauthorized access or attempted access of any Government system, Contractor system, or sensitive information.

“Sensitive Personally Identifiable Information (SPII)” is a subset of PII, which if lost, compromised or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. Some forms of PII are sensitive as stand-alone elements. Examples of such PII include: Social Security numbers (SSN), driver’s license or state identification number, Alien Registration Numbers (A-number), financial account number, and biometric identifiers such as fingerprint, voiceprint, or iris scan. Additional examples include any groupings of information that contain an individual’s name or other unique identifier plus one or more of the following elements:

(1) Truncated SSN (such as last 4 digits)
(2) Date of birth (month, day, and year)
(3) Citizenship or immigration status
(4) Ethnic or religious affiliation
(5) Sexual orientation
(6) Criminal History
(7) Medical Information
(8) System authentication information such as mother’s maiden name, account passwords or personal identification numbers (PIN)

Other PII may be “sensitive” depending on its context, such as a list of employees and their performance ratings or an unlisted home address or phone number. In contrast, a business card or public telephone directory of agency employees contains PII but is not sensitive.

(c) Authorities. The Contractor shall follow all current versions of Government policies and guidance accessible at (b)(7)(E) or available upon request from the Contracting Officer, including but not limited to:

(1) DHS Management Directive 11042.1 Safeguarding Sensitive But Unclassified (for Official Use Only) Information
(2) DHS Sensitive Systems Policy Directive 4300A
(3) DHS 4300A Sensitive Systems Handbook and Attachments
(4) DHS Security Authorization Process Guide
(5) DHS Handbook for Safeguarding Sensitive Personally Identifiable Information
(6) DHS Instruction Handbook 121-01-007 Department of Homeland Security Personnel Suitability and Security Program
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(7) DHS Information Security Performance Plan (current fiscal year)

(8) DHS Privacy Incident Handling Guidance


(11) NIST Special Publication 800-88 Guidelines for Media Sanitization accessible at http://csrc.nist.gov/publications/PubsSPs.html

(d) Handling of Sensitive Information. Contractor compliance with this clause, as well as the policies and procedures described below, is required.

(1) Department of Homeland Security (DHS) policies and procedures on Contractor personnel security requirements are set forth in various Management Directives (MDs), Directives, and Instructions. MD 11042.1, Safeguarding Sensitive But Unclassified (For Official Use Only) Information describes how Contractors must handle sensitive but unclassified information. DHS uses the term “FOR OFFICIAL USE ONLY” to identify sensitive but unclassified information that is not otherwise categorized by statute or regulation. Examples of sensitive information that are categorized by statute or regulation are PCI, SSI, etc. The DHS Sensitive Systems Policy Directive 4300A and the DHS 4300A Sensitive Systems Handbook provide the policies and procedures on security for Information Technology (IT) resources. The DHS Handbook for Safeguarding Sensitive Personally Identifiable Information provides guidelines to help safeguard SPl in both paper and electronic form. DHS Instruction Handbook 121-01-007 Department of Homeland Security Personnel Suitability and Security Program establishes procedures, program responsibilities, minimum standards, and reporting protocols for the DHS Personnel Suitability and Security Program.

(2) The Contractor shall not use or redistribute any sensitive information processed, stored, and/or transmitted by the Contractor except as specified in the contract.

(3) All Contractor employees with access to sensitive information shall execute DHS Form 11000-6, Department of Homeland Security Non-Disclosure Agreement (NDA), as a condition of access to such information. The Contractor shall maintain signed copies of the NDA for all employees as a record of compliance. The Contractor shall provide copies of the signed NDA to the Contracting Officer’s Representative (COR) no later than two (2) days after execution of the form.

(4) The Contractor’s invoicing, billing, and other recordkeeping systems maintained to support financial or other administrative functions shall not maintain SPII. It is acceptable to maintain in these systems the names, titles and contact information for the COR or other Government personnel associated with the administration of the contract, as needed.

(e) Authority to Operate. The Contractor shall not input, store, process, output, and/or transmit sensitive information within a Contractor IT system without an Authority to Operate (ATO) signed by the Headquarters or Component CIO, or designee, in consultation with the
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Headquarters or Component Privacy Officer. Unless otherwise specified in the ATO letter, the ATO is valid for three (3) years. The Contractor shall adhere to current Government policies, procedures, and guidance for the Security Authorization (SA) process as defined below.


   (i) Security Authorization Process Documentation. SA documentation shall be developed using the Government provided Requirements Traceability Matrix and Government security documentation templates. SA documentation consists of the following: Security Plan, Contingency Plan, Contingency Plan Test Results, Configuration Management Plan, Security Assessment Plan, Security Assessment Report, and Authorization to Operate Letter. Additional documents that may be required include a Plan(s) of Action and Milestones and Interconnection Security Agreement(s). During the development of SA documentation, the Contractor shall submit a signed SA package, validated by an independent third party, to the COR for acceptance by the Headquarters or Component CIO, or designee, at least thirty (30) days prior to the date of operation of the IT system. The Government is the final authority on the compliance of the SA package and may limit the number of resubmissions of a modified SA package. Once the ATO has been accepted by the Headquarters or Component CIO, or designee, the Contracting Officer shall incorporate the ATO into the contract as a compliance document. The Government’s acceptance of the ATO does not alleviate the Contractor’s responsibility to ensure the IT system controls are implemented and operating effectively.

   (ii) Independent Assessment. Contractors shall have an independent third party validate the security and privacy controls in place for the system(s). The independent third party shall review and analyze the SA package, and report on technical, operational, and management level deficiencies as outlined in *NIST Special Publication 800-53 Security and Privacy Controls for Federal Information Systems and Organizations*. The Contractor shall address all deficiencies before submitting the SA package to the Government for acceptance.

   (iii) Support the completion of the Privacy Threshold Analysis (PTA) as needed. As part of the SA process, the Contractor may be required to support the Government in the completion of the PTA. The requirement to complete a PTA is triggered by the creation, use, modification, upgrade, or disposition of a Contractor IT system that will store, maintain and use PII, and must be renewed at least every three (3) years. Upon review of the PTA, the DHS Privacy Office determines whether a Privacy Impact Assessment (PIA) and/or Privacy Act System of Records Notice (SORN), or modifications thereto, are required. The Contractor shall provide all support necessary to assist the Department in completing the PIA in a timely manner and shall ensure that project management plans and schedules include time for the completion of the PTA, PIA, and SORN (to the extent required) as milestones. Support in this context includes responding timely to requests for information from the Government about the use, access, storage, and maintenance of PII on the Contractor’s system, and providing timely review of relevant compliance documents for
factual accuracy. Information on the DHS privacy compliance process, including PTAs, PIAs, and SORNs, is accessible at http://www.dhs.gov/privacy-compliance.

(2) Renewal of ATO. Unless otherwise specified in the ATO letter, the ATO shall be renewed every three (3) years. The Contractor is required to update its SA package as part of the ATO renewal process. The Contractor shall update its SA package by one of the following methods: (1) Updating the SA documentation in the DHS automated information assurance tool for acceptance by the Headquarters or Component CIO, or designee, at least 90 days before the ATO expiration date for review and verification of security controls; or (2) Submitting an updated SA package directly to the COR for approval by the Headquarters or Component CIO, or designee, at least 90 days before the ATO expiration date for review and verification of security controls. The 90-day review process is independent of the system production date and therefore it is important that the Contractor build the review into project schedules. The reviews may include onsite visits that involve physical or logical inspection of the Contractor environment to ensure controls are in place.

(3) Security Review. The Government may elect to conduct random periodic reviews to ensure that the security requirements contained in this contract are being implemented and enforced. The Contractor shall afford DHS, the Office of the Inspector General, and other Government organizations access to the Contractor’s facilities, installations, operations, documentation, databases and personnel used in the performance of this contract. The Contractor shall, through the Contracting Officer and COR, contact the Headquarters or Component CIO, or designee, to coordinate and participate in review and inspection activity by Government organizations external to the DHS. Access shall be provided, to the extent necessary as determined by the Government, for the Government to carry out a program of inspection, investigation, and audit to safeguard against threats and hazards to the integrity, availability and confidentiality of Government data or the function of computer systems used in performance of this contract and to preserve evidence of computer crime.

(4) Continuous Monitoring. All Contractor-operated systems that input, store, process, output, and/or transmit sensitive information shall meet or exceed the continuous monitoring requirements identified in the Fiscal Year 2014 DHS Information Security Performance Plan, or successor publication. The plan is updated on an annual basis. The Contractor shall also store monthly continuous monitoring data at its location for a period not less than one year from the date the data is created. The data shall be encrypted in accordance with FIPS 140-2 Security Requirements for Cryptographic Modules and shall not be stored on systems that are shared with other commercial or Government entities. The Government may elect to perform continuous monitoring and IT security scanning of Contractor systems from Government tools and infrastructure.

(5) Revocation of ATO. In the event of a sensitive information incident, the Government may suspend or revoke an existing ATO (either in part or in whole). If an ATO is suspended or revoked in accordance with this provision, the Contracting Officer may direct the Contractor to take additional security measures to secure sensitive information. These measures may include restricting access to sensitive information on the Contractor IT system under this contract. Restricting access may include disconnecting the system processing, storing, or transmitting the sensitive information from the Internet or other networks or applying additional security controls.
(6) **Federal Reporting Requirements.** Contractors operating information systems on behalf of the Government or operating systems containing sensitive information shall comply with Federal reporting requirements. Annual and quarterly data collection will be coordinated by the Government. Contractors shall provide the COR with requested information within three (3) business days of receipt of the request. Reporting requirements are determined by the Government and are defined in the *Fiscal Year 2014 DHS Information Security Performance Plan,* or successor publication. The Contractor shall provide the Government with all information to fully satisfy Federal reporting requirements for Contractor systems.

(f) **Sensitive Information Incident Reporting Requirements.**

(1) All known or suspected sensitive information incidents shall be reported to the Headquarters or Component Security Operations Center (SOC) within one hour of discovery in accordance with *4300A Sensitive Systems Handbook Incident Response and Reporting* requirements. When notifying the Headquarters or Component SOC, the Contractor shall also notify the Contracting Officer, COR, Headquarters or Component Privacy Officer, and US-CERT using the contact information identified in the contract. If the incident is reported by phone or the Contracting Officer’s email address is not immediately available, the Contractor shall contact the Contracting Officer immediately after reporting the incident to the Headquarters or Component SOC. The Contractor shall not include any sensitive information in the subject or body of any e-mail. To transmit sensitive information, the Contractor shall use *FIPS 140-2 Security Requirements for Cryptographic Modules* compliant encryption methods to protect sensitive information in attachments to email. Passwords shall not be communicated in the same email as the attachment. A sensitive information incident shall not, by itself, be interpreted as evidence that the Contractor has failed to provide adequate information security safeguards for sensitive information, or has otherwise failed to meet the requirements of the contract.

(2) If a sensitive information incident involves PII or SPII, in addition to the reporting requirements in *4300A Sensitive Systems Handbook Incident Response and Reporting,* Contractors shall also provide as many of the following data elements that are available at the time the incident is reported, with any remaining data elements provided within 24 hours of submission of the initial incident report:

(i) Data Universal Numbering System (DUNS);
(ii) Contract numbers affected unless all contracts by the company are affected;
(iii) Facility CAGE code if the location of the event is different than the prime contractor location;
(iv) Point of contact (POC) if different than the POC recorded in the System for Award Management (address, position, telephone, email);
(v) Contracting Officer POC (address, telephone, email);
(vi) Contract clearance level;
(vii) Name of subcontractor and CAGE code if this was an incident on a subcontractor network;
(viii) Government programs, platforms or systems involved;
(ix) Location(s) of incident;
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(x) Date and time the incident was discovered;
(xi) Server names where sensitive information resided at the time of the incident, both at the Contractor and subcontractor level;
(xii) Description of the Government PII and/or SPII contained within the system;
(xiii) Number of people potentially affected and the estimate or actual number of records exposed and/or contained within the system; and
(xiv) Any additional information relevant to the incident.

(g) Sensitive Information Incident Response Requirements.

(1) All determinations related to sensitive information incidents, including response activities, notifications to affected individuals and/or Federal agencies, and related services (e.g., credit monitoring) will be made in writing by the Contracting Officer in consultation with the Headquarters or Component CIO and Headquarters or Component Privacy Officer.

(2) The Contractor shall provide full access and cooperation for all activities determined by the Government to be required to ensure an effective incident response, including providing all requested images, log files, and event information to facilitate rapid resolution of sensitive information incidents.

(3) Incident response activities determined to be required by the Government may include, but are not limited to, the following:

   (i) Inspections,
   (ii) Investigations,
   (iii) Forensic reviews, and
   (iv) Data analyses and processing.

(4) The Government, at its sole discretion, may obtain the assistance from other Federal agencies and/or third-party firms to aid in incident response activities.

(h) Additional PII and/or SPII Notification Requirements.

(1) The Contractor shall have in place procedures and the capability to notify any individual whose PII resided in the Contractor IT system at the time of the sensitive information incident not later than 5 business days after being directed to notify individuals, unless otherwise approved by the Contracting Officer. The method and content of any notification by the Contractor shall be coordinated with, and subject to prior written approval by the Contracting Officer, in consultation with the Headquarters or Component Privacy Officer, utilizing the DHS Privacy Incident Handling Guidance. The Contractor shall not proceed with notification unless the Contracting Officer, in consultation with the Headquarters or Component Privacy Officer, has determined in writing that notification is appropriate.

(2) Subject to Government analysis of the incident and the terms of its instructions to the Contractor regarding any resulting notification, the notification method may consist of letters to affected individuals sent by first class mail, electronic means, or general public notice, as
approved by the Government. Notification may require the Contractor’s use of address verification and/or address location services. At a minimum, the notification shall include:

(i) A brief description of the incident;
(ii) A description of the types of PII and SPII involved;
(iii) A statement as to whether the PII or SPII was encrypted or protected by other means;
(iv) Steps individuals may take to protect themselves;
(v) What the Contractor and/or the Government are doing to investigate the incident, to mitigate the incident, and to protect against any future incidents; and
(vi) Information identifying who individuals may contact for additional information.

(i) Credit Monitoring Requirements. In the event that a sensitive information incident involves PII or SPII, the Contractor may be required to, as directed by the Contracting Officer:

(1) Provide notification to affected individuals as described above; and/or

(2) Provide credit monitoring services to individuals whose data was under the control of the Contractor or resided in the Contractor IT system at the time of the sensitive information incident for a period beginning the date of the incident and extending not less than 18 months from the date the individual is notified. Credit monitoring services shall be provided from a company with which the Contractor has no affiliation. At a minimum, credit monitoring services shall include:

(i) Triple credit bureau monitoring;
(ii) Daily customer service;
(iii) Alerts provided to the individual for changes and fraud; and
(iv) Assistance to the individual with enrollment in the services and the use of fraud alerts; and/or

(3) Establish a dedicated call center. Call center services shall include:

(i) A dedicated telephone number to contact customer service within a fixed period;
(ii) Information necessary for registrants/enrollees to access credit reports and credit scores;
(iii) Weekly reports on call center volume, issue escalation (i.e., those calls that cannot be handled by call center staff and must be resolved by call center management or DHS, as appropriate), and other key metrics;
(iv) Escalation of calls that cannot be handled by call center staff to call center management or DHS, as appropriate;
(v) Customized FAQs, approved in writing by the Contracting Officer in coordination with the Headquarters or Component Chief Privacy Officer; and
(vi) Information for registrants to contact customer service representatives and fraud resolution representatives for credit monitoring assistance.

(i) Certification of Sanitization of Government and Government-Activity-Related Files and Information. As part of contract closeout, the Contractor shall submit the certification to the

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COR and the Contracting Officer following the template provided in *NIST Special Publication 800-88 Guidelines for Media Sanitization*.

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*[END OF SECTION H]*
# SECTION I:
## CONTRACT CLAUSES

### 1.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)

This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the CO will make their full text available. Also, the full text can be accessed electronically at this internet address: http://acquisition.gov/far/index.html.

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<td>52.245-1 Government Property</td>
<td>Jan 2017</td>
<td></td>
</tr>
<tr>
<td>52.245-9 Use and Charges</td>
<td>Apr 2012</td>
<td></td>
</tr>
<tr>
<td>52.249-2 Termination for Convenience of the Government – Fixed Price</td>
<td>Apr 2012</td>
<td></td>
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<tr>
<td>52.249-8 Default (Fixed-Price Supply and Service)</td>
<td>Apr 1984</td>
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<tr>
<td>52.253-1 Computer Generated Forms</td>
<td>Jan 1991</td>
<td></td>
</tr>
</tbody>
</table>

1.2 CLAUSES INCORPORATED IN FULL TEXT

52.204-1 Approval of Contract (Dec 1989)

This contract is subject to the written approval of the Contracting Officer and shall not be binding until so approved.

(End of Clause)

52.204-21 Basic Safeguarding of Covered Contractor Information Systems (Jun 2016)

2022-ICLI-00045 3531
Section I

(a) Definitions. As used in this clause--
“Covered contractor information system” means an information system that is owned or
operated by a contractor that processes, stores, or transmits Federal contract information.
“Federal contract information” means information, not intended for public release, that is
provided by or generated for the Government under a contract to develop or deliver a product
or service to the Government, but not including information provided by the Government to
the public (such as on public Web sites) or simple transactional information, such as
necessary to process payments.

“Information” means any communication or representation of knowledge such as facts, data,
or opinions, in any medium or form, including textual, numerical, graphic, cartographic,
narrative, or audiovisual (Committee on National Security Systems Instruction (CNSSI)
4009).

“Information system” means a discrete set of information resources organized for the
collection, processing, maintenance, use, sharing, dissemination, or disposal of
information (44 U.S.C. 3502).

“Safeguarding” means measures or controls that are prescribed to protect information
systems.

(b) Safeguarding requirements and procedures.
(1) The Contractor shall apply the following basic safeguarding requirements and
procedures to protect covered contractor information systems. Requirements and
procedures for basic safeguarding of covered contractor information systems shall
include, at a minimum, the following security controls:

(i) Limit information system access to authorized users, processes acting on
behalf of authorized users, or devices (including other information systems).
(ii) Limit information system access to the types of transactions and functions that
authorized users are permitted to execute.
(iii) Verify and control/limit connections to and use of external information
systems.
(iv) Control information posted or processed on publicly accessible information
systems.
(v) Identify information system users, processes acting on behalf of users, or
devices.
(vi) Authenticate (or verify) the identities of those users, processes, or devices, as
a prerequisite to allowing access to organizational information systems.
(vii) Sanitize or destroy information system media containing Federal Contract
Information before disposal or release for reuse.
(viii) Limit physical access to organizational information systems, equipment, and
the respective operating environments to authorized individuals.
(ix) Escort visitors and monitor visitor activity; maintain audit logs of physical
access; and control and manage physical access devices.
Section I

(x) Monitor, control, and protect organizational communications (i.e., information transmitted or received by organizational information systems) at the external boundaries and key internal boundaries of the information systems.

(xi) Implement subnetworks for publicly accessible system components that are physically or logically separated from internal networks.

(xii) Identify, report, and correct information and information system flaws in a timely manner.

(xiii) Provide protection from malicious code at appropriate locations within organizational information systems.

(xiv) Update malicious code protection mechanisms when new releases are available.

(xv) Perform periodic scans of the information system and real-time scans of files from external sources as files are downloaded, opened, or executed.

(2) Other requirements. This clause does not relieve the Contractor of any other specific safeguarding requirements specified by Federal agencies and departments relating to covered contractor information systems generally or other Federal safeguarding requirements for controlled unclassified information (CUI) as established by Executive Order 13556.

(c) Subcontracts. The Contractor shall include the substance of this clause, including this paragraph (c), in subcontracts under this contract (including subcontracts for the acquisition of commercial items, other than commercially available off-the-shelf items), in which the subcontractor may have Federal contract information residing in or transiting through its information system.

(End of Clause)

(End of Clause)

52.216-18 Ordering (Oct 1995)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued from August 1, 2020 – July 31, 2030.

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.

(c) If mailed, a delivery order or task order is considered “issued” when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

(End of Clause)
Section I

52.216-19  Ordering Limitations (Oct 1995)

(a) Minimum order. When the Government requires supplies or services covered by this contract in an amount of less than $100,000.00, the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) Maximum order. The Contractor is not obligated to honor --

(1) Any order for a single item in excess of the total value of the CLIN set forth in this Contract for the applicable period of performance pursuant to which such services are being ordered under;

(2) Any order for a combination of items in excess of the total combined value of the CLINs set forth in this Contract for the applicable period of performance pursuant to which such services are being ordered under; or

(3) A series of orders from the same ordering office within 365 days that together call for quantities exceeding the limitation in subparagraph (b)(1) or (2) of this section.

(c) If this is a requirements contract (i.e., includes the Requirements clause at subsection 52.216-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the Contractor if that requirement exceeds the maximum-order limitations in paragraph (b) of this section.

(d) Notwithstanding paragraphs (b) and (c) of this section, the Contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within 5 days after issuance, with written notice stating the Contractor’s intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of Clause)

52.216-22  Indefinite Quantity (Oct 1995)

(a) This is an indefinite-quantity contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies and services specified in the Schedule are estimates only and are not purchased by this contract.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. The Contractor shall furnish to the Government, when and if ordered, the supplies or services specified in the Schedule up to and including the quantity designated in the Schedule as the "maximum," (see page 3 of this contract). The Government shall order at least the quantity of supplies or services designated in the Schedule as the "minimum," (see page 3 of this contract).

(c) Except for any limitations on quantities in the Delivery-Order Limitations clause or
in the Schedule, there is no limit on the number of orders that may be issued. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(d) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor’s and Government’s rights and obligations with respect to that order to the same extent as if the order were completed during the contract’s effective period; provided, that the Contractor shall not be required to make any deliveries under this contract after the period of performance end date of the IDIQ.

(End of Clause)

52.217-8 Option to Extend Services (Nov 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 30 days of contract expiration.

(End of Clause)

52.217-9 Option to Extend the Term of the Contract (Mar 2000)

(a) The Government may extend the term of this contract by written notice to the Contractor within the performance period provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 30 days before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 10 Years and 6 Months.

(End of Clause)

52.222-35 Equal Opportunity Veterans (Jun 2020)

(a) Definitions. As used in this clause--

“Active duty wartime or campaign badge veteran,” “Armed Forces service medal veteran,” “disabled veteran,” “protected veteran,” “qualified disabled veteran,” and “recently separated veteran” have the meanings given at Federal Acquisition Regulation (FAR) 22.1301.
Section I

(b) *Equal opportunity clause.* The Contractor shall abide by the requirements of the equal opportunity clause at 41 CFR 60-300.5(a), as of March 24, 2014. This clause prohibits discrimination against qualified protected veterans and requires affirmative action by the Contractor to employ and advance in employment qualified protected veterans.

(c) Subcontracts. The Contractor shall insert the terms of this clause in subcontracts valued at or above the threshold specified in FAR 22.1303(a) on the date of subcontract award, unless exempted by rules, regulations, or orders of the Secretary of Labor. The Contractor shall act as specified by the Director, Office of Federal Contract Compliance Programs, to enforce the terms, including action for noncompliance. Such necessary changes in language may be made as shall be appropriate to identify properly the parties and their undertakings.

(End of Clause)

52.222-36  Equal Opportunity for Workers with Disabilities (Jun 2020)

(a) *Equal opportunity clause.* The Contractor shall abide by the requirements of the equal opportunity clause at 41 CFR 60-741.5(a), as of March 24, 2014. This clause prohibits discrimination against qualified individuals on the basis of disability and requires affirmative action by the Contractor to employ and advance in employment qualified individuals with disabilities.

(b) *Subcontracts.* The Contractor shall include the terms of this clause in every subcontract or purchase order in excess of the threshold specified in Federal Acquisition Regulation (FAR) 22.1408(a) on the date of subcontract award, unless exempted by rules, regulations, or orders of the Secretary, so that such provisions will be binding upon each subcontractor or vendor. The Contractor shall act as specified by the Director, Office of Federal Contract Compliance Programs of the U.S. Department of Labor, to enforce the terms, including action for noncompliance. Such necessary changes in language may be made as shall be appropriate to identify properly the parties and their undertakings.

(End of Clause)

52.222-42  Statement of Equivalent Rates for Federal Hires (May 2014)

In compliance with the Service Contract Labor Standards statute and the regulations of the Secretary of Labor (29 CFR part 4), this clause identifies the classes of service employees expected to be employed under the contract and states the wages and fringe benefits payable to each if they were employed by the contracting agency subject to the provisions of 5 U.S.C. 5341 or 5332.

*This Statement is for Information Only: It is not a Wage Determination*

<table>
<thead>
<tr>
<th>Employee Class</th>
<th>Monetary Wage -- Fringe Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Section I

(End of Clause)

1.3 HSAR CLAUSES INCORPORATED BY REFERENCE

<table>
<thead>
<tr>
<th>Number</th>
<th>Titles</th>
<th>Date</th>
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<tbody>
<tr>
<td>3052.203-70</td>
<td>Instructions for Contractor Disclosure of Violations</td>
<td>Sep 2012</td>
</tr>
<tr>
<td>3052.225-70</td>
<td>Requirement for Use of Certain Domestic Commodities</td>
<td>Aug 2009</td>
</tr>
</tbody>
</table>

1.4 HSAR CLAUSES INCORPORATED IN FULL TEXT

3052.204-71 Contractor Employee Access (Sep 2012)

(a) *Sensitive Information*, as used in this clause, means any information, which if lost, misused, disclosed, or, without authorization is accessed, or modified, could adversely affect the national or homeland security interest, the conduct of Federal programs, or the privacy to which individuals are entitled under section 552a of title 5, United States Code (the Privacy Act), but which has not been specifically authorized under criteria established by an Executive Order or an Act of Congress to be kept secret in the interest of national defense, homeland security or foreign policy. This definition includes the following categories of information:

1. Protected Critical Infrastructure Information (PCII) as set out in the Critical Infrastructure Information Act of 2002 (Title II, Subtitle B, of the Homeland Security Act, Public Law 107-296, 196 Stat. 2135), as amended, the implementing regulations thereto (Title 6, Code of Federal Regulations, Part 29) as amended, the applicable PCII Procedures Manual, as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the PCII Program Manager or his/her designee);

2. Sensitive Security Information (SSI), as defined in Title 49, Code of Federal Regulations, Part 1520, as amended, “Policies and Procedures of Safeguarding and Control of SSI,” as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the Assistant Secretary for the Transportation Security Administration or his/her designee);

3. Information designated as “For Official Use Only,” which is unclassified information of a sensitive nature and the unauthorized disclosure of which could adversely impact a person’s privacy or welfare, the conduct of Federal programs, or other programs or operations essential to the national or homeland security interest; and
Section I

(4) Any information that is designated “sensitive” or subject to other controls, safeguards or protections in accordance with subsequently adopted homeland security information handling procedures.

(b) “Information Technology Resources” include, but are not limited to, computer equipment, networking equipment, telecommunications equipment, cabling, network drives, computer drives, network software, computer software, software programs, intranet sites, and internet sites.

(c) Contractor employees working on this contract must complete such forms as may be necessary for security or other reasons, including the conduct of background investigations to determine suitability. Completed forms shall be submitted as directed by the Contracting Officer. Upon the Contracting Officer's request, the Contractor's employees shall be fingerprinted, or subject to other investigations as required. All Contractor employees requiring recurring access to Government facilities or access to sensitive information or IT resources are required to have a favorably adjudicated background investigation prior to commencing work on this contract unless this requirement is waived under Departmental procedures.

(d) The Contracting Officer may require the Contractor to prohibit individuals from working on the contract if the Government deems their initial or continued employment contrary to the public interest for any reason, including, but not limited to, carelessness, insubordination, incompetence, or security concerns.

(e) Work under this contract may involve access to sensitive information. Therefore, the Contractor shall not disclose, orally or in writing, any sensitive information to any person unless authorized in writing by the Contracting Officer. For those Contractor employees authorized access to sensitive information, the Contractor shall ensure that these persons receive training concerning the protection and disclosure of sensitive information both during and after contract performance.

(f) The Contractor shall include the substance of this clause in all subcontracts at any tier where the subcontractor may have access to Government facilities, sensitive information, or resources.

(End of Clause)

3052.204-71 Contractor Employee Access ALTERNATE I (SEP 2012)

(g) Before receiving access to IT resources under this contract the individual must receive a security briefing, which the Contracting Officer’s Technical Representative (COTR) will arrange, and complete any nondisclosure agreement furnished by DHS.

(h) The Contractor shall have access only to those areas of DHS information technology resources explicitly stated in this contract or approved by the COTR in writing as necessary for performance of the work under this contract. Any attempts by Contractor personnel to
Section I

gain access to any information technology resources not expressly authorized by the statement of work, other terms and conditions in this contract, or as approved in writing by the COTR, is strictly prohibited. In the event of violation of this provision, DHS will take appropriate actions with regard to the contract and the individual(s) involved.

(i) Contractor access to DHS networks from a remote location is a temporary privilege for mutual convenience while the Contractor performs business for the DHS Component. It is not a right, a guarantee of access, a condition of the contract, or Government Furnished Equipment (GFE).

(j) Contractor access will be terminated for unauthorized use. The Contractor agrees to hold and save DHS harmless from any unauthorized use and agrees not to request additional time or money under the contract for any delays resulting from unauthorized use or access.

(k) Non-U.S. citizens shall not be authorized to access or assist in the development, operation, management or maintenance of Department IT systems under the contract, unless a waiver has been granted by the Head of the Component or designee, with the concurrence of both the Department’s Chief Security Officer (CSO) and the Chief Information Officer (CIO) or their designees. Within DHS Headquarters, the waiver may be granted only with the approval of both the CSO and the CIO or their designees. In order for a waiver to be granted:

(1) There must be a compelling reason for using this individual as opposed to a U. S. citizen; and
(2) The waiver must be in the best interest of the Government.
   (i) Contractors shall identify in their proposals the names and citizenship of all non-U.S. citizens proposed to work under the contract. Any additions or deletions of non-U.S. citizens after contract award shall also be reported to the Contracting Officer.

(End of Clause)

3052.212-70 Contract Terms And Conditions Applicable to DHS Acquisition of Commercial Items (SEP 2012)

The Contractor agrees to comply with any provision or clause that is incorporated herein by reference to implement agency policy applicable to acquisition of commercial items or components. The provision or clause in effect based on the applicable regulation cited on the date the solicitation is issued applies unless otherwise stated herein. The following provisions and clauses are incorporated by reference:

(a) Provisions.
   _____ 3052.209-72 Organizational Conflicts of Interest.
   _____ 3052.216-70 Evaluation of Offers Subject to An Economic Price Adjustment Clause.
   __X__ 3052.219-72 Evaluation of Prime Contractor Participation in the DHS Mentor Protégé Program.
Section I

(b) Clauses

_X_3052.204-71 Contractor Employee Access.
_X__Alternate I
_X_3052.205-70 Advertisement, Publicizing Awards, and Releases.
_X__Alternate I
__3052.209-73 Limitation on Future Contracting.
_X__3052.215-70 Key Personnel or Facilities.
__3052.216-71 Determination of Award Fee.
__3052.216-72 Performance Evaluation Plan.
__3052.216-73 Distribution of Award Fee.
__3052.217-91 Performance. (USCG)
__3052.217-92 Inspection and Manner of Doing Work. (USCG)
__3052.217-93 Subcontracts. (USCG)
__3052.217-94 Lay Days. (USCG)
__3052.217-95 Liability and Insurance. (USCG)
__3052.217-96 Title. (USCG)
__3052.217-97 Discharge of Liens. (USCG)
__3052.217-98 Delays. (USCG)
__3052.217-99 Department of Labor Safety and Health Regulations for Ship Repair
(USCG)
__3052.217-100 Guarantee. (USCG)
_X__3052.219-71 DHS Mentor Protégé Program.
_X__3052.219-72 Evaluation of Prime Contractor Participation in the DHS Mentor-Protégé
Program
_X__3052.222-70 Strikes or Picketing Affecting Timely Completion of the Contract Work
_X__3052.222-71 Strikes or Picketing Affecting Access to a DHS Facility
__3052.228-70 Insurance.
__3052.228-90 Notification of Miller Act Payment Bond Protection. (USCG)
__3052.228-91 Loss of or Damage to Leased Aircraft. (USCG)
__3052.228-92 Fair Market Value of Aircraft. (USCG)
__3052.228-93 Risk and Indemnities. (USCG)
__3052.236-70 Special Provisions for Work at Operating Airports.
_X__3052.242-72 Contracting Officer’s Technical Representative.
__3052.247-70 F.o.B. Origin Information.
__Alternate I
__Alternate II
__3052.247-71 F.o.B. Origin Only.
__3052.247-72 F.o.B. Destination Only.

(End of Clause)

3052.215-70 Key Personnel or Facilities (Dec 2003)

(a) The personnel or facilities specified below are considered essential to the
work being performed under this contract and may, with the consent of the
Section I

contracting parties, be changed from time to time during the course of the contract by adding or deleting personnel or facilities, as appropriate.

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

The Key Personnel or Facilities under this Contract: see Section L (Staffing Plan and Key Personnel) and Section C (Performance Work Statement).

(End of Clause)

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[END OF SECTION I]
## SECTION J:
LIST OF ATTACHMENTS

### PWS Attachments

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Applicable Current Wage Determinations: WD 2015-5233 Rev.-15</td>
</tr>
<tr>
<td>2</td>
<td>Prison Rape Elimination Act Regulations</td>
</tr>
<tr>
<td>3</td>
<td>Performance-Based National Detention Standards (PBNDS) 2011 with 2016 Revisions</td>
</tr>
<tr>
<td>4</td>
<td>Quality Assurance Surveillance Plan</td>
</tr>
<tr>
<td>4A</td>
<td>Performance Requirements Summary</td>
</tr>
<tr>
<td>4B</td>
<td>Contract Discrepancy Report</td>
</tr>
<tr>
<td>5</td>
<td>G-391 Data Collection Categories and Descriptions</td>
</tr>
<tr>
<td>5A</td>
<td>G-391 Upload Template</td>
</tr>
<tr>
<td>6</td>
<td>Interim ICE Firearms Policy</td>
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<tr>
<td>7</td>
<td>Operations of ERO Holding Facilities</td>
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<tr>
<td>8</td>
<td>ICE Suitability Screening Requirements</td>
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<td>9</td>
<td>Personal Property Operations Handbook</td>
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<tr>
<td>10</td>
<td>ICE Body Armor Policy</td>
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<tr>
<td>11</td>
<td>Authorized Restraint Devices Guidelines</td>
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<td>12</td>
<td>Interim Use of Force Policy</td>
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### Proposal Attachments

<table>
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<tr>
<td>13</td>
<td>Cost and Pricing Summary</td>
</tr>
<tr>
<td>14</td>
<td>Detention Services Cost Statement</td>
</tr>
<tr>
<td>15</td>
<td>Price Proposal dated 7/24/2020</td>
</tr>
<tr>
<td>16</td>
<td>Technical Proposal dated 7/24/2020</td>
</tr>
<tr>
<td>16A</td>
<td>Technical Proposal Appendices dated 7/24/2020</td>
</tr>
<tr>
<td>17</td>
<td>Small Business Subcontracting Plan</td>
</tr>
</tbody>
</table>

### PWS Requirement Specific Addendum

<table>
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<tr>
<th>Addendum</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Performance Work Statement</td>
</tr>
<tr>
<td>B</td>
<td>Requirement C Addendum</td>
</tr>
<tr>
<td>Contract References</td>
<td>Links</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>American Correctional Association (ACA)</td>
<td><a href="http://www.aca.org/">http://www.aca.org/</a></td>
</tr>
</tbody>
</table>

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[END OF SECTION J]
SECTION K:
REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS OR RESPONDENTS

Incorporated by reference. See Contractor’s Proposal, Volume IV.

[END OF SECTION K]
Section B

SECTION B:
SUPPLIES OR SERVICES AND PRICES/COSTS

B.1 GENERAL

The Contractor shall provide all management, supervision, labor, and materials necessary to perform the services identified in the Performance Work Statement on an Indefinite Delivery – Indefinite Quantity basis to have detention beds purchased on a firm fixed price basis.

B.2 CONTRACT PRICING

Please see Section B above.

B.3 MINIMUM AND MAXIMUM QUANTITIES

In accordance with FAR 16.504(a)(4)(ii), the minimum and maximum quantity the Government will acquire under this contract is as follows:

Minimum during the period of performance of the IDIQ.

Maximum: The maximum for each IDIQ will be the calculated total value of the IDIQ in Section B CLINS including the base year and all options. This amount is

B.4 FUNDING

Funds for the services ordered will be obligated, at the task order level, as such services are ordered, or excess funds de-obligated at the task order level, by modification to the task order contracts unilaterally by the Government.
SECTION C:
DESCRIPTION/SPECIFICATIONS/PERFORMANCE WORK STATEMENT

U.S. Department of Homeland Security
Immigration and Customs Enforcement

Performance Work Statement
Detention Services
(Texas-Wide RFP)

See Attached PWS
And Addendum B – PWS Addendum
SECTION D:
PACKAGING & MARKING

[THIS SECTION IS INTENTIONALLY LEFT BLANK]

[END OF SECTION D]
SECTION E:
INSPECTION AND ACCEPTANCE

E.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)

This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text can be accessed electronically at this internet address: http://acquisition.gov/far/index.html.

<table>
<thead>
<tr>
<th>Clause Number</th>
<th>Clause Title</th>
<th>Date</th>
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<tbody>
<tr>
<td>52.246-4</td>
<td>Inspection of Services – Fixed Price</td>
<td>Aug 1996</td>
</tr>
<tr>
<td>52.246-6</td>
<td>Inspection of Services – Time and Material and Labor Hour</td>
<td>May 2001</td>
</tr>
</tbody>
</table>

E.2 INSPECTION REQUIREMENTS

Review of Deliverables ---

a. The Contracting Officer or Contracting Officer’s Representative will provide written acceptance, comments and/or change requests, if any, within thirty (30) business days from receipt by the Government of the initial deliverable.

b. Upon receipt of the Government comments, the Contractor shall have fifteen (15) business days to incorporate the Government's comments and/or change requests and to resubmit the deliverable in its final form.

c. If written acceptance, comments and/or change requests are not issued by the Government within thirty (30) calendar days of submission, the draft deliverable shall be deemed acceptable as written and the Contractor may proceed with the submission of the final deliverable product. The Contractor shall provide all deliverables to the COR in Microsoft Excel, PowerPoint or Word format.

E.3 DELIVERABLES CHART

<table>
<thead>
<tr>
<th>#</th>
<th>Deliverable</th>
<th>Due Date</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Quality Control Plan</td>
<td>With Proposal Submission; Updated as Needed</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3</td>
<td>Standard Operating Procedures</td>
<td>Within 30 calendar days of award of contract</td>
</tr>
<tr>
<td>4</td>
<td>Post Orders</td>
<td>Within 30 calendar days of award of contract, annually and as requested by the COR.</td>
</tr>
<tr>
<td>5</td>
<td>Communication Plan</td>
<td>With Proposal Submission; Updated as Needed</td>
</tr>
<tr>
<td>6</td>
<td>Resumes of Key Personnel</td>
<td>Submitted within 5 days after award. For all new candidates, prior to Entry on Duty (EOD)</td>
</tr>
<tr>
<td>7</td>
<td>Organizational Chart</td>
<td>With Proposal Submission and after that, anytime as requested.</td>
</tr>
<tr>
<td>8</td>
<td>Staffing Plan</td>
<td>With Proposal Submission and after that anytime as requested by the COR.</td>
</tr>
<tr>
<td>9</td>
<td>Documentation of employee receipt of ICE Operations Policy/Procedure Manual</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>10</td>
<td>Contractor employee certification for standards of conduct</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>11</td>
<td>Contractor employee violation of standards of conduct and disciplinary action</td>
<td>Reported immediately* to COR</td>
</tr>
<tr>
<td>12</td>
<td>Notification of change in employee’s health status</td>
<td>Notification immediately to COR (immediate verbal report, with written follow-up)</td>
</tr>
<tr>
<td></td>
<td>Employee termination, transfer, suspension, personnel action relating to disqualifying information or incidents of delinquency</td>
<td>Notification immediately to COR (immediate verbal report, with written follow-up)</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14</td>
<td>Report of any on contract employee misconduct</td>
<td>Notification immediately to COR (immediate verbal report, with written follow-up)</td>
</tr>
<tr>
<td>15</td>
<td>e-QIP Security Process</td>
<td>Prior to Entry on Duty (EOD)</td>
</tr>
<tr>
<td>16</td>
<td>Physical Force Incident Reports</td>
<td>Reported to COR immediately (immediate verbal report, with written report within two (2) hours of incident)</td>
</tr>
<tr>
<td>17</td>
<td>Report of escapes</td>
<td>Reported to COR immediately (immediate verbal report, with written report within two (2) hours of incident)</td>
</tr>
<tr>
<td>18</td>
<td>Physical harm or threat to safety, health or welfare</td>
<td>Reported to COR immediately (immediate verbal report, with written report within 24 hours of incident)</td>
</tr>
<tr>
<td>19</td>
<td>Drug Test Results</td>
<td>Upon EOD and as requested by COR, or reported immediately to COR upon found violation</td>
</tr>
<tr>
<td>20</td>
<td>Emergency Call Back Roster</td>
<td>Quarterly or as needed</td>
</tr>
<tr>
<td>21</td>
<td>Training Plan, with Curriculum</td>
<td>Within 30 calendar days of award of contract; Updated as Needed</td>
</tr>
<tr>
<td>22</td>
<td>Quarterly Training Forecast</td>
<td>Quarterly</td>
</tr>
<tr>
<td>23</td>
<td>Training certification and reports for formal and on the job training (including Supervisors and refresher)</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>24</td>
<td>Daily Time Sheet</td>
<td>As requested by COR</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Frequency/Details</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>25</td>
<td>Emergency Action Plan to include Auxiliary Power procedures</td>
<td>Within 30 calendar days of award of contract;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Updated as Needed</td>
</tr>
<tr>
<td>26</td>
<td>Sexual Assault &amp; Suicide Prevention Program</td>
<td>No later than the post award conference</td>
</tr>
<tr>
<td>27</td>
<td>Firearms Training Certificates</td>
<td>Annually</td>
</tr>
<tr>
<td>28</td>
<td>Employee Weapon Permit</td>
<td>To COR 3 days prior to EOD, and then after as</td>
</tr>
<tr>
<td></td>
<td></td>
<td>requested by COR</td>
</tr>
<tr>
<td>29</td>
<td>Notification of employee criminal activity</td>
<td>Reported immediately to COR and appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>law enforcement agency.</td>
</tr>
<tr>
<td>30</td>
<td>Officer Testing Questions and Results</td>
<td>Post award, as needed by the COR</td>
</tr>
<tr>
<td>31</td>
<td>Key, Tool Cabinet Inventory Class A and Class B Log</td>
<td>At the beginning of day and end of each shift</td>
</tr>
<tr>
<td>32</td>
<td>Equipment Inventory</td>
<td>Within 30 calendar days after award of contract,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>then annually or as requested by COR</td>
</tr>
<tr>
<td>33</td>
<td>Intervention Equipment Inventory</td>
<td>Within 30 calendar days after award of contract,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>then annually or as requested by COR</td>
</tr>
<tr>
<td>34</td>
<td>Regular Tool Control Log</td>
<td>Monthly</td>
</tr>
<tr>
<td>35</td>
<td>Detainee Volunteer Work Screening Form (Request Form)</td>
<td>As required</td>
</tr>
<tr>
<td>36</td>
<td>Detainee Volunteer Work Program Training Form</td>
<td>As required</td>
</tr>
<tr>
<td>37</td>
<td>ACA Accreditation</td>
<td>Within 18 months of contract award</td>
</tr>
</tbody>
</table>
### Section E

<table>
<thead>
<tr>
<th></th>
<th>Proposed daily transportation routes</th>
<th>Within 30 calendar days of contract award</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Safety Devices/Equipment Training Plan</td>
<td>Quarterly</td>
</tr>
<tr>
<td>40</td>
<td>Chemical Perpetual Inventory Sheet</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>41</td>
<td>Compliance and Independent Audit Report</td>
<td>Annually</td>
</tr>
<tr>
<td>42</td>
<td>Key Indicators Report</td>
<td>Monthly, by 5&lt;sup&gt;th&lt;/sup&gt; of each month for previous month’s data</td>
</tr>
<tr>
<td>43</td>
<td>General Supply/Inventory Plan</td>
<td>Within 30 calendar days after award of contract, then annually or as requested by COR</td>
</tr>
<tr>
<td>44</td>
<td>Commissary Inventory List</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>45</td>
<td>Statement of Detainee Funds Accounts</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>46</td>
<td>IT Security Plan</td>
<td>Within 30 calendar days after award of contract</td>
</tr>
<tr>
<td>47</td>
<td>Finalized List of Approved Food Vendors</td>
<td>Within 30 calendar days after award of contract and upon any changes thereafter</td>
</tr>
<tr>
<td>48</td>
<td>Prime Vendor/Food Service Expenditures</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>49</td>
<td>Employee Meal Ticket Sales Report</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>50</td>
<td>Number of Meals Served/Daily Meal Count</td>
<td>Quarterly or as requested by COR</td>
</tr>
<tr>
<td>51</td>
<td>Detainee Records</td>
<td>Continuous</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Frequency/Details</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>52</td>
<td>Detainee Death</td>
<td>Reported immediately to COR (immediate verbal report, with written report within two (2) hours of incident)</td>
</tr>
<tr>
<td>53</td>
<td>Detainee Departure Documents</td>
<td>Continuous, prior to detainee departing.</td>
</tr>
<tr>
<td>54</td>
<td>Detainee Volunteer Food Service Worker Contingency Plan</td>
<td>Within 30 calendar days of award of contract and after that anytime as requested by the COR.</td>
</tr>
<tr>
<td>55</td>
<td>35 Day Regular Menu</td>
<td>Monthly</td>
</tr>
<tr>
<td>56</td>
<td>Physical damage to the facility documentation</td>
<td>Immediate verbal report to COR, with written report within five (5) days.</td>
</tr>
<tr>
<td>57</td>
<td>Detainee Special Needs Menu</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>58</td>
<td>Daily Diet List (Medical &amp; Religious)</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>59</td>
<td>Holiday Menus</td>
<td>Annually</td>
</tr>
<tr>
<td>60</td>
<td>Emergency Food Preparation and Service Schedule</td>
<td>Within 30 calendar days of award of contract</td>
</tr>
<tr>
<td>61</td>
<td>ACA Temperature Log Report (refrigerators, freezers, dishwasher temperatures and water)</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>62</td>
<td>Food Service Weekly Inspection Log</td>
<td>Weekly or as requested by COR</td>
</tr>
<tr>
<td>63</td>
<td>Food Handler Certification</td>
<td>Maintained for all food service employees at all times, and as requested by COR</td>
</tr>
<tr>
<td>64</td>
<td>Food and Non-Food Inventory</td>
<td>Monthly or as requested by COR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>65</td>
<td>Maintenance Service Work Orders</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>66</td>
<td>Common Fare Cost for Detainees</td>
<td>Quarterly, or as requested by COR</td>
</tr>
<tr>
<td>67</td>
<td>Authorized Detainee Worker List Weekly Schedule</td>
<td>Weekly, or as requested by COR</td>
</tr>
<tr>
<td>68</td>
<td>Detainee Volunteer Food Service Work Detail Pay List</td>
<td>Monthly</td>
</tr>
<tr>
<td>69</td>
<td>Monthly Medical Inspection Corrective Actions</td>
<td>Monthly</td>
</tr>
<tr>
<td>70</td>
<td>Certified Dietician In- Service Staff Training and Department Inspection</td>
<td>Quarterly, or as requested by the COR</td>
</tr>
<tr>
<td>71</td>
<td>Medical Clearance including TB test</td>
<td>For all new employees and after diagnosed with illness or communicable disease. Employees must be re-examined and medically cleared before returning to work. TB test certification annually.</td>
</tr>
<tr>
<td>72</td>
<td>Vehicle inventory log and interior specification for each vehicle type</td>
<td>Within 30 calendar days of award of contract, annually and as requested by COR</td>
</tr>
<tr>
<td>73</td>
<td>Menu Cycle (Revisions and Registered Dietician Recertification of all menus)</td>
<td>Annually</td>
</tr>
<tr>
<td>74</td>
<td>End of Month Food Service Cost Report, including Cost Per Meal Data</td>
<td>Annually</td>
</tr>
<tr>
<td>75</td>
<td>Firearms Control Register</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>No.</td>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>76</td>
<td>Surveillance Video</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>77</td>
<td>Detainee or Contractor Employee Contraband Found Report</td>
<td>Immediately to COR (immediate verbal report, with written follow-up)</td>
</tr>
<tr>
<td>78</td>
<td>Staff Vacancy Report</td>
<td>To COR by 5th of each month for previous month’s data</td>
</tr>
<tr>
<td>79</td>
<td>Additional Reports as requested by the COR</td>
<td>As needed</td>
</tr>
<tr>
<td>80</td>
<td>Notice of facility readiness</td>
<td>10 days prior to the end of the Transition Period</td>
</tr>
<tr>
<td>81</td>
<td>Records related to performance by contractor</td>
<td>As requested by CO or COR at any time during the term of the contract or at termination/expiration.</td>
</tr>
<tr>
<td>82</td>
<td>Litigation</td>
<td>As requested by CO or COR at any time during the term of the contract or at/after termination/expiration.</td>
</tr>
<tr>
<td>83</td>
<td>Congressional Inquiry</td>
<td>Immediately to COR and CO (immediate verbal report, with written follow-up) to FOD, DFOD, COR, and CO</td>
</tr>
<tr>
<td>84</td>
<td>Press statements and/or releases</td>
<td>To FOD, DFOD &amp; COR prior to release</td>
</tr>
<tr>
<td>85</td>
<td>Correctional Officer assignment, Names of Supervisory Correctional Officers, and Shift Rosters</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>86</td>
<td>Overnight lodging requests</td>
<td>Advance of commencement of overnight trip</td>
</tr>
<tr>
<td>87</td>
<td>Non-returned ID Badges/Credentials</td>
<td>Immediately to COR</td>
</tr>
<tr>
<td>88</td>
<td>Intelligence Information</td>
<td>Immediately to COR</td>
</tr>
<tr>
<td>89</td>
<td>Serious Incidents</td>
<td>Immediately to COR</td>
</tr>
<tr>
<td></td>
<td>Contractor Employee Manual</td>
<td>Within 30 calendar days of award of contract and after that anytime as requested by the COR.</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>91</td>
<td>Any requested Detainee medical documentation</td>
<td>Immediately to COR</td>
</tr>
<tr>
<td>92</td>
<td>Medical and Personnel Records of Contractor Employees</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>93</td>
<td>Contractor Business Permits and Licenses</td>
<td>Within 30 calendar days of award of contract and after that anytime as directed by COR.</td>
</tr>
<tr>
<td>94</td>
<td>Contractor Employee Registrations, Commissions, Permits, and Licenses</td>
<td>Prior to EOD and then after, as requested by COR</td>
</tr>
<tr>
<td>95</td>
<td>Correctional Officer Post Assignment Record</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>96</td>
<td>Count Records</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>97</td>
<td>GSA Form 139 or ICE equivalent</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>98</td>
<td>Authorization to exceed a change in duty</td>
<td>To COR for approval prior to commencement of change of duty</td>
</tr>
<tr>
<td>99</td>
<td>Lost and Found</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>100</td>
<td>Security incidents – computers</td>
<td>To COR within four (4) hours of incident</td>
</tr>
<tr>
<td>101</td>
<td>Daily Detainee Manifest</td>
<td>As requested by COR</td>
</tr>
<tr>
<td>102</td>
<td>Contract Discrepancy Report, Corrective Action Plan, or outcome measures required by any inspection or accreditation review, QASP or PBNDS requirements</td>
<td>As outlined within the requiring document</td>
</tr>
</tbody>
</table>
The word “immediately” or “immediate,” as used above in the Deliverables Chart is defined as “as soon as reasonably possible”. The Contractor should use prudent and reasonable judgement to determine the timeframe necessary to notify the Government as defined above based on the situation, but it should not exceed a reasonable timeframe to notify the Government. For example, a reasonable timeframe for a physical force incident is as soon as the incident that required a physical force response has been contained. A reasonable timeframe to notify the Government of an attempted escape is after the detainee is safely within the confines of the building. A reasonable timeframe to report an actual escape in which the Contractor does not know the location of the detainee is as soon as the Contractor realizes there has been an escape. In the case of a conflict between the Program Office and the Contractor on a reasonable timeframe, the Contracting Officer will determine the appropriate reasonable timeframe.

### E.4 ACCEPTANCE CRITERIA

The Government will provide written notification of acceptance or rejection of all final deliverables within thirty (30) calendar days. Absent written notification, final deliverables may be construed as accepted. All notifications of rejection will be accompanied with an explanation of the specific deficiencies causing the rejection.

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[END OF SECTION E]
SECTION F:
DELIVERIES OR PERFORMANCE

F.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)

This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text can be accessed electronically at this internet address: http://acquisition.gov/far/index.html.

<table>
<thead>
<tr>
<th>Clause Number</th>
<th>Clause Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.242-15</td>
<td>Stop Work Order</td>
<td>Aug 1989</td>
</tr>
<tr>
<td>52.242-17</td>
<td>Government Delay of Work</td>
<td>Apr 1984</td>
</tr>
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</table>

F.2 PERIOD OF PERFORMANCE

<table>
<thead>
<tr>
<th>Period of Performance</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Period</td>
<td>08/01/2020 – 07/31/2021</td>
</tr>
<tr>
<td><strong>In Accordance with FAR 52.217-9</strong></td>
<td></td>
</tr>
<tr>
<td>Option 1</td>
<td>08/01/2021 – 07/31/2022</td>
</tr>
<tr>
<td>Option 2</td>
<td>08/01/2022 – 07/31/2023</td>
</tr>
<tr>
<td>Option 3</td>
<td>08/01/2023 – 07/31/2024</td>
</tr>
<tr>
<td>Option 4</td>
<td>08/01/2024 – 07/31/2025</td>
</tr>
<tr>
<td>Option 5</td>
<td>08/01/2025 – 07/31/2026</td>
</tr>
<tr>
<td>Option 6</td>
<td>08/01/2026 – 07/31/2027</td>
</tr>
<tr>
<td>Option 7</td>
<td>08/01/2027 – 07/31/2028</td>
</tr>
<tr>
<td>Option 8</td>
<td>08/01/2028 – 07/31/2029</td>
</tr>
<tr>
<td>Option 9</td>
<td>08/01/2029 – 07/31/2030</td>
</tr>
</tbody>
</table>

F.3 PLACE OF PERFORMANCE:

*T. Don Hutto Residential Center*
*1001 Welch St.*
*Taylor, TX 76574*

No single facility described below should provide housing of less than 250 adults. The facilities’ requirements are as follows:

- A facility or facilities is required to house approximately 520 adult female detainees within the San Antonio AOR. The facility(ies) must be located within 50 driving miles from Austin-Bergstrom International Airport and no more than 30 driving miles from a major hospital and emergency services. The facility(ies) shall have access to public and
commercial transportation routes and services. The facility(ies) is (are) expected to house Level 1 risk detainees. Please see the PWS Addendum for additional specific requirements.

The facility shall be managed and operable 24 hours a day, 7 days a week for 365 days a year and 366 days a year for any leap years. The services shall be conducted in accordance with industry standards and ICE’s Performance Based National Detention Standards (PBNDS) 2011, as revised in 2016, as well as applicable federal, state, and local laws, regulations, codes, guidelines, policies and standards. The facilities must meet the requirements of the DHS Final Rule, 6 CFR Part 115, Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities, also known as the DHS Prison Rape Elimination Act (PREA) Standards applicable to immigration detention facilities.

F.4 CONTRACTOR EVALUATING PROCEDURES:

The Government will issue Contractor performance ratings for each awarded requirement from this solicitation via the Contractor Performance Assessment Reporting System (CPARS) in accordance with FAR 42.1502. The CPARS website is located: http://www.cpars.gov.

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[END OF SECTION F]
SECTION G:
CONTRACT ADMINISTRATION DATA

G.1 CONTRACT ADMINISTRATION

Notwithstanding the Contractor’s responsibility for total management responsibility during the performance of this contract, the administration of the contract will require maximum coordination between the ICE and the Contractor.

The Government points of contact for this resulting contract are identified above.

G.2 CONTRACTING OFFICER’S REPRESENTATIVE

The following individual is designated and authorized by the CO to perform contract administration functions related to the technical performance of this contract.

The Government points of contact for this resulting contract are identified above.

(a) The Contracting Officer (CO) may designate Government personnel to act as the Contracting Officer's Representative (COR) to perform functions under the contract such as review or inspection and acceptance of supplies, services, including construction, and other functions of a technical nature. The CO will provide a written notice of such designation to the Contractor within five working days after contract award or for construction, not less than five working days prior to giving the contractor the notice to proceed. The designation letter will set forth the authorities and limitations of the COR under the contract.

(b) The CO cannot authorize the COR or any other representative to sign documents, such as contracts, contract modifications, etc., that require the signature of the CO.

G.3 INVOICE REQUIREMENTS

Invoices shall be submitted as follows:

Service Providers/Contractors shall use these procedures when submitting an invoice.

1. Invoice Submission: Invoices shall be submitted monthly in a “.pdf” format in accordance with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows:

   a) Email:

   • Invoice.Consolidation@ice.dhs.gov
   • Contracting Officer Representative (COR) or Government Point of Contact (GPOC)
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- Contract Specialist/Contracting Officer

Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b) USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: ICE-ERO-FOD-FAO

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

c) Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: The Service Provider’s or Contractor’s Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i). Name and address of the Service Provider/Contractor. Note: the name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM. If payment is remitted to another entity, the name, address and DUNS information of that entity must also be provided which will require Government verification before payment can be processed;

(ii). Dunn and Bradstreet (D&B) DUNS Number;

(iii). Invoice date and invoice number;
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(iv). Agreement/Contract number, contract line item number and, if applicable, the order number;

(v). Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered;

(vi). If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii). Terms of any discount for prompt payment offered;

(viii). Remit to Address;

(ix). Name, title, and phone number of person to resolve invoicing issues;

(x). ICE program office designated on order/contract/agreement and

(xi). Mark invoice as “Interim” (Ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing)

(xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer – System for Award Management or 52-232-34, Payment by Electronic Funds Transfer – Other than System for Award Management.

3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:

(i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below:

a. Detention Bed Space Services
   • Bed day rate;
   • Detainees check-in and check-out dates;
   • Number of bed days multiplied by the bed day rate;
   • Name of each detainee;
   • Detainees identification information

(ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other
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Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format:

a. Detention Bed Space Services: For detention bed space CLINs without a GM, the supporting documentation must include:
   • Bed day rate;
   • Detainees check-in and check-out dates;
   • Number of bed days multiplied by the bed day rate;
   • Name of each detainee;
   • Detainees identification information

b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:
   • Mileage rate being applied for that invoice;
   • Number of miles;
   • Transportation routes provided;
   • Locations serviced;
   • Names of detainees transported;
   • Itemized listing of all other charges; and,
   • for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.

c. Stationary Guard Services: The itemized monthly invoice shall state:
   • The location where the guard services were provided,
   • The employee guard names and number of hours being billed,
   • The employee guard names and duration of the billing (times and dates), and
   • for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.

d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):

1) The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support.

(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.

4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience or unfairness. Examples of Sensitive PII include information
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such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status.

As part of your obligation to safeguard information, the follow precautions are required:

(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.

(ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.

(iii) Use shredders when discarding paper documents containing Sensitive PII.

(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitiv pii handbook-march2012.pdf for more information on and/or examples of Sensitive PII.

5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov.

Invoices without the above information may be returned for resubmission.

The preferred method of submittal is email.

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END OF SECTION G
SECTION H: SPECIAL CONTRACT REQUIREMENTS

H.1. CONTRACTOR’S INSURANCE

The Contractor shall maintain insurance in an amount not less than (b)(4) to protect the Contractor from claims under workman’s compensation acts and from any other claims for damages for personal injury, including death which may arise from operations under this contract whether such operations by the Contractor itself or by any subcontractor or anyone directly or indirectly employed by either business entity. The Contractor shall maintain General Liability insurance: bodily injury liability coverage written on a comprehensive form of policy of at least (b)(4) per occurrence is required.

Additionally, an automobile liability insurance policy providing for bodily injury and property damage liability covering automobiles operated in the United States shall provide coverage of at least (b)(4) per person and (b)(4) per occurrence for bodily injury and (b)(4) per occurrence for property coverage. Certificates of such insurance shall be subject to the approval of the CO for adequacy of protection. All insurance certificates required under this contract shall provide 30 days’ notice to the Government of any contemplated cancellation.

The Contractor shall provide that all staff having access to detainee monies and valuables are bonded in an amount sufficient to ensure reimbursement to the detainee by the Contractor in case of loss.

H.2. SECURITY REQUIREMENTS - REQUIRED SECURITY LANGUAGE FOR SENSITIVE / BUT UNCLASSIFIED (SBU) CONTRACT DETENTION FACILITY

General: Performance under this Contract Detention Facility requires access to sensitive DHS information and will involve direct contact with ICE Detainees. The Contractor shall adhere to the following.

Contractor Employee Fitness Screening: Screening criteria under DHS Instruction 121-01-007-001 (Personnel Security, Suitability and Fitness Program), or successor thereto, that may exclude contractor employees from consideration to perform under this agreement includes:

- Misconduct or negligence in employment;
- Criminal or dishonest conduct;
- Material, intentional false statement or deception of fraud in examination or appointment;
- Refusal to furnish testimony as required by 5 CFR § 5.4 (i.e., a refusal to provide testimony to the Merit Systems Protection Board or the Office of Special Counsel);
- Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation.
- Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the
duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

- Illegal use of narcotics, drugs, or other controlled substances, without evidence of substantial rehabilitation;
- Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force;
- Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question (for Excepted Service employees); and
- Any other nondiscriminatory reason that an individual’s employment (or work on a contract) would not protect the integrity of promote the efficiency of the service.

Contractor Employee Fitness Screening: Screening criteria under 6 CFR § 115.117 (Sexual Abuse and Assault Prevention Standards) implemented pursuant to Public Law 108-79 (Prison Rape Elimination Act (PREA) of 2003) or successor thereto, that WILL exclude contractor employees from consideration to perform under this agreement includes:

- Engaged in Sexual Abuse in a Prison, Jail, Holding Facility, Community Confinement Facility, Juvenile Facility, or other Institution as defined under 42 USC 1997;
- Convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- Civilly or administratively adjudicated to have in engaged in such activity.

Subject to existing law, regulations and/or other provisions of this Agreement, illegal or undocumented aliens shall not be employed by the Service Provider.

1.2.1 GENERAL

The United States Immigration and Customs Enforcement (ICE) has determined that performance of the tasks as described in contract agreement (#) 70CDCR20D00000013 requires that the Contractor, subcontractor(s), vendor(s), etc. (herein known as Contractor) have access to sensitive DHS information and ICE Detainees, and that the Contractor will adhere to the following:

1.2.2 PRELIMINARY FITNESS DETERMINATION

ICE will exercise full control over granting, denying, withholding or terminating unescorted government facility and/or sensitive Government information access for contractor employees, based upon the results of a Fitness screening process.  ICE may, as it deems appropriate, authorize and make a favorable expedited preliminary Fitness determination based on preliminary security checks.  The preliminary Fitness determination will allow the contractor employee to commence work temporarily prior to the completion of a Full Field Background Investigation.  The granting of a favorable preliminary Fitness shall not be considered as assurance that a favorable final Fitness determination will follow as a result thereof.  The granting of preliminary Fitness or final Fitness shall in no way prevent, preclude, or bar the withdrawal or termination of any such access by ICE, at any time during the term of the contract.  No employee
of the Contractor shall be allowed to enter on duty and/or access sensitive information or systems without a favorable preliminary Fitness determination or final Fitness determination by the Office of Professional Responsibility, Personnel Security Unit (OPR-PSU). No employee of the Contractor shall be allowed unescorted access to a Government facility without a favorable preliminary Fitness determination or final Fitness determination by OPR-PSU. Contract employees are processed under DHS Instruction 121-01-007-001 (Personnel Security, Suitability and Fitness Program), or successor thereto; those having direct contact with Detainees will also have 6 CFR § 115.117 considerations made as part of the Fitness screening process.

1.2.3 BACKGROUND INVESTIGATIONS

Contractor employees (to include applicants, temporaries, part-time and replacement employees) under the contract, needing access to sensitive information and/or ICE Detainees, shall undergo a position sensitivity analysis based on the duties each individual will perform on the contract. The results of the position sensitivity analysis shall identify the appropriate background investigation to be conducted. Background investigations will be processed through the Personnel Security Unit. Contractor employees nominated by a Contracting Officer Representative for consideration to support this contract shall submit the following security vetting documentation to OPR-PSU, through the Contracting Officer Representative (COR), within 10 days of notification by OPR-PSU of nomination by the COR and initiation of an Electronic Questionnaire for Investigation Processing (e-QIP) in the Office of Personnel Management (OPM) automated on-line system.

1. Standard Form 85P (Standard Form 85PS (With supplement to 85P required for armed positions)), “Questionnaire for Public Trust Positions” Form completed on-line and archived by the contractor employee in their OPM e-QIP account.

2. Signature Release Forms (Three total) generated by OPM e-QIP upon completion of Questionnaire (e-signature recommended/acceptable – instructions provided to applicant by OPR-PSU). Completed on-line and archived by the contractor employee in their OPM e-QIP account.

3. Two (2) SF 87 (Rev. December 2017) Fingerprint Cards. (Two Original Cards sent via COR to OPR-PSU)

4. Foreign National Relatives or Associates Statement. (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)

5. DHS 11000-9, “Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act” (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)
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6. Optional Form 306 Declaration for Federal Employment (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)

7. Questionnaire regarding conduct defined under 6 CFR § 115.117 (Sexual Abuse and Assault Prevention Standards) (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)

8. One additional document may be applicable if contractor employee was born abroad. If applicable, additional form and instructions will be provided to contractor employee. (If applicable, the document will be sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee’s OPM e-QIP account prior to electronic “Release” of data via on-line account)

Contractor employees who have an adequate, current investigation by another Federal Agency may not be required to submit complete security packages; the investigation may be accepted under reciprocity. The questionnaire related to 6 CFR § 115.117 listed above in item 7 will be required for positions designated under PREA.

An adequate and current investigation is one where the investigation is not more than five years old, meets the contract risk level requirement, and applicant has not had a break in service of more than two years. (Executive Order 13488 amended under Executive Order 13764/DHS Instruction 121-01-007-01).

Required information for submission of security packet will be provided by OPR-PSU at the time of award of the contract. Only complete packages will be accepted by the OPR-PSU as notified by the COR.

To ensure adequate background investigative coverage, contractor employees must currently reside in the United States or its Territories. Additionally, contractor employees are required to have resided within the United States or its Territories for three or more years out of the last five (ICE retains the right to deem a contractor employee ineligible due to insufficient background coverage). This time-line is assessed based on the signature date of the standard form questionnaire submitted for the applied position. Contractor employees falling under the following situations may be exempt from the residency requirement: 1) work or worked for the U.S. Government in foreign countries in federal civilian or military capacities; 2) were or are dependents accompanying a federal civilian or a military employee serving in foreign countries so long as they were or are authorized by the U.S. Government to accompany their federal civilian or military sponsor in the foreign location; 3) worked as a contractor employee, volunteer, consultant or intern on behalf of the federal government overseas, where stateside coverage can be obtained to complete the background investigation; 4) studied abroad at a U.S. affiliated college or university; or 5) have a current and adequate background investigation (commensurate with the position risk/sensitivity levels) completed for a federal or contractor employee position, barring any break in federal employment or federal sponsorship.
Only U.S. Citizens and Legal Permanent Residents are eligible for employment on contracts requiring access to DHS sensitive information unless an exception is granted as outlined under DHS Instruction 121-01-007-001. Per DHS Sensitive Systems Policy Directive 4300A, only U.S. citizens are eligible for positions requiring access to DHS Information Technology (IT) systems or positions that are involved in the development, operation, management, or maintenance of DHS IT systems, unless an exception is granted as outlined under DHS Instruction 121-01-007-001.

1.2.4 TRANSFERS FROM OTHER DHS CONTRACTS:

Contractor employees may be eligible for transfer from other DHS Component contracts provided they have an adequate and current investigation meeting the new assignment requirement. If the contractor employee does not meet the new assignment requirement a DHS 11000-25 with ICE supplemental page will be submitted to OPR-PSU to initiate a new investigation.

Transfers will be accomplished by submitting a DHS 11000-25 with ICE supplemental page indicating “Contract Change.” The questionnaire related to 6 CFR § 115.117 listed above in item 7 will be required for positions designated under PREA.

1.2.5 CONTINUED ELIGIBILITY

ICE reserves the right and prerogative to deny and/or restrict facility and information access of any contractor employee whose actions conflict with Fitness standards contained in DHS Instruction 121-01-007-01, Chapter 3, paragraph 6.B or who violate standards of conduct under 6 CFR § 115.117. The Contracting Officer or their representative can determine if a risk of compromising sensitive Government information exists or if the efficiency of service is at risk and may direct immediate removal of a contractor employee from contract support. The OPR-PSU will conduct periodic reinvestigations every 5 years, or when derogatory information is received, to evaluate continued Fitness of contractor employees.

1.2.6 REQUIRED REPORTS

The Contractor will notify OPR-PSU, via the COR, of all terminations/resignations of contractor employees under the contract within five days of occurrence. The Contractor will return any expired ICE issued identification cards and building passes of terminated/resigned employees to the COR. If an identification card or building pass is not available to be returned, a report must be submitted to the COR referencing the pass or card number, name of individual to whom issued, the last known location and disposition of the pass or card. The COR will return the identification cards and building passes to the responsible ID Unit.

The Contractor will report any adverse information coming to their attention concerning contractor employees under the contract to the OPR-PSU, via the COR, as soon as possible. Reports based on rumor or innuendo should not be made. The subsequent termination of employment of an employee does not obviate the requirement to submit this report. The report
shall include the contractor employees’ name and social security number, along with the adverse information being reported.

The Contractor will provide, through the COR a Quarterly Report containing the names of contractor employees who are active, pending hire, have departed within the quarter or have had a legal name change (Submitted with documentation). The list shall include the Name, Position and SSN (Last Four) and should be derived from system(s) used for contractor payroll/voucher processing to ensure accuracy.

CORs will submit reports to psu-industrial-security@ice.dhs.gov

Contractors, who are involved with management and/or use of information/data deemed “sensitive” to include “law enforcement sensitive” are required to complete the DHS Form 11000-6-Sensitive but Unclassified Information NDA for contractor access to sensitive information. The NDA will be administered by the COR to the all contract personnel within 10 calendar days of the entry on duty date. The completed form shall remain on file with the COR for purpose of administration and inspection.

Sensitive information as defined under the Computer Security Act of 1987, Public Law 100-235 is information not otherwise categorized by statute or regulation that if disclosed could have an adverse impact on the welfare or privacy of individuals or on the welfare or conduct of Federal programs or other programs or operations essential to the national interest. Examples of sensitive information include personal data such as Social Security numbers; trade secrets; system vulnerability information; pre-solicitation procurement documents, such as statements of work; and information pertaining to law enforcement investigative methods; similarly, detailed reports related to computer security deficiencies in internal controls are also sensitive information because of the potential damage that could be caused by the misuse of this information. All sensitive information must be protected from loss, misuse, modification, and unauthorized access in accordance with DHS Management Directive 11042.1, DHS Policy for Sensitive Information and ICE Policy 4003, Safeguarding Law Enforcement Sensitive Information.”

Any unauthorized disclosure of information should be reported to ICE.ADSEC@ICE.dhs.gov.

1.2.7 SECURITY MANAGEMENT

The Contractor shall appoint a senior official to act as the Corporate Security Officer. The individual will interface with the OPR-PSU through the COR on all security matters, to include physical, personnel, and protection of all Government information and data accessed by the Contractor.

The COR and the OPR-PSU shall have the right to inspect the procedures, methods, and facilities utilized by the Contractor in complying with the security requirements under this contract. Should the COR determine that the Contractor is not complying with the security requirements of this contract, the Contractor will be informed in writing by the Contracting Officer of the proper action to be taken in order to effect compliance with such requirements.

The computer security requirements as described in paragraphs 1.2.8 and 1.2.9 of this section
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apply to both Department of Homeland Security (DHS) U.S. Immigration and Customs Enforcement (ICE) operations and to the former Immigration and Naturalization Service operations (FINS). These entities are hereafter referred to as the Department.

1.2.8 INFORMATION TECHNOLOGY SECURITY CLEARANCE

When sensitive government information is processed on Department telecommunications and automated information systems, the Contractor agrees to provide for the administrative control of sensitive data being processed and to adhere to the procedures governing such data as outlined in DHS MD 4300.1, Information Technology Systems Security, or its replacement. Contractor employees must have favorably adjudicated background investigations commensurate with the defined sensitivity level.

Contractor employees who fail to comply with Department security policy are subject to having their access to Department IT systems and facilities terminated, whether or not the failure results in criminal prosecution. Any person who improperly discloses sensitive information is subject to criminal and civil penalties and sanctions under a variety of laws (e.g., Privacy Act).

1.2.9 INFORMATION TECHNOLOGY SECURITY TRAINING AND OVERSIGHT

In accordance with Chief Information Office requirements and provisions, all contractor employees accessing Department IT systems or processing DHS sensitive data via an IT system will require an ICE issued/provisioned Personal Identity Verification (PIV) card. Additionally, Information Assurance Awareness Training (IAAT) will be required upon initial access and annually thereafter. IAAT training will be provided by the appropriate component agency of DHS.

Contractor employees, who are involved with management, use, or operation of any IT systems that handle sensitive information within or under the supervision of the Department, shall receive periodic training at least annually in security awareness and accepted security practices, systems rules of behavior, to include Unauthorized Disclosure Training, available on PALMS or by contacting ICE.ADSEC@ICE.dhs.gov. Department contractor employees, with significant security responsibilities, shall receive specialized training specific to their security responsibilities annually. The level of training shall be commensurate with the individual’s duties and responsibilities and is intended to promote a consistent understanding of the principles and concepts of telecommunications and IT systems security.

All personnel who access Department information systems will be continually evaluated while performing these duties. System Administrators should be aware of any unusual or inappropriate behavior by personnel accessing systems. Any unauthorized access, sharing of passwords, or other questionable security procedures should be reported to the local Security Office or Information System Security Officer (ISSO).

H.3. ICE INFORMATION GOVERNANCE AND PRIVACY REQUIREMENTS CLAUSE (JUL 2017)
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No section of this clause may be read as self-deleting unless the terms of the contract meet the requirements for self-deletion as specified in this clause.

A. Limiting Access to Privacy Act and Other Sensitive Information

(1) Privacy Act Information
In accordance with FAR 52.224-1 Privacy Act Notification (APR 1984), and FAR 52.224-2 Privacy Act (APR 1984), if this contract requires contractor personnel to have access to information protected by the Privacy Act of 1974 the contractor is advised that the relevant DHS system of records notices (SORNs) applicable to this Privacy Act information may be found at www.dhs.gov/privacy. Applicable SORNs of other agencies may be accessed through the agencies’ websites or by searching FDsys, the Federal Digital System, available at http://www.gpo.gov/fdsys/. SORNs may be updated at any time.

(3) Prior Approval Required to Hire Subcontractors
The Contractor is required to obtain the Contracting Officer's approval prior to engaging in any contractual relationship (Subcontractor) in support of this contract requiring the disclosure of information, documentary material and/or records generated under or relating to this contract. The Contractor (and any Subcontractor) is required to abide by Government and Agency guidance for protecting sensitive and proprietary information.

(4) Separation Checklist for Contractor Employees
Contractor shall complete a separation checklist before any employee or Subcontractor employee terminates working on the contract. The separation checklist must verify: (1) return of any Government-furnished equipment; (2) return or proper disposal of sensitive personally identifiable information (PII), in paper or electronic form, in the custody of the employee or Subcontractor employee including the sanitization of data on any computer systems or media as appropriate; and (3) termination of any technological access to the Contractor’s facilities or systems that would permit the terminated employee’s access to sensitive PII.

In the event of adverse job actions resulting in the dismissal of an employee or Subcontractor employee, the Contractor shall notify the Contracting Officer’s Representative (COR) within 24 hours. For normal separations, the Contractor shall submit the checklist on the last day of employment or work on the contract.

As requested, contractors shall assist the ICE Point of Contact (ICE/POC), Contracting Officer, or COR with completing ICE Form 50-005/Contractor Employee Separation Clearance Checklist by returning all Government-furnished property including but not limited to computer equipment, media, credentials and passports, smart cards, mobile devices, PIV cards, calling cards, and keys and terminating access to all user accounts and systems.

B. Privacy Training, Safeguarding, and Remediation

If the Safeguarding of Sensitive Information (MAR 2015) and Information Technology Security and Privacy Training (MAR 2015) clauses are included in this contract, section B of
this clause is deemed self-deleting.

(1) Required Security and Privacy Training for Contractors
Contractor shall provide training for all employees, including Subcontractors and independent contractors who have access to sensitive personally identifiable information (PII) as well as the creation, use, dissemination and/or destruction of sensitive PII at the outset of the employee’s work on the contract and every year thereafter. Training must include procedures on how to properly handle sensitive PII, including security requirements for the transporting or transmission of sensitive PII, and reporting requirements for a suspected breach or loss of sensitive PII. All Contractor employees are required to take the Privacy at DHS: Protecting Personal Information training course. This course, along with more information about DHS security and training requirements for Contractors, is available at [b](7)(E) The Federal Information Security Management Act (FISMA) requires all individuals accessing ICE information to take the annual Information Assurance Awareness Training course. These courses are available through the ICE intranet site or the Agency may also make the training available through hypertext links or CD. The Contractor shall maintain copies of employees’ certificates of completion as a record of compliance and must submit an annual e-mail notification to the ICE Contracting Officer’s Representative that the required training has been completed for all the Contractor’s employees.

(2) Safeguarding Sensitive PII Requirement
Contractor employees shall comply with the Handbook for Safeguarding sensitive PII at DHS at all times when handling sensitive PII, including the encryption of sensitive PII as required in the Handbook. This requirement will be flowed down to all subcontracts and lower tiered subcontracts as well.

(3) Non-Disclosure Agreement Requirement
All Contractor personnel that may have access to PII or other sensitive information shall be required to sign a Non-Disclosure Agreement (DHS Form 11000-6) prior to commencing work. The Contractor shall maintain signed copies of the NDA for all employees as a record of compliance. The Contractor shall provide copies of the signed NDA to the Contracting Officer’s Representative (COR) no later than two (2) days after execution of the form.

(4) Prohibition on Use of PII in Vendor Billing and Administrative Records
The Contractor’s invoicing, billing, and other financial/administrative records/databases may not store or include any sensitive Government information, such as PII that is created, obtained, or provided during the performance of the contract. It is acceptable to list the names, titles and contact information for the Contracting Officer, Contracting Officer’s Representative, or other ICE personnel associated with the administration of the contract in the invoices as needed.

(5) Reporting Suspected Loss of Sensitive PII
Contractors must report the suspected loss or compromise of sensitive PII to ICE in a timely manner and cooperate with ICE’s inquiry into the incident and efforts to remediate any harm to potential victims.

1. The Contractor must develop and include in its security plan (which is submitted to ICE) an
internal system by which its employees and Subcontractors are trained to identify and report the potential loss or compromise of sensitive PII.

2. The Contractor must report the suspected loss or compromise of sensitive PII by its employees or Subcontractors to the ICE Security Operations Center (480-496-6627), the Contracting Officer’s Representative (COR), and the Contracting Officer within one (1) hour of the initial discovery.

3. The Contractor must provide a written report to ICE within 24 hours of the suspected loss or compromise of sensitive PII by its employees or Subcontractors. The report must contain the following information:

   a. Narrative or detailed description of the events surrounding the suspected loss or compromise of information.
   b. Date, time, and location of the incident.
   c. Type of information lost or compromised.
   d. Contractor’s assessment of the likelihood that the information was compromised or lost and the reasons behind the assessment.
   e. Names of person(s) involved, including victim, Contractor employee/Subcontractor and any witnesses.
   f. Cause of the incident and whether the company’s security plan was followed and, if not, which specific provisions were not followed.
   g. Actions that have been or will be taken to minimize damage and/or mitigate further compromise.
   h. Recommendations to prevent similar situations in the future, including whether the security plan needs to be modified in any way and whether additional training may be required.

4. The Contractor shall provide full access and cooperation for all activities determined by the Government to be required to ensure an effective incident response, including providing all requested images, log files, and event information to facilitate rapid resolution of sensitive information incidents.

5. At the Government’s discretion, Contractor employees or Subcontractor employees may be identified as no longer eligible to access sensitive PII or to work on that contract based on their actions related to the loss or compromise of sensitive PII.

(6) **Victim Remediation**

The Contractor is responsible for notifying victims and providing victim remediation services in the event of a loss or compromise of sensitive PII held by the Contractor, its agents, or its Subcontractors, under this contract. Victim remediation services shall include at least 18 months of credit monitoring and, for serious or large incidents as determined by the Government, call center help desk services for the individuals whose sensitive PII was lost or compromised. The Contractor and ICE will collaborate and agree on the method and content of any notification that may be required to be sent to individuals whose sensitive PII was lost or compromised.
C. Government Records Training, Ownership, and Management

(1) Records Management Training and Compliance
   (a) The Contractor shall provide DHS basic records management training for all employees and Subcontractors that have access to sensitive PII as well as to those involved in the creation, use, dissemination and/or destruction of sensitive PII. This training will be provided at the outset of the Subcontractor’s/employee’s work on the contract and every year thereafter. This training can be obtained via links on the ICE intranet site or it may be made available through other means (e.g., CD or online). The Contractor shall maintain copies of certificates as a record of compliance and must submit an e-mail notification annually to the Contracting Officer’s Representative verifying that all employees working under this contract have completed the required records management training.

   (b) The Contractor agrees to comply with Federal and Agency records management policies, including those policies associated with the safeguarding of records covered by the Privacy Act of 1974. These policies include the preservation of all records created or received regardless of format, mode of transmission, or state of completion.

(2) Records Creation, Ownership, and Disposition
   (a) The Contractor shall not create or maintain any records not specifically tied to or authorized by the contract using Government IT equipment and/or Government records or that contain Government Agency data. The Contractor shall certify in writing the destruction or return of all Government data at the conclusion of the contract or at a time otherwise specified in the contract.

   (b) Except as stated in the Performance Work Statement and, where applicable, the Contractor’s Commercial License Agreement, the Government Agency owns the rights to all electronic information (electronic data, electronic information systems or electronic databases) and all supporting documentation and associated metadata created as part of this contract. All deliverables (including all data and records) under the contract are the property of the U.S. Government and are considered federal records, for which the Agency shall have unlimited rights to use, dispose of, or disclose such data contained therein. The Contractor must deliver sufficient technical documentation with all data deliverables to permit the agency to use the data.

   (c) The Contractor shall not retain, use, sell, disseminate, or dispose of any government data/records or deliverables without the express written permission of the Contracting Officer or Contracting Officer’s Representative. The Agency and its contractors are responsible for preventing the alienation or unauthorized destruction of records, including all forms of mutilation. Willful and unlawful destruction, damage or alienation of Federal records is subject to the fines and penalties imposed by 18 U.S.C. § 2701. Records may not be removed from the legal custody of the Agency or destroyed without regard to the provisions of the Agency records schedules.

D. Data Privacy and Oversight
Section D applies to information technology (IT) contracts. If this is not an IT contract, section D may read as self-deleting.

(1) Restrictions on Testing or Training Using Real Data Containing PII
The use of real data containing sensitive PII from any source for testing or training purposes is generally prohibited. The Contractor shall use synthetic or de-identified real data for testing or training whenever feasible. ICE policy requires that any proposal to use of real data or de-identified data for IT system testing or training be approved by the ICE Privacy Officer and Chief Information Security Officer (CISO) in advance. In the event performance of the contract requires or necessitates the use of real data for system-testing or training purposes, the Contractor in coordination with the Contracting Officer or Contracting Officer’s Representative and Government program manager shall obtain approval from the ICE Privacy Office and CISO and complete any required documentation.

If this IT contract contains the Safeguarding of Sensitive Information (MAR 2015) and Information Technology Security and Privacy Training (MAR 2015) clauses, section D(2) of this clause is deemed self-deleting.

(2) Requirements for Contractor IT Systems Hosting Government Data
The Contractor is required to obtain a Certification and Accreditation for any IT environment owned or controlled by the Contractor or any Subcontractor on which Government data shall reside for the purposes of IT system development, design, data migration, testing, training, maintenance, use, or disposal.

(3) Requirement to Support Privacy Compliance
(a) The Contractor shall support the completion of the Privacy Threshold Analysis (PTA) document when it is required. PTAs are triggered by the creation, modification, upgrade, or disposition of an IT system, and must be renewed at least every three years. Upon review of the PTA, the DHS Privacy Office determines whether a Privacy Impact Assessment (PIA) and/or Privacy Act System of Records Notice (SORN), or modifications thereto, are required. The Contractor shall provide adequate support to complete the PIA in a timely manner, and shall ensure that project management plans and schedules include the PTA, PIA, and SORN (to the extent required) as milestones. Additional information on the privacy compliance process at DHS, including PTAs, PIAs, and SORNs, is located on the DHS Privacy Office website (www.dhs.gov/privacy) under “Compliance.” DHS Privacy Policy Guidance Memorandum 2008-02 sets forth when a PIA will be required at DHS, and the Privacy Impact Assessment Guidance and Template outline the requirements and format for the PIA.

(b) If the contract involves an IT system build or substantial development or changes to an IT system that may require privacy documentation, the Contractor shall assign or procure a Privacy Lead, to be listed under “Key Personnel.” The Privacy Lead shall be responsible for providing adequate support to DHS to ensure DHS can complete any required PTA, PIA, SORN, or other supporting documentation to support privacy compliance. The Privacy Lead shall work with personnel from the program office, the ICE Privacy Office, the Office of the Chief Information Officer, and the Records Management Branch to ensure that the privacy
documentation is kept on schedule, that the answers to questions in the PIA are thorough and complete, and that questions asked by the ICE Privacy Office and other offices are answered in a timely fashion. The Privacy Lead:

- Must have excellent writing skills, the ability to explain technology clearly for a non-technical audience, and the ability to synthesize information from a variety of sources.
- Must have excellent verbal communication and organizational skills.
- Must have experience writing PIAs. Ideally the candidate would have experience writing PIAs for DHS.
- Must be able to work well with others.

(c) If a Privacy Lead is already in place with the program office and the contract involves IT system builds or substantial changes that may require privacy documentation, the requirement for a separate Private Lead specifically assigned under this contract may be waived provided the Contractor agrees to have the existing Privacy Lead coordinate with and support the ICE Privacy POC to ensure privacy concerns are proactively reviewed and so ICE can complete any required PTA, PIA, SORN, or other supporting documentation to support privacy compliance if required. The Contractor shall work with personnel from the program office, the ICE Office of Information Governance and Privacy, and the Office of the Chief Information Officer to ensure that the privacy documentation is kept on schedule, that the answers to questions in any privacy documents are thorough and complete, that all records management requirements are met, and that questions asked by the ICE Privacy Office and other offices are answered in a timely fashion.

H.4. INFORMATION TECHNOLOGY SECURITY AND PRIVACY TRAINING (MAR 2015)

(a) Applicability. This clause applies to the Contractor, its subcontractors, and Contractor employees (hereafter referred to collectively as “Contractor”). The Contractor shall insert the substance of this clause in all subcontracts.

(b) Security Training Requirements.

(1) All users of Federal information systems are required by Title 5, Code of Federal Regulations, Part 930.301, Subpart C, as amended, to be exposed to security awareness materials annually or whenever system security changes occur, or when the user’s responsibilities change. The Department of Homeland Security (DHS) requires that Contractor employees take an annual Information Technology Security Awareness Training course before accessing sensitive information under the contract. Unless otherwise specified, the training shall be completed within thirty (30) days of contract award and be completed on an annual basis thereafter not later than October 31st of each year. Any new Contractor employees assigned to the contract shall complete the training before accessing sensitive information under the contract. The training is accessible at http://www.dhs.gov/dhs-security-and-training-requirements-contractors. The Contractor shall maintain copies of training certificates for all Contractor and subcontractor
employees as a record of compliance. Unless otherwise specified, initial training certificates for each Contractor and subcontractor employee shall be provided to the Contracting Officer’s Representative (COR) not later than thirty (30) days after contract award. Subsequent training certificates to satisfy the annual training requirement shall be submitted to the COR via e-mail notification not later than October 31st of each year. The e-mail notification shall state the required training has been completed for all Contractor and subcontractor employees.

(2) The DHS Rules of Behavior apply to every DHS employee, Contractor and subcontractor that will have access to DHS systems and sensitive information. The DHS Rules of Behavior shall be signed before accessing DHS systems and sensitive information. The DHS Rules of Behavior is a document that informs users of their responsibilities when accessing DHS systems and holds users accountable for actions taken while accessing DHS systems and using DHS Information Technology resources capable of inputting, storing, processing, outputting, and/or transmitting sensitive information. The DHS Rules of Behavior is accessible at

(b)(7)(E)

Unless otherwise specified, the DHS Rules of Behavior shall be signed within thirty (30) days of contract award. Any new Contractor employees assigned to the contract shall also sign the DHS Rules of Behavior before accessing DHS systems and sensitive information. The Contractor shall maintain signed copies of the DHS Rules of Behavior for all Contractor and subcontractor employees as a record of compliance. Unless otherwise specified, the Contractor shall e-mail copies of the signed DHS Rules of Behavior to the COR not later than thirty (30) days after contract award for each employee. The DHS Rules of Behavior will be reviewed annually and the COR will provide notification when a review is required.

(c) Privacy Training Requirements. All Contractor and subcontractor employees that will have access to Personally Identifiable Information (PII) and/or Sensitive PII (SPII) are required to take Privacy at DHS: Protecting Personal Information before accessing PII and/or SPII. The training is accessible at

(b)(7)(E)

Training shall be completed within thirty (30) days of contract award and be completed on an annual basis thereafter not later than October 31st of each year. Any new Contractor employees assigned to the contract shall also complete the training before accessing PII and/or SPII. The Contractor shall maintain copies of training certificates for all Contractor and subcontractor employees as a record of compliance. Initial training certificates for each Contractor and subcontractor employee shall be provided to the COR not later than thirty (30) days after contract award. Subsequent training certificates to satisfy the annual training requirement shall be submitted to the COR via e-mail notification not later than October 31st of each year. The e-mail notification shall state the required training has been completed for all Contractor and subcontractor employees.

H.5. SAFEGUARDING OF SENSITIVE INFORMATION (MAR 2015)

(a) Applicability. This clause applies to the Contractor, its subcontractors, and Contractor employees (hereafter referred to collectively as “Contractor”). The Contractor shall insert the substance of this clause in all subcontracts.
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(b) Definitions. As used in this clause—

“Personally Identifiable Information (PII)” means information that can be used to distinguish or trace an individual’s identity, such as name, social security number, or biometric records, either alone, or when combined with other personal or identifying information that is linked or linkable to a specific individual, such as date and place of birth, or mother’s maiden name. The definition of PII is not anchored to any single category of information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified. In performing this assessment, it is important for an agency to recognize that non-personally identifiable information can become personally identifiable information whenever additional information is made publicly available—in any medium and from any source—that, combined with other available information, could be used to identify an individual.

PII is a subset of sensitive information. Examples of PII include, but are not limited to: name, date of birth, mailing address, telephone number, Social Security number (SSN), email address, zip code, account numbers, certificate/license numbers, vehicle identifiers including license plates, uniform resource locators (URLs), static Internet protocol addresses, biometric identifiers such as fingerprint, voiceprint, iris scan, photographic facial images, or any other unique identifying number or characteristic, and any information where it is reasonably foreseeable that the information will be linked with other information to identify the individual.

“Sensitive Information” is defined in HSAR clause 3052.204-71, Contractor Employee Access, as any information, which if lost, misused, disclosed, or, without authorization is accessed, or modified, could adversely affect the national or homeland security interest, the conduct of Federal programs, or the privacy to which individuals are entitled under section 552a of Title 5, United States Code (the Privacy Act), but which has not been specifically authorized under criteria established by an Executive Order or an Act of Congress to be kept secret in the interest of national defense, homeland security or foreign policy. This definition includes the following categories of information:

(1) Protected Critical Infrastructure Information (PCII) as set out in the Critical Infrastructure Information Act of 2002 (Title II, Subtitle B, of the Homeland Security Act, Public Law 107-296, 196 Stat. 2135), as amended, the implementing regulations thereto (Title 6, Code of Federal Regulations, Part 29) as amended, the applicable PCII Procedures Manual, as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the PCII Program Manager or his/her designee);

(2) Sensitive Security Information (SSI), as defined in Title 49, Code of Federal Regulations, Part 1520, as amended, “Policies and Procedures of Safeguarding and Control of SSI,” as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the Assistant Secretary for the Transportation Security Administration or his/her designee);

(3) Information designated as “For Official Use Only,” which is unclassified information of a sensitive nature and the unauthorized disclosure of which could adversely impact a person’s privacy or welfare, the conduct of Federal programs, or other programs or operations essential to
the national or homeland security interest; and

(4) Any information that is designated “sensitive” or subject to other controls, safeguards or protections in accordance with subsequently adopted homeland security information handling procedures.

“Sensitive Information Incident” is an incident that includes the known, potential, or suspected exposure, loss of control, compromise, unauthorized disclosure, unauthorized acquisition, or unauthorized access or attempted access of any Government system, Contractor system, or sensitive information.

“Sensitive Personally Identifiable Information (SPII)” is a subset of PII, which if lost, compromised or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. Some forms of PII are sensitive as stand-alone elements. Examples of such PII include: Social Security numbers (SSN), driver’s license or state identification number, Alien Registration Numbers (A-number), financial account number, and biometric identifiers such as fingerprint, voiceprint, or iris scan. Additional examples include any groupings of information that contain an individual’s name or other unique identifier plus one or more of the following elements:

(1) Truncated SSN (such as last 4 digits)
(2) Date of birth (month, day, and year)
(3) Citizenship or immigration status
(4) Ethnic or religious affiliation
(5) Sexual orientation
(6) Criminal History
(7) Medical Information
(8) System authentication information such as mother’s maiden name, account passwords or personal identification numbers (PIN)

Other PII may be “sensitive” depending on its context, such as a list of employees and their performance ratings or an unlisted home address or phone number. In contrast, a business card or public telephone directory of agency employees contains PII but is not sensitive.

(c) Authorities. The Contractor shall follow all current versions of Government policies and guidance accessible at (b)(7)(E) or available upon request from the Contracting Officer, including but not limited to:

(1) DHS Management Directive 11042.1 Safeguarding Sensitive But Unclassified (for Official Use Only) Information
(2) DHS Sensitive Systems Policy Directive 4300A
(3) DHS 4300A Sensitive Systems Handbook and Attachments
(4) DHS Security Authorization Process Guide
(5) DHS Handbook for Safeguarding Sensitive Personally Identifiable Information
(6) DHS Instruction Handbook 121-01-007 Department of Homeland Security Personnel Suitability and Security Program
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(7) DHS Information Security Performance Plan (current fiscal year)
(8) DHS Privacy Incident Handling Guidance
(11) NIST Special Publication 800-88 Guidelines for Media Sanitization accessible at http://csrc.nist.gov/publications/PubsSPs.html

(d) Handling of Sensitive Information. Contractor compliance with this clause, as well as the policies and procedures described below, is required.

(1) Department of Homeland Security (DHS) policies and procedures on Contractor personnel security requirements are set forth in various Management Directives (MDs), Directives, and Instructions. MD 11042.1, Safeguarding Sensitive But Unclassified (For Official Use Only) Information describes how Contractors must handle sensitive but unclassified information. DHS uses the term “FOR OFFICIAL USE ONLY” to identify sensitive but unclassified information that is not otherwise categorized by statute or regulation. Examples of sensitive information that are categorized by statute or regulation are PCII, SSI, etc. The DHS Sensitive Systems Policy Directive 4300A and the DHS 4300A Sensitive Systems Handbook provide the policies and procedures on security for Information Technology (IT) resources. The DHS Handbook for Safeguarding Sensitive Personally Identifiable Information provides guidelines to help safeguard SPII in both paper and electronic form. DHS Instruction Handbook 121-01-007 Department of Homeland Security Personnel Suitability and Security Program establishes procedures, program responsibilities, minimum standards, and reporting protocols for the DHS Personnel Suitability and Security Program.

(2) The Contractor shall not use or redistribute any sensitive information processed, stored, and/or transmitted by the Contractor except as specified in the contract.

(3) All Contractor employees with access to sensitive information shall execute DHS Form 11000-6, Department of Homeland Security Non-Disclosure Agreement (NDA), as a condition of access to such information. The Contractor shall maintain signed copies of the NDA for all employees as a record of compliance. The Contractor shall provide copies of the signed NDA to the Contracting Officer’s Representative (COR) no later than two (2) days after execution of the form.

(4) The Contractor’s invoicing, billing, and other recordkeeping systems maintained to support financial or other administrative functions shall not maintain SPII. It is acceptable to maintain in these systems the names, titles and contact information for the COR or other Government personnel associated with the administration of the contract, as needed.

(e) Authority to Operate. The Contractor shall not input, store, process, output, and/or transmit sensitive information within a Contractor IT system without an Authority to Operate (ATO) signed by the Headquarters or Component CIO, or designee, in consultation with the
Headquarters or Component Privacy Officer. Unless otherwise specified in the ATO letter, the ATO is valid for three (3) years. The Contractor shall adhere to current Government policies, procedures, and guidance for the Security Authorization (SA) process as defined below.


(i) Security Authorization Process Documentation. SA documentation shall be developed using the Government provided Requirements Traceability Matrix and Government security documentation templates. SA documentation consists of the following: Security Plan, Contingency Plan, Contingency Plan Test Results, Configuration Management Plan, Security Assessment Plan, Security Assessment Report, and Authorization to Operate Letter. Additional documents that may be required include a Plan(s) of Action and Milestones and Interconnection Security Agreement(s). During the development of SA documentation, the Contractor shall submit a signed SA package, validated by an independent third party, to the COR for acceptance by the Headquarters or Component CIO, or designee, at least thirty (30) days prior to the date of operation of the IT system. The Government is the final authority on the compliance of the SA package and may limit the number of resubmissions of a modified SA package. Once the ATO has been accepted by the Headquarters or Component CIO, or designee, the Contracting Officer shall incorporate the ATO into the contract as a compliance document. The Government’s acceptance of the ATO does not alleviate the Contractor’s responsibility to ensure the IT system controls are implemented and operating effectively.

(ii) Independent Assessment. Contractors shall have an independent third party validate the security and privacy controls in place for the system(s). The independent third party shall review and analyze the SA package, and report on technical, operational, and management level deficiencies as outlined in NIST Special Publication 800-53 Security and Privacy Controls for Federal Information Systems and Organizations. The Contractor shall address all deficiencies before submitting the SA package to the Government for acceptance.

(iii) Support the completion of the Privacy Threshold Analysis (PTA) as needed. As part of the SA process, the Contractor may be required to support the Government in the completion of the PTA. The requirement to complete a PTA is triggered by the creation, use, modification, upgrade, or disposition of a Contractor IT system that will store, maintain and use PII, and must be renewed at least every three (3) years. Upon review of the PTA, the DHS Privacy Office determines whether a Privacy Impact Assessment (PIA) and/or Privacy Act System of Records Notice (SORN), or modifications thereto, are required. The Contractor shall provide all support necessary to assist the Department in completing the PIA in a timely manner and shall ensure that project management plans and schedules include time for the completion of the PTA, PIA, and SORN (to the extent required) as milestones. Support in this context includes responding timely to requests for information from the Government about the use, access, storage, and maintenance of PII on the Contractor’s system, and providing timely review of relevant compliance documents for
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factual accuracy. Information on the DHS privacy compliance process, including PTAs, PIAs, and SORNs, is accessible at http://www.dhs.gov/privacy-compliance.

(2) **Renewal of ATO.** Unless otherwise specified in the ATO letter, the ATO shall be renewed every three (3) years. The Contractor is required to update its SA package as part of the ATO renewal process. The Contractor shall update its SA package by one of the following methods:
(1) Updating the SA documentation in the DHS automated information assurance tool for acceptance by the Headquarters or Component CIO, or designee, at least 90 days before the ATO expiration date for review and verification of security controls; or (2) Submitting an updated SA package directly to the COR for approval by the Headquarters or Component CIO, or designee, at least 90 days before the ATO expiration date for review and verification of security controls. The 90-day review process is independent of the system production date and therefore it is important that the Contractor build the review into project schedules. The reviews may include onsite visits that involve physical or logical inspection of the Contractor environment to ensure controls are in place.

(3) **Security Review.** The Government may elect to conduct random periodic reviews to ensure that the security requirements contained in this contract are being implemented and enforced. The Contractor shall afford DHS, the Office of the Inspector General, and other Government organizations access to the Contractor’s facilities, installations, operations, documentation, databases and personnel used in the performance of this contract. The Contractor shall, through the Contracting Officer and COR, contact the Headquarters or Component CIO, or designee, to coordinate and participate in review and inspection activity by Government organizations external to the DHS. Access shall be provided, to the extent necessary as determined by the Government, for the Government to carry out a program of inspection, investigation, and audit to safeguard against threats and hazards to the integrity, availability and confidentiality of Government data or the function of computer systems used in performance of this contract and to preserve evidence of computer crime.

(4) **Continuous Monitoring.** All Contractor-operated systems that input, store, process, output, and/or transmit sensitive information shall meet or exceed the continuous monitoring requirements identified in the Fiscal Year 2014 DHS Information Security Performance Plan, or successor publication. The plan is updated on an annual basis. The Contractor shall also store monthly continuous monitoring data at its location for a period not less than one year from the date the data is created. The data shall be encrypted in accordance with FIPS 140-2 Security Requirements for Cryptographic Modules and shall not be stored on systems that are shared with other commercial or Government entities. The Government may elect to perform continuous monitoring and IT security scanning of Contractor systems from Government tools and infrastructure.

(5) **Revocation of ATO.** In the event of a sensitive information incident, the Government may suspend or revoke an existing ATO (either in part or in whole). If an ATO is suspended or revoked in accordance with this provision, the Contracting Officer may direct the Contractor to take additional security measures to secure sensitive information. These measures may include restricting access to sensitive information on the Contractor IT system under this contract. Restricting access may include disconnecting the system processing, storing, or transmitting the sensitive information from the Internet or other networks or applying additional security controls.
(6) **Federal Reporting Requirements.** Contractors operating information systems on behalf of the Government or operating systems containing sensitive information shall comply with Federal reporting requirements. Annual and quarterly data collection will be coordinated by the Government. Contractors shall provide the COR with requested information within three (3) business days of receipt of the request. Reporting requirements are determined by the Government and are defined in the *Fiscal Year 2014 DHS Information Security Performance Plan*, or successor publication. The Contractor shall provide the Government with all information to fully satisfy Federal reporting requirements for Contractor systems.

(f) **Sensitive Information Incident Reporting Requirements.**

(1) All known or suspected sensitive information incidents shall be reported to the Headquarters or Component Security Operations Center (SOC) within one hour of discovery in accordance with *4300A Sensitive Systems Handbook Incident Response and Reporting* requirements. When notifying the Headquarters or Component SOC, the Contractor shall also notify the Contracting Officer, COR, Headquarters or Component Privacy Officer, and US-CERT using the contact information identified in the contract. If the incident is reported by phone or the Contracting Officer’s email address is not immediately available, the Contractor shall contact the Contracting Officer immediately after reporting the incident to the Headquarters or Component SOC. The Contractor shall not include any sensitive information in the subject or body of any e-mail. To transmit sensitive information, the Contractor shall use *FIPS 140-2 Security Requirements for Cryptographic Modules* compliant encryption methods to protect sensitive information in attachments to email. Passwords shall not be communicated in the same email as the attachment. A sensitive information incident shall not, by itself, be interpreted as evidence that the Contractor has failed to provide adequate information security safeguards for sensitive information, or has otherwise failed to meet the requirements of the contract.

(2) If a sensitive information incident involves PII or SPII, in addition to the reporting requirements in *4300A Sensitive Systems Handbook Incident Response and Reporting*, Contractors shall also provide as many of the following data elements that are available at the time the incident is reported, with any remaining data elements provided within 24 hours of submission of the initial incident report:

(i) Data Universal Numbering System (DUNS);
(ii) Contract numbers affected unless all contracts by the company are affected;
(iii) Facility CAGE code if the location of the event is different than the prime contractor location;
(iv) Point of contact (POC) if different than the POC recorded in the System for Award Management (address, position, telephone, email);
(v) Contracting Officer POC (address, telephone, email);
(vi) Contract clearance level;
(vii) Name of subcontractor and CAGE code if this was an incident on a subcontractor network;
(viii) Government programs, platforms or systems involved;
(ix) Location(s) of incident;
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(x) Date and time the incident was discovered;
(xi) Server names where sensitive information resided at the time of the incident, both at the Contractor and subcontractor level;
(xii) Description of the Government PII and/or SPII contained within the system;
(xiii) Number of people potentially affected and the estimate or actual number of records exposed and/or contained within the system; and
(xiv) Any additional information relevant to the incident.

(g) Sensitive Information Incident Response Requirements.

(1) All determinations related to sensitive information incidents, including response activities, notifications to affected individuals and/or Federal agencies, and related services (e.g., credit monitoring) will be made in writing by the Contracting Officer in consultation with the Headquarters or Component CIO and Headquarters or Component Privacy Officer.

(2) The Contractor shall provide full access and cooperation for all activities determined by the Government to be required to ensure an effective incident response, including providing all requested images, log files, and event information to facilitate rapid resolution of sensitive information incidents.

(3) Incident response activities determined to be required by the Government may include, but are not limited to, the following:

(i) Inspections,
(ii) Investigations,
(iii) Forensic reviews, and
(iv) Data analyses and processing.

(4) The Government, at its sole discretion, may obtain the assistance from other Federal agencies and/or third-party firms to aid in incident response activities.

(h) Additional PII and/or SPII Notification Requirements.

(1) The Contractor shall have in place procedures and the capability to notify any individual whose PII resided in the Contractor IT system at the time of the sensitive information incident not later than 5 business days after being directed to notify individuals, unless otherwise approved by the Contracting Officer. The method and content of any notification by the Contractor shall be coordinated with, and subject to prior written approval by the Contracting Officer, in consultation with the Headquarters or Component Privacy Officer, utilizing the DHS Privacy Incident Handling Guidance. The Contractor shall not proceed with notification unless the Contracting Officer, in consultation with the Headquarters or Component Privacy Officer, has determined in writing that notification is appropriate.

(2) Subject to Government analysis of the incident and the terms of its instructions to the Contractor regarding any resulting notification, the notification method may consist of letters to affected individuals sent by first class mail, electronic means, or general public notice, as
approved by the Government. Notification may require the Contractor’s use of address verification and/or address location services. At a minimum, the notification shall include:

(i) A brief description of the incident;
(ii) A description of the types of PII and SPII involved;
(iii) A statement as to whether the PII or SPII was encrypted or protected by other means;
(iv) Steps individuals may take to protect themselves;
(v) What the Contractor and/or the Government are doing to investigate the incident, to mitigate the incident, and to protect against any future incidents; and
(vi) Information identifying who individuals may contact for additional information.

(i) **Credit Monitoring Requirements.** In the event that a sensitive information incident involves PII or SPII, the Contractor may be required to, as directed by the Contracting Officer:

(1) Provide notification to affected individuals as described above; and/or

(2) Provide credit monitoring services to individuals whose data was under the control of the Contractor or resided in the Contractor IT system at the time of the sensitive information incident for a period beginning the date of the incident and extending not less than 18 months from the date the individual is notified. Credit monitoring services shall be provided from a company with which the Contractor has no affiliation. At a minimum, credit monitoring services shall include:

   (i) Triple credit bureau monitoring;
   (ii) Daily customer service;
   (iii) Alerts provided to the individual for changes and fraud; and
   (iv) Assistance to the individual with enrollment in the services and the use of fraud alerts; and/or

(3) Establish a dedicated call center. Call center services shall include:

   (i) A dedicated telephone number to contact customer service within a fixed period;
   (ii) Information necessary for registrants/enrollees to access credit reports and credit scores;
   (iii) Weekly reports on call center volume, issue escalation (i.e., those calls that cannot be handled by call center staff and must be resolved by call center management or DHS, as appropriate), and other key metrics;
   (iv) Escalation of calls that cannot be handled by call center staff to call center management or DHS, as appropriate;
   (v) Customized FAQs, approved in writing by the Contracting Officer in coordination with the Headquarters or Component Chief Privacy Officer; and
   (vi) Information for registrants to contact customer service representatives and fraud resolution representatives for credit monitoring assistance.

(i) **Certification of Sanitization of Government and Government-Activity-Related Files and Information.** As part of contract closeout, the Contractor shall submit the certification to the
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COR and the Contracting Officer following the template provided in NIST Special Publication 800-88 Guidelines for Media Sanitization.

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[END OF SECTION H]
SECTION I:
CONTRACT CLAUSES

1.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)

This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the CO will make their full text available. Also, the full text can be accessed electronically at this internet address: http://acquisition.gov/far/index.html.

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1.2 CLAUSES INCORPORATED IN FULL TEXT

52.204-1 Approval of Contract (Dec 1989)

This contract is subject to the written approval of the Contracting Officer and shall not be binding until so approved.

(End of Clause)

52.204-21 Basic Safeguarding of Covered Contractor Information Systems (Jun 2016)
Section I

(a) Definitions. As used in this clause--
“Covered contractor information system” means an information system that is owned or operated by a contractor that processes, stores, or transmits Federal contract information. “Federal contract information” means information, not intended for public release, that is provided by or generated for the Government under a contract to develop or deliver a product or service to the Government, but not including information provided by the Government to the public (such as on public Web sites) or simple transactional information, such as necessary to process payments.

“Information” means any communication or representation of knowledge such as facts, data, or opinions, in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual (Committee on National Security Systems Instruction (CNSSI) 4009).

“Information system” means a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination, or disposition of information (44 U.S.C. 3502).

“Safeguarding” means measures or controls that are prescribed to protect information systems.

(b) Safeguarding requirements and procedures.

(1) The Contractor shall apply the following basic safeguarding requirements and procedures to protect covered contractor information systems. Requirements and procedures for basic safeguarding of covered contractor information systems shall include, at a minimum, the following security controls:

(i) Limit information system access to authorized users, processes acting on behalf of authorized users, or devices (including other information systems).
(ii) Limit information system access to the types of transactions and functions that authorized users are permitted to execute.
(iii) Verify and control/limit connections to and use of external information systems.
(iv) Control information posted or processed on publicly accessible information systems.
(v) Identify information system users, processes acting on behalf of users, or devices.
(vi) Authenticate (or verify) the identities of those users, processes, or devices, as a prerequisite to allowing access to organizational information systems.
(vii) Sanitize or destroy information system media containing Federal Contract Information before disposal or release for reuse.
(viii) Limit physical access to organizational information systems, equipment, and the respective operating environments to authorized individuals.
(ix) Escort visitors and monitor visitor activity; maintain audit logs of physical access; and control and manage physical access devices.
Section I

(x) Monitor, control, and protect organizational communications (i.e., information transmitted or received by organizational information systems) at the external boundaries and key internal boundaries of the information systems.

(xi) Implement subnetworks for publicly accessible system components that are physically or logically separated from internal networks.

(xii) Identify, report, and correct information and information system flaws in a timely manner.

(xiii) Provide protection from malicious code at appropriate locations within organizational information systems.

(xiv) Update malicious code protection mechanisms when new releases are available.

(xv) Perform periodic scans of the information system and real-time scans of files from external sources as files are downloaded, opened, or executed.

(2) Other requirements. This clause does not relieve the Contractor of any other specific safeguarding requirements specified by Federal agencies and departments relating to covered contractor information systems generally or other Federal safeguarding requirements for controlled unclassified information (CUI) as established by Executive Order 13556.

(c) Subcontracts. The Contractor shall include the substance of this clause, including this paragraph (c), in subcontracts under this contract (including subcontracts for the acquisition of commercial items, other than commercially available off-the-shelf items), in which the subcontractor may have Federal contract information residing in or transiting through its information system.

(End of Clause)

52.216-18 Ordering (Oct 1995)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued from August 1, 2020 – July 31, 2030.

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.

(c) If mailed, a delivery order or task order is considered “issued” when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

(End of Clause)
Section I

52.216-19 Ordering Limitations (Oct 1995)

(a) Minimum order. When the Government requires supplies or services covered by this contract in an amount of less than (b)(4) the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) Maximum order. The Contractor is not obligated to honor --

(1) Any order for a single item in excess of the total value of the CLIN set forth in this Contract for the applicable period of performance pursuant to which such services are being ordered under;

(2) Any order for a combination of items in excess of the total combined value of the CLINs set forth in this Contract for the applicable period of performance which such services are being ordered under; or

(3) A series of orders from the same ordering office within 365 days that together call for quantities exceeding the limitation in subparagraph (b)(1) or (2) of this section.

(c) If this is a requirements contract (i.e., includes the Requirements clause at subsection 52.216-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the Contractor if that requirement exceeds the maximum-order limitations in paragraph (b) of this section.

(d) Notwithstanding paragraphs (b) and (c) of this section, the Contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within 5 days after issuance, with written notice stating the Contractor’s intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of Clause)

52.216-22 Indefinite Quantity (Oct 1995)

(a) This is an indefinite-quantity contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies and services specified in the Schedule are estimates only and are not purchased by this contract.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. The Contractor shall furnish to the Government, when and if ordered, the supplies or services specified in the Schedule up to and including the quantity designated in the Schedule as the "maximum," (see page 3 hereof). The Government shall order at least the quantity of supplies or services designated in the Schedule as the "minimum," (see page 3 hereof).

(c) Except for any limitations on quantities in the Delivery-Order Limitations clause or
in the Schedule, there is no limit on the number of orders that may be issued. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(d) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; provided, that the Contractor shall not be required to make any deliveries under this contact after the period of performance end date of the IDIQ.

(End of Clause)

52.217-8 Option to Extend Services (Nov 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 30 days of contract expiration.

(End of Clause)

52.217-9 Option to Extend the Term of the Contract (Mar 2000)

(a) The Government may extend the term of this contract by written notice to the Contractor within the performance period provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 30 days before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 10 Years and 6 Months.

(End of Clause)

52.222-35 Equal Opportunity Veterans (Jun 2020)

(a) Definitions. As used in this clause--

“Active duty wartime or campaign badge veteran,” “Armed Forces service medal veteran,” “disabled veteran,” “protected veteran,” “qualified disabled veteran,” and “recently separated veteran” have the meanings given at Federal Acquisition Regulation (FAR) 22.1301.
Section I

(b) *Equal opportunity clause.* The Contractor shall abide by the requirements of the equal opportunity clause at 41 CFR 60-300.5(a), as of March 24, 2014. This clause prohibits discrimination against qualified protected veterans and requires affirmative action by the Contractor to employ and advance in employment qualified protected veterans.

(c) Subcontracts. The Contractor shall insert the terms of this clause in subcontracts valued at or above the threshold specified in FAR 22.1303(a) on the date of subcontract award, unless exempted by rules, regulations, or orders of the Secretary of Labor. The Contractor shall act as specified by the Director, Office of Federal Contract Compliance Programs, to enforce the terms, including action for noncompliance. Such necessary changes in language may be made as shall be appropriate to identify properly the parties and their undertakings.

(End of Clause)

**52.222-36 Equal Opportunity for Workers with Disabilities (Jun 2020)**

(a) *Equal opportunity clause.* The Contractor shall abide by the requirements of the equal opportunity clause at 41 CFR 60-741.5(a), as of March 24, 2014. This clause prohibits discrimination against qualified individuals on the basis of disability and requires affirmative action by the Contractor to employ and advance in employment qualified individuals with disabilities.

(b) *Subcontracts.* The Contractor shall include the terms of this clause in every subcontract or purchase order in excess of the threshold specified in Federal Acquisition Regulation (FAR) 22.1408(a) on the date of subcontract award, unless exempted by rules, regulations, or orders of the Secretary, so that such provisions will be binding upon each subcontractor or vendor. The Contractor shall act as specified by the Director, Office of Federal Contract Compliance Programs of the U.S. Department of Labor, to enforce the terms, including action for noncompliance. Such necessary changes in language may be made as shall be appropriate to identify properly the parties and their undertakings.

(End of Clause)

**52.222-42 Statement of Equivalent Rates for Federal Hires (May 2014)**

In compliance with the Service Contract Labor Standards statute and the regulations of the Secretary of Labor (29 CFR part 4), this clause identifies the classes of service employees expected to be employed under the contract and states the wages and fringe benefits payable to each if they were employed by the contracting agency subject to the provisions of 5 U.S.C. 5341 or 5332.

*This Statement is for Information Only: It is not a Wage Determination*

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1.3 HSAR CLAUSES INCORPORATED BY REFERENCE

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1.4 HSAR CLAUSES INCORPORATED IN FULL TEXT

3052.204-71 Contractor Employee Access (Sep 2012)

(a) *Sensitive Information*, as used in this clause, means any information, which if lost, misused, disclosed, or, without authorization is accessed, or modified, could adversely affect the national or homeland security interest, the conduct of Federal programs, or the privacy to which individuals are entitled under section 552a of title 5, United States Code (the Privacy Act), but which has not been specifically authorized under criteria established by an Executive Order or an Act of Congress to be kept secret in the interest of national defense, homeland security or foreign policy. This definition includes the following categories of information:

1. Protected Critical Infrastructure Information (PCII) as set out in the Critical Infrastructure Information Act of 2002 (Title II, Subtitle B, of the Homeland Security Act, Public Law 107-296, 196 Stat. 2135), as amended, the implementing regulations thereto (Title 6, Code of Federal Regulations, Part 29) as amended, the applicable PCII Procedures Manual, as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the PCII Program Manager or his/her designee);

2. Sensitive Security Information (SSI), as defined in Title 49, Code of Federal Regulations, Part 1520, as amended, “Policies and Procedures of Safeguarding and Control of SSI,” as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the Assistant Secretary for the Transportation Security Administration or his/her designee);

3. Information designated as “For Official Use Only,” which is unclassified information of a sensitive nature and the unauthorized disclosure of which could adversely impact a person’s privacy or welfare, the conduct of Federal programs, or other programs or operations essential to the national or homeland security interest; and
(4) Any information that is designated “sensitive” or subject to other controls, safeguards or protections in accordance with subsequently adopted homeland security information handling procedures.

(b) “Information Technology Resources” include, but are not limited to, computer equipment, networking equipment, telecommunications equipment, cabling, network drives, computer drives, network software, computer software, software programs, intranet sites, and internet sites.

(c) Contractor employees working on this contract must complete such forms as may be necessary for security or other reasons, including the conduct of background investigations to determine suitability. Completed forms shall be submitted as directed by the Contracting Officer. Upon the Contracting Officer's request, the Contractor's employees shall be fingerprinted, or subject to other investigations as required. All Contractor employees requiring recurring access to Government facilities or access to sensitive information or IT resources are required to have a favorably adjudicated background investigation prior to commencing work on this contract unless this requirement is waived under Departmental procedures.

(d) The Contracting Officer may require the Contractor to prohibit individuals from working on the contract if the Government deems their initial or continued employment contrary to the public interest for any reason, including, but not limited to, carelessness, insubordination, incompetence, or security concerns.

(e) Work under this contract may involve access to sensitive information. Therefore, the Contractor shall not disclose, orally or in writing, any sensitive information to any person unless authorized in writing by the Contracting Officer. For those Contractor employees authorized access to sensitive information, the Contractor shall ensure that these persons receive training concerning the protection and disclosure of sensitive information both during and after contract performance.

(f) The Contractor shall include the substance of this clause in all subcontracts at any tier where the subcontractor may have access to Government facilities, sensitive information, or resources.

(End of Clause)

3052.204-71 Contractor Employee Access ALTERNATE I (SEP 2012)

(g) Before receiving access to IT resources under this contract the individual must receive a security briefing, which the Contracting Officer’s Technical Representative (COTR) will arrange, and complete any nondisclosure agreement furnished by DHS.

(h) The Contractor shall have access only to those areas of DHS information technology resources explicitly stated in this contract or approved by the COTR in writing as necessary for performance of the work under this contract. Any attempts by Contractor personnel to
gain access to any information technology resources not expressly authorized by the statement of work, other terms and conditions in this contract, or as approved in writing by the COTR, is strictly prohibited. In the event of violation of this provision, DHS will take appropriate actions with regard to the contract and the individual(s) involved.

(i) Contractor access to DHS networks from a remote location is a temporary privilege for mutual convenience while the Contractor performs business for the DHS Component. It is not a right, a guarantee of access, a condition of the contract, or Government Furnished Equipment (GFE).

(j) Contractor access will be terminated for unauthorized use. The Contractor agrees to hold and save DHS harmless from any unauthorized use and agrees not to request additional time or money under the contract for any delays resulting from unauthorized use or access.

(k) Non-U.S. citizens shall not be authorized to access or assist in the development, operation, management or maintenance of Department IT systems under the contract, unless a waiver has been granted by the Head of the Component or designee, with the concurrence of both the Department’s Chief Security Officer (CSO) and the Chief Information Officer (CIO) or their designees. Within DHS Headquarters, the waiver may be granted only with the approval of both the CSO and the CIO or their designees. In order for a waiver to be granted:

(1) There must be a compelling reason for using this individual as opposed to a U. S. citizen; and
(2) The waiver must be in the best interest of the Government.

(l) Contractors shall identify in their proposals the names and citizenship of all non-U.S. citizens proposed to work under the contract. Any additions or deletions of non-U.S. citizens after contract award shall also be reported to the Contracting Officer.

(End of Clause)

3052.212-70 Contract Terms And Conditions Applicable to DHS Acquisition of Commercial Items (SEP 2012)

The Contractor agrees to comply with any provision or clause that is incorporated herein by reference to implement agency policy applicable to acquisition of commercial items or components. The provision or clause in effect based on the applicable regulation cited on the date the solicitation is issued applies unless otherwise stated herein. The following provisions and clauses are incorporated by reference:

(a) Provisions.
____ 3052.209-72 Organizational Conflicts of Interest.
____ 3052.216-70 Evaluation of Offers Subject to An Economic Price Adjustment Clause.
__X__ 3052.219-72 Evaluation of Prime Contractor Participation in the DHS Mentor Protégé Program.
Section I

(b) Clauses

_X_ 3052.204-71 Contractor Employee Access.
_X_ Alternate I
_X_ 3052.205-70 Advertisement, Publicizing Awards, and Releases.
_X_ Alternate I
__3052.209-73 Limitation on Future Contracting.
_X_ 3052.215-70 Key Personnel or Facilities.
__3052.216-71 Determination of Award Fee.
__3052.216-72 Performance Evaluation Plan.
__3052.216-73 Distribution of Award Fee.
__3052.217-91 Performance. (USCG)
__3052.217-92 Inspection and Manner of Doing Work. (USCG)
__3052.217-93 Subcontracts. (USCG)
__3052.217-94 Lay Days. (USCG)
__3052.217-95 Liability and Insurance. (USCG)
__3052.217-96 Title. (USCG)
__3052.217-97 Discharge of Liens. (USCG)
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__3052.217-99 Department of Labor Safety and Health Regulations for Ship Repair (USCG)
__3052.217-100 Guarantee. (USCG)
_X_ 3052.219-71 DHS Mentor Protégé Program.
_X_ 3052.219-72 Evaluation of Prime Contractor Participation in the DHS Mentor-Protégé Program
_X_ 3052.222-70 Strikes or Picketing Affecting Timely Completion of the Contract Work
_X_ 3052.222-71 Strikes or Picketing Affecting Access to a DHS Facility
__3052.228-70 Insurance.
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__3052.228-91 Loss of or Damage to Leased Aircraft. (USCG)
__3052.228-92 Fair Market Value of Aircraft. (USCG)
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__3052.247-70 F.o.B. Origin Information.
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_Alternate II
__3052.247-71 F.o.B. Origin Only.
__3052.247-72 F.o.B. Destination Only.

(End of Clause)

3052.215-70 Key Personnel or Facilities (Dec 2003)

(a) The personnel or facilities specified below are considered essential to the work being performed under this contract and may, with the consent of the
Section I

contracting parties, be changed from time to time during the course of the contract by adding or deleting personnel or facilities, as appropriate.

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

The Key Personnel or Facilities under this Contract: see Section L (Staffing Plan and Key Personnel) and Section C (Performance Work Statement).

(End of Clause)

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[END OF SECTION I]
## SECTION J:
LIST OF ATTACHMENTS

### PWS Attachments

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### Contract References
| American Correctional Association (ACA) | http://www.aca.org/ |

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SECTION K:
REPRESENTATIONS, CERTIFICATIONS, AND OTHER
STATEMENTS OF OFFERORS OR RESPONDENTS

Incorporated by reference. See Contractor’s Proposal, Volume IV.

[END OF SECTION K]
ENHANCED OVERSIGHT OF SURGE CAPACITY BEDS

(b)(5)
Per discussion.

I would recommend two things: (1) making it explicit that OIDO and CRCL are part of the “team”; and (2) adding a section to request specific surge staffing of MDs and RNs—and then accounting for these with a specific dollar amount in the “Resource Needs” section.

Here is the updated version with the below thoughts incorporated.
Subject: RE: Tiger Team paper

Thank you.

This is great and very good to hear about the pro-active approach.

Just a few thoughts:
Please find the attached Tiger team concept that we can implement to support the anticipated surge beds that would be stood up. We welcome all feedback/suggestions before finalizing. This would be in addition to the pre-inspection process that currently exists and be prioritized for facilities identified as having historical concerns identified.
FY 2021 – Quarter Two
Segregation Metrics

DMC Quarterly Meeting
June 2021
Segregation Statistics

Key Takeaways

- Detainees serving one or more days in the Special Management Unit\(^1\) (SMU) decreased by 3.2% in FY21 Q2 (811) compared to FY21 Q1 (838).
  - SMU distinct placements\(^2\) in FY21 Q2 (616) decreased by 1.3% compared to FY20 Q4 (624).
- The Average Length of Stay (ALOS) for all detainees spending one or more days in the SMU decreased by 9.3 days (23.1%) from Q1 2021 (40.1 Days) to Q1 2021 (30.8 Days).
- The Average Daily Population (ADP) in Segregation decreased by 9.69% in FY21 Q2 (175.8) compared to FY21 Q1 (194.7).
- Detainees serving one or more days in the SMU with one or more special vulnerabilities decreased by 36.3% from Q1 2021 (306) to Q2 2021 (195).
  - Detainees serving one or more days in the SMU who identify as Transgender stayed level over the quarter in FY21 Q2 (4) from FY21 Q1 (4).

Updates and Improvements

- Ongoing Audits/Investigations – CRCL and OIG
- New updates to SRMS – undergoing user acceptance testing
- Conducted SRMS and Segregation Refresher Training to the Phoenix, El Paso and San Diego Field Offices.

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\(^1\) Detainees spending one or more days in the SMU during the reporting period may be placed in the SMU during a prior reporting period, but their length of stay extended into the current reporting period.

\(^2\) Detainees distinct placements indicate a detainee who was placed into the SMU during the reporting period.
• 811 detainees spent one or more days in the SMU, which represents a 3.2% decrease from Q1 2021.
• 616 distinct SMU placements during the quarter, which represents a 1.3% decrease from Q1 2021.
Q2 Placement Reason by Groups

Quarter Two 2021 Placement Reason Groupings

- Disciplinary: 300 (37.0%)
- Protective Custody: 151 (18.6%)
- Mental Health Observation: 135 (16.6%)
- Medical Observation: 70 (8.6%)
- Facility Security Threat: 61 (7.5%)
- Pending Investigation of a Disciplinary ...: 35 (4.1%)
- Hunger Strike: 28 (3.5%)
- Other: 20 (2.5%)
- Suicide Risk: 11 (1.4%)
Q2 Placement Type Counts and Average Length of Stay

Segregation Placements by Segregation Type

Breakdown of Administrative Segregation Placements

- 811 total placements
  - 300 (37%) Administrative
  - 511 (63%) Disciplinary

Total Administrative Placements

- 511 total placements
  - 121 (24%) Facility-Initiated
  - 390 (76%) Detainee Request

Protective Custody Placements

- 151 total placements
  - 32 (21%) Detainee Request
  - 119 (79%) Facility-Initiated

29.5% of Admin Seg Placements were Protective Custody

Average Length of Stay – 31 Days

- The ALOS decreased by 9.3 days (23.1%) from Q1 2021 (40.1 Days) to Q2 2021 (30.8 Days).

Segregation Average Length of Stay

- Q2 2021: 42 days
  - Administrative: 24 days
  - Disciplinary: 42 days

Administrative Placements Average Length of Stay

- Q2 2021: 76 days
  - Detainee Request: 31 days
  - Facility-Initiated: 76 days

Protective Custody Average Length of Stay

- Q2 2021: 77 days
  - Detainee Request: 58 days
  - Facility-Initiated: 77 days
Top Facility SMU Placements in Q2

Quarter Two 2021 Facility SMU Placements by Type

- Administrative
- Disciplinary

- OTAY MESA DETENTION CENTER (SAN DIEGO CDF) (CA) 80
  - 5
- WINN CORR INSTITUTE 57
  - 70
- SOUTH TEXAS ICE PROCESSING CENTER (TX) 22
  - 50
- YORK COUNTY PRISON (PA) 34
  - 47
- LASALLE ICE PROCESSING CENTER (JENA) (LA) 21
  - 45
- ADELANTO ICE PROCESSING CENTER (CA) 30
  - 42
- SHERBURNE COUNTY JAIL (MN) 12
  - 42
- KANDYOHOM COUNTY (MN) 40
  - 42
- BUFFALO (BATAVIA) SERVICE PROCESSING CENTER (NY) 26
  - 36
- CAROLINE DETENTION FACILITY (VA) 25
  - 27
- STEWART DETENTION CENTER (GA) 19
  - 23
- Richwood Correctional Center 8
  - 23
- PINE PRAIRIE ICE PROCESSING CENTER (LA) 16
  - 19
- DESERT VIEW Facility (CA) 17
  - 17
- FOLKSTON ICE PROCESSING CENTER (D. RAY JAMES) (GA) 12
  - 17
- BLUEBONNET DET FCLTY 13
  - 15
- PRAIRIELAND DETENTION FACILITY (TX) 9
  - 14
- TACOMA ICE PROCESSING CENTER (NORTHWEST DET CTR) (WA) 12
  - 14
- PORT ISABEL (TX) 10
  - 13
- EL PASO SERVICE PROCESSING CENTER (TX) 6
  - 10
- ELOY FEDERAL CONTRACT FACILITY (AZ) 4
  - 10
- JACKSON PARISH CORRECTIONAL CENTER 10
  - 10
- GOLDEN STATE ANNEX 5
  - 8
- IMPERIAL REGIONAL DETENTION FACILITY (CA) 3
  - 8
- LA PALMA CORRECTIONAL CENTER 8
  - 7
- MONTGOMERY ICE PROCESSING CENTER 1
  - 7
- HENDERSON DETENTION CENTER (NV) 6
  - 6
- HOWARD COUNTY DETENTION CENTER (MD) 6
  - 6

2022-ICLI-00045  3615
Over the past five (5) Quarters, approximately 41.9% of total segregation stays involved a detainee with a special vulnerability, including a high of 53.7% in FY 2020 Q3 and a low of 24.0% in FY 2021 Q2.
Top 10 Facilities—Placements with a Special Vulnerability

Data includes total counts of placements during Q2 2021 segmented into placements of detainees with one or more special vulnerabilities, and detainees who are not documented having a special vulnerability.
From: (b)(6), (b)(7)(C)
Sent: Fri, 18 Mar 2022 15:40:10 +0000
To: (b)(8), (b)(7)(C)
Subject: FW: NEW! Management Alert - Immediate Removal of All Detainees from the Torrance County Detention Facility
Attachments: oig-22-31-mar22-mgmtalert.pdf

Hi [b](b)(6), (b)(7)(C),

I just received this alert, and was curious if some of the detainees will be transferred to El Paso and what that may mean for ICE-ERO and CBP as to detention capacity. Let me know if you hear anything interesting that may impact us!

Thanks,

Lisa

Senior Attorney
Office of Assistant Chief Counsel
U.S. Customs and Border Protection
9434 Viscount Boulevard, Suite 200
El Paso, Texas 79925
Mobile: (915) 235-1234
Fax: (915) 599-0826
@cbp.dhs.gov

Detailed as Legal Advisor to Federal Coordinator, Holloman AFB, Operation Allies Welcome

Please explore our new legal website and give us feedback: Counsel Comm

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From: DHS Office of Inspector General <DHSOIG@public.govdelivery.com>
Sent: Friday, March 18, 2022 8:29 AM
Subject: NEW! Management Alert - Immediate Removal of All Detainees from the Torrance County Detention Facility

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Management Alert - Immediate Removal of All Detainees from the Torrance County Detention Facility

The Torrance County Detention Facility (Torrance) in Estancia, New Mexico, houses U.S. Immigration and Customs Enforcement (ICE) detainees while their immigration cases are reviewed. Torrance is critically understaffed, which has prevented the facility from meeting contractual requirements that ensure detainees reside in a safe, secure, and humane environment. We recommend the immediate relocation of all detainees from the facility unless and until the facility ensures
adequate staffing and appropriate living conditions.

Read Report No. OIG-22-31

DHS OIG Reports by Category

Fiscal Year
2022

DHS Agency
CBP  ICE  FEMA  Management  TSA  USCG  USCIS  USSS  OTHERS

Semiannual Report (SAR)
Management Alert – Immediate Removal of All Detainees from the Torrance County Detention Facility
March 16, 2022

MEMORANDUM FOR: Tae D. Johnson
Acting Director
U.S. Immigration and Customs Enforcement

FROM: Joseph V. Cuffari, Ph.D.
Inspector General

SUBJECT: Management Alert – Immediate Removal of All Detainees from the Torrance County Detention Facility

Attached is our management alert, Management Alert – Immediate Removal of All Detainees from the Torrance County Detention Facility, notifying you of urgent issues that require immediate attention and action. Specifically, we have determined that U.S. Immigration and Customs Enforcement must take immediate steps to address the critical staffing shortages that have led to safety risks and unsanitary living conditions at the Torrance County Detention Facility in Estancia, New Mexico. We are conducting this work pursuant to the Inspector General Act of 1978, as amended, and in connection with an ongoing inspection according to the Quality Standards for Inspection and Evaluation issued by the Council of the Inspectors General on Integrity and Efficiency.

The formal comments your office provided in response to this alert are included in Appendix B. We have also provided our response to your comments.

Consistent with our responsibility under the Inspector General Act of 1978, as amended, we will provide copies of our alert to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will also post this alert on our website.

Please call me with any questions, or your staff may contact Thomas Kait, Deputy Inspector General for Inspections and Evaluations, at (202) 981-6000.

Attachment
Summary of Issues

The Torrance County Detention Facility (Torrance) in Estancia, New Mexico, houses U.S. Immigration and Customs Enforcement (ICE) detainees while their immigration cases are reviewed. Torrance is critically understaffed, which has prevented the facility from meeting contractual requirements that ensure detainees reside in a safe, secure, and humane environment. We recommend the immediate relocation of all detainees from the facility unless and until the facility ensures adequate staffing and appropriate living conditions.

Background

ICE houses detainees at roughly 130 facilities nationwide, and the conditions and practices at those facilities can vary greatly. ICE is required to comply with detention standards and establish an environment that protects the health, safety, and rights of detainees. As mandated by Congress,\(^1\) we conduct unannounced inspections of ICE detention facilities to ensure compliance with detention standards.

ICE’s intergovernmental service agreement with Torrance requires the facility to comply with the 2011 *Performance Based National Detention Standards* (PBNDS), as revised in December 2016.\(^2\) According to ICE, the 2011 PBNDS establishes consistent conditions of detention, program operations, and management expectations within ICE’s detention system. These standards set requirements in areas such as:

- environmental health and safety, including cleanliness, sanitation, security, detainee searches, segregation, and disciplinary systems;
- detainee care, e.g., food service, medical care, and personal hygiene;
- activities, including visitation and recreation; and
- grievance systems.

From February 1, 2022, to February 3, 2022, we conducted an unannounced, in-person inspection of Torrance to determine whether it complied with the 2011 PBNDS. At the start of our inspection, Torrance housed a total of 176 male ICE detainees.\(^3\)

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\(^2\) Torrance is owned and operated by CoreCivic.

\(^3\) In addition to housing ICE detainees, the Torrance facility also holds county inmates and U.S. Marshals Service inmates.
Based on the contractual requirement from ICE, Torrance receives approximately $2 million a month to house ICE detainees. During our inspection, we found such egregious conditions in the facility that we are issuing this management alert to notify ICE.\(^4\) We have determined that ICE must take immediate steps to address the critical facility staffing shortages and unsanitary living conditions that have led to health and safety risks for detainees at Torrance.

### Critical Staffing Shortages

According to the 2011 PBNDS,\(^5\) each detention facility housing detainees must provide sufficient supervision of detainees. Based on our observations and review of staffing plans for Torrance, the facility has not maintained appropriate staffing levels required by its contract with ICE.

The ICE contract for Torrance requires specific staffing levels for the safety and security of detainees. At designated staffing levels the facility should have 245 full-time staff. At the time of our inspection, Torrance was at 54 percent of required staffing, with 133 full-time employees. Torrance has 112 staffing vacancies, with the majority (94 positions) in the area of security.

ICE issued a Contract Discrepancy Report\(^6\) in December 2020 related to medical staffing shortages, but the report also indicated that staffing issues extended beyond medical vacancies. ICE warned the facility that the Contract Discrepancy Report “may be expanded to include other staffing areas that are currently showing critical shortages. [Torrance] is not at 95% staffing levels across the board and a comprehensive plan needs to be developed to meet these shortages.” Nevertheless, Torrance continues to remain severely understaffed over 1 year later, requiring current staff to work a minimum of six overtime shifts per month to help bridge the gap.

Torrance staff acknowledged the understaffing problem, and one staff member indicated that a reason for understaffing could be the facility’s remote location, which is approximately a 1-hour drive from Albuquerque, New Mexico. CoreCivic has explored using hiring incentives, such as subsidized housing for facility staff, but the facility remains critically understaffed. Therefore, Torrance cannot keep up with the contractual requirements needed to safely and properly maintain the facility.

\(^4\) OIG also plans a forthcoming report on Torrance County Detention Facility with additional findings, including deficiencies in staff-detainee communications, detainee classification, COVID-19 mitigation, special management units, medical care, access to legal services, and detainee population not meeting the contract’s guaranteed minimum number of detainees.\(^5\) 2011 PBNDS, Section 2.4 V., *Expected Practices* (Revised Dec. 2016).\(^6\) A Contract Discrepancy Report is notification to the contractor that they are not complying with all terms of the contract.
Unsanitary Conditions in Detainee Housing Units

The 2011 PBNDS requires detention facilities to meet high standards of cleanliness and sanitation and facility staff to complete preventive maintenance and regular inspections. We found, however, that Torrance exposed staff and detainees to excessive and avoidable unsanitary conditions. Torrance houses ICE detainees in 8 of their 11 housing units. We reviewed all 157 cells in the 8 housing units holding detainees and found 83 detainee cells (roughly 53 percent) with plumbing issues, including toilets and sinks that were inoperable, clogged, or continuously cycling water (see Figures 1 and 2 for illustrative examples).

Figures 1 and 2. A Non-Functioning, Moldy Sink (left) and a Clogged Toilet Full of Human Waste (right) Observed in Vacant Cells in an Occupied Housing Unit
Source: DHS OIG photos

Our inspection team identified faucets with missing cold and hot water buttons, and in some instances the faucets did not produce hot water. Broken sinks in facility housing units (see Figure 3), as well as water fountains, restricted from use due to COVID-19, resulted in detainees obtaining their

7 2011 PBNDS, Section 1.2, Environmental Health and Safety (Revised Dec. 2016).
drinking water from a communal area faucet intended for filling mop buckets (see Figure 4).

Figures 3 and 4. Detainee Cell Sink with Missing Hot Water Button (left) and a Detainee Demonstrating Filling a Drinking Cup from a Housing Unit Floor Mop Sink (right)

Source: DHS OIG photos

In addition, we encountered mold and water leaks throughout the facility (see Figures 5 and 6 for illustrative examples). These issues exacerbate unsanitary conditions and can lead to slips and falls by detainees or facility staff. Further, it could also lead to health issues for both detainees and staff breathing in the mold. Work orders showed that most problems we observed during our inspection went unresolved for 12 or more days.
Figures 5 and 6. Leaking Detainee Cell Sink and Toilet, with Floor Mold in a Vacant Cell Located in an Occupied Housing Unit (left) and Housing Unit Ceiling Mold from Leaks (right)

Source: DHS OIG photos

Security Lapses throughout the Facility

The 2011 PBNDS provides standards for observation, supervision, and personal contact between staff and detainees to ensure facility safety, security, and good order. Specifically, security officer posts must be located in or immediately next to detainee housing units, because officers are required to personally interact with detainees and quickly respond to detainee emergencies. Further, the facility must also staff a secure control center at all times to monitor and coordinate facility security, safety, and communication systems. Based on our observations, the requirements for effective security are not being met at Torrance.

Specifically, we identified that Torrance officers did not properly supervise and monitor detainees in the housing units. Primary control rooms are physically separated from detainees by interior walls and windows, providing poor sight lines, and are understaffed, having only one posted officer to supervise and interact with the detainees in four housing units. Blind spots under stairwells and behind barrier walls for showers and telephones further increase the difficulty of viewing detainees in the housing units. Consequently, these control rooms limit staff observation and personal contact between staff and

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9 2011 PBNDS, Section 2.4 V, Expected Practices, section B. Control Centers.
detainees. To compound this issue, we observed control rooms that were dark and empty without posted officers (see Figure 7). Further, these control rooms had poor visibility of detainees, through multiple sets of barred and dirty windows (see Figure 8).

Figures 7 and 8. Detainee Housing Unit Control Room without Posted Officers (left) and with Poor Sight Lines through Barred and Dirty Windows (right)
Source: DHS OIG photos

When questioned about these security lapses and the absence of officers at posts in the housing units or in the housing unit control rooms (see Figure 9), Torrance management explained officers in the master control room monitor housing units through cameras and electronic door systems when no officers are posted in the primary control rooms. This backup system of monitoring proved to be ineffective when we observed the entry door to a housing unit was left ajar (see Figure 10). An interviewed detainee corroborated this unsafe and unsecure environment, telling us that he felt he would be unable to get the attention of staff in the event of an emergency. We also observed unsupervised detainees in the housing units dumping buckets of water from the second story railing in what appeared to be an attempt to quickly clean the housing area.
Figures 9 and 10. Detainee Housing Unit without an Officer Posted Inside (left) and Door to Detainee Housing Unit Left Ajar (right)

Source: DHS OIG photos

Recommendation

We recommend that the Acting Director of ICE immediately relocate all detainees from Torrance County Detention Facility and place no detainees there unless and until the facility ensures adequate staffing and appropriate living conditions.

Management Comments and OIG Analysis

ICE did not concur with OIG’s recommendation. Appendix B contains ICE management comments in their entirety. We also received technical comments on the draft report and made revisions as appropriate. We consider the recommendation unresolved and open.

ICE also disputed the management alert overall, stating that OIG “ignored facts presented to it in order to achieve preconceived conclusions.” We take these concerns seriously but fully disagree. Our inspection team provided professional, independent oversight and has documented support for all reported findings. Our employees’ impartiality, independence, and integrity are essential to our oversight work and will remain so moving forward. ICE’s concerns, as well as our response, are described below.

ICE disagreed with OIG’s characterization of Torrance as “critically understaffed.” At the time of our inspection, the facility was at 54 percent of required staffing, with the majority of staffing vacancies in the area of security.
ICE’s disagreement with this finding is in direct conflict with its own documentation indicating that Torrance was critically understaffed. On March 1, 2022, ICE issued Torrance a contract discrepancy report that stated:

The Torrance County Detention Facility (TCDF) located in Estancia, NM has been repeatedly in violation of the 2011 Performance Based National Detention Standards (PBNDS) and the signed ICE/ERO IGSA contractual agreement .... The critically short staffing plans are directly responsible for the breakdown in the overall operational capabilities of the TCDF. CoreCivic has not been able to demonstrate the ability to provide a safe environment for staff and noncitizens, provide the necessary security for proper facility security and control measures, and care necessary to ensure proper facility maintenance, overall cleanliness, and personal hygiene needs described in the PBNDS standards. The Performance Requirements Summary areas of work force integrity, safety, security, and care are all at risk, have been on-going violations, and do not meet contractual requirements. These continued violations seriously impact the El Paso Field Office’s ability to support the southwest border security mission.

ICE issued its first contract discrepancy report in December 2020, and Torrance has yet to comply, despite multiple corrective action plans aimed at improving facility staffing. As a result, ICE imposed a 10 percent monthly reduction in billing against the facility for staffing shortages. Because Torrance could not achieve proper staffing, ICE issued a contract modification on March 1, 2022, reducing the facility capacity from 714 detainees to 505 detainees. ICE increased the monthly penalty to a 25 percent reduction in monthly billing. In addition, OIG inspectors witnessed the insufficient staffing during the inspection.

In addition, ICE’s response stated that an OIG inspector acted unprofessionally during the inspection. Specifically, ICE accused an OIG inspector of stating, “There’s no way detainees should be housed here.” We disagree with ICE’s assessment. Following our standard operating procedure, and consistent with professional standards, OIG inspectors conducted a thorough walkthrough of the detainee housing units at Torrance. During that walkthrough, OIG inspectors identified facility conditions that necessitated prompt facility action and provided, in real time, the information to the Torrance management staff who were accompanying the inspectors. These problems were also documented in our interviews with detainees and the extensive list of backlogged work orders for facility repairs. Further, we conducted an exit briefing, while on site, with Torrance and ICE personnel at which the inspection team’s observations were summarized and referenced to detention standards. At no time during
the walkthrough or exit briefing did Torrance or ICE personnel express any misgivings about the professional behavior of OIG staff.

ICE also disputed our reporting that the faucets in detainee housing units did not produce hot water. ICE’s response stated that ICE informed OIG inspectors that “like many faucets, the hot water takes some time to arrive in a faucet that starts cold,” but the OIG inspectors still declined to run the tap. We disagree with this assessment. Facility staff were present while OIG inspectors let hot water faucets run, sometimes for many minutes, before determining that the water did not get hot. In interviews, detainees also confirmed that the hot water did not work and had not worked for quite some time. Finally, facility work orders also documented these hot water issues and confirmed that they were prevalent throughout the facility.

Finally, ICE disputed the characterization of the photograph of a detainee holding a cup under running water (Figure 4), stating that the photo was staged. We disagree with this assessment. During the normal walkthrough of the detention center, accompanied by CoreCivic and ICE staff members, OIG inspectors observed the pictured detainee filling a cup with water from a communal area faucet intended for filling mop buckets, but were unable to photograph the detainee in time as he did so. Therefore, OIG inspectors asked him to demonstrate how he filled the cup to allow for a photo to document the issue. The photo was not staged, but rather a recreation of what the team had observed just moments prior. We revised the caption for the photo to clarify that the picture shows the detainee demonstrating how he filled his cup with water from the mop sink.

A summary of ICE’s response to our recommendation and our analysis follows.

**Recommendation 1:** We recommend the Acting Director of ICE immediately relocate all detainees from Torrance County Detention Facility and place no detainees there unless and until the facility ensures adequate staffing and appropriate living conditions.

**ICE Response to Recommendation 1:** Non-concur. ICE leadership believes Torrance is in compliance with relevant detention standards for staffing and sanitary conditions and that OIG’s recommendation is unwarranted. Torrance has only housed a number of detainees that is commensurate with current staffing levels at any given time. Since the OIG inspection, Torrance has detailed additional staff to the facility, increasing the number of staff by 29 percent to a current staffing level of 83 percent. Torrance is also using overtime to ensure coverage of shifts, as appropriate. Additionally, Torrance substantially completed repairs addressing all of the conditions identified in OIG’s report prior to the conclusion of the inspection. On February 28, 2022, ICE leadership toured the facility with Torrance management and verified that
these items were either already corrected or were scheduled to be corrected by March 31, 2022 (pending the receipt of needed plumbing parts, etc.). Torrance management is in the process of documenting how it plans to move forward with the staffing level requirements outlined in its contract.

ICE also noted that in November 2021, Torrance passed compliance inspections from the Nakamoto Technical Assistance Review and the ICE Office of Professional Responsibility, Office of Detention and Oversight, providing assurance that the facility was operating in a safe and secure manner with humane conditions. ICE requests that OIG consider this recommendation resolved and closed.

**OIG Analysis:** We do not consider these actions responsive to the recommendation, which is unresolved and open. ICE did not provide the supporting documentation necessary for OIG to assess completion of corrective actions taken to address the poor facility conditions, nor did it provide supporting documentation showing the staffing changes described in its response. ICE’s response is in direct conflict with its recent contracting actions identifying that the Torrance facility was critically understaffed and not in compliance with standards, despite multiple corrective attempts. In addition, although ICE indicated in its response that the facility staffing level was at 83 percent, according to the latest staffing report dated March 4, 2022, Torrance is at 46 percent of the required staffing for housing the reduced population of 505 detainees. We reiterate our recommendation that detainees should be immediately removed from this facility.
Appendix A
Objective, Scope, and Methodology


We issued this management alert during an ongoing spot inspection of the Torrance County Detention Facility in Estancia, New Mexico. Our objective for this unannounced spot inspection is to evaluate compliance with standards in ICE’s 2011 PBNDS relating to detainee classification, staff-detainee communications, grievances, supervision of detainees in special management units or segregation, and medical care. We are also conducting a limited review of facility compliance with ICE guidelines for handling the COVID-19 pandemic.

Between February 1, 2022, and February 3, 2022, we conducted an onsite spot inspection of Torrance. We toured the facility, interviewed both staff and detainees, and reviewed facility documentation related to the inspected standards.

We conducted this work pursuant to the Inspector General Act of 1978, as amended, and in connection with the ongoing inspection being performed according to the Quality Standards for Inspection and Evaluation issued by the Council of the Inspectors General on Integrity and Efficiency. Additional information or recommendations regarding the issues addressed in this alert may be included in the final report from our ongoing inspection.

The Office of Inspections and Evaluations major contributors to this management alert are Lead Inspector [b](6), [b](7)[c] and Independent Reference Reviewer [b](6), [b](7)[c].
Appendix B

ICE Comments on the Draft Management Alert

March 7, 2022

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.
Inspector General
FROM: Chief of Staff
SUBJECT: Management Response to Draft Report: “Management Alert – Immediate Removal of all Detainees from the Torrance County Detention Facility” (Project No. 22-005-ISP-ICE (b))

Thank you for the opportunity to comment on this draft report. U.S. Immigration and Customs Enforcement (ICE) leadership appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

ICE is fiercely committed to ensuring that noncitizens in its custody reside in safe, secure, and humane environments, and under appropriate conditions of confinement. ICE’s detention standards, including the December 2016 revision of the Performance Based National Detention Standards 2011, ensure that the Torrance County Detention Facility (TCDF) and other facilities provide a high and efficient level of care and facilitate effective and timely oversight of conditions through regular facility inspections by the Department’s various oversight bodies.

While ICE leadership continues to work on improving conditions at the TCDF in Estancia, New Mexico, we do not agree with the OIG’s overall conclusion that it does not provide detainees a safe, secure, and humane environment.

In fact, we have serious concerns about the accuracy and integrity of this report and whether it meets the Quality Standard for Inspection and Evaluation issued by the Council of Inspectors General on Integrity and Efficiency (“Blue Book”), dated December 2020. In a number of instances, it appears OIG has falsified or mischaracterized evidence, and has ignored facts presented to it in order to achieve preconceived conclusions. The Department of Homeland Security (DHS or the Department) has previously made OIG aware of these issues.

www.ice.gov
Management Response to Draft Report: “Management Alert – Immediate Removal of all Detainees from the Torrance County Detention Facility” (Project No. 22-005-ISP-ICE (b))
Page 2

For example, on p. 5, figure 4 of the draft report is a photograph of a detainee holding a cup under running water. OIG describes that photo as “a detainee drinking water from Housing Unit Floor Mop Sink.” However, the Department has raised to OIG that video surveillance evidence indicates that, to the contrary, the photo was staged by the OIG inspector and at no time, either in the staging of the photo or during the period the inspector was observing the detainee, did the detainee drink from that water. The photo was knowingly given a false description.

In addition, the draft report at p. 4 states that some faucets did not produce hot water. In fact, during the inspection ICE informed an OIG inspector that, like many faucets, the hot water takes some time to arrive in a faucet that starts cold. The inspector, however, declined to run the tap to determine if that was true. The Department has raised this concern to the OIG as well and has not received a response or further engagement.

Further, ICE El Paso field office (ELP) personnel reported very disconcerting and unprofessional behavior by an OIG inspector during interactions with ELP personnel, for example, by making comments about 30-40 minutes after initiation of the 3-day inspection, such as “There’s no way detainees should be housed here.” CIGIE “Blue Book” Standards require that inspectors, inspection organizations, and their reports are impartial and without bias in both fact and appearance. These comments indicated to ELP personnel that TCDF would not pass the inspection and that the outcome of the inspection had been predetermined.

More broadly, the draft report further characterizes TCDF as “critically understaffed,” yet that characterization ignores the fact that the facility is currently housing less than 20 percent of its maximum capacity, and that the staffing level at the time of the inspection was in fact appropriate for that lower number of detainees. Having said that, ICE acknowledges that there is a contractual staffing shortage in TCDF and has been working to resolve that matter with CoreCivic, the owner and operator of TCDF. CoreCivic is currently focused on hiring and training new staff, including 21 new employees who are pending clearance. These new hires along with contract staff detailed from other facilities to TCDF will ensure TCDF fully meets contractual staffing requirements and will allow ERO to increase the number of detainees housed at TCDF, as appropriate. ERO will not increase the detainee population at TCDF without appropriate facility staff being in place. ICE is concerned that these deficiencies, which ICE was addressing prior to the inspection, have been allowed to remain in the report, and believes they may call into question its conclusions.

The draft report contained one recommendation, with which ICE non-concurs. Attached please see our detailed response to the recommendation. ICE previously submitted technical comments addressing several accuracy, contextual, and other issues under a separate cover for OIG’s consideration.
Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions.

Attachment
Management Response to Draft Report: “Management Alert – Immediate Removal of all Detainees from the Torrance County Detention Facility” (Project No. 22-005-ISP-ICE (b))

Attachment: Management Response to Recommendation Contained in Project No. 22-005-ISP-ICE (b)

OIG recommended that the Acting Director of ICE:

**Recommendation 1:** Immediately relocate all detainees from Torrance County Detention Facility and place no detainees there unless and until the facility ensures adequate staffing and appropriate living conditions.

**Response:** Non-concur.

ICE leadership believes the TCDF is in compliance with relevant staffing and sanitary conditions detention standards and that OIG’s recommendation is unwarranted. TCDF has only housed a number of detainees that is commensurate with current staffing levels at any given time. Since the OIG inspection, TCDF has detailed additional staff to the facility, increasing the number of staff by 29 percent to a current staffing level of 83 percent. TCDF is also using overtime to ensure coverage of shifts, as appropriate.

Additionally, TCDF substantially completed repairs addressing all of the conditions identified in OIG’s report prior to the conclusion of the inspection (a full list will be provided to the OIG). On February 28, 2022, ERO ELP leadership toured the facility with TCDF management and CoreCivic executive leadership and verified that these items were either already corrected or were scheduled to be corrected by March 31, 2022 (e.g., pending the receipt of needed plumbing parts, etc.). CoreCivic leadership is in the process of documenting how it plans to move forward with the staffing level requirements outlined in its contract.

Finally, it is also important to note that, in November 2021, TCDF passed independent rigorous standards and compliance inspections from the Nakamoto Technical Assistance Review and the ICE Office of Professional Responsibility, Office of Detention and Oversight, providing assurance that the facility was operating in a safe and secure manner with humane conditions.

ICE requests that the OIG consider this recommendation resolved and closed.
Appendix C
Report Distribution

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Department of Homeland Security
Office of Inspector General, Mail Stop 0305
Attention: Hotline
245 Murray Drive, SW
Washington, DC 20528-0305
From: Gastelo, Elias S Jr
Sent: Fri, 18 Mar 2022 17:22:04 +0000
To: [Redacted]
Cc: [Redacted]
Subject: RE: NEW! Management Alert - Immediate Removal of All Detainees from the Torrance County Detention Facility

Thank you, Sir.

We will continue to litigate those cases before EOIR.

[D](6) [D](7) [D](C)

Chief Counsel
Office of the Principal Legal Advisor, El Paso
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security

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***SENSITIVE/PRIVILEGED***PRE-DECISIONAL***ATTORNEY WORK PRODUCT***
From: [email]@ice.dhs.gov
Sent: Friday, March 18, 2022 11:18 AM
To: Gastelo, Elias S Jr [email]@ice.dhs.gov
Cc: [email]@ice.dhs.gov; [email]@ice.dhs.gov
Subject: RE: NEW! Management Alert - Immediate Removal of All Detainees from the Torrance County Detention Facility

As of right now, we will continue to house ICE detainees at TCDF pending further guidance from HQ. I will keep you advised of any updates.

Thank you,

Acting Field Office Director
El Paso Field Office
Enforcement and Removal Operations
Immigration and Customs Enforcement
(915) 856-3333 (office)
(973) 333-5769 (cell)

From: Gastelo, Elias S Jr [email]@ice.dhs.gov
Sent: Friday, March 18, 2022 9:53 AM
To: [email]@ice.dhs.gov; [email]@ice.dhs.gov; [email]@ice.dhs.gov
Cc: [email]@ice.dhs.gov; [email]@ice.dhs.gov
Subject: FW: NEW! Management Alert - Immediate Removal of All Detainees from the Torrance County Detention Facility

Good morning, Team ERO.

I just received the email below from CBP Counsel informing me of the DHS OIG management alert that “recommends the immediate relocation of all detainees from the [Torrance] facility unless and until the facility is ensures adequate staffing and appropriate living conditions.”

Please let us know of ERO’s plans for those detainees at Torrance because several are in removal proceedings before the El Paso detained immigration court.

Thank you,
Chief Counsel
Office of the Principal Legal Advisor, El Paso
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security

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***SENSITIVE/PRIVILEGED***PRE-DECISIONAL***ATTORNEY WORK PRODUCT***

From: [b](6); [b](7)(C)ldson@cbp.dhs.gov>
Sent: Friday, March 18, 2022 9:40 AM
To: Gastelo, Elias S Jr [b](6); [b](7)(C)@ice.dhs.gov>
Subject: FW: NEW! Management Alert - Immediate Removal of All Detainees from the Torrance County Detention Facility

Hi Elias, I just received this alert, and was curious if some of the detainees will be transferred to El Paso and what that may mean for ICE-ERO and CBP as to detention capacity. Let me know if you hear anything interesting that may impact us!

Thanks,

Kind regards,
Senior Attorney  
Office of Assistant Chief Counsel  
U.S. Customs and Border Protection 
9434 Viscount Boulevard 
El Paso, Texas 79925 
Mobile: (915) 235-
Fax: (915) 599-0826
@cbp.dhs.gov

Detailed as Legal Advisor to Federal Coordinator, Holloman AFB, Operation Allies Welcome

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From: DHS Office of Inspector General <DHSOIG@public.govdelivery.com>
Sent: Friday, March 18, 2022 8:29 AM
Tc: @cbp.dhs.gov
Subject: NEW! Management Alert - Immediate Removal of All Detainees from the Torrance County Detention Facility

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News from the Department of Homeland Security OIG
Having trouble viewing this email? View it as a Web page.
Management Alert - Immediate Removal of All Detainees from the Torrance County Detention Facility

The Torrance County Detention Facility (Torrance) in Estancia, New Mexico, houses U.S. Immigration and Customs Enforcement (ICE) detainees while their immigration cases are reviewed. Torrance is critically understaffed, which has prevented the facility from meeting contractual requirements that ensure detainees reside in a safe, secure, and humane environment. We recommend the immediate relocation of all detainees from the facility unless and until the facility ensures adequate staffing and appropriate living conditions.

Read Report No. OIG-22-31
FY 2021 – Quarter One Segregation Metrics

DMC Quarterly Meeting
March 2021
FY 2021 Q1 Segregation Statistics

Key Takeaways

- Detainees serving one or more days in the Special Management Unit (SMU) decreased by 14.3% in FY21 Q1 (838) compared to FY20 Q4 (958).
  - SMU distinct placements in FY21 Q1 (624) decreased by 18.1% compared to FY20 Q4 (737).
- The Average Length of Stay (ALOS) for all detainees spending one or more days in the SMU decreased by 4.9 days (10.9%) from Q4 2020 (45.0 Days) to Q1 2021 (40.1 Days).
- The Average Daily Population (ADP) in Segregation decreased by 18.1% in FY21 Q1 (194.7) compared to FY20 Q4 (237.6).
- Detainees serving one or more days in the SMU with one or more special vulnerabilities decreased by 33.8% from Q4 2020 (464) to Q1 2021 (307).
  - Detainees serving one or more days in the SMU who identify as Transgender decreased by 42.9% in FY21 Q1 (4) from FY20 Q4 (7).

Updates and Improvements

- Ongoing Audits/Investigations – CRCL and OIG
- Updated Segregation Placement Reasons to simplify data entry and improve reporting
- Submitted requirements for compliance tracking report to quickly and efficiently identify missing or non-compliant entries into SRMS
- Future endeavor – EID Integration with SRMS

---

1 “Detainees spending one or more days in the SMU” during the reporting period may have been placed in the SMU (i.e. began their stay in segregation) during a prior reporting period, but their length of stay extended into the current reporting period.
2 “Distinct placements” indicate a detainee who was placed into the SMU (i.e. began their stay in segregation) during the reporting period.
FY 2021 Q1 Segregation Population

- 838 detainees spent one or more days in the SMU, which represents a **14.3% decrease** from Q4 2020.
- 624 distinct SMU placements during the quarter, which represents a **18.1% decrease** from Q4 2020.
FY 2021 Q1 Placement Reasons

- Disciplinary: 293 placements (35.0%)
- Protective Custody: 170 placements (20.3%)
- Medical Observation: 149 placements (17.8%)
- Other: 107 placements (12.8%)
- Facility Security Threat: 59 placements (7.0%)
- Suicide Risk: 34 placements (4.1%)
- Pending Investigation of a Disciplinary ...: 18 placements (2.1%)
- Mental Health Observation: 6 placements (0.7%)
- Hunger Strike: 6 placements (0.2%)
Segregation Placements by Segregation Type

- Breakdown of Administrative Segregation Placements: 293 (35%) Administrative, 545 (65%) Disciplinary
- Total Administrative Placements: 126 (23%) Facility-Initiated, 419 (77%) Detainee Request
- Protective Custody Placements: 56 (33%) Detainee Request, 114 (67%) Facility-Initiated

- 31.2% of Admin Seg Placements were Protective Custody

Average Length of Stay – 40.1 Days

- The ALOS decreased by 4.9 days (10.9%) from Q4 2020 (45.0 Days) to Q1 2021 (40.1 Days).

- Segregation Average Length of Stay: Q1 2021 – 25 (Administrative) 48 (Disciplinary)
- Administrative Placements Average Length of Stay: Q1 2021 – 37 (Detainee Request) 85 (Facility-Initiated)
- Protective Custody Average Length of Stay: Q1 2021 – 64 (Detainee Request) 83 (Facility-Initiated)
Quarter One 2021 Facility SMU Placements by Type

- Administrative
- Disciplinary

### Facility Placements

- **ADELANTO ICE PROCESSING CENTER (CA)**
  - Administrative: 78
  - Disciplinary: 6

- **OTAY MESA DETENTION CENTER (SAN DIEGO CDF) (CA)**
  - Administrative: 68
  - Disciplinary: 12

- **WINN CORR INSTITUTE**
  - Administrative: 64
  - Disciplinary: 11

- **SHERBURNE COUNTY JAIL (MN)**
  - Administrative: 42
  - Disciplinary: 2

- **CAROLINE DETENTION FACILITY (VA)**
  - Administrative: 39
  - Disciplinary: 4

- **KANDIYOHI COUNTY (MN)**
  - Administrative: 61
  - Disciplinary: 2

- **SOUTH TEXAS ICE PROCESSING CENTER (TX)**
  - Administrative: 59
  - Disciplinary: 9

- **YORK COUNTY PRISON (PA)**
  - Administrative: 32
  - Disciplinary: 19

- **TACOMA ICE PROCESSING CENTER (NORTHWEST DET CTR) (WA)**
  - Administrative: 22
  - Disciplinary: 19

- **LASALLE ICE PROCESSING CENTER (LENOX) (IL)**
  - Administrative: 21
  - Disciplinary: 13

- **IMPERIAL REGIONAL DETENTION FACILITY (CA)**
  - Administrative: 17
  - Disciplinary: 13

- **STEWART DETENTION CENTER (GA)**
  - Administrative: 17
  - Disciplinary: 13

- **ELOY FEDERAL CONTRACT FACILITY (AZ)**
  - Administrative: 17
  - Disciplinary: 13

- **IMMIGRATION CENTERS OF AMERICA FARMVILLE (VA)**
  - Administrative: 16
  - Disciplinary: 6

- **PRAIRIELAND DETENTION FACILITY (TX)**
  - Administrative: 16
  - Disciplinary: 6

- **BUFFALO (BATAVIA) SERVICE PROCESSING CENTER (NY)**
  - Administrative: 16
  - Disciplinary: 6

- **MONTGOMERY ICE PROCESSING CENTER**
  - Administrative: 14
  - Disciplinary: 2

- **PORT ISABEL (TX)**
  - Administrative: 13
  - Disciplinary: 3

- **LA PALMA CORRECTIONAL CENTER**
  - Administrative: 11
  - Disciplinary: 5

- **PINE PRAIRIE ICE PROCESSING CENTER (LA)**
  - Administrative: 10
  - Disciplinary: 9

- **HENDERSON DETENTION CENTER (NV)**
  - Administrative: 7
  - Disciplinary: 4

- **FREEBORN COUNTY ADULT DETENTION CENTER (MN)**
  - Administrative: 7
  - Disciplinary: 4

- **FOLKSTON ICE PROCESSING CENTER (D. RAY JAMES) (GA)**
  - Administrative: 7
  - Disciplinary: 9

- **KROME NORTH SERVICE PROCESSING CENTER (FL)**
  - Administrative: 7
  - Disciplinary: 5

- **BLUEBONNET DET FCLTY**
  - Administrative: 6
  - Disciplinary: 2

- **EL PASO SERVICE PROCESSING CENTER (TX)**
  - Administrative: 6
  - Disciplinary: 2

- **GOLDEN STATE ANNEX**
  - Administrative: 6
  - Disciplinary: 5

- **CAMBRIA COUNTY JAIL (PA)**
  - Administrative: 5
  - Disciplinary: 2

---

Number of SMU Placements
Over the past five (5) Quarters, approximately 44.9% of total segregation stays involved a detainee with a special vulnerability, including a high of 53.7% in FY 2020 Q3 and a low of 36.6% in FY 2021 Q1.
Top 10 Facilities – Placements with a Special Vulnerability

Top 10 Facilities, Placement With a Special Vulnerability

- Non-Special Vulnerability Placement
- Special Vulnerability Placement

1. Adelanto ICE Processing Center (CA) - 12 special, 61 non-special, total 72
2. Otay Mesa Detention Center (San Diego CDF) (CA) - 8 special, 18 non-special, total 26
3. Caroline Detention Facility (VA) - 32 special, 12 non-special, total 44
4. Kandiyohi County (MN) - 35 special, 8 non-special, total 43
5. South Texas ICE Processing Center (TX) - 33 special, 8 non-special, total 41
6. York County Prison (PA) - 15 special, 26 non-special, total 41
7. Tacoma ICE Processing Center (Northwest Det... - 17 special, 12 non-special, total 29
8. Stewart Detention Center (GA) - 10 special, 9 non-special, total 19
9. Immigration Centers of America Farmville (VA) - 10 special, 7 non-special, total 17
10. Buffalo (Batavia) Service Processing Center (NY) - 10 special, 6 non-special, total 16

Number of SMU Placements

2022-ICLI-00045 3653
I. BACKGROUND

The country is in the midst of an unprecedented pandemic, as a result of which hundreds of millions of people have been urged to shelter in place or stay at home. However, some of us are sheltering in more fortunate circumstances than others. The central question presented by Plaintiffs’ Motions is whether the conditions in which Immigration and Customs Enforcement
("ICE") detainees are held during the pandemic likely violate the Constitution, and if so, what measures can and should be taken to ensure constitutionally permissible conditions of detention.

A. Procedural Background

On August 19, 2019, Faour Abdallah Fraihat, Marco Montoya Amaya, Raul Alcocer Chavez, Jose Segovia Benitez, Hamida Ali, Melvin Murillo Hernandez, Jimmy Sudney, Jose Baca Hernandez, Ediberto Garcia Guerrero, Martin Munoz, Luis Manuel Rodriguez Delgadillo, Ruben Darío Mencías Soto, Alex Hernandez, Aristoteles Sanchez Martinez, Sergio Salazar Artaga,1 ("Individual Plaintiffs"), Inland Coalition for Immigrant Justice ("ICJ"), and Al Otro Lado ("Organizational Plaintiffs") (collectively, "Plaintiffs") filed a putative class action complaint for declaratory and injunctive relief. ("Complaint," Dkt. No. 1 ¶¶ 21-126.) The Defendants are U.S. Immigration and Customs Enforcement ("ICE"), U.S. Department of Homeland Security ("DHS"), DHS Acting Secretary Kevin McAleenan, ICE Acting Director Matthew T. Albence, ICE Deputy Director Derek N. Brenner, ICE Enforcement and Removal Operations ("ERO") Acting Executive Associate Director Timothy S. Robbins, ERO Assistant Director of Custody Management Tae Johnson, ICE Health Service Corps ("IHSC") Assistant Director Stewart D. Smith, ERO Operations Support Assistant Director Jacki Becker Klopp, and DHS Senior Official Performing Duties of the Deputy Secretary David P. Pekoske (collectively "Defendants"). (Id. ¶¶ 127-36.)

Plaintiffs are immigration detainees with a range of serious health conditions and two organizations that provide services to detainees. (Id. at ¶¶ 21-126.) Together they claim Defendants have failed to ensure minimum lawful conditions of confinement at immigration detention facilities across the country. (Id. ¶ 1-13.) Plaintiffs assert four claims: (1) Due Process Clause of the Fifth Amendment - failure to monitor and prevent "Challenged Practices"2 (all Plaintiffs and the Class against all Defendants); (2) Due Process Clause of the Fifth Amendment - failure to monitor and prevent "Segregation Practices" (Organizational Plaintiffs, Segregation Plaintiffs and Segregation Subclass against all Defendants); (3) Due Process Clause of the Fifth Amendment - failure to monitor and prevent "Disability-Related Practices" that constitute punishment (Organizational Plaintiffs, Disability Plaintiffs, and Disability Subclass against all Defendants); (4) violation of § 504 of the Rehabilitation Act ("Rehab Act"), 29 U.S.C. § 794 (Organizational Plaintiffs, Disability Plaintiffs, and Disability Subclass against DHS, ICE, and IHSC). (Compl.) On April 15, 2020 the Court Denied Defendants' motion to dismiss, sever, or transfer venue. (MTD Order, Dkt. No. 126.)

---

1 The Court will refer to Individual Plaintiffs by their last names, unless Plaintiffs have the same last name, in which case the Court will use full names. The remainder of the Order will omit diacritical marks.

On March 25, 2020, Plaintiffs filed the Class Certification and PI Motions. (Class Cert. Mot.; PI Mot.) Plaintiffs included in support of the Class Certification Motion the following documents:

- Declaration of Michael W. Johnson, ("Johnson Declaration," Dkt. No. 83-2);
- Declaration of Stuart Seaborn, ("Seaborn Declaration," Dkt. No. 83-4 (attaching Exhibits A to J));
- Declaration of Lisa Graybill, ("Graybill Declaration," Dkt. No. 83-5);
- Declaration of Timothy P. Fox, ("Fox Declaration," Dkt. No. 83-6);
- Declaration of Alex Hernandez, ("Hernandez Declaration," Dkt. No. 83-7);
- Declaration of Aristoteles Sanchez, ("Sanchez Declaration," Dkt. No. 83-8);
- Declaration of Faour Abdallah Fraihat, ("Fraihat Declaration," Dkt. No. 83-9);
- Declaration of Jimmy Sydney, ("Sydney Declaration," Dkt. No. 83-10); and

In support of the PI Motion, Plaintiffs filed the following supporting documents:

- Declaration of Thomas Ragland, ("Ragland Declaration," Dkt. No. 81-2);
- Declaration of Mikhail Solomonov, ("Solomonov Declaration," Dkt. No. 81-3);
- Declaration of Maureen A. Sweeny, ("Sweeny Declaration," Dkt. Nos. 81-4, 89 (attaching Exhibit A));
- Declaration of Linda Corchado, ("Corchado Declaration," Dkt. No. 81-5);
- Declaration of Laura G. Rivera, ("Rivera Declaration," Dkt. No. 81-6);
- Declaration of Keren Zwick, ("Zwick Declaration," Dkt. No. 81-7);
- Declaration of Jamie Meyer, ("Meyer Declaration," Dkt. Nos. 81-8, 90 (attaching Exhibit A));
- Declaration of Francis L. Conlin, ("Conlin Declaration," Dkt. No. 81-9);
- Declaration of Elissa Steglich, ("Steglich Declaration," Dkt. No. 81-10);
- Declaration of Homer Venters, ("Venters Declaration," Dkt. No. 81-11 (attaching Exhibit A));
- Declaration of Dr. Carlos Franco-Paredes, ("Paredes Declaration," Dkt. Nos. 81-12, 91 (attaching Exhibit A));
- Declaration of Anne Rios, ("Rios Declaration," Dkt. No. 81-13);
- Declaration of Andrew Lorenzen-Strait, ("Lorenzen-Strait Declaration," Dkt. Nos. 81-14, 92 (attaching Exhibit A)); and
- Declaration of Andrea Saenz, ("Saenz Declaration," Dkt. No. 81-15 (attaching Exhibit A)).

Defendants opposed the Class Certification and PI Motions on April 3, 2020. ("Class Certification Opposition," Dkt. No. 94; "PI Opposition," Dkt. No. 95.) In support of the Oppositions, Defendants included the Declaration of Lindsay M. Vick, ("Vick Declaration," Dkt. No. 95-1, 110 (attaching Exhibits 1 to 13, including declarations of Dr. Ada Rivera and
several Declarations of Captain Jennifer Moon). Defendants also included evidentiary objections to several of Plaintiffs’ declarations. (See Dkt. Nos. 95-15 to 95-25.)


On April 10, 2020, Defendants filed a supplement to their Opposition, (“Defendants’ Supplement,” Dkt. No. 121.) Defendants attached the following documents to the Supplement:

- Declaration of Gabriel Valdez, (“Valdez Declaration,” Dkt. No. 121-1);
- Declaration of Michael Nelson, (“Nelson Declaration,” Dkt. No. 121-2);
- Declaration of John Bretz, (“Brez Declaration,” Dkt. No. 121-3);

Defendants also attached several decisions from district courts, and a recently filed case, regarding the release of immigration detainees or prisoners. (Dkt. Nos. 121-5 to 121-11.) On April 12, 2020, Plaintiffs submitted a supplement. (“Jordan Declaration III,” Dkt. No. 122 (attaching Exhibits A to D).) On the morning of the April 13, 2020 hearing, Defendants submitted supplemented their filing with a recent ICE policy document. (Dkt. No. 124-1.)

After the hearing, Defendants filed a further factual supplement at the Court’s request. (“Holt Declaration,” Dkt. No. 125-1.) Plaintiffs filed an ex parte application to file a response, which Defendants opposed. (Dkt. Nos. 127, 128.) The ex parte application is DENIED AS MOOT.

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3 At the April 13, 2020 hearing, the Court noted that Defendants could comment on the Amicus Motions by filing a supplement the next day, but Defendants declined to do so. The Court finds the briefs informative, and absent Defendants’ articulation of a sound reason to reject the briefs, the Court exercises its “broad discretion” to allow them. Hoptowit v. Ray, 682 F.2d 1237, 1260 (9th Cir. 1982), abrogated on other grounds by Sandin v. Conner, 515 U.S. 472 (1995).
B. Facts

In this Section the Court summarizes relevant background on COVID-19, the risk posed to immigration detainees, ICE's systemwide actions and inactions in response to that threat, Plaintiffs' critique of that response, and the current conditions of confinement at about a dozen facilities nationwide.

1. Risk of COVID-19 Spread in Immigration Detention Facilities

The novel coronavirus known as SARS-CoV-2 causes a disease known as COVID-19, and is a viral pandemic. (Meyers Decl. ¶ 20; Venters Decl. ¶ 5.) As of late March 2020, the outbreak was in its early stages in the United States, though cases had been identified in each state, and infection rates are growing exponentially. (Id. ¶ 6.) As of the drafting of this Order, more persons have tested positive for COVID-19 in the United States than in any other country. More than 41,000 deaths have been reported in the U.S., and many tens of thousands more are expected in the coming weeks.

Doctors believe the virus is transmitted from person to person by respiratory droplets and by touching surfaces, and have found transmission occurs at close quarters of 3-6 feet. (Meyers Decl. ¶ 20.) Currently there is no vaccine available, and everyone is at risk of infection. (Id.) Serious illness and death from COVID-19 is most common among individuals with underlying health conditions like heart, lung, or liver disease, diabetes, or old age. (Id. ¶ 21; Franco-Paredes Decl. at 1.) Available data show a fatality rate about 15% among these high-risk groups. (Id. at 2). Individuals who survive may experience permanent loss of respiratory capacity, heart conditions, kidney damage, and other complications. (Id. at 4-5.)

The risks of infectious disease in prisons and jails are significantly higher than outside for several reasons. (Meyer Decl.) First, social distancing to prevent the spread of the disease by respiratory droplets is often impossible in “congregate settings,” due to poor ventilation and inadequate space, and jails and prisons often lack access to personal protective equipment like masks, gowns and eye shields. (Id. ¶ 9.) Second, jails and prisons often lack resources for diagnosing and treating infectious disease. (Id. ¶¶ 14-15.) Simple segregation or solitary confinement measures as an outbreak management technique tend to backfire: they result in less

4 The parties have submitted hundreds of pages of documents supporting their respective filings, as well as extensive evidentiary objections and responses. To the extent that the Court relies on objected-to evidence, the objections are overruled. Capitol Records, LLC v. BlueBeat, Inc., 765 F. Supp. 2d 1198 n.1 (C.D. Cal. 2010). “District courts, though, ‘may give . . . inadmissible evidence some weight . . . [to] prevent[] irreparable harm before trial.’” Weride Corp. v. Kun Huan, 2019 WL 1439394, at *5 (N.D. Cal. Apr. 1, 2019) (quoting Johnson v. Couturier, 572 F.3d 1067, 1083 (9th Cir. 2009)). For the purposes of the preliminary injunction, “evidentiary issues ‘properly go to weight rather than admissibility.’” Id. (quoting Go Daddy Operating Co., LLC v. Ghaznavi, 2018 WL 1091257, at *14 (N.D. Cal. Feb. 28, 2018). Thus, the Court takes the objections under advisement in considering the Motions.
medical attention and increased chances of death. (Id. ¶ 10; see also Venters Decl. ¶ 10 (“[isolated detainees] quickly experience increased psychological distress that manifests in self-harm and suicidality, which requires rapid response and intensive care outside the facility . . .”).) Unless an individual is held in a negative pressure room, his or her respiratory droplets may still flow outwards to the rest of the facility. (Meyers Decl. ¶ 10.) Third, people held in jails and prisons are more likely than others to have chronic underlying health conditions that make them susceptible to infectious disease. (Id. ¶ 13.) Finally, new information about COVID-19 suggests it may be transmissible through shared bathrooms and cell toilets without lids. (Venters Decl. II ¶ 2(a).)

On April 2, 2020, six ICE detainees and five ICE staff at detention facilities had tested positive for COVID-19. That number has dramatically increased. As of the drafting of this Order, ICE reports 124 confirmed detainee cases at 25 facilities around the country and thirty confirmed cases of ICE detention facility staff at many of the same locations. Due to shortages in testing nationwide and because asymptomatic individuals may spread the disease, the known cases are likely the “tip of the iceberg.” (Venters Decl. ¶ 7.)

An immigration facility outbreak would also menace the non-detained: a surge in preventable cases would further strain local hospital and healthcare resources. (Id. at 8; Searborn Decl., Ex. E at 4 (“a detention center with a rapid outbreak could result in multiple detainees—five, ten or more—being sent to the local community hospital where there may only be six or eight ventilators over a very short period.”).) In the “alternate scenario,” a facility outbreak is averted and a community’s “survival is maximized.” (Id. (also noting that many detention centers are in remote areas with limited access to health facilities).)

2. CDC Guidance and ICE’s Systemwide Response to COVID-19

On March 6, 2020, ICE Health Services Corp (“IHSC”) provided interim guidance to detention facilities. (Venters Decl. ¶ 14.) The ICE website also provides guidance, which is updated periodically. See ICE Guidance on COVID-19, ICE, https://www.ice.gov/covid19. The ICE Guidance purports to incorporate or be consistent with CDC guidance. (Id.)

On March 23, 2020, the CDC issued interim guidance on management of COVID-19 in correctional and detention facilities (“CDC Interim Guidance,” Jordan Decl. III, Ex. D.). The guidance mentions many of the same risks of COVID-19 transmission noted above, and notes several others, including: the inability of detainees to exercise frequent handwashing, restrictions on soap or paper towels, the likelihood of introduction of the disease due to staff ingress and egress and detainee transfers, and limited options for medical isolation. (CDC Interim Guidance at 2.) The CDC Interim Guidance provides recommendations on a wide range of topics.

5 The number of ICE staff at detention facilities does not appear to include individuals such as guards, vendors, or medical service providers who work at those facilities and are not employed by ICE. ICE Guidance on COVID-19, U.S. Immigration and Customs Enforcement, https://www.ice.gov/coronavirus.
including protocols for medical isolation, quarantines, social distancing, prevention by cleaning and disinfecting, pre-intake screening, and temperature checks. (Id. at 3.) With respect to detainees at higher risk of severe illness from COVID-19, the guidance notes:

- They should not be cohorted with other infected individuals, and if cohorting is unavoidable, “all possible accommodations” should be made to prevent transmission;
- Detained populations have a higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages;

(Id. at 16, 20.) Individuals who are quarantined\(^6\) or in medical isolation,\(^7\) should be housed, in order of preference, separately in single cells or as a cohort with 6 feet of personal space assigned each individual in all directions. (Id. at 16, 20 (providing six more granular types of preferences based on the type of wall, door, and ventilation)). One of the least desirable quarantine or isolation methods is to house detainees in a cohort, in multi-person cells without solid walls or a solid door, without excellent ventilation, without social distancing, and without an empty cell between occupied cells. (Id.)

After the CDC Interim Guidance was issued, ICE released a second important policy document in the form of Memorandum dated March 27, 2020 (“Action Plan”), which is addressed to detention wardens. (Vick Decl., Ex. 1.) The Action Plan recognizes that the “combination of a dense and highly transient detained population” presents “unique challenges . . . to mitigate the risk of infection.” (Id. at 1.) The Plan applies to ICE-dedicated facilities, but does not apply to “intergovernmental partners and non-dedicated facilities.” (Id. at 1.) The Memorandum confirms that ICE views the IHSC recommendations as “best practices,” not commands or even performance standards, with the further caveat that the “CDC remains the authoritative source.” (Id. at 1, 5 (providing a link to CDC Guidance on COVID-19 in Detention

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\(^6\) “Quarantine refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. Ideally, each quarantined individual would be quarantined in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the individual should be placed under medical isolation and evaluated for COVID-19.” CDC Interim Guidance at 4. The guidance notes it is preferable to quarantine individuals in separate rooms. A group of quarantined individuals held in the same living space is called a “cohort.” Id. at 3.

\(^7\) “Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinical providers and public health officials . . . .” CDC Interim Guidance at 4. Individuals should be isolated in separate rooms. A group of isolated individuals held in the same living space is also called a “cohort.” Id. at 3.
Facilities). The Action Plan includes some, but not all of the CDC policies, and provides advice that sometimes conflicts with the CDC policies.

On April 4, 2020, ICE released docket review guidance, which ordered Field Office Directors ("FODs") across the country to identify individuals in certain CDC-defined categories for heightened risk of death due to COVID-19, and to make individualized determinations regarding continued custody. ("Docket Review Guidance," Dkt. No. 121-4.) Per the Docket Review Guidance, vulnerable detainees who are mandatorily detained do not receive any consideration, however. The Docket Review Guidance is described in greater detail in the next Section. See Section I.B.3.

Most recently, on April 10, 2020, ICE Enforcement and Removal Operations ("ERO") issued COVID-19 Pandemic Response Requirements. ("Pandemic Response Requirements," Dkt. No. 124-1.) The Pandemic Response Requirements set forth "mandatory requirements" for all facilities housing ICE detainees as well as best practices. (Id., at 3.) Dedicated detention facilities—those housing only ICE detainees—as well as non-dedicated facilities with mixed populations, including local jails, "must" (1) comply with their applicable detention standards and facility contract; (2) comply with the CDC Interim Guidelines and the March 27, 2020 Action Plan; (3) notify the local FOD and FMC of known or suspected COVID-19 cases; and (4) notify the FOD and FMC "as soon as practicable" of any detainee meeting CDC’s criteria for higher risk of harm, (Id., at 5-7). Whereas the April 4, 2020 Docket Review Guidance drew the line for vulnerable individuals at sixty years of age and listed pregnancy as a qualifying condition for release, the Pandemic Response Requirements raise the age to 65 and omit pregnancy.

The Pandemic Response Requirements also state all facilities housing ICE detainees must:

- Instruct staff and detainees to wear cloth face coverings when PPE supply is limited;
- Provide staff and detainees with no cost unlimited access to supplies for hand cleansing, including liquid soap, water, paper towels or dryers, and no-touch receptacles;
- Require all persons in the facility to avoid touching their eyes, nose, or mouth without cleaning their hands first;
- Prohibit sharing of eating utensils, dishes, and cups;
- Prohibit non-essential contact such as handshakes, hugs, and high-fives;
- Staff should clean shared equipment like radios and weapons;
- Where possible, restrict transfers of detained non-ICE populations and facilities

8 The Court observes that different detention standards apply to different facilities. Thus, some facilities will only comply with the legacy Immigration and Naturalization Service 2000 National Detention Standards, whereas others will comply with more recent Performance-Based National Detention Standards, which came out in 2008 and were revised in 2011 ("PBNDS"). See ICE Detention Standards, https://www.ice.gov/factsheets/facilities-pbnds.
• “Efforts should be made” to reduce the population to approximately 75% of capacity, to promote social distancing

(Id., at 7-14.) In addition, the Pandemic Response Requirements for the first time acknowledge the CDC’s tiered housing preferences for individuals under medical isolation (e.g. separate single cells with solid walls and door are much preferable to cohoied multi-person cells without solid barriers). (Id., at 15.) The Response Requirements also note that if the number of confirmed cases at a facility exceeds individual isolation spaces, ICE must be promptly notified to arrange transfer.

For additional operational background, Defendants provide the declaration of the Deputy Assistant Director for Clinical Services and Medical Director of IHSC. (Vick Decl., Ex. 2 ¶ 1.) The IHSC Deputy Assistant Director oversees clinical services at the 20 IHSC-staffed facilities, which hold approximately 13,500 detainees. (Id., ¶ 2.) The Deputy Director states that IHSC is following CDC guidance in testing for COVID-19, but does not specify what the guidance calls for. (Id., ¶ 9.) Similarly, she states ICE has a pandemic workforce protection plan and that ICE instituted “applicable parts of the plan” in January 2020, but she does not attach excerpts of the plan, specify what the plan requires, or explain how it will address the needs of medically vulnerable detainees. (Id., ¶ 6.)

ICE appears to be engaging in at least some centralized monitoring of facility conditions, though Defendants do not submit evidence that they are enforcing IHSC or CDC guidelines at all ICE facilities. The best evidence of coordinated pandemic tracking is the ICE website, which is regularly updated with information about reported staff and detainee COVID-19 cases. Second, IHSC Field Medical Coordinators (“FMCs”) receive reports from medical leadership at contract facilities. (Id., ¶ 11.) Each facility is supposed to report to FMCs any detainee they identify as “meeting CDC requirements for cohorting monitoring, or isolation.” (Id.) Until April 10, 2020, Defendants did not require facilities to provide ICE with information about which detainees are most vulnerable to severe illness or death from COVID-19. Defendants do not provide information about any independent tracking they conduct with regard to disabled or medically vulnerable individuals before or during the pandemic.

3. Individualized Release Determinations

The number of individuals in ICE custody has slightly decreased since the declaration of a national emergency. As of March 13, 2020, ICE had 35,980 single adults in custody. (Holt Decl. ¶ 13.) More than half of ICE’s average daily population at that time had not been convicted of a criminal offense and had no pending criminal charge. (Seaborn Decl., Ex. F.) A month later, on

9 Further declarations submitted by Defendants clarify that FMCs “oversee” clinical services at Intergovernmental Service Agreement Facilities (“IGSA”), and “ensure” the medical care provided by contractors meets detention standards under the contract. (Vick Decl., Ex. 2 ¶¶ 2-3.) The FMCs “monitor” but do not provide hands-on care, or direct the care. (Id.)
April 13, 2020, ICE indicated that 31,709 individuals were in its custody, (Holt Decl. ¶ 13), of whom approximately 14,000 have no prior criminal conviction and no pending criminal charges.10

There are a number of tools available to ICE to decrease population density or to release medically vulnerable individuals. ICE may choose to release people on bond or conditional parole, and in the past, has exercised detention authority to release individuals with serious vulnerabilities or medical conditions. (Saenz Decl. ¶ 18.) Under previous Republican and Democratic Administrations, agency policy and practice was to limit detention of noncitizens who are pregnant or nursing, elderly, or suffer from serious physical or mental illness. (Lorenzen-Strait Decl. ¶ 4-7 (noting that this authority was also exercised to release individuals vulnerable to medical harm but not yet ill).) Even individuals required to be detained by statute can be and were released pursuant to ICE guidelines and policies, and statutory and regulatory provisions. (Id. ¶ 2 (citing INA §§ 212(d)(5), 235(b), 236, 241; 8 C.F.R. §§ 1.1(g), 212.5, 235.3, 236.2(b)); Sweeney Decl. ¶¶ 2-5. But see Holt Decl. ¶ 10 (noting ICE’s current policy does not allow the exercise of discretion to release those subject to mandatory detention even if at higher risk for COVID-19).)

In recent years, legal services organizations observed an increase in parole denials by ICE. (Rivera Decl. ¶¶ 14-16; Cordachado Decl. ¶ 23.) Since the pandemic, medically vulnerable detainees have had parole requests denied, (Rivera Decl. ¶ 13), pending for weeks without decision, (Cordachado Decl. ¶ 13; see also Rios Decl. ¶ 25), or have not been able to secure hearings at all. For example, the Chicago ICE field office indicated it was closed, leaving attorneys and clients uncertain if they would receive a decision. (Zwick Decl. ¶ 34.)

In the absence of prompt system-wide action by ICE to address the threat of COVID-19, dozens of detainees and their counsel filed individual and group habeas petitions for release. Plaintiffs include an appendix of twenty-nine such petitions. (Jordan Declaration II, Appendix 1.) In all but six of the cases the petitioners secured release. (Id.) In many of the cases where release was not secured, the petitioners obtained another form of relief, including a bond hearing or class certification, or their request was denied without prejudice. Defendants, in turn, submit four immigration habeas decisions in which the court did not find a likelihood of success on the merits, one criminal release decision, and one recently filed habeas petition. (Dkt. Nos. 121-5 to 121-11.)

On April 4, 2020, ICE issued Docket Review Guidance to ICE FODs providing for the potential release or use of alternatives to detention for detainees vulnerable to serious illness or death from COVID-19. The Docket Review Guidance notes that on March 18, 2020, FODs were instructed to review the cases of noncitizens over the age of 70 or pregnant to determine whether continued detention was appropriate. (Id. at 1.) The April 4 Docket Review Guidance notes the categories are expanded to include:

- Pregnant detainees or those having delivered in the last two weeks

- Detainees over 60 years old
- Detainees of any age having chronic illnesses which would make them immune-compromised, including but not limited to
  - Blood disorders
  - Chronic kidney disease
  - Compromised immune system
  - Endocrine disorders
  - Metabolic disorders
  - Heart disease
  - Lung disease
  - Neurological and neurologic and neuro development conditions

(\textit{Id.} at 1-2.) The Docket Review Guidance asks FODs to “please” identify “all cases within your [areas of responsibility] that meet any of the criteria above and validate that list with assistance from IHSC or your [FMC] to ensure the conditions listed are still present and do result in the detainee potentially having a higher risk for serious illness from COVID-19.” (\textit{Id.} at 2.) The guidance goes on to request FODs to review these cases to determine whether ongoing detention is appropriate, but notes that presence of a risk factor “may not always be determinative.” (\textit{Id.}) The guidance does not acknowledge that individuals who are detained under 8 U.S.C. § 1226(c) may be released, and remarks that even in cases of discretionary detention, an at-risk individual should not be released in cases of potential danger to property or persons. (\textit{Id.})

In a supplemental filing ICE notes individualized release determinations began prior to this April 10, 2020 Docket Review Guidance. (\textit{Holt Decl.} ¶ 10.) Since March 2020, ICE has released 693 individuals using a methodology similar to the Docket Review Guidance. (\textit{Holt Decl.} ¶ 10.) ICE does not state how many eligible detainees have been identified, and notes that the time needed for each review depends on the complexity of the case. (\textit{Id.} ¶ 11.)

4. **Plaintiffs’ Criticisms of ICE’s Systemwide Action or Inaction**

Plaintiffs sharply criticize ICE’s March 6, 2020 guidelines. For example, the guidelines focus on questionnaires, rather than checking for active symptoms of staff, and tend to ignore that COVID-19 has arrived in full force and can be carried by asymptomatic individuals. (\textit{Venters Decl.} ¶ 10(a).) In addition, the guidelines do not include access to hand sanitizer and use of masks for individuals with a cough; do not include guidance for administrators to plan surge capacity needs; do not provide guidance on when to test patients for COVID-19 other than by reference to the CDC; do not propose identification of individuals with high risk of illness and death from COVID-19; and largely ignore CDC guidelines for social distancing strategies. (\textit{Id.} ¶ 10(b)-(f).) To the extent ICE envisions use of “isolation rooms,” Plaintiffs contend, most facilities only have 1-4 rooms that fit that definition and so will be quickly overrun. (\textit{Id.} ¶ 16.)

In their Reply, Plaintiffs argue that even after the March 27, 2020 Action Plan and April 4 Docket Review Guidance, ICE’s systemic response to the COVID-19 pandemic falls short of
CDC benchmarks. (PI Reply at ; Venters Decl. II.) Dr. Venters notes several discrepancies and gaps in ICE’s global response, including that it:

- Does not require symptomatic detainees be given a mask and placed in medical isolation;
- Does not mandate nose and mouth coverings for those who cannot engage in social distancing;
- Does not present a plan for isolation when the number of people needing to be isolated exceeds existing isolation rooms or cells;
- Does not limit transportation of detainees;
- Does no identify what precautions should be taken to protect people with risk factors in ICE custody;
- Fails to include certain risk factors identified by the CDC and which FODs and their staff may not be aware;
- Delegates medical screening for custody review to FODs and staff who are not medical professionals, and advises them to check with medical professionals only after the fact;
- Does not urgently command risk factor screening measures, but merely requests them, without any timeline;
- Fails to account for the fact that detained populations are 10-15 years more progressed than chronological age;
- Does not ensure risk factors reflect evolving data and science;
- Does not include nationwide surveillance, coordination, or communication measures.

(Venters Decl. ¶¶ 3-4.)

Plaintiffs also argue that ICE systematically fails to track individuals with disabilities and medical vulnerabilities, both before and during the COVID-19 pandemic. In support of this contention, they include an Office of the Inspector General report, which discusses ICE’s Risk Classification Assessment (“RCA”) tool, which was designed to assist with release and custody classification decisions. ("OIG Report," Jordan Decl., Ex. A.) The OIG Report explains that when ICE Enforcement and Removal Operations (“ERO”) detains a noncitizen, it uses the RCA to generate recommendations for detention or release, including for alternatives to detention, unless the person is mandatorily detained. (Id. at 5-6.)

The OIG Report provides some information on at least one of ICE’s screening mechanisms: it notes that RCA questions on “special vulnerabilities” conflict with ICE’s Performance Based National Detention Standards (“PBNDS”) medical screening guidance. For example, an ICE ERO officer using the RCA tool does not have medical training and might not ask questions in a private setting, whereas the PBNDS call for someone with training—a medical professional or trained detention officer—to conduct the screening. (Id. at 12.) The OIG Report contrasts the PBNDS medical screening questions, which include 31 fields, with the RCA special vulnerabilities “checklist” which includes only yes/no data fields for (as relevant to this case)
“serious physical illness,” “disabled,” “elderly,” and “pregnant.” (OIG Report, Appendix G, at 29.)

Apart from this limited tool, and any reports provided by facilities to IHSC FMCs regarding detainee health, it appears ICE does not have a centralized screening, let alone tracking, mechanism or procedure to identify medically vulnerable or disabled individuals in its custody during the COVID-19 pandemic. Plaintiffs repeat the refrain from their Complaint that ICE has failed to ensure compliance with detention standards, and this failure extends to COVID-19 protocol compliance. (Compl. ¶¶ 522-537; PI Mot. at 12 (incorporating by reference additional OIG reports, dealing with management and oversight of detainee medical care).)

5. Reported Immigration Detention Facility Conditions

Plaintiffs provide evidence of the recent conditions at fourteen facilities in Alabama, California, Colorado, Georgia, Louisiana, and Texas. Plaintiffs also include anecdotal evidence of conditions in about fifteen additional facilities nationwide. Although the facts are cumulative, the Court summarizes the conditions below, by state and locality, along with any response provide by the government.

5.1. Etowah County Detention Center (Gadsen, Alabama)

An Etowah County immigration detainee, Hernandez, states that as of March 24, 2020, he had not received formal education about COVID-19, though there was an informative flyer in the dorm, which is in English only. (Hernandez Decl. ¶ 3.) Hernandez had not had his body temperature checked and has not seen other individuals having their temperatures taken. (Id. ¶ 4.) Soap must be purchased at commissary, and Hernandez did not observe officers wearing gloves or masks. (Id. ¶ 4.) New detainees and guards enter the facility regularly. (Id. ¶ 5.) Recently, a transferee reported feeling sick, and went to medical, where he did not have his temperature taken or receive any treatment, but was restricted to his cell. (Id. ¶ 6.) Individuals in Hernandez’s unit demanded the transferee be removed. Two individuals tied nooses around their necks and stepped onto railings of the second floor, threatening suicide unless the facility took preventive action. (Id.) After this incident, detainees in the unit were provided one surgical mask each, and the unit is on lockdown except for two half-hour increments daily. (Id. ¶¶ 6-7.)

Defendants state that Etowah screens each detainee for disabilities upon admission. (Vick Decl., Ex. 11 ¶ 7 (not stating which disabilities are screened, or how many individuals qualify as disabled at Etowah).) Defendants do not state whether Etowah has identified detainees at greater risk for contracting COVID-19, and do not say what measures are being taken to protect those detainees. However, they do note Etowah provides a list of “chronic care” detainees and two detainees over the age of 60. (Id. ¶ 11.) They state that as of April 8, 2020, there are no confirmed COVID-19 cases at Etowah. (Id. ¶ 13(a)-(c); Nelson Decl. ¶ 17(a).) The facility has increased sanitation frequency and supplies, including hand sanitizer, soap, masks, and gloves “readily available” for both staff and detainee use. (Vick Decl., Ex. 11 ¶ 15.)
An FMC assigned to Etowah reports that he has been informed of Etowah’s COVID-19 protocols, and the facility is conducting intake screenings for COVID-19 symptoms (but not for COVID-19 risk factors), and following ICE and CDC guidance. (See generally Nelson Decl.) Etowah’s population is “within . . . approved capacities.” (Id. ¶ 18.) For group movements, the detainees are reminded to practice social distancing, and are not crowded in holding areas. (Id. ¶ 29.)

b. Adelanto ICE Processing Center (Adelanto, California)

Plaintiffs state that as of March 18, 2020, two dorms in the Adelanto West building were in quarantine or cohorting. (Rios Decl. ¶ 17.) On the morning of March 19, 2020 the Adelanto East building was also quarantined. (Id.) Al Otro Lado observed guards standing in groups in close proximity, and detainees report to the organization that guards did not wear gloves or masks in early to mid March. (Id. ¶ 22.) Detainees clean most of the facility and do not have masks themselves, and report a shortage of cleaning supplies. (Id. ¶ 23.) One Adelanto detainee, a sixty-three-year-old asylum seeker who is not subject to mandatory detention told his attorney on March 20, 2020 that he was confined with about 80 detainees, none of whom appear to be ill, but is residing in close quarters with four other individuals. (Ragland Decl. ¶ 10.) Nurses and doctors had not visited to perform check-ups on the quarantined individuals. (Id.)

Fraihat, who was held at Adelanto until a recent successful habeas petition, is fifty-eight and suffers from asthma, among other medical conditions. (Fraihat Decl. ¶¶ 3-4.) As of March 24, 2020, he had not received information about COVID-19 from ICE or Adelanto staff, and noted that soap was not easier to access, despite the outbreak. (Id. ¶ 6.) He stated that social distancing is not possible due to the close quarters. (Id.) He observed newly detained individuals still arrive at the facility, and that he had not had his temperature checked. (Id. ¶ 7; see also Sydney Decl. ¶ 9.) A guard told Fraihat that older individuals are cohorted in a unit that shares a door with a unit for individuals exhibiting COVID-19 symptoms. (Fraihat Decl. ¶ 8.)

Munoz, a sixty-year-old detainee released on April 2, 2020, described conditions in the Adelanto dorm for older individuals. (Munoz Decl.) He stated individuals in the unit have not had temperature checks or tests and are not spaced more than six feet apart. (Id. ¶¶ 3-5.) Guards move between units for count, and detainees who deliver meals also circulate between the units, as do the pill pass nurses. (Id. ¶ 8; Fraihat Decl. ¶ 11.) Some guards wear masks and gloves, but older detainees cannot access PPE, to his knowledge. (Id. ¶ 9.) If a detainee had a fever, he or she would have to submit a “kite,” which takes 24 hours to review. (Sydney Decl. ¶ 12.)

Defendants respond that Adelanto screens each detainee for disabilities upon admission. (Vick Decl., Ex. 10 ¶ 7 (not stating which disabilities are screened or how many at Adelanto qualify as disabled).) Defendants also state Adelanto has identified detainees “at greater risk for contracting COVID-19,” (Id. ¶ 11), but do not say what measures are being taken to protect those

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detainees, or whether the criteria used conform with CDC guidelines. The facility has increased sanitation frequency and supplies. (Id. ¶ 15.)

Defendants state that as of April 10, 2020, there are no confirmed COVID-19 cases at Adelanto, and no housing units on monitoring for COVID-19. (Id. ¶¶ 13(a)-(b); Valdez Decl. ¶ 17(a)) The facility has negative pressure rooms onsite and can admit patients to the local hospital when needed. (Valdez Decl. ¶ 16.) Individuals believed to have been exposed to COVID-19, who are asymptomatic, are placed in cohorts with restricted movement. (Id. ¶ 15.) Two suspected cases received negative test results, and two more detainees are now being monitored due to unverifiable travel history and a fever. (Id. ¶ 17 (COVID-19 test pending, in the latter case).) Adelanto’s population is “within . . . approved capacities,” but it is not clear whether cohorted detainees have empty cells between them. (Id. ¶ 18.) Detainees are reminded to practice social distancing during “group movements,” and detainees are not crowded into law libraries, intake areas, or holding rooms. (Id. ¶ 30.)

c. Otay Mesa Detention Center (San Diego, California)

As of March 20, 2020, Al Otro Lado staff observed Otay Mesa employees shaking hands, patting shoulders, and working in close proximity to each other. (Rios Decl. ¶ 9.) Attorneys were allowed to enter the facility for non-contact video teleconference visits, without screening procedures. (Id. ¶ 8.) Visiting attorneys did not have their temperature taken, and were not asked if they had COVID-19 symptoms. (Id.) Telephones were not cleaned prior to the visit. (Id. ¶ 11.) Detainees reported cleaning pods and laundering clothes without protective gear other than gloves. (Id. ¶¶ 15-16.) The week prior, from March 13-17, Al Otro Lado staff could not schedule bond hearings for detainees at Otay Mesa, and as a result, medically vulnerable detainees could not be released. (Rios Decl. ¶ 5.) At least one client was transferred to Houston due to the delays. (Id. ¶ 6.) As of April 17, 2020, ICE reports that eighteen detainees and eight ICE staff at Otay Mesa have tested positive for COVID-19.\textsuperscript{13}

d. Aurora Contract Detention Facility (Aurora, Colorado)

According to the reports of a detainee who was a practicing doctor in New Jersey, with medical licenses in New York and New Jersey, as of March 21, 2020, Aurora had taken few steps to prepare for COVID-19, except distributing information and implementing some screening measures. (Solomonov Decl. ¶ 4.) Up to eighty people live in a dorm with a maximum capacity of eighty-two. (Id. ¶¶ 6, 9.) The dorm consists of four- to eight-person cells, where it is “impossible to stay away from other people.” Detainees do not have access to hand sanitizer, have not been tested for COVID-19, have no access to masks, and have not changed cleaning procedures. (Id. ¶ 7.) Eighty detainees share a single sink with a timed faucet that only stays on for a few seconds and that has low water pressure. (Id. ¶ 8.) According to another detainee’s report, the only guaranteed way to get bar soap is to buy it for $3 at commissary. (Zwick Decl. ¶ 20.)

Colorado has been under a state of emergency since March 10, 2020. (Solomonov Decl. (attaching Elizabeth Jordan Declaration ¶ 4).) Nevertheless, Aurora added about thirteen new people to the declarant’s dorm from March 18 to 21, 2020, and some purportedly came from jails with symptomatic individuals. (Id. ¶ 6.) The screening procedures for transferees consisted of a questionnaire and temperature check, and the detainees were concerned about asymptomatic individuals gaining admission to their dorm. (Id. ¶ 11.) A lieutenant declared on March 20, 2020 that there were no coronavirus cases in the facility, and told detainees to wash their hands. (Id. ¶ 11.) As of April 20, 2020, two ICE employees or facility staff have tested positive for COVID-19 at Aurora.14

e. Folkston ICE Processing Center (Folkston, Georgia)

On March 19, 2020, a detainee caller from Folkston reported he lacked access to soap and sanitizer, and at least one person in his housing unit had symptoms of cough, fever, or shortness of breath, but had not been removed from the unit. (Rivera Decl. ¶ 21.) A Southeast Immigrant Freedom Initiative (“SIFI”) attorney visiting Folkston on March 16, 2020 was required to undergo a temperature check and questionnaire, and provided her own gloves and disinfectant wipes. (Id. ¶ 19.)

f. Stewart Detention Center (Lumpkin, Georgia)

The week before March 23, 2020, SIFI attorneys entering Stewart were not required to submit to temperature checks or to pass screening. (Rivera Decl. ¶ 22.) Some but not all facility staff wore gloves, and no staff wore masks. (Id.)

Defendants state that Stewart screens each detainee for disabilities upon admission. (Vick Decl., Ex. 12 ¶ 7.) Defendants state Stewart has identified detainees at greater risk for contracting COVID-19, but do not say what measures are being taken to protect those detainees in particular. (Id. ¶ 11.) They state that as of April 2, 2020, there are no confirmed detainee COVID-19 cases at Stewart but there is one suspected case. (Id. ¶ 13(a)-(c).) They do not state whether any housing unit is being cohorted or quarantined. The facility has increased sanitation frequency and supplies, including hand sanitizer, soap, masks, and gloves, which are “readily available” for both staff and detainee use. (Id. ¶ 15.) Defendants do not state what special accommodations or measures have been taken to protect Stewart detainees at risk of severe illness or death as a result of COVID-19.

As of April 10, 2020, Defendants knew of thirty suspected cases of COVID-19 in the facility, and they were placed on “medical observation,” and there were five confirmed cases in the facility. (Bretz Decl. ¶ 17.) Those five individuals are “isolated and receiving medical treatment” consistent with CDC guidelines. (Id. ¶ 14.) The facility now provides 24-hour

access to disinfectants, sanitizer, and soap in every housing unit, and is “encouraging... general population to use these tools often and liberally.” (Id. ¶ 16.) As of April 17, 2020 seven detainees and one ICE staff member tested positive for COVID-19 at Stewart.  

**g. Irwin Detention Center (Ocilla, Georgia)**

One detainee at Irwin reported to SIFI staff that there were confirmed cases of COVID-19 in the facility and that it was under quarantine. (Rivera Decl. ¶ 17.) A March 19, 2020, a detainee caller reported that neither ICE nor guards had given information about COVID-19, and that at least one person in his housing had a worsening cough, but had not been removed from the unit. (Id. ¶ 18.) As of April 17, ICE Reports one COVID-19 case at Irwin.  

**h. South Louisiana ICE Processing Center (Basile, Louisiana)**

The legal director of Las Americas Immigrant Advocacy Center reports that detainees have no access to soap or sanitizer, and that guards ran out of gloves. (Corchado Decl. ¶ 10.) Toilet paper is limited, adding to hygiene concerns, and multiple people in the barracks were coughing. (Id. ¶ 10.) One immune-compromised detainee was working in the facility kitchen until at least March 20, 2020. (Id. ¶ 11.) Las Americas reports HIV positive detainees are scheduled to be transferred by bus and/or plane, through various detention centers. (Id. ¶ 12.) Parole-eligible detainees with family in the U.S. have had pending parole applications for up to three weeks. (Id. ¶ 13.)

**i. LaSalle Detention ICE Processing Center (Jena, Louisiana)**

SIFI staff received a March 19, 2020 call from an individual held at LaSalle who complained of fever, chest pain, difficulty breathing while trying to sleep, and of coughing blood. (Rivera Decl. ¶ 11.) The detainee stated he tested negative for the flu but had not been tested for COVID-19, and he could only obtain ibuprofen, syrup, and salt. He reported sharing a unit with others with similar symptoms. (Id. ¶ 11.) He stated that GEO staff were not routinely using gloves. (Id. ¶ 11.) On March 20, 2020, SIFI received information from two clients who had engaged in a 120-day hunger strike that they would likely be force fed on March 23 or 24, 2020. (Id. ¶ 13.) The ICE field office twice denied their parole applications, despite evidence of medical vulnerability. (Id.) ICE Response to requests for release “remains spotty” and many applications are denied or receive no decision for months. (Id. ¶¶ 14-15.) As of April 17, 2020, one detainee has tested positive at this facility.  

j. Pine Prairie Detention Center (Pine Prairie, Louisiana)

As of March 16, 2020, detainees informed a SIFI staff member that they lacked access to hand soap, and that the facility operator, GEO Group, had not altered protocols in response to the pandemic. (Rivera Decl. ¶ 7.) During a visit, the SIFI staff member submitted to a temperature check and questionnaire, but noted staff and detainees did not wear masks or gloves. (Id. ¶ 6.) On March 18, 2020, a detainee told SIFI staff that he and about 60 others in Charlie Alpha unit were under quarantine, after someone in the unit was suspected of having COVID-19. (Id., ¶ 8.) Individuals in the unit had to clean their own unit, and had no access to hand soap or sanitizer, except soap they had for showers. (Id.) No spacing measures had been implemented. (Id.) The following day, a detainee in another unit stated they were receiving hygiene supplies every two days, and that two individuals with COVID-19 symptoms had been removed from the unit.

On the day after that, March 20, 2020, a SIFI member visited detainees from the quarantined unit, but staff did not check her temperature. (Id. ¶ 10.) The staff member observed some staff wore masks and others did not. (Id.) The detainees stated they did not have masks inside the unit, and that detainees were still cleaning the dorm without gloves. (Id.) Transferees or newly detained individuals continued to be admitted to the unit. (Id.) As of April 17, 2020, four detainees at Pine Prairie have tested positive. 18

k. Joe Corley Detention Facility (Conroe, Texas)

Las Americas received several complaints from clients concerned about the lack of preventive measures a Joe Corley Detention Facility. (Corchado Decl. ¶ 17.) The facility places 36 people in each barrack. (Id., ¶ 22.) Cafeteria workers organized a three-day strike, and access to food was disrupted, resulting in one detainee suffering an epileptic seizure. (Id. ¶ 18.) Clients report to Las Americas there are others in their dorms sick with what seems like the flu, and who have been denied medical visits. (Id., ¶ 19.) Two clients have asthma and have not received inhalers, and another detainee with bullets in his legs has not been able to obtain pain medication. (Id., ¶¶ 18-21.) Deportation Officers have informed all but one Las Americas clients that ICE will not consider their parole applications, because they were formerly placed in Migrant Protection Protocols (“MPP”), even though such individuals are eligible and similarly situated clients have obtained parole before. (Id. ¶ 23.)

l. Houston Contract Detention Facility (Houston, Texas)

A detainee at this facility declares that as of March 24, 2020, he did not receive formal information about COVID-19 beyond informational flyers, and observed no increase in cleaning supplies to support additional handwashing. (Sanchez Decl. ¶ 7.) Detainees with cleaning assignments had to mop and sweep without gloves or protective equipment, and guards did not wear gloves or masks. (Id., ¶ 7.) Social distancing in the 40-person open dorm with bunk beds

four feet apart was not possible. (Id. ¶ 10.) The week prior, new transferees from Otay Mesa were added to the facility. (Id. ¶ 11.) As of April 20, 2020, one ICE employee tested positive at this facility.

n. South Texas ICE Processing Center (Pearsall, Texas)

On March 17, 2020, six detainees reported they had not received information about COVID-19 from the facility. (Steglich Decl. ¶ 6.) Detainees did not know what precautionary measures they should be taking, and no protective gear was available. (Id.) New arrivals continued to come to the facility, without information as whether they had been screened. (Id. ¶ 7.) None of the detainees reported temperature checks. (Id.) Court rooms at the facility were functioning as normal, with judges, attorneys, court staff, and respondents in close proximity. (Id. ¶ 10.) Respondents were held in a crowded, closed cells before and after their hearings. (Id. ¶ 11.)

n. Other Facilities

Plaintiffs also provide declarations from legal service providers about the response to COVID-19 at immigration detention facilities in their region. An immigration legal services provider covering New Jersey facilities with COVID-19 cases reports that transferees continue to arrive in housing units where people exhibited symptoms of the virus. (Saenz Decl. ¶¶ 7-9.) At Bergen County Jail, clients are locked down in close quarters with their cellmates for all but a few hours a day, have no recreation or phone access, and must use toilets that cannot be flushed regularly. (Id. ¶ 13.) The conditions at Hudson County Jail in Kearny have been similar. (Id.)

The service provider, New York Immigrant Family Unity Project, submitted release requests to ICE for 16 particularly vulnerable people, but ICE had not answered as of March 23, 2020. (Id. ¶ 15.)

The National Immigrant Justice Center ("NIJC") covers the following facilities: McHenry County Jail in Woodstock, Illinois; Jerome Combs Detention Center in Kankakee, Illinois; Boone County Jail in Burlington, Kentucky; Clay County Detention Center in Brazil, Indiana; Kenosha County Detention Center in Kenosha, Wisconsin; Pulaski County Detention Center in Ullin, Illinois; Dodge County Detention Center in Juneau, Wisconsin; Otay Mesa Detention Center in San Diego California; Cibola County Correctional Center in Milan, New Mexico; and South Texas Detention Complex in Pearsall, Texas. (Zwick Decl. ¶¶ 3-4.) NIJC notes that "[m]ost clients reported that they received no information whatsoever from ICE or facility staff, much less medical staff, about the virus, and were learning what they knew almost exclusively from watching television." NIJC clients reported lack of access to soap, water, hand sanitizer, disinfectants, or other necessary supplies. (Id. ¶¶ 15-25.)

Another organization, Friends of Miami-Dade Detainees ("FOMDD"), provided anecdotes regarding Krome Service Processing Center in Miami, Florida; Broward Transitional Center in Pompano Beach, Florida, and Glades County Jail in Moore Haven Florida. (Conlin Decl. ¶ 2.) FOMDD has not been allowed to bring cleaning supplies, masks, gloves, or hand
sanitizer to the facilities. (Id. ¶ 4.) Detainees at these facilities reportedly lack adequate soap and cleaning materials. (Id. ¶ 7.)

II. LEGAL STANDARD

A. Provisional Class Certification


(1) the class is so numerous that joinder of all members is impracticable; (2) there are questions of law or fact common to the class; (3) the claims or defenses of the representative parties are typical of the claims or defenses of the class; and (4) the representative parties will fairly and adequately protect the interests of the class.

Fed. R. Civ. P. 23(a). After satisfying the four prerequisites of numerosity, commonality, typicality, and adequacy, a party must also demonstrate one of the following: (1) a risk that separate actions would create incompatible standards of conduct for the defendant or prejudice individual class members not parties to the action; (2) the defendant has treated the members of the class as a class, making appropriate injunctive or declaratory relief with respect to the class as a whole; or (3) common questions of law or fact predominate over questions affecting individual members and that a class action is a superior method for fairly and efficiently adjudicating the action. See Fed. R. Civ. P. 23(b)(1)-(3). 19

A trial court has broad discretion regarding whether to grant a motion for class certification. See Bateman v. Am. Multi-Cinema, Inc., 623 F.3d 708, 712 (9th Cir. 2010). However, “[a] party seeking class certification must affirmatively demonstrate [] compliance with [Rule 23]—that is, [the party] must be prepared to prove that there are in fact sufficiently numerous parties, common questions of law or fact, etc.” Wal-Mart Stores, Inc. v. Dukes, 564 U.S. 338, 350 (2011). A district court must conduct a “rigorous analysis” that frequently “will entail some overlap with the merits of the plaintiff’s underlying claim.” Id. at 351. “Courts typically proceed claim-by-claim in determining whether the Rule 23 requirements have been met, particularly as to the Rule 23(a)(2) and (b)(3) requirements of common question[s] and predominance.” Allen v. Verizon California, Inc., 2010 WL 11583099, at *2 (C.D. Cal. Aug. 12, 2010).

Rule 23 further provides that “[w]hen appropriate, an action may be brought or maintained as a class action with respect to particular issues,” Fed. R. Civ. P. 23(c)(4), or the

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19 While some circuits have adopted an “ascertainability” prerequisite to certification, the Ninth Circuit has not. Briseno v. ConAgra Foods, Inc., 844 F.3d 1121, 1124 n.4 (9th Cir. 2017).
“class may be divided into subclasses that are each treated as a class under this rule,” Fed. R. Civ. P. 23(c)(5). “This means that each subclass must independently meet the requirements of Rule 23 for the maintenance of a class action.” Betts v. Reliable Collection Agency, Ltd., 659 F.2d 1000, 1005 (9th Cir. 1981).

B. Preliminary Injunction

“A preliminary injunction is an extraordinary and drastic remedy; it is never awarded as of right.” Munaf v. Geren, 553 U.S. 674, 690 (2008) (citations omitted). An injunction is binding only on parties to the action, their officers, agents, servants, employees and attorneys and those “in active concert or participation” with them. Fed. R. Civ. P. 65(d).

“A plaintiff seeking a preliminary injunction must establish that he is likely to succeed on the merits, that he is likely to suffer irreparable harm in the absence of preliminary relief, that the balance of equities tips in his favor, and that an injunction is in the public interest.” Winter v. Natural Res. Def. Council, Inc., 555 U.S. 7, 20 (2008). The Ninth Circuit employs the “serious questions” test, which states “‘serious questions going to the merits’ and a balance of hardships that tips sharply towards the plaintiff can support issuance of a preliminary injunction, so long as the plaintiff also shows that there is a likelihood of irreparable injury and that the injunction is in the public interest.” Alliance for Wild Rockies v. Cottrell, 632 F.3d 1127, 1135 (9th Cir. 2011).

“A preliminary injunction is an extraordinary and drastic remedy; it is never awarded as of right.” Munaf v. Geren, 553 U.S. 674, 690 (2008) (citations omitted).

III. DISCUSSION

A. Rule 23(a) Requirements

Plaintiffs request provisional certification of the following two subclasses (“Subclasses”):

Subclass One: All people who are detained in ICE custody who have one of the Risk Factors placing them at heightened risk of severe illness and death upon contracting the COVID-19 virus.20

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20 The Risk Factors are defined as being over the age of 55; being pregnant; or having chronic health conditions, including: cardiovascular disease (congestive heart failure, history of myocardial infarction, history of cardiac surgery); high blood pressure; chronic respiratory disease (asthma, chronic obstructive pulmonary disease including chronic bronchitis or emphysema, or other pulmonary diseases); diabetes; cancer; liver disease; kidney disease; autoimmune diseases (psoriasis, rheumatoid arthritis, systemic lupus erythematosus); severe psychiatric illness; history of transplantation; and HIV/AIDS.
Subclass Two: All people who are detained in ICE custody whose disabilities place them at heightened risk of severe illness and death upon contacting the COVID-19 virus.\(^{21}\)

(Class Cert. Mot. at 2-3.) Plaintiffs argue that the putative class members are at risk of serious illness or death due to a systemwide failure to implement adequate preventive measures. (Id.)

1. Numerosity

A class satisfies the prerequisite of numerosity if it is so large that joinder of all class members is impracticable. *Hanlon v. Chrysler Corp.*, 150 F.3d 1011, 1019 (9th Cir. 1998). To be impracticable, joinder must be difficult or inconvenient but need not be impossible. *Keegan v. American Honda Motor Co.*, 284 F.R.D. 504, 522 (C.D. Cal. 2012). There is no numerical cutoff for sufficient numerosity. *Id.* However, forty or more members will generally satisfy the numerosity requirement. *Id.*

The Court finds the class is sufficiently numerous that joinder of all class members would be impracticable. Although Plaintiffs do not know the exact number of people in ICE detention with the specified Risk Factors or Covered Disabilities, the Court agrees that “general knowledge and common sense indicate that [the class] is large.” *Inland Empire-Immigrant Youth Collective v. Nielsen*, 2018 WL 1061408, at *7 (C.D. Cal. Feb. 26, 2018). At the time Plaintiffs filed, about 40,000 individuals were in immigration detention facilities nationwide. (Seaborn Decl., Ex. F (attaching ICE’s published Average Daily Population as of 03/14/2020.) Plaintiffs estimate about 1400 individuals over the age of 50 are in ICE custody, and about 2400 individuals with Chronic Obstructive Pulmonary Disease, for example. (Class Cert. Mot. at 3-4.)

Defendants assert unconvincingly that Plaintiffs “fail to show that there are at least 40 individuals” with the defined factors. (Class Cert. Opp’n at 11.) However, Plaintiffs are not required to provide irrefutable proof of the number of individuals in the putative class. Where the relief sought is “only injunctive or declaratory,” the numerosity requirement is somewhat relaxed, and “even speculative or conclusory allegations regarding numerosity” are sufficient to permit certification. *Sueoka v. United States*, 101 F. App’x 649, 653 (9th Cir. 2004). In addition, Defendants do not meaningfully question Plaintiffs’ estimates. Defendants’ own declarations suggest that detention facilities track the numbers of disabled detainees, and if this is true, it stands to reason that the government would counter Plaintiff’s numbers with their own data. (Vicks Exs. 10-12, ¶¶ 7, 11 (noting IHSC believes facilities are tracking the numbers of individuals with disabilities, and some are tracking those with COVID-19 risk factors.).)

\(^{21}\) Covered Disabilities include: cardiovascular disease (congestive heart failure, history of myocardial infarction, history of cardiac surgery); high blood pressure; chronic respiratory disease (asthma, chronic obstructive pulmonary disease including chronic bronchitis or emphysema, or other pulmonary diseases); diabetes; cancer; liver disease; kidney disease; autoimmune diseases (psoriasis, rheumatoid arthritis, systemic lupus erythematosus); severe psychiatric illness; history of transplantation; and HIV/AIDS.
Defendants next argue that a finding of impracticability of joinder is barred by the fact that two Named Plaintiffs have sought and obtained release, and “scores if not hundreds” of ICE detainees have sought release across the country. (Class Cert. Opp’n at 12.) Defendants fail to articulate why this fact is relevant to the impracticability inquiry. If anything it tends to show the turmoil, expense, and difficulty caused by a piecemeal approach. Moreover, Plaintiffs’ Motions seek a centralized ICE process of COVID-19 harm reduction for the most at-risk individuals, not release on bond. It would be inconvenient and difficult, if not impossible, for detainees to obtain timely relief by filing conditions of confinement suits for each detention facility or unit in the country. Given the many obstacles to accessing counsel during the COVID-19 pandemic, the Court is concerned that many putative class members would not be able to proceed on their own, a fact which further highlights the impracticability of joinder.

2. Commonality

The commonality requirement is satisfied when plaintiffs assert claims that “depend upon a common contention . . . capable of classwide resolution— which means that determination of its truth or falsity will resolve an issue that is central to the validity of each one of the claims in one stroke.” Wal-Mart, 564 U.S. at 350; see also id. (“What matters to class certification . . . is not the raising of common questions . . . but, rather, the capacity of a classwide proceeding to generate common answers apt to drive the resolution of the litigation.”) (internal quotation marks and citations omitted). Differences among putative class members sometimes impede the generation of such common answers. Id. In the Ninth Circuit, “Rule 23(a)(2) has been construed permissively. . . . The existence of shared legal issues with divergent factual predicates is sufficient, as is a common core of salient facts coupled with disparate legal remedies within the class.” Staton v. Boeing Co., 327 F.3d 938, 953 (9th Cir. 2003).

Plaintiffs present the Court with shared factual and legal issues more than adequate to support a finding of commonality. Stated in general terms, the common question driving this case is whether Defendants’ system-wide response—or the lack of one—to COVID-19 violates Plaintiffs’ rights. One shared factual question is therefore what, if any, nationwide measures ICE has taken in response to COVID-19 to protect the health of vulnerable immigration detainees and whether those measures are legally sufficient. The existence, scope, and adequacy of those measures are central to all of Plaintiffs’ claims.

Three shared legal questions are whether the supposed systemwide actions or inactions: (1) amount to deliberate indifference and expose detainees to a substantial risk of harm, Gordon v. County of Orange, 888 F.3d 1118, 1124-25 (9th Cir. 2018); Brown v. Plata, 563 U.S. 493, 505 n.3 (2011); (2) result in conditions of confinement more restrictive than criminal detention and that constitute punishment, Jones v. Blanas, 393 F.3d 918, 934 (9th Cir. 2004); (3) or deprive detainees of the benefits of an Executive Agency program, solely on the basis of disability, 29 U.S.C. § 794 (a). Plaintiffs identify several additional common issues that would satisfy Rule 23(a)(2)’s standard. (Class Cert. Mot. at 11-12.) Even one issue common to each class is all that is required. Haley v. Medtronic, Inc., 169 F.R.D. 643, 648 (C.D. Cal. 1996).
Defendants argue that the proposed classes “flunk” the commonality requirement due to the factual variation between facilities and between the degree of COVID-19 threat to each individual. (Class Cert. Opp’n at 14.) For example, Plaintiffs provide evidence of the conditions at many geographically dispersed detention facilities, where the COVID-19 response differs somewhat. In addition, Plaintiffs themselves have varying medical conditions and risk factors.

The Court disagrees that these differences defeat commonality. Despite Plaintiffs’ admitted differences, each putative class member finds herself in similar situation. Each class member claims entitlement to a minimally adequate national rescue response from ICE. Indeed, the variety of facility COVID-19 countermeasures tends to support Plaintiffs’ contention that ICE has failed to institute the well-ordered, mandatory relief effort to which they claim entitlement. This facility doesn’t have adequate soap and handwashing facilities. That one does not provide PPE for detainees coholed with someone thought to be exposed to the virus. This person may die of COVID-19 because of hypertension, and that one may die because of HIV. Yet across all facilities and individuals, the question remains: is ICE required to adopt a global response, and is that response adequate? Parsons, 754 F.3d at 681-82 (finding commonality satisfied where “policies and practices of . . . systemic application expose[d] all inmates in [Arizona Department of Corrections] custody to a substantial risk of serious harm.”). As a result, the factual differences are not of the sort that likely affect entitlement to relief or that are likely to change the outcome of the legal analysis. Califano v. Yamasaki, 442 U.S. 682, 701 (1979); Dukes, 564 U.S. at 348, 358.

3. Typicality

“The purpose of the typicality requirement is to assure that the interest of the named representative aligns with the interests of the class.” Hanon v. Dataproducts Corp., 976 F.2d 497, 508 (9th Cir. 1992). The typicality inquiry focuses on the claims, not the specific facts underlying them. Just Film, Inc. v. Buono, 847 F.3d 1108, 1116 (9th Cir. 2017). “The requirement is permissive, such that ‘representative claims are typical if they are reasonably coextensive with those of absent class members; they need not be substantially identical.’” Id. (quoting Parsons v. Ryan, 754 F.3d 657, 685 (9th Cir. 2014)). “Measures of typicality include whether other members have the same or similar injury, whether the action is based on conduct which is not unique to the named plaintiffs, and whether other class members have been injured by the same course of conduct.” Id. (internal quotations and citations omitted). The applicability of different defenses to the class representative will preclude typicality if “there is a danger that absent class members will suffer if their representative is preoccupied with defenses unique to it.” Id. (quoting Hanon, 976 F.2d at 508).

The Court finds that the putative class representatives’ claims are typical of those in the proposed class, because they have the same claims and face the same or similar harms arising from the same course of conduct. Hanon v. Dataproducts, 976 F.2d 497, 508 (9th Cir. 1992). Each Plaintiff has either a Risk Factor or Covered Disability included in the class definitions (hypertension, diabetes, or cardiovascular disease, or over fifty-five years old) and is or was
detained at one of several facilities, across three states, impacted by Defendants’ alleged inaction. (Hernandez Decl. ¶ 2; Sanchez Decl. ¶¶ 2-3; Fraihat Decl. ¶¶ 2-5; Sudney Decl. ¶¶ 2-7; Munoz Decl. ¶¶ 1-2.) The common course of conduct alleged by Plaintiffs includes ICE’s inadequate oversight of detention facilities’ medical care, failure to identify individuals with disabilities or with COVID-19 vulnerabilities, and failure to implement adequate precautionary measures and protocols with respect to those individuals. The failures to act are thus the same across the class as a whole, as is the legal injury: exposure to an unreasonable risk of harm resulting from COVID-19 infection, punitive conditions of confinement, or deprivation of program benefits on the basis of disability.

Defendants again raise the fact that numerous detainees have petitioned for or obtained release, and comment that individualized habeas relief is a “better avenue” for relief. (Class Cert. Opp’n at 18-19.) However, that fact would not bar a finding of typicality or result in a cessation of the class interest in ensuring an appropriate systemwide response to COVID-19. Pitts v. Terrible Herbst, Inc., 653 F.3d 1081, 1092 (9th Cir. 2011) (finding an offer of judgment for the full amount of a plaintiff’s claim before class certification does not moot the class action, that “if the district court certifies the class, the certification relates back to the filing of the complaint,” and that in this case, the action may continue, because the individual relief “fails to satisfy the demands of the class.”) Moreover, the relief sought in a habeas petition is particularized, but here, Plaintiffs claim entitlement to a comprehensive response to the pandemic. The Court also observes that some habeas petitions and TROs for individual release will be denied, and those individuals also have a continued interest in a comprehensive response, short of release, that ensures adequate protections.

Nor is the difference in legal standards across circuits a bar to typicality, as Defendants assert. (Class Cert. Opp’n at 19.) First, the representatives and the putative class members assert a similar risk of physical harm and of detriment to their rights, despite some differences in the legal standards for claims across the circuits. Second, the Supreme Court has held that a federal agency is not necessarily entitled to confine any ruling of a court of appeals to its immediate jurisdiction. In Califano v. Yamasaki, 442 U.S. 682 (1979), the Court held that there are no legal limits on the geographical scope of a class action brought in federal district court. 442 U.S. at 702; Bresgal v. Brock, 843 F.2d 1163, 1170 (9th Cir. 1987). The primary concern should be that the relief granted does not impose greater burdens than necessary to redress the complaining parties. Id. As a result, the Court finds Plaintiffs have established the typicality of the representatives’ claims.

4. Adequacy

In determining whether a proposed class representative will adequately protect the interests of the class, the Court asks whether the proposed class representatives and their counsel have any conflicts of interest with any class members and whether the proposed class representatives and their counsel will prosecute the action vigorously on behalf of the class. Hanlon, 150 F.3d at 1020.
The proposed class representatives and class counsel can adequately represent the class. The named Plaintiffs establish their willingness to work with class counsel to effectively represent the interests of the class as a whole. (Fraihat Decl., ¶¶ 12-14; Sydney Decl., ¶¶ 15-17; Sanchez Decl., ¶¶ 21-23; Hernandez Decl. ¶¶ 9-10; Munoz Decl. ¶¶ 13-14.) Plaintiffs’ counsel, meanwhile, has extensive experience litigating immigrants’ rights and class actions. (Fox Decl. ¶¶ 3-11; Seaborn Decl. ¶¶ 3-14; Alderman Decl. ¶¶ 1-6; Graybill Decl. ¶¶ 3-8; Johnson Decl. ¶¶ 2-6). The Court perceives no disqualifying conflict of interest or indication that Plaintiffs and their counsel will not “vigorously” pursue the action on behalf of the class. Hanlon, 150 F.3d at 1020 (9th Cir. 1998).

Defendants do not argue Plaintiffs will not adequately protect the interests of the class, except to the extent that they have been released pursuant to independent habeas petitions or have different levels of COVID-19 risk. (Class Cert. Opp’n at 20-21.) However, Defendants cite no authority for the proposition that release from detention prevents a finding of typicality or necessarily results in a conflict of interest.22 Similarly without merit is the contention that an individual with diabetes will advocate more or less vigorously to be protected from COVID-19 than an individual with cardiovascular disease or with HIV/AIDS. The non-detained representatives may be in an even better position, of comparative liberty, to pursue claims on behalf of the class. In sum, the Court finds the adequacy requirement is satisfied.

B. Rule 23(b) Requirements

Plaintiffs seeks to certify their proposed sub-classes under Rule 23(b)(2). (Certification Mot. at 14.) Rule 23(b)(2) permits certification of a class seeking declaratory or injunctive relief where “the party opposing the class has acted or refused to act on grounds that apply generally to the class, so that final injunctive relief or corresponding declaratory relief is appropriate respecting the class as a whole.” Fed. R. Civ. P. 23(b)(2). In the Ninth Circuit, “[i]t is sufficient to meet the requirements of Rule 23(b)(2) [when] class members complain of a pattern or practice that is generally applicable to the class as a whole.” Rodriguez I, 591 F.3d at 1125-26 (9th Cir. 2010) (internal citation and quotation marks omitted) (finding certification under Rule 23(b)(2) proper where “proposed members of the class each challenge Respondents’ practice of prolonged detention of detainees without providing a bond hearing and seek as relief a bond hearing with the burden placed on the government”). Thus, the critical inquiry is “whether class

22 Defendants also raise the possibility that detainees held under different statutory mandates will have different, conflicting, interests. (Class Cert. Opp’n at 21 (raising the specter of a conflict between class members who are “mandatorily” detained and those who are not).) The Court is not concerned about that potential conflict. The class’s interest is not in release, but in not being subjected to unlawful conditions of confinement. Second, whatever the particular detention authority Defendants might invoke, the due process violations asserted arise from the same systematic failures, and could overcome a more generalized detention mandate. See Rodriguez v. Marin, 909 F.3d 252, 256 (9th Cir. 2018) (“We have grave doubts that any statute that allows for arbitrary prolonged detention without any process is constitutional . . . .”).
members seek uniform relief from a practice applicable to all of them.” Rodriguez I, 591 F.3d at 1125.

Because Defendants’ actions and inactions apply to the class generally, the Court determines that Rule 23(b)(2)’s requirements are satisfied. The putative class seeks declaratory and injunctive relief based on the asserted inadequacies of Defendants’ COVID-19 protocols and response. For purposes of this inquiry, “[t]he fact that some class members may have suffered no injury or different injuries from the challenged practice does not prevent the class from meeting the requirements of Rule 23(b)(2).” Parsons v. Ryan, 754 F.3d 657, 689 (9th Cir. 2014) (finding Rule 23(b)(2) satisfied where the state department of corrections established policies and practices that placed “every inmate in custody in peril” and all class members sought essentially the same injunctive relief); Rodriguez I, 591 F.3d at 1125.

A related test for whether Rule 23(b)(2) certification is appropriate is “the indivisible nature of the injunctive or declaratory remedy” sought, or “the notion that the conduct is such that it can be enjoined or declared unlawful only as to all of the class members or as to none of them.” Dukes, 564 U.S. at 360. Defendants again remark that Plaintiffs suffer from different conditions and are detained at different facilities, and Defendants contend on this basis the Rule 23(b)(2) requirements are not met. (Class Cert. Opp’n at 14-15 (also noting potential individual differences with respect to flight risk, likelihood of removal, and danger to the community).) However, Plaintiffs do not seek any individualized determination by this Court of whether they are entitled to release, and do not request a different injunction for each class member. Rather, they ask the Court to determine whether ICE’s systematic actions, or failures to act, in response to COVID-19 amount to violations of the class members’ constitutional or statutory rights. As a result, the same injunction or declaratory judgment would provide relief to all class members, or to none of them, and the Court concludes Rule 23(b)(2)’s requirements are satisfied.

C. Preliminary Injunction

The Court finds that Plaintiffs are likely to succeed on the merits of one or more of their claims, will suffer irreparable harm as a result of the deprivation of their rights, and that the balance of equities and public interest heavily weigh in favor of granting preliminary relief.

1. Success on the Merits or Serious Questions

Plaintiffs claim Defendants’ COVID-19 response gives rise to three claims for relief: (1) medical indifference in violation of the Fifth Amendment; (2) punitive conditions of confinement, in violation of the Fifth Amendment; and (3) denying persons with disabilities the benefits of Executive Agency programs and activities, in violation of Section 504 of the Rehab Act. (PI Mot. at 9, 15, 17.)
a. Standing

Defendants argue that Plaintiffs lack Article III standing, and cannot therefore succeed on any of their claims. (PI Opp’n at 14-15.) Defendants do not raise concerns about whether the harm alleged can be fairly traced to them. Instead they argue narrowly that the asserted harm is speculative and not redressable, because no COVID-19 cases have been identified in Plaintiffs’ facilities. That is no longer true. Seven detainees at Stewart Detention Center in Lumpkin Georgia, where Martinez is held, have tested positive for COVID-19, and thirty more are suspected to have the disease. Even if no detainee or staff member had tested positive, for reasons described in the irreparable harm section below (Part III.C.2), the Court rejects the contention that the risk of COVID-19 is overly speculative.

b. Medical Indifference

The standard for medical indifference in violation of the Fifth Amendment was recently articulated in a case involving pretrial detainees, Gordon v. County of Orange, 888 F.3d 1118 (9th Cir. 2018). The elements of a medical indifference claim by pretrial detainees are:

(i) the defendant made an intentional decision with respect to the conditions under which the plaintiff was confined; (ii) those conditions put the plaintiff at substantial risk of suffering serious harm; (iii) the defendant did not take reasonable available measures to abate that risk, even though a reasonable official in the circumstances would have appreciated the high degree of risk involved—

23 “Constitutional standing concerns whether the plaintiff’s personal stake in the lawsuit is sufficient to make out a concrete ‘case’ or ‘controversy’ to which the federal judicial power may extend under Article III, § 2.” Pershing Park Villas Homeowners Ass’n v. United Pacific Ins. Co., 219 F.3d 895 (9th Cir. 2000). “[T]he irreducible constitutional minimum of standing” is comprised of three elements: (1) an injury-in-fact; (2) a causal connection between the injury and challenged conduct such that the injury is “fairly traceable” to the challenged action; and (3) it must be “likely,” not merely “speculative” that the injury can be redressed by a favorable decision. Lujan v. Defenders of Wildlife, 504 U.S. 555, 560–61 (1992). The injury-in-fact must be “concrete and particularized” and “actual or imminent, not conjectural or hypothetical.” Id. at 560. “The party invoking federal jurisdiction bears the burden of establishing these elements.” Id. at 561.


25 Defendants cite no authority for, and the Court rejects, the implication that it lacks authority to enter class-wide relief to require a constitutionally adequate response to COVID-19 from ICE. (PI Opp’n at 4-5 (arguing that “this Court lacks the authority to redress such injuries,” and not disputing that Plaintiffs’ proposed injunction would provide them with relief). See also Padilla v. Immigration & Customs Enf’t, 2020 WL 1482393, at *11 (9th Cir. Mar. 27, 2020) (discussing authority of district courts to enter class wide relief).
making the consequences of the defendant’s conduct obvious; and (iv) by not taking such measures, the defendant caused the plaintiff’s injuries.

888 F.3d at 1125. “With respect to the third element, the defendant’s conduct must be objectively unreasonable, a test that will necessarily ‘turn[ ] on the facts and circumstances of each particular case.’” Id. (quoting Castro v. Cty. of Los Angeles, 833 F.3d 1060, 1070-71 (9th Cir. 2016)). Objective unreasonableness is “more than negligence but less than subjective intent—something akin to reckless disregard.” Id.

Plaintiffs are likely to succeed on the merits of their medical indifference claim. The Court analyzes each element below.

i. Intentional Decision

A failure to act with respect to a known condition of confinement may constitute an intentional decision. See Castro v. Cty. of Los Angeles, 833 F.3d 1060 (9th Cir. 2016) (permitting a failure-to-protect due process claim under 42 U.S.C. § 1983 where officers knew of the risk); Flentoil v. Santa Clara Cty. Dep’t of Corr., 2020 WL 571025, at *7 (N.D. Cal. Feb. 5, 2020) (refusal to provide medication). Some courts have found that where the defendant did not have time to act, however, there is not an intentional decision. Pajas v. Cty. of Monterey, 2018 WL 5819674, at *8 (N.D. Cal. Nov. 5, 2018) (finding no jury could find the sheriff acted intentionally towards a condition of confinement by his “failure to revamp jail policies and procedures,” because he had just taken office less than three weeks earlier).

Defendants made an intentional decision to promulgate only non-binding guidance for the first month of the pandemic, despite some knowledge of the risk posed by COVID-19. The March 6, March 27, and April 4, 2020 ICE guidance documents illustrate Defendants’ awareness of a grave risk, but their failure to mandate a facility-wide response. Cf. Brown v. Trejo, 2018 U.S. Dist. LEXIS 193389, *28 (C.D. Cal. Sept. 24, 2018) (finding that failure to act with regard to a condition, without knowledge of that condition or the risk posed, is not intentional). From March 11, 2020, when the pandemic was declared by the World Health Organization, until April 10, 2020, Defendants’ policy documents equivocated dangerously, and the IHSC guidance counseled both “follow me” and “defer to the CDC.” (Action Plan; Docket Review Guidance.)

ICE’s systemwide inaction specifically towards individuals with disabilities or certain risk factors also likely constitutes an “intentional decision.” Defendants do not directly dispute that ICE itself does not track medically vulnerable and/or disabled detainees with specificity.26 Nor

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26 Defendants’ Declarations state that some facilities are tracking detainees with disabilities and COVID-19 vulnerabilities, but the declarations fail to address whether Defendants themselves track these individuals or required facilities to track them. The declarations do not explain whether the disabilities facilities screen for are coextensive with the CDC-defined risk factors, and do not explain if a procedure is available for obtaining that
does the Docket Review Guidance mandate action aimed at them. It asks Field Office Directors to “please” make individualized determinations of the necessity of ongoing detention, and only as to some detainees. (Docket Review Guidance.) Defendants have not made the Court aware of a requirement that FODs make individualized determinations as to eligible detainees. Under current policy, ineligible medically vulnerable individuals who are mandatorily detained will not be identified, or offered any accommodation beyond that available to the general population to protect from this deadly disease.

A final relevant decision is ICE’s apparent failure to enforce compliance with its policy documents. To the extent COVID-19 risk was addressed by individual facilities from March 11, 2020 to April 10, 2020, it seems to have been voluntary. Now, there is a Pandemic Response Requirement document. This document also includes no mention of enforcement mechanisms. Plaintiffs incorporated by reference into their Complaint several OIG reports about ICE’s medical care system, which the Court finds persuasive on this point. (Compl. ¶¶ 160 n.45, 186 n.97, 347 n.303.) The OIG reports discuss at greater length ICE’s monitoring and oversight failures, with particular regard to inadequate medical care, limited hygiene, and long wait times for urgent medical procedures.

ii. Substantial Risk of Serious Harm

Whether “a substantial risk of serious harm” exists is a largely a question of fact. Lemire v. Cal. Dep’t. of Corr. and Rehab., 726 F.3d 1062, 1074-75 (9th Cir. 2013). “[I]t does not matter whether the risk comes from a single source or multiple sources, any more than it matters whether a prisoner faces an excessive risk . . . for reasons personal to him or because all prisoners in his situation face such a risk.” Farmer v. Brennan, 511 U.S. 825, 843 (1994).

Plaintiffs also demonstrate that ICE’s policies and delayed response likely subject Subclass members to a substantial risk of serious harm. It is undisputed that COVID-19 finds its way into almost every workplace and communal setting, and the Defendants provide little explanation why immigration detention facilities will be different. Defendants also do not dispute that 15% of individuals in the Subclasses who ultimately contract COVID-19 will die, or that those who survive are likely to suffer life-altering complications. At the larger detention facilities, a COVID-19 outbreak could result in dozens of deaths. And as recent ICE COVID-19 case numbers indicate, once a facility has a few cases, the disease spreads rapidly, despite IHSC and CDC protocols.

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information. The declarations are also extremely vague as to the level of oversight and monitoring conducted by FMCs, whether FMCs can obtain medical information on particular detainees, and many other pertinent questions. Only as of April 10, 2020, did ICE mandate all facilities to report to ICE FODs or FMCs the A-number, location, and medical condition of any detainee with the CDC-defined risk criteria. (Pandemic Response Requirements at 6.)
iii. Objective Unreasonableness or Reckless Disregard

Substantive due process imposes a standard of deliberate indifference or reckless disregard. See Gantt v. City of L.A., 717 F.3d 702, 708 (9th Cir. 2013); Tennison v. City and Cnty. of S.F., 570 F.3d 1078, 1089 (9th Cir. 2009). In Gantt, the Ninth Circuit explained: “Deliberate indifference is the conscious or reckless disregard of the consequences of one’s acts or omissions. It entails something more than negligence but is satisfied by something less than acts or omission for the very purpose of causing harm or with knowledge that harm will result.” 717 F.3d 702, 708 (9th Cir. 2013).

Defendants’ failures to act are likely “akin to reckless disregard.” Gordon, 888 F.3d at 1125. As of the drafting of this Order, Defendants have not provided even nonbinding guidance to detention facilities specifically regarding medically vulnerable detainees, pending individualized determinations of release or denial of release. Second, Defendants delayed mandating adoption of the CDC guidelines, and unreasonably delayed taking steps that would allow higher levels of social distancing in detention.27 Although Defendants state three of their facilities are within population limits, they do not explain whether the population has been reduced so that quarantined or medically isolated cohorts can comply with CDC recommendations, which are now mandated. (CDC Interim Guidance at 16, 20; Pandemic Response Requirements, Attach. E.) As a result, any medically vulnerable individual in an ICE facility likely confronts an unreasonable risk of infection, severe illness, and death.

While Defendants took some available measures to mitigate the threat of COVID-19, (see generally, Holt Decl.; Action Plan; Docket Review Guidance; Pandemic Response Requirements), there is a serious question whether the issuance of non-binding recommendations is an objectively “reasonable” response to a pandemic, given the high degree of risk and obvious consequences of inaction. The Court has noted at least two probable serious failures to act: first, the month-long failure to quickly identify individuals most at risk of COVID-19 complications and to require specific protection for those individuals; and second, the failure to take measures within ICE’s power to increase the distance between detainees and prevent the spread of infectious disease, for example by promptly releasing individuals from detention to achieve greater spacing between medically vulnerable individuals and the general population.

27 On April 6, 2020, ICE’s website stated that ERO decided to “reduce the population of all detention facilities to 70 percent or less” to increase social distancing. ICE Guidance on COVID-19, https://www.ice.gov/coronavirus. The Pandemic Response Requirements state that all facilities “should . . . to the extent practicable . . . [make efforts] to reduce the population to approximately 75% of capacity.” (Pandemic Response Requirements at 13.) However, it is not clear how facilities could achieve this objective without ICE assistance, nor is it clear that ICE is close to meeting this objective. Defendants provide evidence that the population of single adult detainees has decreased only slightly in the past month. (Holt Decl. ¶ 13 (from 35,980 on March 13, 2020 to 31,709 on April 13, 2020.).)
Plaintiffs point to several additional global failures they deem objectively unreasonable, which bolster their chances of success on this claim. Plaintiffs raise serious questions about the reasonableness of the IHSC guidance at the time it was promulgated and updated. (Reply at 5.) The IHSC guidance omits aspects of the CDC recommendations and is incommensurable with others (Venters Decl. II ¶ 3.) Again, the Court is particularly disturbed that IHSC guidance did not more strongly recommend social distancing or even PPE for the most at risk detainees stuck in cohorts, even assuming social distancing and PPE for the whole detained population is impracticable.

Plaintiffs also provide several reasons the Docket Review Guidance is objectively unreasonable. (Reply at 7.) First, it omits a CDC-defined risk factor. Second, it does not apply to medically vulnerable individuals held in “mandatory” detention, who remain in harm’s way. Third, it does not protect individuals while release determinations are being made. Fourth, it gives ICE FODs responsibility for identifying individuals at risk, not medical professionals. Fifth, it does not require action within a specific period of time. Sixth, it fails to provide clinical guidance. Seventh, it is, and remains, mere guidance and is not determinative. Eighth, it does not have a strong presumption of release. (Reply at 8.)

As a result of these deficiencies, many of which persist more than a month into the COVID-19 pandemic, the Court concludes Defendants have likely exhibited callous indifference to the safety and wellbeing of the Subclass members. The evidence suggests systemwide inaction that goes beyond a mere “difference of medical opinion or negligence.” Bell v. Mahoney, 2019 WL 6792793 (C.D. Cal. Aug. 29, 2019). (Seaborn Decl., Ex. E, Letter from Dr. Scott Allen and Dr. Josiah Rich to Congressman Bennie Thompson et al. (Mar. 19, 2020); id., Ex. J, Open Letter to ICE from Medical Professionals to ICE Acting Director.) Plaintiffs are likely to satisfy the objective element of their deliberate indifference claim.

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28 Defendants state the CDC Interim Guidance does not require social distancing, (PI Opp’n at 21), but the Court disagrees. The policy only recognizes that social distancing is “challenging” and then goes on to emphasize, “it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19.” CDC Interim Guidance at 4. The guidance also recommends making a list of possible social distancing strategies, id. at 6, which may be implemented at the individual, group, or operational levels.

29 This flaw remains in place even after April 10, 2020. Although the Pandemic Response Requirements order facilities to report to ICE any detainee with a high body mass index (BMI), the Docket Review Guidance omits BMI from the categories of person who will receive individualized consideration. The reverse problem exists with regard to pregnant detainees. The Pandemic Response Requirements do not require facilities to report pregnant detainees, but the Docket Review Guidance purports to provide individualized consideration for these individuals.

30 Defendants’ Class Certification Opposition notes that some circuits require plaintiffs to satisfy both an objective and subjective component for a medical indifference claim. (Class Cert. Opp’n at 19.) The Court rejected that argument in the class certification analysis. The Court pauses to note, however, that in one recent habeas decision in the District of Maryland, the court
iv. Causation

Defendants’ action, or inaction, has caused harm to the Subclasses. First, Defendants exercise control over the size of the detainee population as a whole, and thus determine one of the most important factors in the spread of disease: the density of the detained population. Defendants also discretion to release individuals, including those who are “mandatorily detained” and to use alternatives to detention to achieve governmental objectives. (Jordan Decl., Ex. A.) Across facilities, it isICE—not the facility—that decides whether an individual may be released.

Next, as Defendants’ own declarations attest, (Vicks Decl. Exs. 10-13), ICE purports to exercise oversight and monitoring powers at contract detention facilities, and to correct any observed deficiencies. Defendants do not dispute that they have the authority to mandate compliance, but a month into the pandemic merely “recommended” compliance. As the exhaustive list of facility conditions in the fact section above illustrates, most facilities had significant compliance gaps even in mid to late March 2020, despite the fact that ICE issued guidance on March 6, 2020. As a result, the dangerous conditions to which detainees are subjected can be laid at Defendants’ doorstep. In sum, Plaintiffs are likely to succeed on their medical indifference claim.

c. Punitive Conditions of Confinement

Plaintiffs are also likely to succeed on their claim of punitive conditions of confinement. If a civil detainee is not afforded “more considerate” treatment than that available in a criminal pretrial facility, this creates a rebuttable presumption of punitiveness, which defendants may

found the subjective component to be satisfied because “there is no dispute that Respondents were and are subjectively aware of the risk that COVID-19 poses to both healthy and high-risk individuals” and “evidence supports the conclusion that as of the time of the filing . . . Respondents were disregarding the risk.” Coreas v. Bounds, Case No. 8:20-cv-00780 (D. Md. Apr. 4, 2020), ECF No. 56. A similar analysis could support a finding of the subjective prong in this case, were that necessary.

Notably, ICE could reduce the detained population by about half, simply by releasing detainees with no prior convictions and no pending charges, (Seaborn Decl. Ex. F), but it has not elected to do so. This would not require individualized determinations, could be achieved quickly, and would provide significant protection to the Subclass members who remain in detention.

Perhaps contract facilities could refuse to maintain dangerous population levels during the pandemic. However, the Court is unaware of a facility that has done so, and finds facilities are unlikely to take independent or decisive action given the economic imperative to maintaining full capacity and the contractual obligation to make a certain number of beds available for ICE detainees.
counter by offering legitimate, non-punitive justifications for the restrictions. Jones v. Blanas, 393 F.3d 918, 934 (9th Cir. 2004) (citing Youngberg v. Romeo, 457 U.S. 307, 321-22 (1982)). Restrictions are also presumptively punitive where they are “employed to achieve objectives that could be accomplished in so many alternative and less harsh methods.” Id. (citing Hallstrom v. City of Garden City, 991 F.2d 1473, 1484 (9th Cir. 1993)).

During a pandemic such as this, it is likely punitive for a civil detention administrator to fail to mandate compliance with widely accepted hygiene, protective equipment, and distancing measures until the peak of the pandemic, and to fail to take similar systemwide actions as jails and prisons. Here, the protective actions taken by comparable prison and jail administrators have been as favorable or more favorable than Defendants’. For example, the federal Bureau of Prisons (“BOP”) has issued a more decisive and urgent call to action. (Reply at 10-11; Jordan Declaration, Ex. D, Memorandum from Att’y Gen. William Bar to Director of BOP (April 3, 2020).) The Attorney General directed BOP to prioritize the use of home confinement, noting “[w]e have to move with dispatch . . . to move vulnerable inmates out of these institutions.” Id., at 1. The Memorandum commands the Director of BOP to “IMMEDIATELY MAXIMIZE” appropriate transfers to home confinement, and goes so far as to authorize transfer to home confinement where electronic monitoring is not available. Id., at 1-2. In contrast, the Docket Review Guidelines ask FODs to “please” make individualized determinations as to release, and arguably fails to communicate the same sense of urgency or concern. To the Court’s knowledge, there is still no requirement that FODs take such action.

Defendants only weakly argue a legitimate, non-punitive justification for their month-long failure to meaningfully track medical vulnerabilities and to issue more than proposals. The legitimate purpose advanced by immigration detention is to secure attendance at hearings and to ensure the safety of the community. See Zadvydas v. Davis, 533 U.S. 678, 699 (2001). However, attendance at hearings cannot be secured reliably when the detainee has, is at risk of having, or is at risk of infecting court staff with a deadly infectious disease with no known cure. Participation in immigration proceedings is not possible for those who are sick or dying, and is impossible for those who are dead. Another purpose of detention, public safety, is not advanced by delay. Plaintiffs establish that public safety as a whole is seriously diminished by facility outbreaks, which further tax community health resources. (Meyers Decl.; Venters Decl.) As a result, Defendants’ inactions are likely “arbitrary or purposeless,” and are excessive given the nature and purpose civil detention. Bell v. Wolfish, 441 U.S. 520, 539 (1979).

d. Section 504 of the Rehab Act

Plaintiffs are also likely to succeed on their Section 504 claim. To bring a Section 504 claim, a plaintiff must show that “(1) he is an individual with a disability; (2) he is otherwise qualified to receive the benefit; (3) he was denied the benefits of the program solely by reason of his disability; and (4) the program receives federal financial assistance.” Updike v. Multnomah Cty., 870 F.3d 939, 949 (9th Cir. 2017) (quoting Duvall v. Cty. of Kitsap, 260 F.3d 1124, 1135
(9th Cir. 2001)). Section 504 includes an "affirmative obligation" to make benefits, services, and programs accessible to people with disabilities.\textsuperscript{33} Id. (citations omitted).

Plaintiffs contend that persons with health conditions putting them at risk of severe illness or death if exposed to COVID-19 qualify as persons with disabilities under Section 504. (PI Mot. at 17.) The Defendants do not argue otherwise. (PI Opp’n at 28-29.) As a result, the Court finds that the medical conditions defined in the Subclass Two likely qualify under the Rehab Act. See 29 U.S.C. § 705(2)(B); 42 U.S.C. § 12102.

The programmatic “benefit” in this context is shared by all class members and is best understood as participation in the removal process. The “accommodation” Plaintiffs seek is also the same across the class: effective systemwide practices, such as disability tracking, and related life-preserving directives from ICE. (PI Mot. at 19.) Although Defendants assert that three facilities screen for disability at intake, they do not specify: (1) what those disabilities are, (2) to what extent they overlap with COVID-19 vulnerabilities, or (3) whether ICE required the facility to share that information with ICE before April 10, 2020. (Vick Decl., Exs. 10-12 (discussing screening in the same paragraphs, 7 and 11); Valdez Decl. ¶ 12; Reply at 14 n.31 (remarking that Stewart Detention facility purports to track disability yet “identified no detainees who would be at greater risk for contracting COVID-19”).) The only reasonable accommodation, which was likely denied here, was for ICE to mandate identification of all detainees with CDC-defined COVID-19 vulnerabilities, and to provide them with minimally adequate protection, whether that be detention with social distancing or protective equipment, an alternative to detention, or some other epidemiologically sound intervention.

The Court is not persuaded by Defendants’ argument that each detainee must individually request a reasonable accommodation and provide notice to the facility. (PI Opp’n at 29 (citing Mark H. v. Hamamoto, 620 F.3d 1090, 1097 (9th Cir. 2010)).) It is not reasonable to expect each detainee to utilize facility grievance mechanisms and ICE request boxes to obtain this kind of systemwide response to a pandemic. The argument also ignores the systematic nature of the relief sought here. Subclass members face the prospect of quick successions of transfers among ICE’s network of facilities, and cannot be expected to provide separate notice to each.

In addition, Defendants do not respond to Plaintiffs’ claim that ICE has an affirmative duty to track disabilities and provide accommodations, because the population is detained. See, e.g., Armstrong v. Brown, 732 F.3d 955, 962 (9th Cir. 2013) (affirming district court’s order to track and accommodate class member’s disabilities, and noting jails had an obligation to prevent future violations); Updike v. Multnomah Cty., 870 F.3d 939, 949 (9th Cir. 2017) (noting Title II and § 504 include an affirmative obligation for public entities to make benefits, services, and programs accessible to people with disabilities). One month into the crisis, Defendants tacitly

\textsuperscript{33} Section 504’s implementing regulations also prohibit entities receiving federal financial assistance from utilizing “criteria or methods of administration” that “have the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of the recipient’s program or activity with respect to handicapped persons.” 34 C.F.R. § 104.4(b).
acknowledged the importance of tracking medical vulnerabilities and the inadequacy of their existing detainee tracking tools when they ordered facilities to provide that information to them. (Pandemic Response Requirements at 5-7.) As a result of these systemwide failures, Plaintiffs are likely to succeed on their Rehab Act claims, and have met the first requirement for a preliminary injunction.

2. Likelihood of Irreparable Harm

A plaintiff must demonstrate she is likely to suffer irreparable harm in the absence of a preliminary injunction. See Winter, 555 U.S. at 20. The Ninth Circuit cautions that “[s]peculative injury does not constitute irreparable injury sufficient to warrant granting a preliminary injunction.” Caribbean Marine Servs. v. Baldrige, 844 F.2d 668, 674 (9th Cir. 1988). A plaintiff seeking injunctive relief must demonstrate that “remedies available at law, such as monetary damages, are inadequate to compensate” for the injury. Herb Reed Enterps., LLC v. Fla. Entm’t Mgmt., 736 F.3d 1239, 1249 (9th Cir. 2013). “It is well established that the deprivation of constitutional rights ‘unequivocally constitutes irreparable injury.’” Melendres v. Arpaio, 695 F.3d 990, 1002 (9th Cir. 2012) (quoting Elrod v. Burns, 427 U.S. 347, 375 (1976)).

Plaintiffs have established they will suffer the irreparable harm of increased likelihood of severe illness and death if a preliminary injunction is not entered. The Constitution protects those in detention against “a condition of confinement that is sure or very likely to cause serious illness and needless suffering the next week or month or year.” Helling v. McKinney, 509 U.S. 25, 33 (1993) (“It would be odd to deny an injunction to inmates who plainly proved an unsafe, life-threatening condition in their prison on the ground that nothing yet had happened to them.”); see also Unknown Parties v. Johnson, 2016 WL 8188563, at *15 (D. Ariz. No. 18, 2016), aff’d sub nom Doe v. Kelly, 878 F.3d 710 (9th Cir. 2017) (finding evidence of “medical risks associated with . . . being exposed to communicable diseases” adequate to establish irreparable harm).

Even in the early days of the pandemic, and with few exceptions, courts did not hesitate to find irreparable harm as a result of potential COVID-19 exposure in prison and detention, including in facilities where there had not been a confirmed case. (See Jordan Decl., Appendix 1 (collecting cases).) At this stage of the pandemic, the threat is even clearer. The number of immigration detainees testing positive for COVID-19 continues to increase at an alarming rate. (Jordan Decl. II, Ex. A (charting the increase).) Defendants do not argue that the curve is likely to flatten in the near future. They do not deny that about 15% of individuals vulnerable to COVID-19 will die, if they are infected or that more will suffer lasting consequences. Defendants also fail to respond to Plaintiffs’ evidence that detained populations tend to have worse health outcomes than the population as a whole. (Franco-Paredes Decl. at 1-2; Public Health Amicus at 18 (noting HIV among incarcerated population is ten times that of the general population, and tuberculosis is 2,500 times more prevalent); Venters Decl. at 7 (referencing study concluding that the uniform age definition of a geriatric or older prisoner should be fifty-five years).)

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3. Balance of the Equities and Public Interest

Where the government is the opposing party, balancing of the harm and the public interest merge. See Nken v. Holder, 556 U.S. 418, 435 (2009). Thus, the Court asks whether any significant “public consequences” would result from issuing the preliminary injunction. Winter, 555 U.S. at 24.

The balance of equities and public interest sharply incline in Plaintiffs’ favor. “[I]t is always in the public interest to prevent the violation of a party’s constitutional rights.” Melendres, 695 F.3d at 1002 (quotation omitted). Moreover, there can be no public interest in exposing vulnerable persons to increased risks of severe illness and death. “Faced with . . . preventable human suffering, [the Ninth Circuit] ha[s] little difficulty concluding that the balance of hardships tips decidedly in plaintiffs’ favor.” Hernandez v. Sessions, 872 F.3d 976, 996 (9th Cir. 2017) (quoting Lopez v. Heckler, 713 F.2d 1432, 1437 (9th Cir. 1983)). Plaintiffs also attach evidence suggesting that a failure to protect the most vulnerable detainees could quickly overwhelm local hospitals with insufficient ICU beds or respirators, diminishing the available health resources for all. (Seaborn Decl., Ex. E at 4.) If a preliminary injunction is entered, however, survival is maximized. (Id.; see also Public Health Amicus at 19-23.)

4. Scope of Relief

The most serious systemic deficiencies noted, and which must be addressed to provide relief to the Subclasses, are as follows: (1) lack of any requirement, to the Court’s knowledge, that Field Offices make individualized custody determinations for at risk detainees, as opposed to a mere request that they do so; (2) discrepancy between the risk factors identified in the Subclass definition and the risk factors triggering individualized custody determinations under the Docket Review Guidance; (3) lack of a performance standard for the safe detention of at risk detainees pending custody decisions, or in the event ICE deems detainees ineligible for release; (4) inconstant adherence to ICE detention standards pertinent to COVID-19. In the Conclusion below, the Court orders relief narrowly tailored to resolve these deficiencies.

Defendants ask that the Court limit the scope of injunctive relief by excluding detainees who have filed separate actions. However, the fact that some detainees have started down one avenue should not prevent ICE from exploring more expeditious paths to relief. See Pride v. Correa, 719 F.3d 1130, 1137 (9th Cir. 2013). In addition, some of those individuals have been or will be denied relief, and will still require safe conditions of confinement.

Until this point, the Order has tended to use a systems perspective, weighing public health or other structural factors. The Court therefore pauses to note the possibility of differences in detainee perspective. To proceed in the safest manner, it would also be in the public interest for FODs adhering to the Docket Review Guidance to consider the willingness of each vulnerable detainee to be released, if this is not considered already. Plaintiffs’ expert declaration notes that “[f]rom a medical and epidemiologic standpoint, people are safer from COVID-19 infection when not detained, and the epidemic curve of COVID-19 on the general
community is flattened by having fewer people detained.” (Venters Decl. II ¶ 6.) While this may be true as a general proposition, given the many dangers and uncertainties of the pandemic, involuntary release of the most vulnerable detainees could be counterproductive.

Finally, it is possible that Defendants’ actions since the hearing, or actions of which the Court is unaware, have addressed some of the Court’s concerns. However, Defendants’ halting start to pandemic response does not remove the need for preliminary relief, because Defendants have not argued or shown that delays or non-enforcement of ICE facility-wide policies will cease. McCormack v. Herzog, 788 F.3d 1017, 1025 (9th Cir. 2015) (“an executive action that is not governed by any clear or codified procedures cannot moot a claim”).

IV. CONCLUSION

For the above reasons, the Court GRANTS the motions to file amicus briefs. The Court DENIES AS MOOT the ex parte application for leave to file a supplement. The Court GRANTS Plaintiffs’ emergency motion to certify subclasses. A separate order defining the Subclasses and Risk Factors, and appointing representatives and class counsel will issue concurrently. The Court further GRANTS Plaintiffs’ motion for preliminary injunction as follows:

- Defendants shall provide ICE Field Office Directors with the Risk Factors identified in the Subclass definition;

- Defendants shall identify and track all ICE detainees with Risk Factors. Most should be identified within ten days of this Order or within five days of their detention, whichever is later;

- Defendants shall make timely custody determinations for detainees with Risk Factors, per the latest Docket Review Guidance. In making their determinations, Defendants should consider the willingness of detainees with Risk Factors to be released, and offer information on post-release planning, which Plaintiffs may assist in providing;

- Defendants shall provide necessary training to any staff tasked with identifying detainees with Risk Factors, or delegate that task to trained medical personnel;

- The above relief shall extend to detainees with Risk Factors regardless of whether they have submitted requests for bond or parole, have petitioned for habeas relief, have requested other relief, or have had such requests denied;

- Defendants shall promptly issue a performance standard or a supplement to their Pandemic Response Requirements (“Performance Standard”) defining the minimum acceptable detention conditions for detainees with the Risk Factors, regardless of the statutory authority for their detention, to reduce their risk of COVID-19 infection pending individualized determinations or the end of the pandemic;
• Defendants shall monitor and enforce facility-wide compliance with the Pandemic Response Requirements and the Performance Standard.

These measures shall remain in place as long as COVID-19 poses a substantial threat of harm to members of the Subclasses. The parties may apply to modify or terminate the injunction.

IT IS SO ORDERED.
Field Office Staff COVID-19 On-site POA Process

1. COVID Inspection.

2. No deficiencies -- nothing more to do.

3. Deficiencies Found:
   a. Inspector writes a POA listing deficiencies.
   b. Inspector routes POA and checklist thru their AFOD, to the FOD for signature.
   c. Once signed, AFOD sends signed POA to the facility, COR, and CO within the required timeframes (Three business days for a life/safety issue and seven business days for all other deficiencies). All emails and paperwork placed in SP folder.
   d. AFOD collects completed POA from facility with corrections and places into SP folder.

4. Next month’s inspections.
   a. Inspector pull the previous month’s inspection paperwork, POA with corrections and checklist from SP.
   b. Inspect the facility, ensure during the inspection that last month’s deficiencies have been corrected. If not, place into a new POA for the current month and indicate it is a repeat deficiency. Annotate any new deficiencies found on the POA and then follow the steps in #3 above.
   c. If no deficiencies found, follow step #2 above.

5. If deficiencies have not been corrected from prior months inspection, send an email notification to the COR and CO to trigger an action by OAQ based upon the PRR 5.0.

6. This process should continue monthly until further notice.
Looking shortly.

Good afternoon Issue Paper Team, please review and approve the below issue paper.

ERO El Paso FOD proved.

**DEADLINE:** As soon as possible

**ISSUE:** Las Cruces Sun News newspaper in partnership with USA Today filed in a three questions pertaining to three detention facilities within ERO El Paso. The reporter is asking about the Torrance County Detention Center, Cibola County Detention Center and the Otero Processing Center. The reporter wants to know how people are detained in those three facilities, what is the guaranteed minimum for each facility and how did ICE handle releases and transfers during COVID 19. PAO asked for story angle, reporter said he had no story angle. No story was provided. Reporter said he will decide once ICE responds back with the information he’s requesting.

**DRAFT RESPONSES (Approved by FOD Acosta)**

1- Could we learn the current detainee census for Torrance County Detention Facility, Cibola County Correctional Center and the Otero Processing Center.

ICE Response: Here is the link to YTD detention stats. https://www.ice.gov/detain/detention-management

2- The current contractual guaranteed minimum?
ICE Response: Contractual questions are best answered by our ICE HQ office, please route this question to ICEMedia@ice.dhs.gov.

3- Did COVID-19 factor into decisions about transferring or releasing detainees?
ICE Response: (Previously approved response)
The health and safety of noncitizens in Immigration and Customs Enforcement’s (ICE) care is one of the agency’s highest priorities, and ICE is taking steps to mitigate and detect the spread of COVID-19 during its removal operations. In accordance with ICE policy and Centers for Disease Control and Prevention (CDC) guidance, ICE Enforcement and Removal Operations (ERO) is not transferring any detainee during an observation period or any detainee who has tested positive for COVID-19. ICE follows CDC guidance on discontinuing medical isolation following a positive result for COVID-19 and prior to transfer, or removal. All detainee transfers and transfer determinations are based on a thorough and systematic review of the most current information available. As such, ICE takes into account important factors prior to the transfer, including the detention center and the health, safety, and welfare of the detainee, when determining if a transfer is appropriate.

Additional guidance for ICE operations during the COVID-19 pandemic can be found at https://www.ice.gov/coronavirus

FROM MEDIA

From: D’Ammassa, Algernon <adammassa@lcsun-news.com>
Sent: Friday, May 21, 2021 1:57 PM
To: b@ice.dhs.gov
Subject: Re: TWO MORE QUESTIONS-- 2nd press query: ICE facilities in NM

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Hi

Sorry for my delayed response to your questions about my questions.

The Las Cruces Sun-News would like to learn how many people are detained on behalf of ICE at three facilities in New Mexico: the Torrance County Detention Facility, the Otero County Processing Center, and the Cibola County Correctional Center. (That's what I meant by "current detainee census.")

There is no "angle" I can explain other than wishing to gather information and report on it once we are able to ascertain information. We would like to run a story next week but the deadline is contingent on being able to gather the information.
Could we learn the current detainee census at each facility?

The current contractual guaranteed minimum?

Did COVID-19 factor into decisions about transferring or releasing detainees? (I have rephrased that question to clarify it.)

Happy to speak further either via this email or my mobile phone, 575-545-3696. Thanks for your help.

Algernon D’Ammassa
Reporter
(pronounce the G like a 'J,' and ignore the apostrophe: Al-ger-non Duh-MA-sa)

Las Cruces Sun News.
PART OF THE USA TODAY NETWORK
256 W. Las Cruces Avenue
Las Cruces, NM 88005

From: D’Ammassa, Algernon <adammassa@lcsun-news.com>
Sent: Wednesday, May 19, 2021 4:50 PM
To: dhs.gov
Cc: ICEMedia <ICEMedia@ice.dhs.gov>
Subject: 2nd press query: ICE facilities in NM

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Good afternoon,

The Las Cruces Sun-News would like to learn about three Immigration & Customs Enforcement facilities in New Mexico: the Torrance County Detention Facility, the Otero County Processing Center, and the Cibola County Correctional Center.

Could we learn the current detainee census at each facility?
The current contractual guaranteed minimum?
And the role the COVID-19 emergency played in detention policies and transfers or releases?

I am available through this email or my mobile phone, 575-545-5316 and am most grateful for your time.

Algernon D’Ammassa
Reporter
(pronounce the G like a ’j,’ and ignore the apostrophe: AL- jer-non Duh-MA-sa)

Las Cruces Sun News.
PART OF THE USA TODAY NETWORK
256 W. Las Cruces Avenue
Las Cruces, NM 88005

adammassa@lcsun-news.com
P. 575.541.5869
C. 575.545.5225
F. 575.541.5498
This is cleared by ERO. Please defer to OPA for final clearance.

**DRAFT RESPONSES (Approved by FOD)**

1-Could we learn the current detainee census for Torrance County Detention Facility, Cibola County Correctional Center and the Otero Processing Center.

**ICE Response:** Here is the link to YTD detention stats. [https://www.ice.gov/detain/detention-management](https://www.ice.gov/detain/detention-management)

2-The current contractual guaranteed minimum?

**ICE Response:** Contractual questions are best answered by our ICE HQ office, please route this question to ICEMedia@ice.dhs.gov.

3- Did COVID-19 factor into decisions about transferring or releasing detainees?

**ICE Response:** (Previously approved response)

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Additional guidance for ICE operations during the COVID-19 pandemic can be found at [https://www.ice.gov/coronavirus](https://www.ice.gov/coronavirus)

Thanks,

Staff Officer
Office of the Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 509-728-
Good afternoon Issue Paper Team, please review and approve the below issue paper.

ERO El Paso FOD Acosta approved.

**DEADLINE**: As soon as possible

**ISSUE**: Las Cruces Sun News newspaper in partnership with USA Today filed in a three questions pertaining to three detention facilities within ERO El Paso. The reporter is asking about the Torrance County Detention Center, Cibola County Detention Center and the Otero Processing Center. The reporter wants to know how people are detained in those three facilities, what is the guaranteed minimum for each facility and how did ICE handle releases and transfers during COVID 19. PAO asked for story angle, reporter said he had no story angle. No story was provided. Reporter said he will decide once ICE responds back with the information he’s requesting.

**DRAFT RESPONSES (Approved by FOD)**

1-Could we learn the current detainee census for Torrance County Detention Facility, Cibola County Correctional Center and the Otero Processing Center.

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2-The current contractual guaranteed minimum?

**ICE Response**: Contractual questions are best answered by our ICE HQ office, please route this question to ICEMedia@ice.dhs.gov.

3- Did COVID-19 factor into decisions about transferring or releasing detainees?

**ICE Response**: (Previously approved response) The health and safety of noncitizens in Immigration and Customs Enforcement’s (ICE) care is one of the agency’s highest priorities, and ICE is taking steps to mitigate and detect the spread of COVID-19 during its removal operations. In accordance with ICE policy and Centers for Disease Control and Prevention (CDC) guidance, ICE Enforcement and Removal Operations (ERO) is not transferring any detainee during an observation period or any detainee who has tested
positive for COVID-19. ICE follows CDC guidance on discontinuing medical isolation following a positive result for COVID-19 and prior to transfer, or removal. All detainee transfers and transfer determinations are based on a thorough and systematic review of the most current information available. As such, ICE takes into account important factors prior to the transfer, including the detention center and the health, safety, and welfare of the detainee, when determining if a transfer is appropriate.

Additional guidance for ICE operations during the COVID-19 pandemic can be found at https://www.ice.gov/coronavirus

FROM MEDIA

From: D'Ammassa, Algernon <adammassa@lcsun-news.com>
Sent: Friday, May 21, 2021 1:57 PM
To: ice.dhs.gov
Subject: Re: TWO MORE QUESTIONS-- 2nd press query: ICE facilities in NM

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Sorry for my delayed response to your questions about my questions.

The Las Cruces Sun-News would like to learn how many people are detained on behalf of ICE at three facilities in New Mexico: the Torrance County Detention Facility, the Otero County Processing Center, and the Cibola County Correctional Center. (That's what I meant by "current detainee census.")

There is no "angle" I can explain other than wishing to gather information and report on it once we are able to ascertain information. We would like to run a story next week but the deadline is contingent on being able to gather the information.

Could we learn the current detainee census at each facility?

The current contractual guaranteed minimum?

Did COVID-19 factor into decisions about transferring or releasing detainees? (I have rephrased that question to clarify it.)
Happy to speak further either via this email or my mobile phone, 575-545-8777. Thanks for your help.

Algernon D’Ammassa
Reporter
(pronounce the G like a ‘J,’ and ignore the apostrophe: AL-jeer-non Duh-MA-sa)

Las Cruces Sun News.
PART OF THE USA TODAY NETWORK
256 W. Las Cruces Avenue
Las Cruces, NM 88005

adammassa@lcsun-news.com

P. 575.541.5498
C. 575.541.5498

From: D’Ammassa, Algernon <adammassa@lcsun-news.com>
Sent: Wednesday, May 19, 2021 4:50 PM
To: ice.dhs.gov
Cc: ICEMedia <ICEMedia@ice.dhs.gov>
Subject: 2nd press query: ICE facilities in NM

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Good afternoon,

The Las Cruces Sun-News would like to learn about three Immigrations & Customs Enforcement facilities in New Mexico: the Torrance County Detention Facility, the Otero County Processing Center, and the Cibola County Correctional Center.

Could we learn the current detainee census at each facility?
The current contractual guaranteed minimum?
And the role the COVID-19 emergency played in detention policies and transfers or releases?

I am available through this email or my mobile phone, 575-545-8777 and am most grateful for your time.

Algernon D’Ammassa
Reporter
(pronounce the G like a 'j,' and ignore the apostrophe: AL- jer-non Duh-MA-sa)

Las Cruces Sun News.
PART OF THE USA TODAY NETWORK
256 W. Las Cruces Avenue
Las Cruces, NM 88005

adammassa@lcsun-news.com

P. 575.541.5498
C. 575.541.5497
F. 575.541.5498
From: [b](6), [b](7)(C)
Sent: Thu, 1 Jul 2021 15:34:59 +0000
To: [b](6), [b](7)(C); ICE OPA ERO Issue Papers
Cc: [b](6), [b](7)(C)
Subject: RE: ISSUE PAPER: Contractual minimums at detention facilities in New Mexico

This is cleared by ERO. Please defer to OPA for final clearance.

Proposed Statement: **Cleared by [b](6), [b](7)(C) HQ Field Operations Division – ERO; [b](6), [b](7)(C) CMD & FOD [b](7C)**

The referenced excel spreadsheet contains the below requested information:

| TORRANCE COUNTY DETENTION FACILITY |  
|-----------------------------------|---
| OTERO COUNTY PROCESSING CENTER    |   

**Note:** Cibola is not currently subject to a guaranteed minimum.
Additional Background Information:

- Guaranteed minimum allow the federal government to procure beds at a reduced rate and ultimately save the taxpayer money.

- The number of detention beds utilized during the current pandemic has fluctuated over the last year. Reporting unused beds during the pandemic draws an incorrect conclusion regarding the need for guaranteed minimum beds, which are critical to supporting enforcement and detention during normal operations, and in accordance with CDC guidance for social distancing in congregate settings as part of the current pandemic.

- ICE enters into guaranteed minimums to ensure that staffing levels and conditions are appropriate at the varying population levels.

- Guaranteed minimums are not unique to ICE detention, and their usage is common practice among federal agencies that routinely contract for detention space, including the U.S. Bureau of Prisons and the U.S. Marshals Service, and allow the federal government to procure beds at a reduced rate, thereby saving money while giving the contractor the capability to predict the number of detainees held on a regular basis allowing for appropriate scheduling of the proper number of medical and detention personnel.
ICE uses a variety of detention models to meet agency detention needs and maintain detention standards, while achieving the most cost effective use of taxpayer funds.

(b)(4) see top of pg. 7: https://www.dhs.gov/sites/default/files/publications/u.s. immigration and customs enforcement.pdf

Thanks,

Staff Officer
Office of the Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 509-728

@ice.dhs.gov

From: ice.dhs.gov
Sent: Thursday, July 1, 2021 8:04 AM
To: #ICE OPA ERO Issue Papers <ICEOPAOEROW1IssuePapers@ice.dhs.gov>

Subject: ISSUE PAPER: Contractual minimums at detention facilities in New Mexico

Good Morning ERO,

ISSUE: OPA received the below media query from Algernon D’Ammassa, Las Cruces Sun News reporter, regarding ICE detention facilities in New Mexico. It is anticipated the story will be negative tone & focused on ICE spending tax payers dollars for unused detention beds.

Previous articles: Unable to access due to subscription requirements. However, here is twitter profile.

Questions:

(b)(5)

Deadline: As soon as possible.

--BREAK--
The referenced excel spreadsheet contains the below requested information:

<table>
<thead>
<tr>
<th>Facility</th>
<th>(b)(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORRANCE COUNTY DETENTION FACILITY</td>
<td></td>
</tr>
<tr>
<td>OTERO COUNTY PROCESSING CENTER</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Cibola is not currently subject to a guaranteed minimum.
Additional Background Information:

- Guaranteed minimum allow the federal government to procure beds at a reduced rate and ultimately save the taxpayer money.

- The number of detention beds utilized during the current pandemic has fluctuated over the last year. Reporting unused beds during the pandemic draws an incorrect conclusion regarding the need for guaranteed minimum beds, which are critical to supporting enforcement and detention during normal operations, and in accordance with CDC guidance for social distancing in congregate settings as part of the current pandemic.

- ICE enters into guaranteed minimums to ensure that staffing levels and conditions are appropriate at the varying population levels.

- Guaranteed minimums are not unique to ICE detention, and their usage is common practice among federal agencies that routinely contract for detention space, including the U.S. Bureau of Prisons and the U.S. Marshals Service, and allow the federal government to procure beds at a reduced rate, thereby saving money while giving the contractor the capability to predict the number of detainees held on a regular basis allowing for appropriate scheduling of the proper number of medical and detention personnel.

- ICE uses a variety of detention models to meet agency detention needs and maintain detention standards, while achieving the most cost effective use of taxpayer funds.

(b)(5)

[b(4)](4)

see top of pg. 7:
From: D’Ammassa, Algernon <adammassa@lcsun-news.com>
Date: Wednesday, Jun 16, 2021, 2:11 PM
To: [b](6); [b](7);[c]@ice.dhs.gov
Subject: Re: Press query: Contractual minimums at detention facilities in New Mexico

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Hi,

While waiting for information we discussed this morning regarding yesterday's detentions at Torrance County Detention Facility and Otero County Processing Center in New Mexico, my editor wanted to know if there is any insight available on this question:

Previous presentations by ICE have said that recent increased detentions are due to transfers from border stations, where there has been increased activity. How does ICE decide who to transfer where? Are New Mexico facilities seeing an increase in population (Otero in particular, being near El Paso) due to these transfers?

That's it! Thanks so much.

Algernon D’Ammassa
Reporter
(pronounce the G like a 'j,' and ignore the apostrophe: AL-jer-non Duh-MA-sa)

Las Cruces Sun News.
PART OF THE USA TODAY NETWORK
256 W. Las Cruces Avenue
Las Cruces, NM 88005

adammassa@lcsun-news.com

P. 575.541.5499
C. 575.545.5499
F. 575.541.5498

From: D’Ammassa, Algernon <adammassa@lcsun-news.com>
Sent: Monday, June 14, 2021 1:11 PM
To: [b](6); [b](7);[c]@ice.dhs.gov; ICEMedia@ice.dhs.gov; [b](6); [b](7);[c]@ice.dhs.gov; [b](6); [b](7);[c]
Subject: Re: Press query: Contractual minimums at detention facilities in New Mexico
Good morning,

After a few days on the road, I am returning with one outstanding question pertaining to ICE detention facilities in New Mexico.

(b)(6); (b)(7)(C) has assisted in providing numbers of persons detained, from which we learned that Cibola County Correction Center is not currently in use by ICE.

The remaining question pertains to guaranteed contractual minimums to the contractors managing these facilities. (CoreCivic manages Torrance County Detention Facility and Cibola County Correctional Center; Otero County Processing Center is managed by MTC.)

We would still like to know whether these contractors are being paid for a minimum number of detainees. And from response, we are curious to know whether the decision not to use Cibola County Correction Center is permanent and whether there remains an active contract for that facility.

Thanks very much!

Algernon D’Ammassa
Reporter
(pronounce the G like a ‘J,’ and ignore the apostrophe: AL-’jer-non Duh-MA-sa)

Las Cruces Sun News.
PART OF THE USA TODAY NETWORK
256 W. Las Cruces Avenue
Las Cruces, NM 88005

adammassa@lcsun-news.com

P. 575.542.2311
C. 575.545.5498
F. 575.541.5498
From: D’Ammassa, Algernon <adammassa@lcsun-news.com>
Sent: Wednesday, June 2, 2021 11:09 AM
To: ICEMedia <ICEMedia@ice.dhs.gov>@ice.dhs.gov
Subject: Re: Press query: Contractual minimums at detention facilities in New Mexico

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Good morning,

We are again seeking a response to previous queries about guaranteed contractual minimums for detainees in the custody of ICE at New Mexico’s three facilities.

I seem to be caught in a circle and cannot get an answer to the question.

Most recently I received this answer:

ICE Response: Contractual questions are best answered by our ICE HQ office, please route this question to ICEMedia@ice.dhs.gov.

It was by contacting the ICEMedia email address that I made contract with the first place.

May we please know what is the contractually guaranteed minimum number of detainees for which these contractors are due payment?

The facilities, again, are: Cibola County Correctional Center, Otero County Processing Center, and Torrance County Detention Facility.

Thanks very much.

Algernon D’Ammassa
Reporter
(pronounce the G like a ‘J,’ and ignore the apostrophe: AL-je-ron Duh-MA-sa)

Las Cruces Sun News.
PART OF THE USA TODAY NETWORK
256 W. Las Cruces Avenue
Las Cruces, NM 88005

adammassa@lcsun-news.com

P. 575.541.5498
C. 575.545.5498
F. 575.541.5498
From: D'Ammassa, Algernon
Sent: Friday, May 28, 2021 4:07 PM
To: ICEMedia <ICEMedia@ice.dhs.gov>
Subject: Press query: Contractual minimums at detention facilities in New Mexico

Good afternoon,

In response to my previous query about guaranteed contractual minimums for detainees in the custody of ICE at New Mexico's three facilities, I received this answer:

The current contractual guaranteed minimum?

ICE Response: Contractual questions are best answered by our ICE HQ office, please route this question to ICEMedia@ice.dhs.gov.

Which brings me full circle, since it was by contacting the ICEMedia email address that I made contract with

I have not received a response to this question. May we please know what is the contractually guaranteed minimum number of detainees for which these contractors are due payment?

The facilities, again, are: Cibola County Correctional Center, Otero County Processing Center, and Torrance County Detention Facility.

Thanks very much.

Algernon D’Ammassa
Reporter
(pronounce the G like a 'J,' and ignore the apostrophe: Al- jer-non Duh-MA-sa)

Las Cruces Sun News.
PART OF THE USA TODAY NETWORK
256 W. Las Cruces Avenue
Las Cruces, NM 88005
adammassa@lcsun-news.com

P. 575.541.8000
C. 575.545.1010
F. 575.541.5498
From: [b](6), [b](7)(C)
Sent: Thu, 29 Jul 2021 21:30:42 +0000
To: Loiacono, Adam V; Davis, Mike P
Cc: [b](6), [b](7)(C)
Subject: FW: AG Letter to Governor Abbott

Adam,
FYSA, two down. The NM Vendors were notified because they are in the El Paso AOR and provide transport within TX.

From [b](6), [b](7)(C) @ice.dhs.gov
Date: Thursday, Jul 29, 2021, 5:18 PM
To: [b](6), [b](7)(C) @ice.dhs.gov, Davis, [b](6), [b](7)(C) @ice.dhs.gov,
Beth [b](6), [b](7)(C) @ice.dhs.gov, [b](6), [b](7)(C) @ice.dhs.gov,
[b](6), [b](7)(C) @ice.dhs.gov
Cc: [b](6), [b](7)(C) @ice.dhs.gov, [b](6), [b](7)(C) @ice.dhs.gov,
[b](6), [b](7)(C) @ice.dhs.gov
Subject: RE: AG Letter to Governor Abbott

I provided the letter to the following service providers:

1. Global Precision Systems (El Paso SPC)
2. Torrance County, NM and CoreCivic (Torrance County IGSA)
3. Otero County, NM and MTC (Otero County IGSA)
4. Cibola County, NM and CoreCivic (Cibola County IGSA)
5. Hudspeth County, TX (USMS IGA)

Section Chief | Detention, Compliance & Removals
DHS | ICE | Office of Acquisition Management (OAQ)
Office: 202-732 [b](6), [b](7)(C) Mobile: 202-380 [b](6), [b](7)(C)
Email: [b](6), [b](7)(C) @ice.dhs.gov

From: [b](6), [b](7)(C) @ice.dhs.gov
Sent: Thursday, July 29, 2021 4:24 PM
To: [b](6), [b](7)(C) @ice.dhs.gov, [b](6), [b](7)(C) @ice.dhs.gov,
[b](6), [b](7)(C) @ice.dhs.gov, [b](6), [b](7)(C) @ice.dhs.gov,
[b](6), [b](7)(C) @ice.dhs.gov, [b](6), [b](7)(C) @ice.dhs.gov,
[b](6), [b](7)(C) @ice.dhs.gov, [b](6), [b](7)(C) @ice.dhs.gov
Cc: [b](6), [b](7)(C) @ice.dhs.gov, [b](6), [b](7)(C) @ice.dhs.gov,
[b](6), [b](7)(C) @ice.dhs.gov
Subject: RE: AG Letter to Governor Abbott
Importance: High
I will work with the section chiefs to get this out now.

Section chief,

Please send the attached letter to all affected transportation vendors/contract immediately (request is coming from US AG’s office for distribution).

Once you have sent the letter, please respond to this email chain with all vendors that have been notified. Thanks

From: @ice.dhs.gov>
Sent: Thursday, July 29, 2021 4:17 PM
To: @ice.dhs.gov>
Cc: @ice.dhs.gov>; @ice.dhs.gov>
Subject: FW: AG Letter to Governor Abbot

The AG has drafted a letter to Texas Governor Abbott which outlines the government’s legal concerns regarding his transportation EO. OGC has asked that we immediately send the AG’s letter to each of our transportation contractors including detention contractors and IGSA’s with transportation requirements. We can follow up with a cover letter and more guidance as appropriate but we’ve been asked to get this out now. Please let us know when it’s completed as we need to report back to OGC.

Chief, Commercial and Administrative Law Division
Office of Principal Legal Advisor
U.S. Immigration and Customs Enforcement
@ice.dhs.gov

*** Warning *** Attorney/Client Privilege ***
Attorney Work Product ***

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Performance Work Statement

I. INTRODUCTION

A. Background

Enforcement and Removal Operations (ERO), a component of U.S. Immigration and Customs Enforcement (ICE), maintains custody of one of the most highly transient and diverse populations of any detention system in the nation. These detainees are housed in authorized facilities nationwide including local facilities operating under Inter-Governmental Service Agreements (IGSAs), private Contract Detention Facilities (CDFs), and ICE-owned Service Processing Centers (SPC).

B. Scope of Work Performance

This Performance Work Statement (PWS) sets forth the Agreement’s performance requirements for IGSA-provided detention facilities and services for ICE detainees.

The Facility’s operation shall conform to the 2011 Performance-Based National Detention Standards (PBNDS) Expected Outcomes and Practices. The Minimal Level PBNDS are required under this Agreement. The Contractor is not required to provide service at the Optimal Level.

C. Explanation of Terms/Acronyms

1. ADMINISTRATIVE CONTRACTING OFFICER (ACO): ICE employee responsible for contract compliance, contract administration, cost control, and reviewing Contracting Officer’s Representative’s (COR) assessment of Service Provider’s performance.

2. ADULT LOCAL DETENTION FACILITY (ALDF): A facility which detains persons over the age of 18.

3. ALIEN: Any person who is not a citizen or national of the United States.

4. BED DAY: Per diem "detainee day" or “man-day” means day in or day out and all days in between. The Service Provider may charge for day of arrival or day of departure, but not both.

5. BOOKING: Admission procedure for an ICE detainee, which includes searching, fingerprinting, photographing, medical screening, and collecting personal history data. Booking also includes the inventory and storage of the individual’s accompanying personal property.
6. **BUREAU OF PRISONS (BOP):** The U.S. Federal Bureau of Prisons protects society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

7. **COMPLAINT:** A written or verbal expression of grief, pain, or dissatisfaction by a detainee with the facility administrator concerning personal health/welfare or the operations and services of the facility.

8. **CONTRACTOR:** The entity, which provides the services, described in this Performance Work Statement.

9. **CONTRACTING OFFICER (CO):** An employee of the Government responsible for the complete conduct and integrity of the contracting process, including administration after award. The only individual authorized to issue changes to this contract.

10. **CONTRACTING OFFICER'S REPRESENTATIVE (COR):** An employee of the Government, appointed by the Contracting Officer, to assist in the technical monitoring or administration of the contract.

11. **CONTROL ROOM:** Integrates all internal and external security communications networks within a secure room. Activities conducted within the control room have a critical impact on the institution's orderly and secure operation.

12. **DEPARTMENT OF HOMELAND SECURITY (DHS):** The United States federal executive department responsible for ensuring the homeland is safe, secure, and resilient against terrorism and other hazards.

13. **DEPARTMENT OF JUSTICE (DOJ):** The United States federal executive department responsible for enforcement of the law and administration of justice. It includes the Executive Office of Immigration Review (EOIR), the Federal Bureau of Investigation (FBI), and the Federal Bureau of Prisons (BOP), and the U.S. Marshals Service (USMS).

14. **DESIGNATED SERVICE OFFICIAL:** An employee of U.S. Immigration and Customs Enforcement designated in writing by ICE Officer-In-Charge (OIC) to represent ICE on matters pertaining to the operation of the facility.

15. **DETAINEE:** Any person confined under the auspices and the authority of any Federal agency.

16. **DETAINEE RECORDS:** Information concerning the individual's personal, criminal and medical history, behavior, and activities while in custody, including, but not limited to:
Detainee, Personal Property, Receipts, Visitors List, Photographs, Fingerprint,
Disciplinary Infractions, Actions Taken, Grievance Reports, Medical Records, Work
Assignments, Program Participation, Miscellaneous Correspondence, etc.

17. DETENTION OFFICERS: Service Provider’s staff members responsible for the
security, care, transportation, and supervision of detainees during all phases of
activity in a detention facility. The officer is also responsible for the safety and
security of the facility.

18. DETENTION STANDARDS COMPLIANCE UNIT (DSCU): A unit within
Enforcement and Removal Operations whose purpose is to develop and prescribe
policies, standards, and procedures for ICE detention operations and to ensure
detention facilities are operated in a safe, secure, and humane condition for both
detainees and staff.

19. DIRECT SUPERVISION: A method of detainee management that ensures
continuous direct contact between detainees and staff by posting sufficient officers to
provide frequent, nonscheduled observation of, and personal interaction with
detainees.

20. EMERGENCY: Any significant disruption of normal facility procedure, policy, or
activity caused by riot, strike, escape, fire, medical exigency, natural disaster, or other
serious incident.

21. ENFORCEMENT AND REMOVAL OPERATIONS (ERO): A component of U.S.
Immigration and Customs Enforcement, responsible for the identification,
apprehension, and removal of illegal aliens from the United States.

22. ENTRY ON DUTY (EOD): The first day the employee begins performance at a
designated duty station on this contract.

23. ENVIRONMENTAL ANALYSIS AND EVALUATION (EAE): This document
initiates the analysis and evaluation of environmental effects of proposed actions and
considers alternative proposals. It determines the need for an Environmental
Assessment.

24. ENVIRONMENTAL ASSESSMENT (EA): Specific document summarizing the
results of thorough analyses of environmental impacts caused by proposed actions. It
determines the need for an Environmental Impact Statement.

25. ENVIRONMENTAL IMPACT STATEMENT (EIS): Comprehensive document
providing full and fair discussion of significant environmental impacts caused by the
proposed action(s). It also states the reasonable alternatives, which would avoid or
minimize the adverse impact(s) or enhance the quality of the human environment.
26. FACILITY: The physical plant and grounds in which the Service Provider's services are operated.

27. FINDING OF NO SIGNIFICANT IMPACT (FONSI): Formal statement indicating that no significant effect upon the quality of the human environment will occur because of the proposed action(s).

28. IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE): An agency within the U.S. Department of Homeland Security that promotes homeland security and public safety through the criminal and civil enforcement of federal laws governing border control, customs, trade, and immigration.

29. ICE HEALTH SERVICE CORPS (IHSC): The medical authority for ICE, provides on-site, direct patient care to ICE detainees at 23 detention locations and manages off-site medical referrals for aliens housed in approximately 270 other facilities nationwide. IHSC medical facilities follow applicable health care standards that guide current national policy regarding the delivery of health care.

30. IMMEDIATE RELATIVES: Spouses, children (including stepchildren and adopted children) and their spouses, parents (including stepparents), siblings (including stepsiblings and half-siblings) and their spouses.

31. INCIDENT REPORT: Written documentation of an event, such as a minor disturbance, officer misconduct, any detainee rule infraction, etc.

32. JUSTICE PRISONER AND ALIEN TRANSPORTATION SYSTEM (JPATS): DOJ's prisoner transportation system operated by the U.S. Marshals Service (USMS), sometimes referred to as the "airlift."


34. LOG BOOK: The official record of post operations and inspections.

35. MAN-DAY: See Bed Day.

36. MAN-HOUR: Man-hour means productive hours when the required services are performed. Only productive hours can be billed.

37. MARSHALS SERVICE (USMS): An agency within the U.S. Department of Justice responsible for enforcing federal laws and providing support to virtually all elements of the federal justice system.

38. MEDICAL RECORDS: Separate records of medical examinations and diagnosis maintained by the responsible physician or nurse. Limited information from these
records is transferred to the detainee record: date and time of all medical examinations; and, copies of standing or direct medical orders from the physician to the facility staff.

39. MEDICAL SCREENING: A system of structured observation and/or initial health assessment to identify newly-arrived detainees who could pose a health or safety threat to themselves or others.

40. OFFICE OF PROFESSIONAL RESPONSIBILITY, PERSONNEL SECURITY UNIT (OPR-PSU): The ICE office, which implements a component-wide personnel security program.

41. ON CALL/REMOTE CUSTODY OFFICER POST: These posts shall be operated on demand by the COR and shall include, but not be limited to, escorting and providing custody of detainees for hearings, ICE interviews, or at any other location requested by the COR.

42. QUALIFIED HEALTH PROFESSIONAL: Physicians, dentists, and other professional and technical workers who by state law engage in activities that support, complement or supplement the functions of physicians and/or dentists who are licensed, registered, or certified, as appropriate to their qualifications, to practice.

43. QUALITY ASSURANCE: The actions taken by the Government to assure requirements of the Performance Work Statement (PWS) are met.

44. QUALITY ASSURANCE SURVEILLANCE PLAN (QASP): A Government document used to ensure that systematic quality assurance methods are used in the administration of performance based standards and other requirements included in this agreement.

45. QUALITY CQNTRL (QC): The Service Provider's inspection system, which covers all the services to be performed under the Agreement. The actions that a Service Provider takes to control the production of services so that they meet the requirements stated in the Agreement.

46. QUALITY CQNTRL PLAN (QCP): A Service Provider-produced document that addresses critical operational performance standards for services provided.

47. RESPONSIBLE PHYSICIAN: A person licensed to practice medicine with whom the facility enters into a contractual agreement to plan for and provide health care services to the detainee population of the facility.

48. RESTRAINT EQUIPMENT: This includes but is not limited to: handcuffs, belly chains, leg irons, straight jackets, flexi cuffs, soft (leather) cuffs, and leg weights.
49. SAFETY EQUIPMENT: This includes, but is not limited to, firefighting equipment (i.e., chemical extinguisher, hoses, nozzles, water supplies, alarm systems, portable breathing devices, gas masks, fans, first aid kits, stretchers, and emergency alarms).

50. SECURITY DEVICES: Locks, gates, doors, bars, fences, screens, hardened ceilings, floors, walls and barriers used to confine and control detainees. In addition, electronic monitoring equipment, security alarm systems, security light units, auxiliary power supply, and other equipment used to maintain facility security.

51. SECURITY PERIMETER: The outer portions of a facility, which actually provide for secure confinement of detainees.

52. SERVICE PROVIDER: See Contractor.

53. STANDING MEDICAL ORDERS: Written orders, by a physician, to medical personnel for the definitive treatment of identified minor, self-limiting conditions and for on-site treatment of emergency conditions.

54. TOUR OF DUTY: No more than 12 hours in any 24-hour period with a minimum of eight hours off between shifts, except as directed by state or local law.

55. TRANSPORTATION COSTS: All materials, equipment and labor necessary to respond to requests by designated officials for secure movement of detainees from place to place necessary for processing, hearings, interviews, etc.

56. UNIFORM: A clearly identifiable outfit which can include traditional or non-traditional articles such as khaki pants and polo shirts.

57. WEAPONS: This includes but is not limited to firearms, ammunition, knives, slappers, billy clubs, electronic defense modules, chemical weapons (mace), and authorized batons.
II. GENERAL INFORMATION

A. Introduction

Unless otherwise specified, all plans, policies, and procedures shall be developed by the Service Provider and submitted in writing to the CO for review and concurrence prior to receiving detainees for housing. Once concurrence has been granted, these plans, policies, and procedures shall not be modified without the prior written acknowledgment of the CO. The Service Provider is prohibited from constructing or making modifications to or adding any additional bed space or facilities at the facility location without the prior written approval of the CO.

B. General

The Service Provider shall abide by all rules and regulations in the following sources:

1. Post Orders

2. American Correctional Association (ACA) Standards for Adult Local Detention Facilities (most current edition) and the most recent copies of the supplements as they are issued. Copies are obtainable for purchase through the Internet website. HTTP://www.aca.org/storeibookstore/.

3. Officers’ Handbook (M-68) excluding Grooming Standards

4. The 2011 Performance Based National Detention Standards (PBNDS). (Note: The provisions of the PBNDS 2011 should be interpreted as minimum requirements. Facilities are encouraged to design and operate the facility to provide the least restrictive conditions appropriate to maintain the security and safety of the staff and detainees.) The Minimal Level PBNDS are required under this Agreement. The Contractor is not required to provide service at the Optimal Level.


6. Federal, state, and local laws governing use of firearms, fire safety and environmental health.

7. All other regulations provided to the Service Provider by the authority of the CO. In accordance with Article 5 of the IGSA, the Contractor may negotiate a change to the per diem for changes to existing standards or regulations or additional standards or regulations that result in a documentable financial impact.
All services must comply with this agreement and all applicable federal, state, and local laws and ICE detention standards. Should a conflict exist between any of these laws or standards or regulations, the most stringent shall apply. If the Service Provider is unable to determine which law or standard is more stringent, the CO shall determine the appropriate standard.

This PWS contains numerous references, which direct the Service Provider to notify, contact, or provide the CO with information or data. Post-award, the CO may formally designate other Government individuals to assume those responsibilities. The Service Provider is responsible for a Quality Control Program (QCP), which ensures all requirements of this PWS are achieved. The specific requirements for the QCP are further detailed within this PWS.

C. Records Management

The Service Provider shall comply with all statutes, regulations, and guidelines from the National Archives and Records Administration. Records and information management functions are required and mandated by the following laws and regulations: Chapters 21, 29, 31, and 33 of Title 44, United States Code; 36 CFR 12; 41 CFR 201 subchapters A and B; OMB Circular A-130; and DOJ Order 271 O.8A, Removal and Maintenance of Documents. Criminal penalties for unlawfully destroying, damaging, removing, or improperly handling or releasing federal records are addressed in Chapters 37 and 101 of Title 18, United States Code.

D. Inspection by Regulatory Agencies

Work described in the contract is subject to inspection by other Government agencies. The Service Provider shall participate in responding to all requests for information and inspection or review findings by regulatory agencies.

E. Performance Evaluation Meetings

The Service Provider's representatives shall meet with the COR(s) on a regular basis as determined necessary by the Government. These meetings will provide a management level review and assessment of Service Provider performance and allow for discussion and resolution of problems.

F. Service Provider’s Employee Manual

The Service Provider shall provide an Employee Manual, which, at a minimum, addresses the following:

1. Organization
2. Recruiting procedures
3. Opportunities for Equal Employment
4. Qualifying for jobs, job descriptions, responsibilities, salaries, and fringe benefits
5. Screening employees for illegal drug use
6. Holidays, leave, and work hours
7. Personnel records, employee evaluations, promotion, and retirement
8. Training
9. Standards of conduct, disciplinary procedures, and grievance procedures
10. Resignation and termination
11. Employee-management relations
12. Security, safety, health, welfare, and injury incidents

The Service Provider must provide a copy of the Employee Manual to the Service Provider's employees at the facility. Upon request by the COR, the Service Provider shall document to the Government that all employees have reviewed a copy of the manual.

G. Housing, Health, and Medical Care

The Service Provider shall provide detention services, to include detainee welfare and record keeping services for ICE.

1. Detention Site Standards

   The Service Provider shall ensure the detention site conforms to ACA and the 2011 PBNDS. A fire and emergency plan shall exist and shall be aggressively managed. The Service Provider shall ensure facilities conformance to the following:

   For safety, security, and sanitation purposes, an inspection of the detainee housing areas shall be conducted by a supervisor at a minimum of two (2) times per shift. All locks, windows, walls, floors, ventilators, covers, access panels, and doors shall be checked daily for operational wear and detainee tampering. The Service Provider shall take immediate action to repair all defective findings and/or equipment. All inspection results and any instructions to staff shall be logged into the housing area security logbook and be available for review by the COR.

   The Facility shall be subject to periodic and random inspections by the COR, or other officials as may be determined by ICE, to ensure compliance with the 2011 PBNDS and the terms of this agreement. Deficiencies shall be immediately rectified or a plan for correction submitted by the Service Provider to the COR for approval.

2. Health and Medical Care

   The Service Provider shall comply with written policies and procedures for appropriately addressing the health needs of ICE detainees. The Service Provider will pursue and receive National Commission on Correctional Health Care
(NCCHC) accreditation within 24 months of the initiation of services and ensure compliance with NCCHC guidelines for the duration of services. Policies and procedures shall be written to ensure that medical, dental, and mental health care are delivered in compliance with PBNDS 2011 and NCCHC standards and shall include, but not be limited to, the following:

a. Policies and procedures for accessing 24-hour emergency medical care for ICE detainees.

b. Policies and procedures for prompt summoning of emergency medical personnel.

c. Policies and procedures for emergency medical evacuation of detainees, if deemed necessary by qualified medical personnel.

d. Policies, procedures, and post orders for duty officers to ensure that medical emergencies are recognized and promptly attended to.

e. Policies and procedures addressing detention standards on medical care to include access to care, suicide prevention, hunger strikes, etc.

f. Policies and procedures that support a system allowing for detainees to request medical/mental health services through submission of written requests. Medical/mental health requests for treatment deemed urgent by the medical provider will be forwarded by the Service Provider to the COR and/or alternate COR as soon as possible. Detainee requests shall be addressed with urgency.

g. Policies and procedures that support a continuum of health care services including screening, prevention, health education, diagnosis, and treatment consistent with NCCHC standards and applicable clinical guidelines.

h. Policies and procedures that ensure that detainees released or removed will receive a discharge plan, a summary of medical records, medication and referrals to community-based providers as medically appropriate.

i. Policies and Procedures that include all of the following screening inquiries required by PBNDS 2011 including, but not limited to, past hospitalizations, relevant family medical history, dietary needs and past or recent abuse or violence; and that include – where there is a clinically significant finding as a result of the initial screening – an immediate medical/mental referral with the detainee receiving a health assessment no later than two working days from the initial screening unless the clinical situation would dictate earlier evaluation.

j. Policies and procedures that ensure that detainees experiencing severe, life-threatening intoxication or withdrawal are transferred immediately to a licensed acute care facility.

k. Any detainee complaint for medical care not received shall be promptly addressed and the COR shall be immediately notified.
III. PERSONNEL

The Service Provider shall employ personnel whose qualifications are commensurate with job responsibilities and authority levels. The Service Provider shall assure that employees meet the standards of competency, training, appearance, behavior and integrity. The Service Provider will effect disciplinary or adverse action against employees who disregard those standards.

A. Minimum Standards of Employee Conduct

The Service Provider shall develop standards of employee conduct and corresponding disciplinary actions that are consistent with the following standards of conduct. All employees shall certify in writing that they have read and understand the standards.

A record of this certificate must be provided to the COR prior to the employees beginning work under this contract. The Service Provider shall hold employees accountable for their conduct based on these standards, which are not restricted to, but must include:

1. Employees shall not display favoritism or preferential treatment to one detainee, or group of detainees, over another.
2. Employees shall not discuss or disclose information from detainee files or immigration cases, except when necessary in the performance of duties under this contract.
3. The employee may not interact with any detainee except in a relationship that supports the approved goals of the facility. Specifically, employees shall not receive nor accept any personal (tangible or intangible) gift, favor, or service, from any detainee, any detainee’s family, or associate no matter how trivial the gift, favor, or service may seem, for themselves or any members of their family. In addition, the employee shall not give any gift, favor, or service to detainees, detainee's family, or associates.
4. The employee shall not enter into any business relationship with detainees or their families (e.g., selling, buying, or trading personal property).
5. The employee shall not have any outside or social contact with any detainee, his or her family, or associates, except for those activities, which are part of the facility program and a part of the employee’s job description.
6. All employees are required to immediately report to the Warden/Facility Director or ICE Supervisor any criminal or non-criminal violation or attempted violation of these standards.
7. The Service Provider shall report all violations or attempted violations of the standards of conduct or any criminal activity immediately to the COR. Violations may result in employee removal from the facility. Failure on the part of the Service Provider either to report a known violation or to take appropriate disciplinary action against offending employee or employees shall subject the Service Provider to appropriate action including possible termination for default.
8. The Service Provider shall not employ any person who is currently an employee of any federal agency - including active duty military personnel - or whose employment would present an actual or apparent conflict of interest.

B. Random Drug Testing

The Service Provider shall have a random drug-screening program that randomly tests a minimum of 10% of all Service Provider staff every quarter. ICE may require drug screening for cause at any time. The Service Provider shall order and accomplish drug screening at the Service Provider's expense. A laboratory approved by the National Institute of Drug Abuse (NIDA) must perform the screening. The Service Provider shall provide the results of all such drug screening to the COR within 24 hours after receipt.

C. Contraband Program and Inspection

A contraband control program shall be established in accordance with the 2011 PBNDs and the ACA standards on the control of contraband. The Service Provider's employees are subject to random contraband inspection in accordance with facility standards and policies. ICE may require contraband screening and inspection for cause at any time. Upon notification of a violation by the COR, the Service Provider shall immediately remove the employee from performing duties under this Agreement. The Service Provider shall revoke employees' credentials, complete required disposition, and immediately notify the COR when the employee is removed from duty.

D. Removal from Duty

If the COR or the Service Provider receives and confirms disqualifying information concerning a Service Provider employee, the Service Provider shall, upon notification by the COR, immediately remove the employee from performing duties under this Agreement. The Service Provider shall revoke the employee's identification credentials and complete any required dispositions. The Service Provider shall immediately notify the COR when the employee is removed from duty. Disqualifying information includes but is not limited to the following:

1. Conviction of a felony, a crime of violence, domestic violence, or a serious misdemeanor.
2. Possessing a record of arrests for continuing offenses.
3. Falsification of information entered on suitability forms.
4. Non-payment of court ordered payments (child support, liens, etc.), or excessive delinquent debt as determined by credit check.
5. Misconduct or negligence in prior employment, which would have a bearing on efficient service in the position in question, or would interfere with or prevent effective accomplishment by the employing agency of its duties and responsibilities.
6. Alcohol abuse of a nature and duration, which suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of others.
7. Illegal use of narcotics, drugs, or other controlled substances, without evidence of substantial rehabilitation.

ICE may direct the Service Provider to remove any employee who has been disqualified either for security reasons or for being unfit to perform his/her duties as determined by the COR or the Contracting Officer. The Service Provider shall take action immediately and notify the COR when the employee is removed from duty. A determination of being unfit for duty may be made from, but is not limited to, incidents of delinquency set forth below:

3. Neglect of duty, including sleeping while on duty, loafing, unreasonable delays or failures to carry out assigned tasks, conducting personal affairs during official time, leaving post without relief, and refusing to render assistance or cooperation in upholding the integrity of the security program at the work sites;
4. Falsification or unlawful concealment, removal, mutilation, or destruction of any official documents or records, or concealment of material facts by willful omissions from official documents or records;
5. Theft, vandalism, immoral conduct, or any other criminal actions;
6. Possessing, selling, consuming, or being under the influence of intoxicants, drugs, or substances which produce similar effects;
7. Unethical or improper use of official authority or credentials;
8. Unauthorized use of communication equipment or government property;
9. Misuse of equipment or weapons;
10. Violations of security procedures or regulations;
11. Recurring tardiness;
12. Possession of alcohol, illegal substances, or contraband while on duty;
13. Undue fraternization with detainees as determined by the COR;
14. Repeated failure to comply with visitor procedures as determined by the COR;
15. Performance, as determined by investigation by the Contracting Officer involving acquiescence, negligence, misconduct, lack of diligence, good judgment, and/or good common sense resulting in, or contributing to, a detainee escape;
16. Failure to maintain acceptable levels of proficiency or to fulfill training requirements;
17. Changes in an employee's ability to meet the physical and/or mental health requirements of this Agreement;
18. Service Provider employee who is under investigation by any law enforcement agency will be removed from duties pending outcome of the disposition. At the direction of the COR, the Service Provider shall reassign contract employees who have been arrested or who have alleged misconduct to duties that do not permit direct contact with detainees pending the disposition of the charges. Any alleged misconduct shall be reported immediately to the COR. If such reassignments are not available, the Service Provider shall remove the employee from work under this contract and other ICE contracts.

E. Tour of Duty Restrictions

The Service Provider shall not utilize any uniformed contract employee to perform duties under this Agreement for more than 12 hours in any 24-hour period, and shall ensure that such employees have a minimum of eight hours off between shifts. Authorization is required from the COR prior to an employee performing services that exceed 12 hours; provided, however, Service Provider may utilize uniformed contract employees to perform duties under this Agreement for up to 16 hours in any 24 hour period in the event of an emergency or other non-routine circumstances. If an employee is performing other duties for either the Service Provider or another employer, those hours shall count against the 16-hour limitation. Employees performing transportation duties can work up to 15 hrs in a 24 hr. period as needed under Department of Transportation regulations.

F. Dual Positions

In the event that a supervisory detention officer is not available for duty the Service Provider should provide a full-time supervisor as a replacement. A contract employee shall not hold the position of Detention Officer and Supervisory Detention Officer simultaneously. The COR will document and refer to the Contracting Officer the failure of the Service Provider to provide necessary personnel to cover positions.

G. Post Relief

As indicated in the post orders, the Detention Officer shall not leave his or her post until relieved by another Detention Officer. When the Service Provider or Service Provider's Supervisors authorize rest or relief periods, the Service Provider shall assign undesignated officers to perform the duties of the Detention Officers on break.

H. Personnel Files

The Service Provider shall maintain a system of personnel files, and make all personnel files available to the CO and the COR upon request. These files shall be maintained and current for the duration of the employee's tenure under the Agreement. The files shall contain verification of training and experience and credentials for all the staff.
I. Uniform Requirements

These requirements apply to Resident Monitoring Staff (Supervisory Detention Officers and Detention Officers) who perform work under the contract.

1. Uniforms

The Service Provider shall provide uniforms to its employees, such as khaki pants and polo shirts. The design and color of the Service Provider’s uniforms shall not be similar to those worn by ICE officers. All officers performing under this contract shall wear uniforms of the same style and color while on duty. Supervisory personnel should wear different color shirts to distinguish them from line staff. Uniforms and equipment do not have to be new, but shall be in good condition and meet the standards at start of duty. Officers not in proper uniform shall be considered "not ready for duty/not on duty" until properly uniformed. All uniforms shall be clean, neat, and in good order.

The complete uniform consists of seasonal attire that includes appropriate shirt, pants, belt (mandatory), jacket, shoes or boots (mandatory), duty belt, mini-mag flashlight and holder, handheld radio, and key-holder. The Service Provider shall ensure that each officer has a complete uniform while performing assignments under this Agreement.

Prior to the Agreement performance date, the Service Provider shall document to the COR the uniform and equipment items that have been issued to each employee. The COR shall have the right to approve or disapprove any uniform apparel.

2. Identification Credentials

The Service Provider shall ensure that all employees both uniformed and non-uniformed (if applicable) have the required identification credentials in their possession while on the premises. The Service Provider identification credential document shall contain the following:

a. A photograph that is at least one inch square that shows the full face and shoulders of the employee and is no more than 30 days old when the Service Provider issues the credential.

b. A printed document that contains personal data and description consisting of the employee’s name, sex, birth date, height, weight, hair color and eye color, as well as the date of issuance, the signature of the employee, and the signature of project manager designated Service Provider personnel.

c. To avoid the appearance of having Government issued badges, the Service Provider shall not possess wallet type badges or credentials. All credentials shall be approved by the COR.
J. Permits and Licenses

1. Business Permits and Licenses

The Service Provider must obtain all required permits and licenses by the date of the Agreement award. The Service Provider must (depending on the state's requirements) be licensed as a qualified security service company in accordance with the requirements of the district, municipality, county, and state in which ICE work site(s) is/are located. Throughout the term of this Agreement, the Service Provider shall maintain current permits/business licenses and make copies available for Government Inspection. The Service Provider shall comply with all applicable federal, state, and local laws and all applicable Occupational Safety and Health Administration (OSHA) standards.

2. Licensing of Employees

Before reporting to duty on this contract, the Service Provider shall ensure each employee has registration, commissions, permits, and licenses as required by the district, municipality, county, and state in which ICE work site is located. The Service Provider shall verify all licenses and certifications. If applicable, all Service Provider staff shall possess a current license/registration, in the state in which they are practicing.

3. Jurisdiction

The Service Provider's authority under this Agreement is limited to space or posts that are under the charge and control of ICE. The Service Provider will not extend his services into any other areas.

K. Encroachment

Service Provider employees shall not have access to Government equipment, documents, materials, and telephones for any purpose other than as authorized by ICE. Service Provider employees shall not enter any restricted areas of the processing centers unless necessary for the performance of their duties.

L. Work Schedules

The Service Provider shall follow the criteria described below when establishing work schedules, contact relief, rest periods, and starting and stopping work.

1. Post Work Schedules
One week in advance, the Service Provider shall prepare supervisory and Detention Officer work schedules, for a two-week period, and shall post them in work areas or locker rooms. A manpower report shall be submitted to the COR on a monthly basis. Schedules shall be prepared on a form designated by ICE. The Service Provider can use their own format if they already have an established procedure for doing so. Changes in duty hours shall also be posted on this form in sufficient time to ensure 24-hour advance notice. By noon each day, the Service Provider shall provide, to ICE the duty roster showing all assignments for the following day. At the completion of each shift, the Service Provider shall also provide an employment report listing (copies of the sign-in sheets [GSA Form 139, or approved equivalent Record of Arrival and Departure from Buildings during Security Hours] for each shift) for each employee who actually worked, work classification, post assignments, and hours worked, as well as total hours worked by supervisory and non-supervisory employees to the COR. The on-duty Service Provider Supervisor shall conduct regular post checks to ensure personnel are prepared to be on duty. When an employee is not being utilized at a given post, the Service Provider at the direction of the COR or ICE Supervisor on Duty may reassign him/her to another post.

2. Starting and Stopping Work

The Service Provider is responsible for all employees to be dressed in full uniform and ready to begin work promptly at the beginning of each shift. Each employee shall remain at the duty locations until the shift is completed. The Service Provider shall provide, to ICE COR, documentation certifying that each contract employee has been issued approved uniforms and equipment prior to Entry on Duty (EOD) date.

3. Recording Presence

The Service Provider shall direct its employees to sign in when reporting for work, and to sign out when leaving at the end of their period of duty. The Service Provider's supervisory and regular personnel are required to register at the applicable work site(s) and shall use GSA Form 139, Record of Arrival and Departure from Buildings during normal duty hours or other forms designated by ICE. The Government shall specify the registration points, which will be at the protected premises, and the Service Provider must utilize those points for this purpose. Officers, working as supervisors, shall make the designation "Supervisor" in the rank column on GSA Form 139, Record of Arrival and Departure from Buildings during normal duty hours, or other forms designated by ICE; all others will enter "On Duty." The applicable post or position numbers may be entered in the "relief" column after mutual concurrence between ICE and the Service Provider.

Each line on GSA Form 139, Record of Arrival and Departure from Buildings during normal duty hours, or other forms designated by ICE must be completed in
chronological order, without exception. Lines may not be left blank between signatures. If an entire line is used to enter a calendar date to separate individual workdays, a one-line limit for each date entered will be followed. Erasures, obliterations, superimposed, or double entries of any type on anyone line are unacceptable and will not be processed for payment. If errors are made in signatures, times, post numbers, or duty status on this form, the next line immediately following the line containing such errors, will be used to record all corrected information. A single line will be drawn through the entire line on which such mistakes appear. The Service Provider must attach a detailed memorandum explaining the reasons for the mistakes to each form containing erroneous entries.

4. Rest Periods

When the Service Provider authorizes rest and relief periods for a Service Provider employee, a substitute officer shall be assigned to the duty location.

5. Work Relief

When the work assignments require that the Service Provider’s employees do not leave the assigned duty locations until a substitute officer has provided relief, this condition shall be explicitly stated on GSA Form 2580, Guard Post Assignment Record, or other forms designated by ICE COR. The Service Provider shall enforce the procedure without exceptions.

6. Hospitalization of Detainees

The contract employees shall not fraternize with clinic/hospital staff or with casual visitors to the clinic/hospital. The Service Provider is obligated to relay messages as requested by the detainee to ICE COR.
IV. BACKGROUND AND CLEARANCE PROCEDURES

A. Initial Drug Testing

The Service Provider must obtain screening for the use of illicit drugs of every employee and prospective employee working under this Agreement. Drug screening is urinalysis to detect the use of amphetamines, cocaine metabolites, opiates (morphine/codeine), phencyclidine (PCP), and marijuana metabolites by an individual. ICE may expand the above list to include additional drugs. A lab approved by the National Institute of Drug Abuse (NIDA) must perform the screening. Prior to the granting of a favorable EOD decision, the Service Provider must submit the results of the drug screening on the applicant to the COR. Drug testing of an applicant will commence as soon as scheduled upon receipt of an applicant’s personnel suitability packet by the COR. The results of an applicant’s drug test must be submitted to the COR no later than 21 calendar days after receipt of an applicant’s personnel suitability packet. Such tests shall be obtained from a National Institute of Drug Abuse (NIDA) approved laboratory and screened for the presence of the following drugs or drug classes: amphetamines, cocaine metabolites, opiates (morphine/codeine), phencyclidine (PCP) and marijuana metabolites. (The ICEIDRO reserves the right to expand the list above to include additional drug/drug classes.) Service Provider shall ensure that all federal, state, and local legal procedures are followed whether or not included in these procedures, with regard to the specimen, Service Provider must ensure that the confirmations are correct and that an adequate chain of custody procedure exists and is followed. The Service Provider must post the ICE "Drug Free Workplace Policy" in all facility work areas.

B. Training

Employees shall not perform duties under this Agreement until they have successfully completed all initial training and the COR receives written certification from the Service Provider.

Facility staff will be trained in accordance with the 2011 PBNDS and ACA standards. To enhance the staff’s ability to carry out the mission of civil detention, additional training related to communication skills, sensitivity, multi-cultural awareness, PREA and basic medical care shall be provided and required.

Employees shall not perform duties under this Agreement until they have successfully completed all initial training and the COR receives written certification from the Service Provider.
1. General Training Requirements

   a. All employees will have the training described in the ACA Standards and in this section. The Service Provider shall provide the required refresher courses or have an institution acceptable to the COR to provide the training. Failure of any employee to complete training successfully is sufficient reason to disqualify him or her from duty.

   b. All new Officers and Custody staff will receive 120 hours of training as delineated in the ACA Standards during the first year of employment.

All staff assigned to the facilities addressed in this IGSA will also receive any other additional training ICE may require.

**Firearm Training for Required Armed Detention Services in accordance with State licensing requirements. Service Provider shall certify proficiency annually.**

Additional classes shall be at the discretion of the Service Provider with the approval of the COR.

2. Refresher Training

   a. Every year the Service Provider shall conduct 40 hours of Refresher Training for all Officers and Custody staff including Supervisory Officers. Refresher training shall consist of these critical subjects listed above and a review of basic training subjects and others as approved by ICE.

   b. The Service Provider shall coordinate recertification in CPR and First Aid with the ICE training staff. This training shall be provided at no cost to the Government. Annually, upon completion, the Service Provider shall provide documentation of refresher training to the COR.

   c. In addition to the refresher training requirements for all Officers and Custody staff, supervisors must receive refresher training relating to supervisory duties.

3. Basic First Aid and CPR Training

   a. All members of the Service Provider’s security staff shall be trained annually in basic first aid and CPR. They must be able to:

      1. Respond to emergency situations within four minutes.
      2. Recognize warning signs of impending medical emergencies.
      3. Know how to obtain medical assistance.
      4. Recognize signs and symptoms of mental illness.
      5. Know the universal precautions for protection against blood-borne diseases.
4. Supervisory Training

All new Supervisory Officers assigned to perform work under this agreement must successfully complete a minimum of 40 hours of formal supervisory training provided by the Service Provider prior to assuming duties. This training is in addition to mandatory training requirements for Officers. Supervisory training shall include the following management areas:

   a. Techniques for issuing written and verbal orders
   b. Uniform clothing and grooming standards
   c. Security Post Inspection procedures
   d. Employee motivation
   e. Scheduling and overtime controls
   f. Managerial public relations
   g. Supervision of detainees
   h. Other company policies
   i. Responding to sexual assault/abuse
   j. Responding to assaults on staff, detainee on detainee violence, and supervising and/or responding to uses of force.

All supervisory staff assigned to the facilities addressed in this IGSA will also receive training in the Civil Liberties- Criminal Justice and Legal Issues and Mental Health Concerns in ICE Detention.

Additional classes shall be at the discretion of the Service Provider with the approval of the COR.

The Service Provider shall submit documentation to the COR, to confirm that each supervisor has received basic training as specified in the basic training curriculum.

5. Proficiency Testing

The Service Provider shall give each Detention Officer a written examination following each training class to display proficiency.

6. Training Documentation

   a. The Service Provider shall submit a training forecast and lesson plans to the COR or ICE designee, on a monthly basis, for the following 60-day
period. The training forecast shall provide date, time, and location of scheduled training and afford the COR observation/evaluation opportunity.

b. The Service Provider shall certify and submit the training hours, type of training, date and location of training, and name of the instructor monthly for each employee to the COR or ICE designee.
V. REQUIRED SERVICES - ADMINISTRATION AND MANAGEMENT

A. Manage Information System for Collecting, Retrieving, Storing, and Reporting Detainee Detention

All detainee files are to be prepared, maintained, retired, and disposed of in accordance with the 2011 PBNDs. Policy and procedures shall be developed to ensure the confidentiality and security of all detainee files. Information from a detention file will be released to an outside third party only with the detainee’s signed release-of-information consent form. Any release of information will be in accordance with applicable Federal and state regulations.

B. Manage the Receiving and Discharge of Detainees

In accordance with the 2011 PBNDs, the Service Provider will provide for the admitting and releasing of detainees to protect the health, safety, and welfare of each individual. During the admissions process, detainees undergo screening for medical purposes, have their files reviewed to ensure they can be housed at the facility, submit to a standard body search, and are personally observed and certified regarding the examination, categorization, inventorying, and safeguarding of all personal belongings. This shall include fingerprinting of detainees.

The Service Provider shall comply with the ICE policy on Admission and Release when entering detainee admission and release data. ICE detainees shall be fingerprinted in accordance with the ICE policy on Admissions Documentation. The intake process shall include, at a minimum, a medical and social screening prior to detainee release into the general population.

This facility is designed for Level I, II, and III detainees that include non-criminals as well as those with criminal records.

Detainees will have access to a minimum of one free telephone call during the admission process and the release process.

C. Manage and Account for Detainee Assets (funds, property)

The Service Provider will provide for the control and safeguarding of detainees' personal property. This will include: the secure storage and return of funds, valuables, baggage, and other personal property; a procedure for documentation and receipting of surrendered property; and the initial and regularly scheduled inventories of all funds, valuables, and other property.

The Service Provider shall have written standard procedures for inventory and receipt of detainee funds and valuables that adheres to the requirements of ICE policy on Funds and Personal Property; and Detention and Removal Operations Policy and Procedure Manual (DROPPM) Update: Chapter 30: Detainee Property Management.
Written procedures shall be established for returning funds, valuables, and personal property to a detainee being transferred or released that adheres to the requirements of ICE policy. The Service Provider shall ensure that all detainees who are scheduled for release are given all funds (in cash) immediately prior to leaving the facility. Funds for detainees being transferred to another facility shall be issued to the transfer facility in a check addressed to an ICE official. Confiscated foreign currency funds are to be returned to the detainee.

D. Securely Operate the Facility

Policy and procedures for the maintenance and security of keys and locking mechanisms shall be developed. The procedures shall include, but are not limited to: method of inspection to expose compromised locks or locking mechanisms; method of replacement for all damaged keys and/or locks; a preventive maintenance schedule for servicing locks and locking mechanisms and method of logging all work performed on locks and locking mechanisms; policy for restricting security keys from 24 hour issue or removal from the institution; and method of issuing emergency keys. Staff responsible for lock maintenance shall receive training and be certified from a Government approved training program (or equivalent) specializing in the operation of locks and locking mechanisms. The Service Provider shall provide constant unarmed perimeter surveillance of the facility. Surveillance may be provided via a minimum of one motorized security patrol.

The Service Provider shall develop policies and procedures regarding detainee use of those classified controlled tools and equipment most likely to be used in an escape or as a weapon. Further, the Service Provider shall ensure that detainee usage of those classified controlled tools and equipment is only under direct Service Provider staff supervision.

E. Enforce the Detainee Disciplinary Policy

The facility shall have a written disciplinary policy and procedures that clearly define detainee rights and responsibilities. The Service Provider shall comply with the 2011 PBNDS disciplinary policy, and may take disciplinary action against any detainee who is not in compliance with the rules and procedures of the facility consistent with PBNDS 2011.

F. Maintain Detainee Accountability

Population counts will be conducted in accordance with the 2011 PBNDS. All counts shall be documented in separate logs maintained in the applicable locations where detainees are housed, the control center and shift supervisor's office and shall be maintained for a minimum of 30 days. Count records must be available for review and secured away from the detainee population.
G. Collect and Disseminate Intelligence Information

Policy and procedures for collecting, analyzing, and disseminating intelligence information regarding issues affecting safety, security, and the orderly running of the facility shall be developed. This information should include, but not be limited to: gang affiliations; domestic terrorist groups; tracking of detainees having advanced skills in areas of concern (locksmiths, gunsmiths, explosives, and computers, etc.); narcotics trafficking; mail and correspondences; detainee financial information; detainee telephone calls; visiting room activity; and actions of high profile detainees. The Service Provider shall share all intelligence information with the ICE Intelligence Office.

H. Provide Security Inspection System

The Service Provider will develop and maintain a security inspection system with the aim of controlling the introduction of contraband into the facility, ensure facility safety, security and good order, prevent escapes, maintain sanitary standards, and eliminate fire and safety hazards. The Service Provider's inspections program will meet the requirements of the 2011 PBNDS for Security Inspections.

The Service Provider shall report all criminal activity related to the performance of this contract to the appropriate law enforcement investigative agency. The Government may investigate any incident pertaining to performance of this contract. The Service Provider shall cooperate with the Government on all such investigations. The Service Provider shall immediately report all serious incidents or criminal activity to the COR. Serious incidents include, but are not limited to the following: activation of disturbance control team(s); disturbances (including gang activities, group demonstrations, food boycotts, work strikes, work place violence, civil disturbances/protests); staff uses of force including use of lethal and less lethal force (includes detainees in restraints more than eight hours); assaults on staff/detainees resulting in injuries that require medical attention (does not include routine medical evaluation after the incident); fires; fights resulting in injuries requiring medical attention; full or partial lock-down of the facility; escape; weapons discharge; suicide attempts; deaths; declared or non-declared hunger strikes; adverse incidents that attract unusual interest or significant publicity; adverse weather; fence damage; power outages; bomb threats; high profile detainee cases admitted to a hospital; significant environmental problems that impact the facility operations; transportation accidents resulting in injuries, death or property damage; and sexual assaults. Pursuant to ICE instructions, the Service Provider shall counteract civil disturbances, attempts to commit espionage or sabotage, and other acts that adversely affect the normal site conditions, the security and safety of personnel, property, detainees, and the general public.
I. Maintain Institutional Emergency Readiness

The Service Provider shall submit an institutional emergency plan that will be operational prior to issuance of the NTP. The plan shall receive the concurrence of the COR prior to implementation and shall not be modified without the further written concurrence of the CO. The Service Provider shall have written agreements with appropriate state and local authorities that will allow the Service Provider to make requests for assistance in the event of any emergency incident that would adversely affect the community. Likewise, the Service Provider shall have in place, an internal corporate nation-wide staff contingency plan consisting of employees who possess the same expertise and skills required of staff working directly on this contract. At the discretion of ICE, these employees would be required to respond to an institutional emergency at the contracted facility if deemed necessary. The emergency plans shall include provisions for one disturbance control team. Protective clothing and equipment for each team member shall be provided by the Service Provider, and maintained in a secure location outside the secure perimeter of the facility.

Any decision by ICE or other federal agencies to provide and/or direct emergency assistance will be at the discretion of the Government. The Service Provider shall reimburse the Government for any and all expenses incurred in providing such assistance.

Attempts to apprehend any escapee(s) shall be in accordance with the Emergency Plan, which shall comply with the 2011 PBNDS regarding Emergency Plans.

The Service Provider shall submit to the COR a proposed inventory of intervention equipment (e.g., weapons, munitions, chemical agents) intended for use during performance of this contract. The COR, prior to issuance of the NTP, shall provide concurrence of the intervention equipment. The approved intervention equipment inventory shall not be modified without prior written concurrence of the CO.

The Service Provider shall obtain the appropriate authority from state or local law enforcement agencies to use force as necessary to maintain the security of the facility. The use of force by the Service Provider shall at all times be consistent with all applicable policies of the 2011 PBNDS on Use of Force.
J. Manage Computer Equipment and Services in Accordance with all Operational Security Requirements

The Service Provider must comply with all federal security and privacy laws and regulations established to protect federal systems and data. The Service Provider will inform all personnel of the confidential nature of ICE detainee information.

The Service Provider will restrict access of data information pertaining to ICE detainees to authorized employees with the appropriate clearance who require this information in the course of their official duties. In accordance with the Freedom of Information/Privacy Act (FOIA/PIP A), the Service Provider may not disclose information obtained pertaining to ICE detainees to a third party without written permission from the COR. The Service Provider is required to develop a procedural system to identify and record unauthorized access, or attempts to access ICE detainee information. The Service Provider will notify the COR and alternate COR within four hours of a security incident.
VI. FACILITY SECURITY AND CONTROL

A. Security and Control (General)

The Service Provider shall maintain a copy of facility post orders for employee review within the areas of assignment, and shall initiate responses to any incidents as outlined in the post orders. The Service Provider employees shall write reports of incidents as outlined in the post orders. The Service Provider shall operate and control all designated points of access and egress on the site; such as, detainee housing units, courtrooms, medical facilities, and hold rooms. The Service Provider shall inspect all packages carried in or out of site in accordance with ICE procedures. The Service Provider shall comply with ICE security plans.

The Service Provider shall comply with all the 2011 PBNDS pertaining to the security and control of the detention facilities. The Service Provider will adhere to local operating procedures within each facility.

B. Unauthorized Access

The Service Provider shall detect and detain persons attempting to gain unauthorized access to the site(s) identified in this contract.

C. Supervision of Detainees

The Service Provider shall provide supervision of all detainees in all areas, including supervision in detainee housing and activity areas, to permit Detention Officers to hear and respond promptly to emergencies.

D. Logbooks

The Service Provider shall be responsible to complete and document in writing, for each shift, the following information in the logbooks:

1. Activities that have an impact on the detainee population (e.g., detainee counts, shakedowns, detainee movement in and out of the site, and escorts to and from court).
2. Shift activities (e.g., security checks, meals, recreation, religious services, property lockers, medical visits).
3. Entry and exit of persons other than detainees, ICE staff, or Service Provider Staff (e.g., attorneys and other visitors).
4. Fire drills and unusual occurrences.
E. Records and Reports

The Service Provider shall furnish, on a daily basis, a manifest of all detainees currently detained in the facility. The manifest shall contain the following information for each detainee: "A" File Number (system of numbering supplied by ICE); office received from; name; date of birth; gender; nationality; date of arrival; number of days the detainee has been in the facility; and type of release, if applicable. The Service Provider shall provide monthly status reports to the COR or alternate COR. Such reports will include a monthly key indicator report, which indicates the key personnel positions of the facility (e.g., position title, name of the employee, vacancies and length of vacancies, dates of service, additional comments). These monthly reports must be submitted to the COR or alternate COR by the fifth of each month for the previous month's activities and staffing.

The Service Provider shall prepare required orders, instructions, and reports of accidents, security violations, fires, and bomb threats. The reports shall be maintained, on file, concerning all activities in connection with duties and responsibilities for the services performed under this Agreement. All such records must be kept using a system with a written policy, which allows the reports to be made available to the Government for inspection. The Service Provider shall, at the request of ICE, prepare any special or other reports, or issue further orders and instruction as may be required in support of work within the scope of this Agreement. The distribution, format, and time elements for these reports shall be directed by Government requirements. All records and logs, required for operation and performance of work under this Agreement, shall be made available to ICE at Agreement completion. The Service Provider shall provide a detailed and comprehensive inventory of records to be turned over to the Contracting Officer at contract completion or contract termination. The written inventory shall be recorded on Standard Form (SF) 135 or approved equivalent, Records Transmittal and Receipt, and shall be consistent with the National Archives and Records Administration (NARA) guidelines for inventoried records (see: http://www.nara.gov/records/index.html). Inventory shall describe the contents of a particular box of records and shall include record type and date of records, and shall be consistent with NARA inventory requirements.

The SF - 135, Records Transmittal and Receipt, shall be itemized in sufficient detail to provide program officials with the information required for research or retrieving retired records. Instructions for the level of detail required can be found on the back of the SF- 135a, Records Transmittal and Receipt (continuation), and the Service Provider shall inventory the records to that level of detail.

F. Detainee Counts

The Service Provider shall monitor detainee movement and physically count detainees as directed in the ICE Detentions Operations Manual and post orders. (For the ICE Detention Operations Manual, please see http://www.ice.gov/detention-
standards/2011/). All counts shall be documented in separate logs maintained in the applicable locations where detainees are housed, control center, and shift supervisor's office and shall be maintained for a minimum of 30 days.

G. Daily Inspections

The Detention Officers shall conduct daily inspections of all security aspects of the site. They shall check all bars, locks, windows, walls, floors, ventilation covers, glass panels, access plates, protective screens, doors, lights, and equipment for operational wear and detainee tampering. The Detention Officers shall also report slippery floor surfaces. This documentation shall be made daily in a logbook. Problems discovered during these inspections shall be clearly identified in the documentation.

The Service Provider shall also notify the COR of any abnormalities or problems. The Service Provider shall immediately notify the COR or alternate COR on duty of any physical facility damage. Written documentation of any problem areas shall be submitted to the COR by the end of the shift.

H. Control of Contraband

The Service Provider shall conduct searches for contraband at least once daily, in all areas in which detainees have access. Searches shall be random and unannounced. During the searches, detainee possessions shall be disturbed as little as possible. Contraband items shall be immediately confiscated, logged into the Contraband logbook in accordance with the 2011 PBNDS, and turned over to the COR or alternate COR on duty. The Service Provider shall document records of the searches in a logbook and forward a report to the COR within 24 hours after discovery of the contraband items.

I. Keys and Access Control Devices

The Service Provider shall adhere to key control policies, in accordance with the 2011 PBNDS.

Entrance Access Controls: The Service Provider shall operate and enforce the personnel admitting and identification systems, and package inspection procedures in accordance with security guidelines at the protected premises prescribed by the 2011 PBNDS.

The Service Provider may accept registered mail and parcels, in accordance with ICE approved procedures. The Service Provider shall be responsible for the distribution of all received mail and parcels.
J. Control of Chemicals

The Service Provider shall adhere to, the 2011 PBNDS, ACA, and OSHA established procedures, applicable laws, and regulations governing the storage and inventory of all flammable, toxic, and caustic materials used for janitorial cleaning, laundry maintenance, vehicle maintenance, and other applications.

K. Post Orders

The Service Provider shall develop post orders, policies and procedures, and instructions necessary for proper performance at each duty post. Each post will have a separate post order. The Service Provider is responsible for compliance with all such orders, policies and procedures, and instructions. ICE shall approve all post orders prior to implementation of them.

The Service Provider shall make post orders available to all Service Provider employees. Each Service Provider Detention Officer shall certify, in writing, that he or she understands and agrees to comply with all post orders, policies and procedures, and instructions prior to being initially assigned to that post. The Service Provider shall retain its employees' certifications and make them available to the COR upon request.

L. Deviation from Prescribed Schedule Assignments

The Service Provider is authorized to deviate from the scheduled assignment when unusual conditions or circumstances so demand, and if prior approval is received from the COR. All deviations shall be recorded in the daily logbook. When the COR is not available, the Service Provider shall notify the alternate COR immediately or as soon as is practically possible.

M. Use of Force Policy

ICE restricts the use of physical force by Detention Officers to instances of justifiable self-protection, protection of others, and protection of property and prevention of escapes. Physical force may only be used to the degree necessary to safeguard the well-being of the detainee(s) and others in the immediate area. The following policies pertain to use of force:

1. The Service Provider shall adhere to the 2011 PBNDS on the use of deadly and non-deadly force to include the use of intermediate and deadly weapons.
2. The physical force report shall include:
   a. An accounting of the events leading to the use of force.
   b. A precise description of the incident to include date, time, place, type of force used, and reasons for employing force.
   c. A description of the person (Detention Officers or detainees) who suffered described injuries, if any, and the treatment given.
d. A list of all participants and witnesses (Service Providers, detainees, and ICE personnel) to incident.

3. The calculated use of force must be in accordance with the 2011 PBNDS and requires, at a minimum, the following:
   e. The formulation of an After Action Review Team.
   f. An After Action Report submitted to the Field Office Director and COR within 30 days of the incident, with corrective actions noted, if applicable.
   g. Video footage of the incident must be made available for potential ICE review.

N. Use of Restraints Policy

The Service Provider shall comply with the 2011 PBNDS governing the use of restraint equipment. Restraints shall never be applied as punishment nor shall they be used for more time than is necessary. Restraints shall be used only as a precaution against escape during transfer to prevent detainee self-injury, injury to others, property damage, or for medical reasons under direction of the Health Authority. Restraints consist of handcuffs, waist restraints, and leg restraints. When directed by the COR, the Detention Officer may use Government-provided disposable nylon straps in lieu of handcuffs or leg restraints in emergencies, mass arrest situations, or if a detainee's wrists or ankles are too large for conventional restraints. ICE prohibits the Service Provider from using all other restraint devices.

O. Intelligence Information

The Service Provider shall notify the COR or Alternate COR immediately on issues, which could impact the safety, security, and the orderly operation of the facility.

P. Lost and Found

The Service Provider shall log and maintain all lost and found articles and shall report all items to the COR or Alternate COR.

Q. Escapes

The Service Provider shall take all appropriate measures to prevent escapes. The Service Provider shall notify the COR and Alternate COR immediately if an escape or an attempted escape has occurred. The Service Provider shall provide the COR and alternate COR with a written report prior to the end of the shift. The Service Provider shall be held to the following standards concerning escapes:

1. The Service Provider assumes absolute liability for the escape of any detainee in its control, subject to limitations delineated in item 5 below.
2. The Service Provider shall provide written policies and procedures regarding the actions to be taken in the event of an escape. This document
must include reporting requirements for all contract employees, escorts, supervisors, and management personnel. These procedures must meet the approval of the COR, be reviewed at least annually, and updated as necessary.

3. Escapes shall be grounds for removing the responsible Service Provider Employee(s) from duty if the Service Provider Employee(s) is/are determined by the Service Provider or the COR to be negligent. Notice of removal shall be provided to the Contracting Officer.

4. Corrective actions to prevent future escapes or attempted escapes shall be taken immediately and verbally communicated to the COR for approval. A written report of the remedial action shall be due to the COR within 24 hours of an escape or attempted escape.

5. ICE may make deductions due to nonperformance. It is specifically understood and agreed that the Government may not reduce the Service Provider’s invoice or otherwise withhold payment from or impose any financial penalty upon the Service Provider based upon walk-aways or escapes from the facility, unless such walk-aways or escapes are the result of the Service Provider’s gross negligence, it being understood and agreed that this is not a secure facility.

R. Injury, Illness, and Reports

The Service Provider shall immediately assist employees, detainees, or others on the premises in need of immediate help or who are injured or ill. Service Provider employees shall provide first aid when necessary.

The Service Provider shall immediately notify the COR and alternate COR about all incidents that result in physical harm to or threaten the safety, health, or welfare of any person at the site including job-related injuries. If a detainee requires immediate medical attention, the Detention Officer shall notify the medical provider as well as the COR and alternate COR. The Service Provider shall submit a follow-up written report to the COR within 24 hours of the occurrence. The Service Provider shall cooperate with ICE in reviewing serious incidents. A serious incident means any incident resulting in injury to a detainee, Service Provider staff, ICE staff, or property damage.

The Service Provider shall submit a monthly injury report summary containing, but not limited to, name, time/date, location, circumstances, care rendered, current status, Worker’s Compensation status, and reference to identification of initial report.
S. Protection of Employees

The Service Provider shall develop plans that comply with ICE comprehensive plans and procedures to safeguard employees against exposure of blood borne pathogens. The ICE plan is based upon OSHA standards found in the Employee Occupational Safety and Health (EOSH) Manual. (For additional information, please see Occupational Exposure to Blood Bourne Pathogens, 29 CFR 1910.1030.)

T. Medical Requests

The Service Provider shall adhere to ICE policies and procedures regarding detainee medical requests. Please see http://www.ice.gov/doclib/IPBNDS/pdf/medical_care.pdf to view the 2011 PBNDS on Medical Care. If a detainee requires emergency medical attention, the Detention Officer shall immediately notify his or her Supervisor via radio or telephone. The Service Provider's Supervisor will, in turn, notify the medical provider as well as the COR and alternate COR.

U. Emergency Medical Evacuation

The Service Provider shall develop and implement written policies and procedures that define emergency health care evacuation of detainees from within the facility.

V. Sanitation and Hygienic Living Conditions

The Service Provider shall comply with the requirements of the Occupational Safety and Health Act of 1970 and all codes and regulations associated with 29 CFR 1910 and 1926. The Service Provider shall comply with all applicable ICE, federal, state and local laws, statutes, regulations, detention standards, and codes. In the event there is more than one reference to a safety, health, or environment requirement in an applicable law, standard, code, regulation, or ICE policy, the most stringent requirement shall apply.
VII. MANAGE A DETAINEE WORK PROGRAM

A. General

The Service Provider will establish a Voluntary Work Program with provisions to pay eligible detainees who volunteer to perform paid work assignments. The program must comply with the requirements of the PBNDS 2011. Detainees shall not be used to perform the responsibilities or duties of an employee of the Service Provider. Detainees shall not be used to perform work in areas where sensitive documents are maintained (designated ICE workspace). Custodial/janitorial services to be performed in designated ICE work space will be the responsibility of the Service Provider. Appropriate safety/protective clothing and equipment shall be provided to detainee workers as appropriate. Detainees shall not be assigned work that is considered hazardous or dangerous. This includes, but is not limited to, areas or assignments requiring great heights, extreme temperatures, use of toxic substances, unusual physical demands, and cleaning of medical areas.
VIII. HEALTH SERVICES

The Service Provider will provide all health and medical-related services for the facility, as previously described in this PWS and PBNDS 2011.

A. Manage a Detainee Death in Accordance with the 2011 PBNDS on Terminal Illness, Advance Directives, and Death

The Service Provider shall fingerprint the deceased. Staff members performing the fingerprinting shall date and sign the fingerprint card to ensure that a positive identification has been made and file the card in the detainee's file.

If death is due to violence, accident surrounded by unusual or questionable circumstances, or is sudden and the deceased has not been under immediate medical supervision, the Service Provider shall notify the coroner of the local jurisdiction to request a review of the case, and if necessary, examination of the body.

The Service Provider shall establish coroner notification procedures outlining such issues as performance of an autopsy, which will perform the autopsy, obtaining state approved death certificates, and local transportation of the body. The Service Provider shall in cooperation with the Field Office representative, ensure the body is turned over to the designated family member, the nearest of kin or the Consular Officer of the detainee's country of legal residence.
IX. FOOD SERVICE

A. Manage Food Service Program in a Safe and Sanitary Environment

The Service Provider shall provide detainees with nutritious, adequately varied meals, prepared in a sanitary manner while identifying, developing, and managing resources to meet the operational needs of the food service program. The Service Provider shall identify, develop, and manage food service program policy, procedures, and practices in accordance with the provisions of the 2011 PBNDS on Food Service.
X. **DETAINEE SERVICES AND PROGRAMS**

A. **Manage Multi-Denominational Religious Services Program**

The Service Provider shall ensure detainees of different religious beliefs will be provided reasonable and equitable opportunity to practice their respective faiths. The religious services program will comply with all elements of the 2011 PBNDS on Religious Practices and relevant federal statutes.

B. **Provide for a Detainee Recreation Program**

The Service Provider shall develop and ensure adequate and meaningful recreation programs for detainees at the facility, consistent with the requirements of PBNDS 2011.

C. **Manage and Maintain a Commissary**

A commissary shall be operated by the Service Provider as a privilege to detainees who will have the opportunity to purchase from the commissary once per week. These items will not include those items prohibited by the Warden/Facility Director. All items available at the commissary must be approved by the COR or alternate COR. The commissary inventory shall be provided to the COR upon request. The Service Provider may assess sales tax to the price of items, if state sales tax is applicable.

Revenues are to be maintained in a separate account and not commingled with any other funds. If funds are placed in an interest bearing account, the interest earned must be credited to the detainees. Any expenditure of funds from the account shall only be made with the approval of the Contracting Officer. Any revenues earned in excess of those needed for commissary operations shall be used solely to benefit detainees at the facility. Profits may also be used to offset commissary staff salaries. The Service Provider shall provide independent auditor certification of the funds to the COR every 90 days. At the end of the contract period, or as directed by the Contracting Officer, a check for any balance remaining in this account shall be made payable to the *Treasury General Trust Fund* and given/transmitted to the Contracting Officer.

Detainees are permitted to receive funds from outside sources (i.e., from family, friends, bank accounts). Outside funds or those generated from work may be used to pay for products and services from the commissary.

D. **Visitation**
The Service Provider shall provide detainees options for contact visitation with family members, the community, legal representatives and consular officials consistent with the applicable provisions in PBNDS 2011. Visitation will include appropriate space for children to visit detainees and allow for extended visitation time for family and friends who have travelled longer distances to reach the facility. Visitation shall be provided with hours of operation throughout the week consistent with the PBNDS 2011.

E. Legal Rights Group Presentations

The Service Provider shall make available multi-purpose rooms for volunteers and subcontractors of EOIR LOP to provide group presentations on immigration law and procedures for detainees. These rooms shall also be available for use by consular officials.

F. Law Library

The Service Provider shall provide a dedicated room as a "Law Library" containing computers, printers, books, and materials in accordance with the 2011 PBNDS.

G. Library

The Service Provider shall provide secure space within the secure perimeter, either a dedicated room or a multipurpose room for books and materials to provide a reading area and detainees will be permitted to take books back to their housing area consistent with safety and security requirements.

H. Barber Shop

A barber shop, designed and equipped in accordance with ICE standards, shall be made available to ICE detainees.

I. Language Access

The Service Provider is responsible for providing meaningful access to all programs and services (e.g. medical, intake, classification, sexual assault reporting) for individuals with limited English proficiency. This should be accomplished through professional interpretation and translation or qualified bilingual personnel for necessary communication with detainees who do not speak or understand English. Oral interpretation should be provided for detainees who are illiterate. Other than in emergencies, and even then only for that period of time before appropriate language services can be procured, detainees shall not be used for interpretation or translation services. The Service Provider should utilize commercial phone
language interpretive services to ensure fulfillment of this requirement. All written materials provided to detainees shall generally be translated into Spanish. Where practicable, provisions for written translation shall be made for other significant segments of the ICE population with limited English proficiency.

J. Disability Accommodation

It is the obligation of the Service Provider that detainees with disabilities (e.g. physical, mental, intellectual, developmental) are housed/served in the least restrictive environment and that reasonable modifications be provided to allow individuals with disabilities to have equal opportunity to participate in programs and services. The Service Provider will use auxiliary aids and necessary assistive devices for detainees who because of a disability need additional communication support.

K. Physical Plant

The facility operation and maintenance shall ensure that detainees are housed in a safe, secure, and humane manner. All equipment, supplies, and services shall be Service Provider-furnished except as otherwise noted. The facility, whether new construction expansion or an existing physical plant, shall be designed, constructed, operated, and maintained in accordance with all applicable federal, state, and local laws, regulations, codes, guidelines, and policies. In the event of a conflict between federal, state, or local codes, regulations or requirements, the most stringent shall apply. In the event there is more than one reference to a safety, health, or environmental requirement in an applicable law, standard, code, regulation or Government policy, the most stringent requirement shall apply.

The facility shall provide housing configurations commensurate with the security needs of the population. A one year construction schedule is acceptable for new physical plant requirements. The facility, whether new construction expansion or existing physical plant, shall comply with the building codes under which it was permitted at the time of original construction.

Whether new construction expansion or existing physical plant, fire protection and life safety issues shall be governed by the building and life safety codes under which the facility was permitted at the time of original construction.

The facility, whether new construction expansion or existing physical plant, shall comply with the requirements in effect at the time of the original facility construction of the Architectural Barriers Act of 1968 as amended and the Rehabilitation Act of 1973 as amended. The standards for facility accessibility by physically handicapped persons as set forth in "Uniform Federal Accessibility Standards/Fed Std. - 795 4/01/88 Edition" (UFAS) shall apply. All areas of the buildings and site shall meet these requirements. Activities, which are implemented, in whole or in part, with
federal funds, must comply with applicable legislation and regulations established to protect the human or physical environment and to ensure public opportunity for review. The Service Provider shall remain in compliance with federal statutes during performance of the contract including, but not limited to the following Acts: Clean Air, Clean Water, Endangered Species, Resources Conservation and Recovery; and other applicable laws, regulations and requirements. The Service Provider shall also comply with all applicable limitations and mitigation identified in any Environmental Assessment or Environmental Impact Statement prepared in conjunction with the contract pursuant to the National Environmental Policy Act, 42 U.S.C. 4321. The Service Provider shall be responsible for and shall indemnify and hold the Government harmless for any and all spills, releases, emission, disposal and discharges of any toxic or hazardous substance, any pollutant, or any waste, whether sudden or gradual, caused by or arising under the performance of the contract or any substance, material, equipment, or facility utilized. For the purposes of any environmental statute or regulation, the Service Provider shall be considered the "owner and operator" for any facility utilized in the performance of the contract, and shall indemnify and hold the Government harmless for the failure to adhere to any applicable law or regulation established to protect the human or physical environment. The Service Provider shall be responsible in the same manner as above regardless of whether activities leading to or causing a spill, release, emission or discharge are performed by the Service Provider, its agent or designee, a detainee, visitors, or any third party.

If a spill(s) or release(s) of any substance into the environment occur, the Service Provider shall immediately report the incident to the COR or ICE designated official. The liability for the spill or release of such substances rests solely with the Service Provider and its agent.

A safety program shall be maintained in compliance with all applicable Federal, state and local laws, statutes, regulations and codes. The Service Provider shall comply with the requirements of the Occupational Safety and Health Act of 1970 and all codes and regulations associated with 29 CFR 1910 and 1926.

Fire Alarm Systems and Equipment - All fire detection, communication, alarm, annunciation, suppression and related equipment shall be operated, inspected, maintained and tested in accordance with the edition of the applicable NEC and Life Safety Codes under which the facility was permitted at the time of original construction. The Service Provider shall provide outside lighting sufficient to illuminate the entire facility and secure perimeter with at least 1.5 foot candles.

For new construction expansion or existing physical plant, final and completed, the Service Provider prior to issuance of the NTP shall submit design/construction documents to the COR. For all new construction expansion, the construction schedule shall be updated to reflect current progress and submitted to the COR on a monthly basis. Government staff will make periodic visits during construction to verify Service Provider progress and compliance with contract requirements. As-built drawings and
current drawings of the buildings and site utilities shall be maintained in a secure location during construction and contract performance. These updates shall be provided to the COR within 30 days of any changes made. Site utilities include, but are not limited to: water and sewer lines; gas lines; tunnels; steam lines; chilled water lines; recording layouts; elevations; modifications; additions; etc. Two copies of the as-built drawings shall be provided to the COR in AUTOCAAD release 14.0 on a CD-ROM no later than 90 days after issuance of the NTP. Promptly after the occurrence of any physical damage to the facility (including disturbances), the Service Provider shall report such damage to the COR or ICE designated official. It shall be the responsibility of the Service Provider to repair such damage, to rebuild or restore the institution. A number of Government staff will be on-site to monitor contract performance and manage other Government interests associated with operation of the facility. Government staff will have full access to all areas of the facility. Service Provider access to Government required space must be pre-approved by the COR. In cases of emergency the Service Provider shall notify the COR promptly.

The Service Provider, in accordance with its facility operation and maintenance, shall ensure that detainees are housed in a safe, secure, and humane manner. All equipment, supplies, and services shall be Service Provider-furnished except as otherwise noted.

The facility shall be designed, constructed, operated, and maintained in accordance with all applicable federal, state, and local laws, regulations, codes, guidelines, and policies.

The Service Provider shall provide and maintain a perimeter patrol and an electronic surveillance system, which will identify any unauthorized access to the institution’s perimeter.

4. ICE IT Equipment: ICE shall provide and install IT equipment in office spaces for ICE personnel only, to include computer workstations and screens, printers and fax machines. All infrastructure and cabling shall be provided by the Service Provider.

**NOTE:** ICE IT system must be a complete, independent and physically separate system from the Service Provider’s IT system. The system shall serve all operational components to include ICE, EOIR and OPLA.

Government space shall be climate controlled and located consistent with the administrative office space for the Service Provider's staff. Government-occupied space shall be separate from, but accessible to, detainee housing units and the centralized visiting area. Government-occupied space shall also be secure and inaccessible to Service Provider staff, except when specific permission is granted by on-site ICE, or OPLA staff. The Service Provider shall be responsible for all maintenance, security, and janitorial costs associated with space designated for Government staff. The Service Provider shall provide no less than 10 on-site parking spaces for Government use. The Service Provider shall ensure that video cameras
monitor hallways, exits, and common areas. A qualified individual shall be responsible for monitoring this system inside and outside the building. Considering that the videos will be recordings of residents who may be seeking asylum or other considerations under U.S. immigration law, the Service Provider is required to maintain the tapes and may not release them to anyone, unless approved by DRS. The Service Provider shall develop a plan for keeping the videos for the duration of the project period and destruction of them upon completion of the program.
XI. PROPERTY ACCOUNTABILITY

A. General

The Service Provider shall enact practices to safeguard and protect Government property against abuse, loss, or any other such incidents. Government property shall be used only for official business.

ICE shall maintain a written inventory of all Government property issued to the Service Provider for performance hereunder. Upon expiration of this contract, the Service Provider shall render a written accounting to the COR of all such property. The Service Provider shall assume all risk, and shall be responsible for any damage to or loss of Government furnished property used by Service Provider employees.

Normal wear and tear will be allowed. The Service Provider, upon expiration of services, shall immediately transfer to the COR, any and all Government property in its possession or in the possession of any individuals or organizations under its control, except as otherwise provided for in this contract. The Service Provider shall cooperate fully in transferring property to the successor Service Provider.

The Government shall withhold final payment until adjustments are made for any lost property.

B. Facility, Equipment, Materials, Supplies, and Instructions Furnished by the Government

The Government will furnish the following property at no cost to the Service Provider:

I. Copies of the detention standards cited in the PWS and one copy of all pertinent operational manuals prior to starting work under the contract. The Service Provider shall be responsible to duplicate these standards for Service Provider employees.

II. Administrative forms, Equal Employment Opportunity, Occupational Safety and Health Administration, Service Contract Act, Drug Free Posters, and DHS OIG hotline poster, as required in this contract. As applicable DHS work orders will be issued to the Service Provider via DHS Form 1-203, Order to Detain or Release Alien.

III. ICE office space equipment, such as, but not limited to: office telephones, copying machines, fax machines, computer equipment, and typewriters for Government use. The Government shall be responsible for installation of conduit and data lines within the dedicated Government office space, to include the ICE and EOIR administrative phone system.
XII. FIREARMS / BODY ARMOR

A. Firearms Requirements

1. The Service Provider shall provide serviceable firearms and maintain sufficient licensed firearms and ammunition to equip each armed Detention Officer and armed supervisor(s) with a licensed weapon while on duty. Firearms may be reissued to new replacement employees throughout the life of the contract as long as the firearm is in serviceable condition.

2. Personal firearms shall not be used. A licensed gunsmith shall certify, in writing, all firearms safe and accurate.

3. Firearms shall be standard police service-type, semi-automatic or revolvers capable of firing hollow-point ammunition that meets the recommendations of the firearms manufacturer. Ammunition will be factory load only - no reloads. The Service Provider shall adhere to the manufacturer's specifications regarding ammunition retention, e.g., ammunition shall be properly rotated and older ammunition utilized prior to utilization of newer ammunition.

4. The Service Provider shall provide sufficient ammunition for each armed Detention Officer, including uniformed contract supervisor(s); they shall be issued three full magazines.

5. The Service Provider shall account for all firearms and ammunition daily.

6. If any weapons or ammunition are missing from the inventory, the COR shall be notified immediately.

7. All firearms shall be licensed by the State.

8. Firearms will be inspected. This shall be documented by the Warden/Facility Director.

9. Loading, unloading, and cleaning of the firearms shall only take place in designated areas.

10. The firearms shall be cleaned and oiled as appropriate to ensure optimum operating conditions.

11. Firearms shall be carried with the safety on, if applicable, with a round in the chamber.

12. The Service Provider shall maintain appropriate and ample supplies of firearms upkeep and maintenance equipment (cleaning solvents, lubricating oil, rods, brushes, patches, and other normal maintenance tools).

13. The Service Provider shall provide a complete listing of licensed firearms by serial numbers and by each safe location to the COR prior to beginning performance under this contract.

14. These lists shall be kept current through the terms of the contract and posted within each firearm's safe.

15. The Service Provider shall obtain and maintain on file appropriate State and municipality permits and weapons permits for each officer.

16. A copy of this permit shall be provided to the COR at least three working days prior to the anticipated assignment date of any individual.
17. The Service Provider shall ensure that his/her employees have all permits and licenses in their possession at all times while in performance of this contract.
18. The Service Provider shall provide safes/vaults for storage of firearms and ammunition, for each location where firearms are issued or exchanged, which meet agency requirements and are approved for the storage of firearms and ammunition.
19. The COR is responsible for approving the proposed safes/vaults prior to usage. Contract supervisors and guards shall make accurate receipt and return entries on a Firearms and Equipment Control Register.
20. Except when issuing or returning ammunition or firearms, each safe/vault shall remain locked at all times.
21. The Service Provider shall be responsible for having the combination of each safe/vault changed at least once every six months, or more often if circumstances warrant.
22. The Service Provider certifies firearms training to the COR.
23. The Service Provider shall certify proficiency annually.
24. The Service Provider shall provide an ICE approved intermediate weapon(s).

B. Body Armor Requirements

1. The Service Provider shall provide body armor to all armed Detention Officers and armed supervisor(s).
2. Body armor shall be worn while on armed duty.
3. The body armor shall meet all requirements as set forth in the ICE Firearms Policy.
4. The Service Provider shall procure replacement body armor if the body armor becomes unserviceable, ill-fitting, worn/damaged, or at the expiration of service life.
5. All armed Detention Officers and armed supervisors need to be made aware of the health risks associated with the wearing of body armor in high heat/high humidity conditions and/or during strenuous exertion. When Detention Officers and supervisors are required to wear body armor, they shall be provided opportunities to rehydrate and remove the body armor as necessary.
6. The use of personally owned body armor is not authorized.
# Torrance County Detention Facility

## Indoor/Outdoor Recreation Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
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<tbody>
<tr>
<td>7:00am-9:00am</td>
<td>South</td>
<td>High/High Medium ICE</td>
<td>High/High Medium ICE</td>
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<td>2:00pm-4:00pm</td>
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The schedule will rotate every 30 days and times are subject change based on inclement weather and or facility needs.
MEMO

TO: Detainee Population

FROM: Facility Staff

DATE:

RE: Visitation Schedule

Below are scheduled dates and times for contact social visitation at Torrance County Detention Facility. Special requests/considerations can be made through a request to your unit team.

<table>
<thead>
<tr>
<th>Time</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
<tr>
<td>8:00am-10:00am</td>
<td>Unit 100</td>
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<td>Segregation (non-</td>
<td>Unit 500</td>
<td>High-High Medium</td>
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<td>Unit 200</td>
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<td>contact)</td>
<td>Unit 700</td>
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<td>Unit 800</td>
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<td>10:00am-12:00pm</td>
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<td>Closed</td>
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<td>12:00pm-2:00pm</td>
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<td>Closed</td>
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<td>Unit 600</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Custody</td>
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</tbody>
</table>
# TORRANCE COUNTY DETENTION FACILITY
## ACTIVATION RAMP PLAN

<table>
<thead>
<tr>
<th>Ramp Week</th>
<th>Intake Day</th>
<th>Intake Number</th>
<th>Total Population</th>
<th>Planned Pod Housing</th>
</tr>
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<tbody>
<tr>
<td>Week 1</td>
<td>TBD</td>
<td>(b)(4)</td>
<td></td>
<td>2A/2B/1D</td>
</tr>
<tr>
<td>Week 2</td>
<td>TBD</td>
<td></td>
<td></td>
<td>2A/2B/1D/1C/1B</td>
</tr>
<tr>
<td>Week 3</td>
<td>TBD</td>
<td></td>
<td></td>
<td>2A/2B/1D/1C/1B/6A/6B/6C</td>
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<tr>
<td>Week 4</td>
<td>TBD</td>
<td></td>
<td></td>
<td>Unit 5 and 6/2A/2B/1D</td>
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<tr>
<td>Week 5</td>
<td>TBD</td>
<td></td>
<td></td>
<td>Units 5,6,7,8</td>
</tr>
<tr>
<td>Week 6</td>
<td>TBD</td>
<td></td>
<td></td>
<td>Units 5,6,7,8/2A/2B</td>
</tr>
<tr>
<td>Week 7</td>
<td>TBD</td>
<td></td>
<td></td>
<td>Units 5,6,7,8/2A/2B/1D/1C</td>
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<tr>
<td>Week 8</td>
<td>TBD</td>
<td></td>
<td></td>
<td>All planned</td>
</tr>
</tbody>
</table>

The monthly invoice amount during the ramp up period will be negotiated prior to the issuance of the first task order and will be based on the detainee population. The agreed upon FP monthly amount of (b)(4) for detainees 1 - 714 will only be paid if the GM is met.
Bi-Monthly M&A Update
November 22, 2021

Office of Acquisition Management (OAQ) - Al Dainton

Operational Updates

Detention Compliance and Removals (DCR)

1. Procurement: Contract Detention Facility for Detroit – New Requirements. On 11/25/20, Enforcement and Removal Operations (ERO) asked OAQ to put the procurement on hold. OAQ inquired into this requirement on 7/19/2021, and ERO stated that the program office is reviewing this requirement due to the increase in required detention and surge beds.

2. Procurement: Detainee Telephone System (DTS) – Recompete, $0/TBD – 11/4/21 No update this week. OAQ exercised FAR 52.217-12 in 11/4/21 months given the multiple pending lawsuits that impact how the contract and services are provided and reimbursed. The team is planning for a re-compete procurement. The contractor currently provides pro bono services, charges detainees for phone time and collects the revenue. Contract expires 4/12/2022.

3. Procurement: Medical Staffing Recompete (DHS Strategic Solutions Vehicle) – Performance under the current award ends on 05/28/2022. On 10/05/2021 the solicitation was released. Currently conducting evaluations/oral presentations for 31 vendors for Phase I proposals. Anticipate completing oral presentations by 11/30/2021. Awards expected February 2022.

4. Procurement: Port Isabel Detention Center (PIDC) Service Processing Center (SPC) – Recompete. Performance under the current award ends on 11/30/21. Award of the new contract is planned for 09/2022. OAQ has started bi-weekly meetings with the program office for this requirement. Technical evaluations completed 10/19/2021. Amendment 0007 was issued to interested parties to incorporate the COVID clause and update pricing instructions. Proposal revisions for the price proposal due 11/10/2021.

5. Renegotiation: Torrance Intergovernmental Service Agreement (IGSA) (CoreCivic) – Awaiting finalization of request for equitable adjustment.

6. New Procurement – (On Hold) Emergency Family Staging Centers (follow-on to Endeavors) – Estimated value TBD, based on beds for a period of one year. On 9/1/2021, OAQ issued an amendment to the Request For Quote (RFQ) with a new Contract Line Item Number (CLIN) structure, requesting revised pricing for four increments of (one family per room), with Periods of Performance (POP) over a period of years (9/30/2021-9/29/2023) to activate as-needed. Following approval from S1 on 9/17/2021, OAQ will make award in fiscal year (FY) 2022 when funds are available.

8. Modification: Intensive Supervision Appearance Program (ISAP) – OAQ is preparing modifications to the indefinite-delivery, indefinite-quantity (IDIQ) and current task order to add time and materials (T&M) CLINs to secure the purchase of 17k phones for use at the Southwest Border (SWB). On 10/7/2021, the Contracting Officer (CO) gave notice to BI to proceed while the modifications are being finalized.

9. Medical Surge: ERO ICE Health Service Corps (IHSC) requires the addition of two Advanced Practice Providers (APP) at 13 surge locations. OAQ has requested clarity from Custody Management Division (CMD) and IHSC for the 11 non-IHSC locations (IHSC contractor or detention contractor). Pricing information was sent to IHSC 07/23/2021. IHSC notified OAQ there may be problems with oversight and operationalization, and to “stand by.” Office of Immigration Program Evaluation (OIPE) approval received to procure additional staff through detention contractors vs IHSC staffing contract. RFQs all sent to contractors for additional staff. Contract Modifications (Mods) sent for 3 facilities in the NOL area of responsibility (AOR). Pricing received for DAL Bluebonnet and LaPalma and is being reviewed.

10. Task Order – Northwest Detention Center (NWDC) Tacoma - Recently, WA State enacted legislation (HB1090) which sought to prohibit operation of private detention in WA. The current Contract Detention Facility (CDF) task order at NWDC Tacoma expired on 9/27/2021. ERO had sufficient FY21 funding to cover a short-term task order so appropriate operational plans can be in place should the facility be forced to close. OAQ issued a 30-day task order to 10/27/21, which was approved by DHS Office of General Counsel (OGC). A supplementary decision was made by OGC to issue another task order. OAQ issued a one-year task order effective 10/28/21 and modified the IDIQ contract with the Covid Vaccination Federal Acquisition Regulation (FAR) clause deviation 52.223-99.

11. New Procurement – National Case Management Program (NCMP) for unaccompanied non-citizen child(ren) (UNC) and those family units (FAMU). Estimated value was [b](4) which included base and four option years. Request for Information (RFI) was issued on 6/25/2021 and responses were received on 7/19/2021. Another change in program requirements was submitted on 7/29/2021 and a final scope was submitted on 9/21/2021 which changed the requirement to Young Adult Case Management Program (YACMP) with a revised estimated value of [b](4) for base and four option years. Acquisition Plan (AP) and draft solicitation comments were received on 10/8/2021 and the CO is working to address them with the assistance of ERO.

Investigation & Operations Surveillance Division (IOSD)

1. Government Accountability Office (GAO) Protest issue for Gettysburg Procurement – New award: Awarded on 6/16/21 to Gettysburg Addresses for [b](4) Academy Leadership submitted GAO protest on the second award on 6/24/21. GAO dismissed two of the three of the protest grounds because they were speculative. Decision was made to follow GAO’s recommendation: have discussions, request revised proposals, evaluate proposals, and prepare a new source selection document. Estimated re-award timeline identified as

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2022-ICLI-00045  3769
12/10/21. Re-award must be made before 01/07/22 to use FY21 funds “made available” for the requirement.

2. Procurement: Office of the Principal Legal Advisor (OPLA) Principal Legal Advisor’s Network (PLAnet), Document Management Support Services – Estimated $38M, 5-Year, Labor Hour (TBD) Task Order. Acquisition Strategy leaning towards Government Service Administration (GSA) Federal Supply Schedule (FSS) Small Business (SB) Set-aside competition. OPLA is developing the requisition package and current award ends on 12/31/21. Current contract will be extended through 03/31/22 to allow more time to make award and avoid personnel transition during the holidays and over the new year.

3. Issue/Procurement: Southwest Border Transportation Initiative: In previous years, Southwest Border Special Agent in Charge (SAC)/Resident Agent in Charge (RAC) offices have requested transportation support like the support available in SAC San Diego, but no contract was formed. The support issue resurfaced again in FY21 with SAC El Paso, RAC Tucson, and SAC Houston; however, it was too late in the FY to put contracts in place. SAC San Diego has also forecast detainee “overflow” issues and has discussed the prospective costs/requirements for transporting San Diego AOR detainees to the SAC Phoenix AOR. A meeting was held on 10/7/21 with OAQ/HSI Administrative Management Unit (AMU) and HSI SACs to discuss program and contract options to meet this requirement in FY22. Follow-on meetings are scheduled bi-weekly to discuss progress.

Information Technology Division (ITD)

1. Procurement: Repository for Analytics in a Virtualized Environment (RAVeN) User Interface (UI)/User Experience (UX) Recompete[b(4)] Congressional Notification is required (multi-year funds). One quote received. Contract Specialist/Contracting Officer (CS/CO) preparing one-bid documentation. Projected award date is 12/17/21.


3. Procurement: SEVP IT Program Management Office (PMO) Recompete,[b(4)] – Requirement is a small business set aside against GSA multiple award schedule (MAS) IT. RFQ issued on 09/16/21 with quotes received on 10/05/21. Phase 2 virtual interviews are complete. Target award moved to 12/20/21 due to delays in the technical evaluation. Incumbent contract is currently an IOSD contract and was extended from September 2021 through February 2022. A Congressional Notification is required for this requirement (No-Year funding).


5. Procurement: Scalable Ways to Initiate Flexible Tasks (SWIFT), Industry Day held on 11/10/21. CO/CS drafting solicitation documents and Program Manager (PM) reworking the Performance Work Statements (PWS). Award planned for FY22.

6. Procurement: Security Assurance Support Services (SASS), Current effort extended to March 22, 2022. CO is working with the program office to update documents for a 12-month extension; the program office provided the documents on 11/5/21. A Congressional Notification is not required.

7. Procurement: Cloud Hosting Infrastructure, Recompete – Amazon Web Service (AWS) Bridge was awarded on 8/9/21 and the Microsoft (MS) Blanket Purchase Agreement (BPA) Call was awarded on 8/8/2021. Services for both are continued through March 2022. OAQ is finalizing pricing and transition requirements. Congressional Notification is not required for this GSA acquisition.

8. Procurement: Operations and Solutions Delivery Support Services (OSDSS) – Recompete, $82M, VETS2 – Technical and Past Performance teams are reevaluating proposals. Anticipated award date is uncertain; corrective action ongoing, including OPLA review of tech evals. Interim task order consisting of a three-month base and four one-month options was awarded on 8/29/2021. The exercise of at least one option will be required by 11/29/21. A Congressional Notification is not required.


10. Procurement: EIS Voice over 10 years – New Award – Acquisition strategy is to issue a competitive task order against the GSA Enterprise Infrastructure Solutions (EIS). Completed procurement package pending PM final review. CO preparing milestones.

Mission Support (MS)

1. Procurement: Krome SPC Kitchen & Dining Hall Renovation – New Requirement; Independent Government Cost Estimate (IGCE) This an FY22 award action. Strategy to use Coast Guard IDIQ approved and currently creating the preliminary documents to include the Request for Proposal (RFP). As of 10/22/21, acquisition strategy has changed from best value trade off to lowest price technically acceptable (LPTA) since this requirement is predominantly construction. Office of Asset and Facilities Management (OAFM) is coordinating with the Army Corps of Engineers for the LPTA criterions.

*Funded with multi-year (3year funds).
Business Operations & Strategy Updates

1. Submitted the Semi-Annual Labor Report to DHS

Budget Division

- FY 2022
  - COVID-19 tracking annual account obligation/expenditure total (increase of from the prior week).
  - Cumulative expenditures (FY20-FY22) at $44.3M

- SWB UAC/Office of Refugee Resettlement (ORR) Support
  - Total cost to assist Customs and Border Protection (CBP) with the SWB surge is estimated at Travel cost, Base Pay and in OT – no change from prior week)

- HAC Engagement
  - Engaged with House Committee on Appropriations (HAC) Majority Clerk and Lead Staffer on 11/12/21 to walk through HAC bill, socialize understanding and seek clarity on mark, and provided updates on YACMP; Revised Civil Immigration Enforcement implementation; and body worn camera (BWC) Pilot cost estimates.

Facilities Management Division

SAC NY: 75% design due on November 26. On track for January 2022 design completion.

- ERO Scarborough, ME:
  - Remaining work expected to be complete by December 6. Move-in tentatively planned for the week of December 13, pending OAFM and Field Office Director (FOD) leadership onsite verification.
  - GSA confirmed ICE will not receive a rent bill for Scarborough until all issues are resolved.
  - In the meantime, FOD staff will remain in the current South Portland location.

- HSI Newark, NJ:
  - GSA is working to procure a new long-term leased space, which is not expected to be available until early-to-mid 2022. OAFM and HSI are working with GSA Region 2 leadership and DHS on temporary relocation options in the interim.
  - GSA Region 2 leadership supports ICE intent to remain at 339 Brewster Road in a holdover status until the new space is ready or the lessor initiates formal action to vacate HSI.

- Workplace Transformation Initiative (WTI):
OPLA and ERO currently developing waiver requests for various projects in development. OPLA will be requesting 1:1 seating and ERO plans to reduce telework to less than 10%.

Safety and Occupational Health Division

- On November 15, Occupational Safety and Health (OSH) safety personnel began the PCN Annual Building Inspection; expect to see safety personnel on all floors at the PCN building.

- On November 9, requested update on estimated time of arrival (ETA) status of 90 kits (3,600 tests) to the ICE Warehouse. Current on-hand inventory is 13 kits (520 tests). Each kit contains 40 tests with one solution bottle for testing at a federal location.

Fleet Management Unit

- The Fleet H.O.M.E. system is expected to receive the Authority to Operate (ATO) in November. This means the system can go from a testing environment to a full operational capability. Fleet Management Unit (FMU) will be conducting testing throughout AORs for SAC Phoenix, FOD Los Angeles, and Office of Professional Responsibility (OPR) Plantation, FL starting the week of November 15. Kick off presentations were conducted with SAC/FOD leadership teams the week of October 18.

- Phased rollout to all of ICE is expected to begin December and continue through Quarter (Q)2.

Hiring Update as of pay period (PP) 21:  See attached.

Enforcement of the Vaccine Mandate:  Procedures are being finalized for processing and tracking progressive discipline, including accounting for exemption request, extended absences, and other variables that might delay or hold in abeyance the disciplinary process. Office of Human Capital (OHC) will participate in field calls with HSI, ERO and OPLA to answer questions about the enforcement process.

Request for an Extension of the Female-Only Bona Fide Occupational Qualifier (BFOQ):  In July 2021, ICE OHC requested an extension of the December 6, 2017, female only Bona Fide Occupational Qualifier (BFOQ). The request for an extension was in support of ICE’s continued need for an exception for fiscal years 2022 through 2026 for the following positions: (1) Deportation Officer, GS-1801; and (2) Criminal Investigator, GS-1811 at the GS/GL-05/07/09 grade levels. On October 12, 2021, OHC submitted new supplemental information to DHS, pursuant to feedback from Office of Personnel Management (OPM), in support of the justification for ICE’s BFOQ extension request.

Labor/Union Matters

- Local employee engagement initiatives and DHS engagement initiative updates.
- Bargaining related to vaccine mandate – Memorandum of Agreement (MOA) reached with American Federation of Government Employees (AFGE) Local 511.
2021 Federal Employees Viewpoint Survey (FEVS): The 2021 OPM Federal Employee Viewpoint Survey (FEVS) opened last week and will be open to all agencies for approximately five weeks (scheduled to close December 10). It was sent to a representative sample of federal employees, so not everyone received it. A major consideration in planning for the 2021 survey was the expressed interest of most agencies in returning to a spring administration of the OPM FEVS in 2022. The 2021 OPM FEVS was developed to ease the administrative burden of conducting two surveys in quick succession. The core set of items included in 2021 are identical to the 38 retained for the 2020 survey, representing just over half of the core items on the OPM FEVS prior to the pandemic. Core survey content also includes measures widely used for strategic workforce development, and the Employee Engagement and Global Satisfaction indices. With the pandemic ongoing, some of the items used to address the COVID-19 pandemic have been retained in their entirety or modified for the 2021 OPM FEVS.

Southwest Border and Immigration Executive Order Support

- **Alternatives to Detention (ATD) Microapp:** ATD microapp is in use in the Harlingen and El Paso Field Offices. As of November 12, there were a total of 0(4) auto enrolments to the BI Vendor Total Access system. OCIO has developed a reporting dashboard to track ATD micro app usage and adoption progress.

- **SWB Wi-Fi:** OCIO completed six ICE Wi-Fi deployments at six key Southwest Border locations including the Karnes County Civil Detention Facility, Laredo Co-Location Office, McAllen ASAC Office, Harlingen Field Office, San Antonio Field Office and the El Valle Detention Center. This Wi-Fi capability provides IT access to employees detailed in support of the current SWB initiative.

- **Technology Modernization Fund (TMF):** On October 26, DHS hosted the first Executive Steering Committee (ESC) to decide the priorities and first allotments of TMF funding. ICE will have two programs, Digital Immigration Processing (DIP) and ATD, under the overall DHS effort, and will receive 0(4) As the official member of the ESC, A-DD Lechleitner represented ICE regarding the first 3-month milestones developed by OCIO.

- **Guidelines for Enforcement of Civil Immigration Law:** OCIO is working with ERO on identifying IT requirements to support the new enforcement guidelines for civil immigration law. Contract modification completed October 27 for IT implementation and support of new policy. Planned activities include Arrest Authorization Request Tool (AART) system enhancement to address gaps in data collection and streamline access to data in support of dashboards and analytics.

**HIGH VISIBILITY ITEMS**

- **ICE Industry Day:** On October 20, OCIO and OAQ hosted a virtual Vendor Engagement Day. This event was designed to promote a meaningful information exchange to support a greater understanding of ICE’s IT requirements and industry capabilities. ICE presented
several OCIO procurements including Scalable Ways to Initiate Flexible Tasks (SWIFT), Security Assurance Support Services, ICE Data Reporting Systems (IDRS), and Investigative Case Management (ICM); and offered meeting participants the opportunity to ask questions. Assistant Director (AD) Rapp from ERO’s Law Enforcement Systems and Analysis (LESA) division spoke about ERO’s IT needs and challenges from a mission perspective.

- **Body Worn Camera (BWC):** Several activities are moving the Body Worn Camera Pilot forward, including:
  - All network related preparation and execution completed for three (3) training sites: Ft. Benning, JFK, & Houston. Initial testing of a docking at Ft. Benning was successful.
  - OCIO designed an automated install package for the AXON Software Package for user workstations to allow for user-initiated installation.
  - Full Authority to Operate (ATO) approval received on November 2
  - Privacy Impact Assessment (PIA) signed on November 2
  - Go-live date moved forward from November 22 to November 15

- **Zscaler Pilot:** Zscaler is an alternative to the Cisco AnyConnect Smart Mobility Client (VPN) software which provides remote access connectivity with improved performance and security. The product has been deployed to 10(4) workstations to include 2(3) workstations supporting Southwest Border activity (90) and Operation Allies Welcome (29). The ICE Service Desk serves as the central intake for Pilot user issues. The team continues to address configuration issues to improve resiliency and enable users to move from one work site to another seamlessly.

**Cybersecurity**

- **Phishing Campaign:** On October 25, the Security Operations Center (SOC) observed an activist spam campaign targeting an ERO Field Office Director. Over 140 external emails leveraging a known advocacy software tool were detected over a 9-hour period. The SOC quickly blocked the software root domain and implemented a rule to stop future attempts via other email domains or advocacy software.

- **Upcoming Security Exercises in FY22:** OCIO conducts periodic phishing exercises across all organizations and at all levels of the ICE population, including leadership. These exercises raise awareness and increase reporting of cyber-attacks aimed at compromising sensitive information on ICE’s network. OCIO distributes e-mails containing simulated phishing links to help raise knowledge of emails that are true cyber vulnerabilities. As in actual attacks, ICE employees are encouraged to report phishing attempts by using the Report Phishing button found in the Outlook toolbar. The first exercise will take place in mid-November and additional events will occur on a regular basis throughout the rest of FY22. Note: These exercises are designed as training initiatives for all ICE personnel and are not audits. At no time during these training exercises will any PII be reported. Only statistical metrics will be gathered for reporting purposes.

- **October - Cybersecurity Month:** The following events were Cybersecurity Month highlights:
Chief Information Security Officer (CISO), Rob Thorne, was as a panelist for the Department of Transportation Cybersecurity Symposium, which highlighted careers in cybersecurity and how hiring in the cybersecurity workplace is constantly evolving.

Cyber Threat Intelligence Team (CTI) hosted a Ransomware/Cyber Awareness briefing. The presentation explained the history of ransomware. The first asymmetric ransomware prototype was created in 1996, but didn’t gain popularity until 2009, which is when bitcoin was invented. Bitcoin is commonly used for ransomware because it’s untraceable.

OCIO’s Cyber Defense and Intelligence (CD&I) Branch presented “A Day in the Life of an ICE Penetration Tester” to OCIO staff. This demonstration showed how ICE penetration testers emulate real-world cyberthreat actors and perform cyber threat assessments on ICE’s Network.

- **Request for Information on Information Sharing and Access Agreements (ISAA) supporting OPLA:** IGP assisted the DHS Office of the General Counsel by providing information for their litigation team in preparation for their upcoming case on October 29, Gonzalez v. ICE. The litigation team was trying to track down any Memorandum of Understanding (MOU)/MOAs that cover ICE’s access to other department’s databases. The specific ask included determining whether a compilation of DHS MOUs and MOAs already existed or if there are identifying program offices that have a responsibility for entering similar MOAs/MOUs or user agreements. IGP was able to provide a list of ISAAAs gathered from its ISAA Repository.

- **ICE Freedom of Information Act (FOIA) Process Improvement Project:** On November 4, Acting ICE FOIA Officer, Deputy ICE FOIA Officer, and ICE Supervisor of the Intake Team met with OPLA Government Information Law Division’s (GILD) leadership to discuss approaches for optimization of the FOIA process across the agency. This is a comprehensive agency review activity between IGP, OPLA, and the Program Offices to refine and streamline FOIA processing, legal, and litigation actions internal and external to ICE.

- **Social Media Privacy Impact Assessment (PIA):** In 2019, the Brennan Center for Justice issued a report detailing how DHS (and its respective components) could be more transparent in notifying the public about social media use. To address their recommendations, ICE Privacy is working on multiple deliverables, including a PIA, social media operational use templates (SMOUTs), ICE-wide guidance on appropriate uses of social media, and training modules for operators. On November 10, ICE Privacy met with stakeholders from ICE OPLA, Policy, HSI, and ERO to resolve issues pertaining to the use of online research identities, keeping social media accounts active, and mis-attributed browsers or devices. ICE Privacy expects to send its PIA to OPLA for review by Friday November 19 and complete all deliverables listed above by the end of Q3 FY22.
ICE BWC PIA, Privacy Threshold Analysis (PTA), and Standard Operating Procedure (SOP): On October 8, the DHS Privacy Office adjudicated ICE’s BWC PTA and on November 2, the PIA was signed and published. ICE Privacy has also provided the ICE Office of Firearms and Tactical Programs (OFTP) with edits and comments on the draft SOP on issues pertaining to privacy, records management, and information sharing. According to OFTP, the SOP will be finalized before the pilot begins.

ICE BWC FOIA Training: On November 10, Axon provided video redaction on BWC footage training to 6 ICE FOIA supervisors. The capabilities comply with all FOIA requirements and includes to exporting videos that are usable to requesters. The software has automation built in to reduce FOIA video processing times.

ATD Compliance Efforts: While engaging with ERO ATD on a number of projects in FY21, ICE Privacy noticed gaps in ATD privacy compliance. ICE Privacy began working on a PTA regarding ATD’s Total Access Tool, which helps ATD track and monitor non-citizens on ICE’s non-detained docket for ATD program compliance. DHS Privacy adjudicated this PTA on October 8. According to the adjudicated PTA, ICE is required to both publish a PIA documenting the ATD program and update the Criminal Arrest Records and Immigration Enforcement Records (CARIER) Systems of Records Notice (SORN) to specifically identify the technologies used for these purposes (e.g., GPS, ankle monitors). Both tasks must be completed by October 8, 2022.

DHS Acquisition Program Management Awards: OIPA announced the FY21 ICE Acquisition Program Management Awards (APMA) on 10/15, soliciting nominations across all program offices. ICE APMA was also announced in the ICE Breaker, nominations are due to OIPA by 11/23.

DHS FSM Cube: OIPA continues to participate in the monthly DHS FSM Cube Solution ESC and the ICE FSM Solution Stakeholder Committee (FSSC) meetings. In collaboration with DHS JPMO, ICE and Customers continue progressing with financial data cleansing, PRISM contracting data ingest, and developing the Requirements Traceability Matrix (RTM). The ICE PM presented the FFMS Ramp Down Costs and Transition Planning Alternatives at the FSSC on 10/27.

Fall Acquisition Program Review (APR): OIPA hosted the review of 16 acquisition programs (ERO & HSI) on 11/9-11/10, audience included the Department’s Office of Program Accountability and Risk Management (PARM), DHS OCIO, and ICE leadership. OIPA will issue an APR memo to capture outstanding action items.

Acquisition Planning Forecast System (APFS): OIPA led ICE User Acceptance Testing (UAT) of APFS enhancements to assist DHS APFS PMO. On 10/17, DHS APFS released 8 priority enhancements to improve the forecast, and OIPA notified all ICE APFS users.
• **Complex Procurements Review:** OIPA presented the pilot effort at the Business Management Council (BMC) and issued a memo to notify leadership of the upcoming pilot on 10/18. The Pilot Kick-Off meeting was held with OAQ on 10/26.

• **Detention Services:** OIPA met with ERO leadership on 10/12 to discuss a way forward for applying acquisition oversight processes and governance to detention services. ERO agreed to form an IPT led by ERO including OCFO, OAQ, CRE, and OIPA to develop an approach for requirements, acquisition lifecycle, program management and costing. OIPA circulated a draft IPT charter for initial review and feedback on 10/16. Follow-up leadership meeting re-scheduled to 11/19 to discuss IPT charter and membership from each organization.

• **ERO CART:** The program is working towards Acquisition Decision Event (ADE) 3.

• **ERO Workforce Management System (EWMS - Kronos) Pilot:** OIPA is coordinating completion of the acquisition documentation and pilot operational assessment with the program office, and ERO is working with OCFO to ensure appropriate funding utilization. ERO extended the pilot contract by two months to allow for completion and review/approval of the acquisition planning and pilot results. The Component Acquisition Executive (CAE) pre-brief was held on 11/15, with an Acquisition Review Board (ARB) briefing planned for the 12/2 BMC for an ADE-2B decision.

• **HSI Certified Undercover Fundamental Financial System (CUFFS):** Undercover Operations Modernization (UOM) operational support contract will include adaptive maintenance to include business flow review and approval flows that will support related undercover financial decisions. The program begins acquisition program planning for CUFFS in FY22, depending on funding availability, with the objective of reaching and ADE-2A decision prior to the end of FY22.

• **HSI RAVEn Platform:** The ICE leadership ARB endorsed the program for an ADE 2A approval by the CAE. The CAE issued an Acquisition Decision Memorandum (ADM) to document the approval on 9/24/21. The RAVEn DevSecOps contract has been awarded, and contractor onboarding in progress to support obtain phase development activities.

• **Safety Management Information System (SMIS):** ICE leadership ARB endorsed the program for an ADE 2A/B approval by the Component Acquisition Executive. The CAE issued an ADM to document the approval on 9/23/21. SMIS development contract has been awarded.

• **TACCOM PR/USVI:** The program is working towards ADE 2B, targeting May 2022 ARB.

• **OLLCD has returned to in-person training.**
- OLCD held one Instructor Development Course (IDC) course and will hold an Advanced Supervisory Leadership Training (ASLT) and Supervisory Leadership Training (SLT) in December in Dallas.
- OLCD is continuing to support HSI INTEL (HSI Criminal Analyst Training (CAT)) pilot.
Staff Responsible for Briefing Memo

Desk: 202-732-###

h@ice.dhs.gov

Desk: 202-732-###

@ice.dhs.gov

Date Prepared: November 17, 2021
Will do.

Sent with BlackBerry Work (www.blackberry.com)

Hey folks. Would be interested in take on this, as I believe Torrance is in his AOR. Mind discretely seeking his input?

Michael P. Davis
Executive Deputy Principal Legal Advisor
U.S. Immigration and Customs Enforcement
(O) 202.732.8870 • (C) 202.904.2505

With honor and integrity, we will safeguard the American people, our homeland, and our values.

Please note that this message may contain sensitive and/or legally privileged information (attorney work product, attorney-client communication, deliberative process, personally identifiable information, law enforcement sensitive, etc.) and should be handled accordingly.

FYI
Subject: RE: Attorney access issues in Torrance

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Dear [b](b)(6), [b](7)(C) We write with some very concerning updates since our last exchange regarding legal access to the Torrance County Detention Facility in early October. We believe this is a time-sensitive situation that involves ICE as well as other agencies and requires urgent attention.

First, after initially providing an attorney access to approximately half of the Haitians detained at Torrance (the rest were not seen because they were in quarantine), the facility and local ICE have refused all attempts at seeing the rest. Requests have been made to provide group presentations, to which the local office first did not reply, and then insisted that it only be done in an LOP-style format, with preapproval of a syllabus, only the use of a sign-up sheet (which they would not commit to providing in Creole), and then limiting calls to individuals to 5 people per week, when we believe there are approximately 20 additional people who have not been given any legal information or counsel at all.

Secondly, we know that Torrance failed its inspection, due in part to an extreme staffing shortage. This is repeatedly given as an excuse for why a legal call cannot arranged, or why days go by before anyone responds. Attorneys have repeatedly pointed out that due process and access to counsel cannot be infringed upon because of ICE’s own staffing issues. If ICE is unable to staff the facility appropriately, it begs the question if the facility can be operated safely.

Meanwhile, every Haitian our partners have spoken with has said that they are being told by the immigration judge that in order to proceed, they must have an attorney present, and are not being advised at all that they have the right to proceed pro se. This is incorrect, as you know, and we are also reaching out to EOIR on this matter. However, we do believe that ICE has a role to play in not removing individuals who are being ordered removed after improper advisals.

Finally, after our partner submitted a group of 18 parole requests for the group of men we were able to meet with, we have begun to receive denials—some less than an hour after they were submitted. Some responses are simply an email declining to grant parole and saying the client can apply for bond (again, nearly impossible when the judges are ordering them removed at master calendar hearings if they don’t have attorneys) and say, “Although you did provide the sponsor documentation, in your client’s case there is NO present urgent humanitarian reason or significant public benefit for release.” (emphasis in original)

These are all men who were at the Del Rio encampment. Many of them experienced violence from our CBP officers, and we believe many were witnesses to possible violations of federal law by law enforcement officers. They all have sponsors in the United States, and the overwhelming sense on the ground is that there is an effort to deny them access to counsel and remove them from the country as quickly as possible.

Another group of these men have hearings on Nov. 9, at which we assume even more will be ordered removed. We urge you to intervene by avoiding removing anyone until a proper
investigation is conducted, and to release people who are clearly no danger to the community and are not a flight risk.

Sincerely,

Director of Policy
303-520-6730, (b)(7)(C) @immcouncil.org
American Immigration Council
1331 G Street NW, (b)(6),
Washington, DC 20005
www.AmericanImmigrationCouncil.org
www.ImmigrationImpact.com

From: (b)(6), (b)(7)(C)
Sent: Wednesday, October 13, 2021 9:22 AM
To: (b)(6), (b)(7)(C) @hq.dhs.gov>
Subject: RE: Attorney access issues in Torrance

Thank you – much appreciated.

From: (b)(6), (b)(7)(C)
Sent: Tuesday, October 12, 2021 10:57 PM
To: (b)(6), (b)(7)(C) @immcouncil.org>
Subject: RE: Attorney access issues in Torrance

Here is the information we received from the ICE ERO Legal Access Team. I hope that it’s helpful.

The Legal Access team spoke with the field office Legal Access POC (AFOD Shaw, who recently returned to the field office from detail). The field office will pro-actively reach out to (b)(6), (b)(7)(C) to clarify the instructions for obtaining approval to provide Know Your Rights presentations (KYRs), address any concerns, and assist with facilitating KYRs. AFOD Shaw will clarify the options for KYRs within the COVID pre-cautions and the 14 day cohorts and general population options. AFOD Shaw will also let (b)(6) know how to contact the field office directly in the future with any legal access issues. The field office will also remind the facility that the KYR provider does not need to provide G-28s.

DHS can encourage legal service providers to reach out directly to the field office and discuss their concerns. If legal service providers are still having difficulty, they can elevate issues to the ERO HQ Legal Access team at Detention.LegalAccess@ice.dhs.gov. We are happy to then work with the designated field office legal access POCs.
From: [b](6), (b)(7)(C)@immcouncil.org
Sent: Sunday, October 10, 2021 9:51 AM
To: [b](6), (b)(7)(C)@immcouncil.org
Subject: RE: Attorney access issues in Torrance

Hi [b](6),

Sorry for the delay getting back to you. We will share this information with our colleagues at ICE and the Detention Ombudsman so they can determine the appropriate follow-up.

Thanks for bringing this to our attention.

Royce

Counselor to the Secretary
U.S. Department of Homeland Security
[b](6), (b)(7)(C)@hq.dhs.gov
(c) 202-768-8

From: [b](6), (b)(7)(C)@immcouncil.org
Sent: Friday, October 8, 2021 2:34 PM
To: [b](6), (b)(7)(C)@immcouncil.org
[b](6), (b)(7)(C)@hq.dhs.gov
Subject: Attorney access issues in Torrance

[CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.]

[b](4) One of the Council’s key partners at the Justice Campaign working in New Mexico has encountered an urgent attorney access issues in Torrance, and I write to determine if you all may be able to look into the matter. For the last 10 days, a couple of attorneys have been trying to access approximately 58 Haitians who were brought from the Del Rio to the Torrance County Detention Center. It is our understanding that these people were put directly into 240 proceedings and are on a fast-tracked docket. With the total lack of legal service providers in the area (the two attorneys attempting to access the detention center are taking this on in their individual capacities), and the interpretation issues of having a Haitian Creole speaker available, it is clear that in-person access to provide presentations and intakes is critical. A specific timeline of attempts the attorneys made to get access to the detention center is attached.

Any help facilitating access to the facility next week for group in-person presentations next week, without requiring G-28s, would be greatly appreciated. This is something that is regularly organized for other detention centers in the area that do not have organized LOPs and is critically needed for this population in particular.

The attorneys who have been in communication with the facility have pointed out to them that Torrance is covered by the Performance Based National Detention Standards 2011, which state, “Upon request of a legal representative or assistant, the facility administrator may permit a confidential meeting (with no officer present) involving the requester and two or more detainees. This may occur for
various purposes (e.g., pre-representation, representational, removal-related). The facility shall grant such requests to the greatest extent practicable.”

Sincerely,

[Redacted]

Director of Policy
303-524-9440
immcouncil.org
American Immigration Council
1331 G Street NW
Washington, DC 20005
www.AmericanImmigrationCouncil.org
www.ImmigrationImpact.com
Issue:

HQ ERO received an emailed concern from the American Immigration Council regarding attorney access at the Torrance County Detention Facility (TCDF), an ICE/ERO intergovernmental services agreement detention facility in Estancia, New Mexico.

Facility Background:

TCDF is a multi-jurisdictional facility, owned and operated by CoreCivic. The facility has a rated capacity of 975 beds and houses adult male detainees of all classification levels for ICE and the U.S. Marshals Service and male and female detainees for Torrance County. ICE detainees are not housed with non-ICE detainees. Detainee telephone services and tablets are provided by Talton Communications, Inc. Food service is provided by Trinity Services Group. All other services are provided by CoreCivic. Detainees are not charged co-pay fees for medical, dental, or mental health services.

TCDF operates under the 2011 Performance Based National Detention Standards revised in 2016 (PBNDS).

The ICE guaranteed minimum at the TCDF is 714.

The ICE population on November 6, 2021, is 266.

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<td>Yemen</td>
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ATTORNEY ACCESS CONCERN:

1. “First, after initially providing an attorney access to approximately half of the Haitians detained at Torrance (the rest were not seen because they were in quarantine), the facility and local ICE have refused all attempts at seeing the rest. Requests have been made to provide group presentations, to which the local office first did not reply, and then insisted that it only be done in an LOP-style format, with preapproval of a syllabus, only the use of a sign-up sheet (which they would not commit to providing in Creole), and then limiting calls to individuals to 5 people per week, when we believe there are approximately 20 additional people who have not been given any legal information or counsel at all.”

QUARANTINE: All new admissions at the TCDF are screened and tested for COVID-19 during the intake process. Detainees are then placed in a routine intake quarantine pending test results. Detainees who test negative during the intake process will complete the routine 14-day quarantine prior to release to general population.
Detainees who test positive during the intake process must be isolated and can be released from isolation once they meet the criteria for discontinuing isolation described below using either a time-based strategy or symptom-based strategy.

ERO El Paso confirms that there were detainees that were not seen during the initial Group Presentation on Legal Rights on October 14, 2021, due to being in a cohort housing unit.

On October 21, 2021, an attorney with the New Mexico Immigrant Law Center (NMILC) requested via email to ERO El Paso staff for a Group Presentation on Legal Rights for the remaining detainees that were unavailable on October 14, 2021, due to quarantine. The NMILC attorney wished to schedule the detainees for a legal rights group presentation for October 26, 2021.

**GROUP PRESENTATION:** On October 29, 2021, the NMILC attorney was reminded of the PBNDS - 6.4 Legal Rights Group Presentations where it states that, “[r]equests must be submitted to ICE/ERO at least ten (10) days in advance of the proposed presentation”, among other requirements (see PBNDS 6.4 attached).

Later that day, NMILC responded and requested a group presentation for November 2, or November 3, 2021. The group presentation was approved.

According to the standard, “[t]he requestor must provide a one-page poster (no larger than 8.5 by 11 inches) to inform detainees of the general nature and contents of the presentation, the intended audience and the language(s) in which the presentation shall be conducted. For poster text in languages other than English, an English translation must be provided. The poster shall instruct detainees to contact the housing officer if they wish to attend. Once approved by an ICE representative, designated facility staff shall prominently display the informational posters provided by the presenter in housing units at least 48 hours before the scheduled presentation, and each housing unit officer shall provide a sign-up sheet at least 48 hours in advance of a presentation for detainees who plan to attend; however, detainees that fail to sign up shall not be deprived of the opportunity to attend a presentation for that reason.

Detainees with disabilities, detainees who are LEP, and illiterate detainees shall be notified in a language and manner they understand about such presentations. The facility administrator may limit the number of detainees attending a single session based on the number of interested detainees or the need to separate groups of detainees for safety and security. Therefore, the presenter must be prepared to conduct several presentations, and shall be advised to contact the facility administrator the day before the presentation to determine the number of sessions that shall be required. Presentations shall be open to all detainees, regardless of the presenter’s intended audience, except when a particular detainee’s attendance may pose a security risk.

ERO El Paso advised NMILC that a “sign-up sheet” would be posted for detainees who wished to attend the Group Presentation on Legal Rights.
Sign-up sheets were posted in English and Spanish.

On November 4, 2021, NMILC indicated that they had spoken with some detainees through the phone system, and that the detainees had requested legal representation. NMILC submitted requested access to the detainees to complete G-28s and legal agreements before she could proceed and advised this could be done by phone or in person. Ms. Love further stated that a TCDF staff member advised her she could only schedule five individual calls per week. ERO El Paso is looking into this allegation. ERO El Paso is looking into where the five scheduled individual calls fall into the PBNDS or other arrangement.

**LIMITING ATTORNEY / CLIENT CALLS**

As per PBNDS 5.6 – Telephone Access, “[d]etainees and their legal counsel shall be able to communicate effectively with each other”. In addition, the standard indicates that telephone calls regarding legal matters shall be ensured and confidential. The NMILC is on the Department of Justice Pro Bono list and the standard indicates, “[d]etainees shall be able to make free calls to the ICE/ERO-provided list of free legal service providers for the purpose of obtaining initial legal representation, to consular officials, to the Department of Homeland Security (DHS) Office of the Inspector General (OIG), and to the ICE Office of Professional Responsibility (OPR) Joint Intake Center (JIC). Indigent detainees, who are representing themselves pro se, shall be permitted free calls on an as-needed basis to family or other individuals assisting with the detainee’s immigration proceedings.”

The standard continues, “[a] facility may neither restrict the number of calls a detainee places to his/her legal representatives, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call at the first available opportunity, if desired. A facility may place reasonable restrictions on the hours, frequency and duration of such direct and/or free calls but may not otherwise limit a detainee’s attempt to obtain legal representation.”

In addition to the NMILC receiving free calls through the PRO BONO platform, and Per the ICE Memorandum on Novel Coronavirus Action Plan dated March 20, 2020, social visitation was suspended until further notice. At this time, TCDF has not been notified that social visitation may resume. A tablet system was installed in July 2020. Under the terms of the ICE Detainee Telephone Services (DTS) contract, the introduction of tablets is at no cost to ICE. The tablet hosts a suite of applications and content that are free of charge to ICE detainees, while also providing applications and content that are accessible for fees.

Due to social visitation restriction imposed as a result of COVID19, in addition to the use of the tablets, all detainees are offered 13 free ten-minute phone calls each week to stay connected with friends and family. These calls may also be used to contact attorneys. ERO cannot compel a detainee to call any specific attorney nor provide any detainee legal advice.

According to the July 2021 Nakamoto Inspection, where the facility fell short on several standards, the auditors found the Telephone Access standard to be “optimal”. (See attached Nakamoto Inspection at
FYI. I hope you are okay with my response.

Best,
Ken Padilla
Deputy Principal Legal Advisor for Field Legal Operations
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
(202) 732-7377 (office)/(646) 789-3746 (mobile)

“Every job is a self-portrait of the person who does it. Autograph your work with excellence.”

*** Warning *** Attorney/Client Privilege *** Attorney Work Product ***
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Best,

Ken Padilla
Deputy Principal Legal Advisor for Field Legal Operations
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
(202) 732-0(6) (office)/(646) 789-0(6) (mobile)

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From: [redacted]@ice.dhs.gov
Sent: Wednesday, December 1, 2021 1:02 PM
To: Padilla, Kenneth <Kenneth.Padilla@ice.dhs.gov>
Subject: Torrance invite
Hey, sorry for the last minute invitation today to the Torrance internal prep call. Something came up for OPLA re EOIR (see the notes in the invite). The groups are concerned that EOIR is not advising detainees that they can proceed pro se. They are now asking if OPLA can make detainees aware of this right.

If the answer is no, that’s ok. You don’t need to attend the meeting or if you want to send a designee, that’s fine too.

Assistant Director
Department of Homeland Security/Immigration and Customs Enforcement
Office of Partnership and Engagement
@ice.dhs.gov
Issue:

HQ ERO received an emailed concern from the American Immigration Council regarding attorney access at the Torrance County Detention Facility (TCDF), an ICE/ERO intergovernmental services agreement detention facility in Estancia, New Mexico.

Facility Background:

TCDF is a multi-jurisdictional facility, owned and operated by CoreCivic. The facility has a rated capacity of [redacted] beds and houses adult male detainees of all classification levels for ICE and the U.S. Marshals Service and male and female detainees for Torrance County. ICE detainees are not housed with non-ICE detainees. Detainee telephone services and tablets are provided by Talton Communications, Inc. Food service is provided by Trinity Services Group. All other services are provided by CoreCivic. Detainees are not charged co-pay fees for medical, dental, or mental health services.

TCDF operates under the 2011 Performance Based National Detention Standards revised in 2016 (PBNDs).

The ICE guaranteed minimum at the TCDF.

The ICE population on November 6, 2021, is 266.

| Afghanistan | 2 | Bangladesh | 1 | Brazil | 3 | Chile | 1 |
| China       | 1 | Colombia   | 19| Cuba   | 1 | Dom Republic | 3 |
| Ecuador     | 7 | El Salvador| 1 | Ghana  | 1 | Guatemala   | 10|
| Haiti       | 81| Honduras  | 6 | India  | 1 | Mexico     | 9 |
| Nicaragua   | 92| Peru      | 1 | Russia | 1 | Senegal    | 9 |
| Turkey      | 11| Guinea   | 1 | Uzbekistan | 1 | Yemen    | 3 |

ATTORNEY ACCESS CONCERN:

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According to the July 2021 Nakamoto Inspection, where the facility fell short on several standards, the auditors found the Telephone Access standard to be “optimal”. (See attached Nakamoto Inspection at
ERO El Paso contested several findings of the 2021 Nakamoto Inspection and has submitted a Uniform Corrective Action Plan to the ERO Custody Management Division.

NOTE: On October 19 and October 20, 2021, ERO El Paso senior leadership visited and inspected TCDF. From November 2 through November 4, 2021, the Nakamoto inspection group returned to the TCDF for a follow up inspection. An inspection close-out summary is expected within weeks.

**FAILED INSPECTION and STAFFING CONCERNS**

2. “Secondly, we know that Torrance failed its inspection, due in part to an extreme staffing shortage. This is repeatedly given as an excuse for why a legal call cannot be arranged, or why days go by before anyone responds. Attorneys have repeatedly pointed out that due process and access to counsel cannot be infringed upon because of ICE’s own staffing issues. If ICE is unable to staff the facility appropriately, it begs the question if the facility can be operated safely.”

On July 27-29, 2021, The Nakamoto Group, Inc. performed an annual inspection for compliance with the PBNDs at the TCDF. The inspectors identified 22 deficient components in 8 standards, of which 15 priority component deficiencies were noted. A final rating of rating of Does Not Meet Standards was assigned. ERO El Paso disagrees with this rating and has completed a Uniform Corrective Action Plan to remedy the findings.

Additionally, on October 19 and October 20, 2021, ERO El Paso senior leadership visited and inspected TCDF. From November 2 through November 4, 2021, the Nakamoto inspection group returned to the TCDF for a follow up inspection. An inspection close-out summary is expected within weeks.

ERO El Paso is aware that staffing at the TCDF is below the stipulations of the contract with CoreCivic.

ERO has issued CoreCivic a contract discrepancy report based on staffing. The contract discrepancy report is ongoing, and actions will continue until staffing returns to the contracted level.

The health, welfare and safety of ICE detainees is one of ERO El Paso’s highest priorities. Although the guaranteed minimum at the TCDF is [8] ERO El Paso maintains the average daily population under 350 — to ensure safety with the current staffing. ERO will continue to address staffing shortages with contract discrepancy reports and actions.

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW (EOIR) MATTERS**

3. “Meanwhile, every Haitian our partners have spoken with has said that they are being told by the immigration judge that in order to proceed, they must have an attorney present, and are not being advised at all that they have the right to proceed pro se. This is incorrect, as you know, and we are also reaching out to EOIR on this matter. However, we do believe that ICE has a role to play in not removing individuals who are being ordered removed after improper advisals.”
ERO El Paso defers to EOIR as ERO has no authority over immigration proceedings and the immigration judges that oversee them.

**PAROLE DENIALS**

4. “Finally, after our partner submitted a group of 18 parole requests for the group of men we were able to meet with, we have begun to receive denials—some less than an hour after they were submitted. Some responses are simply an email declining to grant parole and saying the client can apply for bond (again, nearly impossible when the judges are ordering them removed at master calendar hearings if they don’t have attorneys) and say, “Although you did provide the sponsor documentation, in your clients case there is NO present urgent humanitarian reason or significant public benefit for release.” (emphasis in original)”

ERO El Paso respectfully request the A#s of the parole requests in question so that we have an opportunity to look into the matter. ERO El Paso adjudicates parole requests based on individual case reviews and on a case-by-case basis. Parole requests are generally adjudicated pursuant to 8 CFR 212(d)(5) unless the noncitizen is an arriving alien found to have established a credible fear. In this circumstance, ERO El Paso ensures transparent, consistent, and considered parole determinations for arriving aliens processed under the expedited removal provisions of section 235 of the INA who have been found to have a “credible fear” of persecution or torture by USCIS or an immigration judge.

Each alien’s eligibility for parole is considered and analyzed on its own merits. However, when an arriving alien found to have a credible fear establishes to the satisfaction ERO his or her identity and that he or she presents neither a flight risk nor danger to the community, ERO El Paso, absent additional factors, generally approves the parole on the basis that the noncitizen’s continued detention is not in the public interest.

**DEL RIO ENCAMPMENT ISSUES**

5. “These are all men who were at the Del Rio encampment. Many of them experienced violence from our CBP officers, and we believe many were witnesses to possible violations of federal law by law enforcement officers. They all have sponsors in the United States, and the overwhelming sense on the ground is that there is an effort to deny them access to counsel and remove them from the country as quickly as possible.”

ERO El Paso is committed to following the laws, policies and PBNDS as it relates to noncitizens and their legal rights. The Department of Homeland Security (DHS), Office of the Inspector General (OIG) poster is on display at the TCDF. The DHS OIG works with DHS employees, contractors and the public to protect the integrity, effectiveness and efficiency of DHS programs. ERO El Paso complies with all internal investigations.
The following is a list of postings that assist the detained population at the TCDF:

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<th>Posting</th>
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<td>PREA Zero Tolerance (English)</td>
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<td>DETAINEE LOCATOR SYSTEM (English)</td>
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<td>DETAINEE LOCATOR SYSTEM (Spanish)</td>
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<td>COVID 19 ICE POSTING</td>
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<td>COVID CDC POSTING (English)</td>
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<td>Detention Reporting Information Line (EN)</td>
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<td>ICE SEX ABUSE ASSAULT AWARENESS</td>
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<td>27</td>
<td>TALTON PHONE RATES</td>
<td>54</td>
</tr>
</tbody>
</table>
Cool. Thanks!

From: (b)(6) @ice.dhs.gov
Sent: Tuesday, December 7, 2021 12:52 PM
To: Davis, Mike P (b)(6) @ice.dhs.gov
Subject: RE: Torrance County Detention Facility

Thanks, Mike.

It ends up [b](6) will also be joining, since she has no scheduling conflict.

Best,

[b](6)

Acting Senior Advisor to the Principal Legal Advisor
U.S. Department of Homeland Security
Immigration and Customs Enforcement
(267) 246-7022 (mobile)

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From: Davis, Mike P (b)(6) @ice.dhs.gov
Sent: Tuesday, December 7, 2021 12:49 PM
To: (b)(6), (b)(7) @ice.dhs.gov
Subject: FW: Torrance County Detention Facility

[b](6)

I don’t think we’ll have a speaking role at this 1 p.m. meeting that going to ask you to cover on the Torrance facility, but I did task FLO to look into the IJ advisal issue a few weeks back and their take appears below.
Thanks,
Mike

Michael P. Davis
Executive Deputy Principal Legal Advisor
U.S. Immigration and Customs Enforcement
202.736.7387 / 202.904.6466 @ice.dhs.gov

With honor and integrity, we will safeguard the American people, our homeland, and our values.

Please note that this message may contain sensitive and/or legally privileged information (attorney work product, attorney-client communication, deliberative process, personally identifiable information, law enforcement sensitive, etc.) and should be handled accordingly.

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Sent: Monday, November 8, 2021 4:28 PM
To: Davis, Mike P@ice.dhs.gov; Padilla, Kenneth (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: FW: Torrance County Detention Facility

Hi, Mike and Ken.
(b)(5)
Should you wish me to condense the information, please don’t hesitate to let me know.

Thank you,

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From: Gastelo, Elias S Jr <(b)(6), (b)(7)(C)@ice.dhs.gov>
Sent: Monday, November 8, 2021 11:07 AM
To: <(b)(6), (b)(7)(C)hk@ice.dhs.gov>
Subject: RE: Torrance County Detention Facility
Should you have questions, please let me know.

Take care,

Elias Gastelo  
Chief Counsel  
Office of the Principal Legal Advisor, El Paso  
U.S. Immigration and Customs Enforcement  
U.S. Department of Homeland Security

To register for eService, please go to https://eserviceregistration.ice.gov/

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***SENSITIVE/PRIVILEGED***PRE-DECISIONAL ***ATTORNEY WORK PRODUCT***
Thank you, Elias.

From: Gastelo, Elias S Jr [b](6); (b)(7)(C) @ice.dhs.gov
Sent: Monday, November 8, 2021 6:52 AM
To: Gastelo, Elias S Jr [b](6); (b)(7)(C) @ice.dhs.gov
Cc: [b](6); (b)(7)(C) @ice.dhs.gov
Subject: RE: Torrance County Detention Facility

Good morning,

Hope all is well.

I will get with local ERO about the concerns raised regarding Torrance.

Thanks,

Elias

Sent with BlackBerry Work
(www.blackberry.com)

From: [b](6); (b)(7)(C) @ice.dhs.gov
Date: Sunday, Nov 07, 2021, 7:49 PM
To: Gastelo, Elias S Jr [b](6); (b)(7)(C) @ice.dhs.gov
Cc: [b](6); (b)(7)(C) @ice.dhs.gov
Subject: Torrance County Detention Facility

Hi, Elias.

I hope this email finds you well. I apologize about the Sunday email – no response is needed today, but if I can get a response on Monday, that would be appreciated.
Any input you may have would regarding the above is appreciated. I understand that another group of Haitian noncitizens may have hearings on Tuesday, November 9. I tried to look this up, but didn’t know the hearing code or location in EOIR II Calendar, so if you could confirm this as well, that would also be much appreciated.

Thank you,

(b)(5)

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

Associate Deputy Principal Legal Advisor for Field Legal Operations - West
Acting Chief Counsel, Office of the Principal Legal Advisor, Detroit (includes Michigan and Ohio)
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
Desk: (313) 444-8562
Cell: (313) 399-0202

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Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 USC §§ 552(b)(5), (b)(7).
From: Doyle, Kerry
Sent: Wed, 8 Dec 2021 16:25:20 +0000
To: Padilla, Kenneth
Subject: FW: Torrance

Probably good for you or [b](b); [b](7)(C) to be on this, too.

Thanks,
Mike

Michael P. Davis
Executive Deputy Principal Legal Advisor
U.S. Immigration and Customs Enforcement
202.732.2024 @ice.dhs.gov

With honor and integrity, we will safeguard the American people, our homeland, and our values.

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-----Original Appointment-----
From: ice.dhs.gov>
Sent: Tuesday, December 7, 2021 3:35 PM
To: Doyle, Kerry; Davis, Mike P; Loiacono, Adam V; Meade, Michael W
Cc: 
Subject: Torrance
When: Wednesday, December 8, 2021 2:30 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Microsoft Teams Meeting

Microsoft Teams meeting

Join on your computer or mobile app
Click here to join the meeting

Learn More | Meeting options
Issues Facing Haitians Detained in Torrance County, Updated 11/19/21

Summary

When the Del Rio, TX encampment of several thousand Haitian migrants was emptied, a group of Haitian men were sent to the Torrance Detention Facility (“Torrance”). They were placed directly into 240 proceedings and began having master calendar hearings within days of their detention.

Torrance is a remote detention center in central New Mexico. It has failed its most recent inspection and is chronically understaffed, contributing to long delays or total disregard for requests to talk to people detained, inadequate medical care, and other unsafe conditions. It has no Legal Orientation Program provider, or legal service provider that services it. People detained at Torrance regularly only have one opportunity to access any legal information whatsoever: a short video in Spanish produced by a statewide legal services provider who does not provide any other services to Torrance. Anyone who does not speak Spanish does not have access to this information.

Most recently, more than 20 requests for release either on parole or recognizance, some under the Fraihat injunction, have been submitted to the El Paso field office. Not a single one has been granted. This includes an out transgender woman who is being held with the male population, and multiple people with clear Fraihat risk factors. At the same time, dozens of non-Haitians in the same procedural posture have been released from the same field office, particularly individuals from Nicaragua.

Requests for Release Not Considered on a Case-By-Case Basis

Not a single request has been granted, with 19 denied and the remaining still pending. According to time-stamps on emails, one request for release submitted by the attorney of record was denied in 9 minutes. Most denials are coming simply in the form of a two-sentence email:

“I reviewed your client’s case for custody decision. Although you did provide the sponsor documentation, in your clients [sic] case there is NO present urgent humanitarian reason or significant public benefit for release.”

This clearly does not address that the requests for release include requests under multiple authorities ICE has to release someone from their custody.

When the attorney of record raised the issue to AFOD\(^{b(6); b(7)(C)}\) who has been indicated to us by DHS headquarters as our point of contact for issues with Torrance, he replied,

“Thank you for your email and to avoid overstepping those that are also supervisors, I will direct your questions and concerns to AFOD \(^{b(6); b(7)(C)}\) who is over the Otero Officers and these cases.”

AFOD\(^{b(6); b(7)(N)}\) as not cc’d in the email, and the attorney of record has not heard back.

Access to Counsel
After 6 weeks of a combination of ignoring and denying requests to speak to people detained and other interventions, one attorney has been able to speak to what we believe to be all of the Haitians detained at Torrance. However, as recently as yesterday, the Council received a message from another pro bono attorney who is representing a client at Torrance indicating that she had requested to set up a legal call several days ago and had not received a response. It appears that whatever access was granted to one attorney related to the Haitian population may have not solved the larger problem of access to counsel at this facility.

**Deteriorating Conditions and Language Access**

People detained at Torrance are describing worsening conditions, including drinking and bathing water that is giving detainees rashes, a person having a medical emergency waiting for 30 minutes for a guard to respond to shouting cellmates, and a general lack of ability to communicate between non-Spanish or English-speaking detainees and facility staff.

**Rapid and Inadequate Court Proceedings**

Attorneys have observed that the Haitian men detained at Torrance are being moved through the immigration court docket at a faster rate than non-Haitian individuals in the same procedural posture in the same court. There is no clear explanation for this discrepancy. Additionally, the Haitian men are reporting that they are not being advised of their rights to request asylum *pro se*, given clear explanations of their possible forms of relief, and are being told they must have an attorney to proceed, even with no pro bono attorneys available to them.

One group of individuals request bond *pro se* and had hearings earlier this week. Their bond requests, which came with full sponsor packets, were denied and the men were told they had to fill out asylum applications instead. When they asked how they should do that when they had no attorney, no legal service provider or LOP that serves their detention center and no access to legal materials in Creole, they were told to “find someone who spoke English” detained with them. To the knowledge of the attorney who was able to give group presentations to these men, none of them speak English.

**Release is Required in These Cases**

We believe that Creole-speaking Haitian men are being systematically deprived of due process by being detained at the Torrance detention facility. They have extremely limited opportunities to even speak to an attorney, let alone be represented by one. They cannot have their basic needs met, and they are eligible for release. That they are being summarily denied release with what appears to be a total disregard for DHS’s own guidelines on how to assess a request for release is deeply disturbing.
Due Process Violations at Torrance County Detention Facility

November 9, 2021

Over the past two months, attorneys attempting to provide legal services at Torrance County Detention Facility (“Torrance”) in Estancia, New Mexico have reported severe violations of due process to the American Immigration Lawyers Association (AILA) and the American Immigration Council, through our joint project, the Immigration Justice Campaign. These include the denial of access to counsel, language access, information about the asylum process, individualized custody determinations, proper Immigration Judge advisals, and humane conditions, as described below. While most of these violations affect everyone detained at Torrance, some disproportionately affect a group of approximately 40 Haitian asylum seekers.

Violations of Access to Counsel

When individual attorneys request a legal call with their clients, the requests are frequently not responded to for days and/or are denied. Sometimes attorneys are told that a legal call cannot be scheduled for several days that the person who is doing the scheduling is “out sick” or “really busy”. Attorneys have been told to “try again next week,” even if their client has an upcoming hearing they to prepare for. This problem seems likely to be related to the gross understaffing of the facility, which contributed to it failing its inspection this year.

After we contacted DHS headquarters regarding this issue on or around October 8, 2021, one attorney was given access to do a group presentation to half of the Haitians detained at Torrance. The other half were unable to attend because they were in quarantine. When an attorney reached out to schedule a follow-up group presentation, ICE changed their position, insisting that group presentations could only occur as an Legal Orientation Program (LOP) presentation, which requires significant hurdles for the attorney. Even after complying with these requirements, the attorney has still been unable to conduct the second group meeting.

Violations of Language Access

There is no consistent way for speakers of Haitian Creole to communicate with facility staff or ICE, the latter of which is not present on-site. The detained Haitians that legal service providers have managed to contact have reported not knowing what is happening in their immigration cases due to this lack of communication.

Violation of Due Process in the Asylum Process

There is no Legal Orientation Program (LOP) provider at Torrance. The information video on the asylum process is only available in Spanish. Everyone detained at Torrance is put directly into 240 removal proceedings. They are therefore not given Credible Fear Interviews, so have no opportunity to be interviewed in a non-adversarial manner about their possible claims of fear of return to Haiti.

Lack of or Improper Adjudication of Release Requests
Approximately 17 parole requests were filed for Haitian men detained at Torrance. All had sponsors, no criminal history in the United States, and pending removal proceedings. ICE sent the first denial less than an hour after the request was submitted, in the form of a very short email suggesting that the client seek bond. This email denial was followed later by a parole denial form that had “flight risk” and “danger to community” marked as reasons, even though the email had stated that the reason for denial was that there was “NO humanitarian” basis for parole (emphasis in original). This is a misapplication of the spirit of parole directives. For some requests for release, there was no formal adjudication or individualized determination at all, just an email saying that ICE was declining to parole the respondent.

Inhumane Detention Conditions

We have received reports of severely deteriorating conditions: drinking water that is giving people rashes, uncooked meat in meals, insufficient food for breakfast, and an extremely slow response time to a person who was unconscious and having a medical crisis.

Improper Immigration Judge Advisals

While we realize this is a matter for Department of Justice and not necessarily DHS, it is important for context that while all of the above is occurring, the docket for Haitian men detained at Torrance is moving extremely quickly. There are also reports that the judges are not giving the respondents proper advisals as to their rights to seek relief from removal. Respondents are therefore also being ordered removed at a first or second hearing in some cases.
Primary speakers for ICE today:

For the field:

DFOD)

AFOD)

(AFOD)

For ERO/HQ

MPA/ERO HQ

DAD/ERO HQ

Microsoft Teams meeting

Join on your computer or mobile app

Click here to join the meeting

Or call in (audio only)

+1 323-484 United States, Los Angeles

Phone Conference ID:
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This clearly does not address that the requests for release include requests under multiple authorities ICE has to release someone from their custody.

When the attorney of record raised the issue to AFOD Shaw, who has been indicated to us by DHS headquarters as our point of contact for issues with Torrance, he replied,

“Thank you for your email and to avoid overstepping those that are also supervisors, I will direct your questions and concerns to AFOD Warren who is over the Otero Officers and these cases.”

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November 5, 2021

Field Office Director
@ice.dhs.gov

Assistant Field Office Director William S. Shaw
@ice.dhs.gov

Immigration and Customs Enforcement
El Paso Field Office
11541 Montana Ave, Suite E
El Paso, TX 79936

Via e-mail

Supervisory Detention and Deportation Officer
@ice.dhs.gov

Supervisory Detention and Deportation Officer
@ice.dhs.gov

Immigration and Customs Enforcement
Torrance County Detention Facility
209 County Road A049
Estancia, NM 87016

Via e-mail

Re: Access to legal services for Haitian immigrants at Torrance County Detention Facility

On behalf of attorney and Innovation Law Lab, we write to request immediate reforms to ensure access to legal services for Haitian immigrants detained at the Torrance County Detention Facility (“Torrance”), as well as a pause of deportations of Haitians detained at that facility until such reforms have been implemented. Specifically, we request that you (1) within five days of this request, provide and Innovation Law Lab with a roster of all Haitian immigrants detained at Torrance (including names, A-numbers, and date and type of next immigration court hearing); (2) within five days of this request, grant access to pro bono lawyers and accredited representatives to allow them to provide an in-person three-hour legal rights presentation and accompanying individual legal consultations to all Haitian immigrants detained at Torrance, with access to interpretation services; (3) within five days of this request, provide a written notice in Haitian Kreyol describing the availability of pro bono legal representatives to the Haitian immigrants detained at the facility with hotline information for and Innovation Law Lab through the El Paso Immigration Collaborative (“EPIC”); (4) immediately permit Haitian immigrants to call the EPIC pro bono hotline without charge in a confidential, private manner; (5) immediately put measures in place to allow detainees to schedule individual legal consultations by phone or video within one day of request; and (6) not remove any Haitian immigrant before they have had the opportunity to consult with counsel and have had access to information about their legal rights in Kreyol.
It is our understanding that as of September 30, 2021, there are at least 45 Haitian immigrants currently detained at Torrance. From reports and information, we understand that these men are asylum-seeking individuals who recently arrived in the United States and were apprehended in the vicinity of Del Rio, Texas. All of these individuals may have legal remedies; however, many have not been provided with any access to counsel or to legal resources in Kreyol during the past month of their detention, despite the repeated requests of and others. The Fifth Amendment of the U.S. Constitution as well as a host of statutes, regulations, and long-standing practice provide that these individuals are entitled to access counsel to understand their legal remedies and pursue the same.

It is also our understanding that the Haitian asylum seekers detained at Torrance since September 2021 are being rushed through INA § 240 removal proceedings without being provided access to counsel, in contrast to the pace of proceedings prior to their arrival, and are being disparately treated in violation of the Equal Protection Clause. We further understand that many of these individuals may have been victims or witnesses to misconduct by Customs and Border Protection in Del Rio and will thus need access to counsel in order to provide statements to investigating bodies and/or be advised as to potential civil claims.

and Innovation Law Lab are members of the El Paso Immigration Collaborative (EPIC), a legal services and advocacy project that is well qualified to provide the legal rights presentation at Torrance. See ICE PBNDs 2011 at Ch. 6.4 (revised 2016) has extensive experience representing asylum-seeking individuals in detention, both in their release requests and their removal proceedings. Innovation Law Lab is a non-profit organization with vast experience providing pro bono legal services to asylum-seeking immigrants in detention, including establishing pro bono projects in Artesia, New Mexico, and Dilley, Texas, to provide representation for civil immigrant detained families. In partnership with EPIC and Innovation Law Lab work to increase access to legal representation for persons at a number of detention facilities, including Torrance. They are prepared to engage in release advocacy and to advise about rights in removal proceedings for every Haitian immigrant detained at Torrance who requests their support.

Torrance is not currently in compliance with the in-person or telephonic attorney access requirements of the Performance Based National Detention Standards (“PBNDs”). The PBNDs require that your facility provide people consistent, unobstructed access to in-person legal visits seven days per week. Specifically, immigration detention facilities must “permit legal visitation seven days a week, including holidays, for a minimum of eight hours per day on regular business days . . . and a minimum of four hours per day on weekends and holidays.” See ICE PBNDs 2011 at Ch. 5.7(J)(2). Before any such visitation, legal representatives “shall not be asked to state the legal subject matter of the meeting.” Id. at Ch. 5.7(J)(4). Such legal visitations include pre-representation visits, during which “the facility shall permit detainees to meet with prospective legal representatives or legal assistants.” Id. at Ch. 5.7(J)(4). When a legal rights group presentation is requested, “all facilities are required to cooperate fully with authorized persons seeking to make such presentations.” Id. at Ch. 6.4(I). “Legal rights group presentations shall be accommodated to the greatest extent possible absent significant logistical or security-related concerns.” See id. at Ch. 6.4(C); Ch. 5.7(J)(12).
The PBNDS also require that Torrance provide people in your custody with reliable, private, and free calls to legal counsel. See ICE PBNDS 2011 at Ch. 5.6(II)(4), (V)(E) (immigrant detention facilities “shall permit detainees to make direct or free calls to . . . legal representatives” so that “[d]etainees and their legal counsel [are] able to communicate effectively with each other.”). Detained individuals also must be given written notice of “the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation.” See id. at Ch. 5.6(V)(B)(3).

Conditions at Torrance have effectively prevented Haitian immigrants detained there from retaining or communicating with legal counsel; obtaining basic information about their rights through group legal presentations; or gathering evidence and preparing to present their claims for relief in removal proceedings. Over the past month[^6] has repeatedly had her requests to provide legal services denied or responses severely delayed, including requests for group legal presentations and pre-representation visits. During this time, removal proceedings for Haitian immigrants at Torrance appear to have been expedited, resulting in many individuals attending hearings with no benefit of legal orientation or representation. At least four Haitian immigrants have already been ordered removed at their initial master calendar hearing because, although they express fear of returning to Haiti, they had received no access to legal services and did not understand the meaning of the term “asylum.”

We therefore request that Torrance immediately grant[^5] Innovation Law Lab, and their EPIC colleagues access to conduct group legal rights presentations for all Haitian immigrants in your custody. We also request that Torrance immediately provide unobstructed access to legal calls for all Haitian immigrants in your custody; schedule legal calls within 24 hours of request by the immigrant or legal representative, and sooner in urgent situations; and provide written notice of such access in Kreyol. See id. at Ch. 5.6(V)(B) (“ICE/ERO and the facility shall coordinate in posting the notice . . . in the language of significant segments of the population with limited English proficiency, where practicable”). We can provide the EPIC hotline number and a suggested written notice to provide to detained individuals at your request.

We appreciate your prompt attention to our request and can provide additional information as needed.

Sincerely,

INNOVATION LAW LAB

Legal Director

(971) 277-______

Deputy Legal Director

(352) 55-______

NATIONAL IMMIGRATION PROJECT

Senior Staff Attorney

(504) 264-______

Staff Attorney

(202) 47-______
ACLU OF NEW MEXICO

[redacted]

Director

[redacted]

Staff Attorney

[redacted]

HAITIAN BRIDGE ALLIANCE

[redacted]

Legal Director

[redacted]

AMERICAN IMMIGRATION COUNCIL

[redacted]

Legal Director

[redacted]
Due Process Violations at Torrance County Detention Facility

November 9, 2021

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When individual attorneys request a legal call with their clients, the requests are frequently not responded to for days and/or are denied. Sometimes attorneys are told that a legal call cannot be scheduled for several days that the person who is doing the scheduling is “out sick” or “really busy.” Attorneys have been told to “try again next week,” even if their client has an upcoming hearing they to prepare for. This problem seems likely to be related to the gross understaffing of the facility, which contributed to it failing its inspection this year.

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Primary speakers for ICE today:

For the field:

(DFOD)

(AFOD)

For ERO/HQ

MPA/ERO HQ

DAD/ERO HQ

Microsoft Teams meeting

Join on your computer or mobile app

Click here to join the meeting

Or call in (audio only)

+1 323-484-5815 United States, Los Angeles

Phone Conference
Issues Facing Haitians Detained in Torrance County, Updated 11/19/21

Summary

When the Del Rio, TX encampment of several thousand Haitian migrants was emptied, a group of Haitian men were sent to the Torrance Detention Facility (“Torrance”). They were placed directly into 240 proceedings and began having master calendar hearings within days of their detention.

Torrance is a remote detention center in central New Mexico. It has failed its most recent inspection and is chronically understaffed, contributing to long delays or total disregard for requests to talk to people detained, inadequate medical care, and other unsafe conditions. It has no Legal Orientation Program provider, or legal service provider that services it. People detained at Torrance regularly only have one opportunity to access any legal information whatsoever: a short video in Spanish produced by a statewide legal services provider who does not provide any other services to Torrance. Anyone who does not speak Spanish does not have access to this information.

Most recently, more than 20 requests for release either on parole or recognizance, some under the Fraihat injunction, have been submitted to the El Paso field office. Not a single one has been granted. This includes an out transgender woman who is being held with the male population, and multiple people with clear Fraihat risk factors. At the same time, dozens of non-Haitians in the same procedural posture have been released from the same field office, particularly individuals from Nicaragua.

Requests for Release Not Considered on a Case-By-Case Basis

Not a single request has been granted, with 19 denied and the remaining still pending. According to time-stamps on emails, one request for release submitted by the attorney of record was denied in 9 minutes. Most denials are coming simply in the form of a two-sentence email:

“I reviewed your client’s case for custody decision. Although you did provide the sponsor documentation, in your clients [sic] case there is NO present urgent humanitarian reason or significant public benefit for release."

This clearly does not address that the requests for release include requests under multiple authorities ICE has to release someone from their custody.

When the attorney of record raised the issue to AFOD Shaw, who has been indicated to us by DHS headquarters as our point of contact for issues with Torrance, he replied,

“Thank you for your email and to avoid overstepping those that are also supervisors, I will direct your questions and concerns to AFOD Warren who is over the Otero Officers and these cases.”

AFOD Warren was not cc’d in the email, and the attorney of record has not heard back.

Access to Counsel
After 6 weeks of a combination of ignoring and denying requests to speak to people detained and other interventions, one attorney has been able to speak to what we believe to be all of the Haitians detained at Torrance. However, as recently as yesterday, the Council received a message from another pro bono attorney who is representing a client at Torrance indicating that she had requested to set up a legal call several days ago and had not received a response. It appears that whatever access was granted to one attorney related to the Haitian population may have not solved the larger problem of access to counsel at this facility.

**Deteriorating Conditions and Language Access**

People detained at Torrance are describing worsening conditions, including drinking and bathing water that is giving detainees rashes, a person having a medical emergency waiting for 30 minutes for a guard to respond to shouting cellmates, and a general lack of ability to communicate between non-Spanish or English-speaking detainees and facility staff.

**Rapid and Inadequate Court Proceedings**

Attorneys have observed that the Haitian men detained at Torrance are being moved through the immigration court docket at a faster rate than non-Haitian individuals in the same procedural posture in the same court. There is no clear explanation for this discrepancy. Additionally, the Haitian men are reporting that they are not being advised of their rights to request asylum *pro se*, given clear explanations of their possible forms of relief, and are being told they must have an attorney to proceed, even with no pro bono attorneys available to them.

One group of individuals request bond *pro se* and had hearings earlier this week. Their bond requests, which came with full sponsor packets, were denied and the men were told they had to fill out asylum applications instead. When they asked how they should do that when they had no attorney, no legal service provider or LOP that serves their detention center and no access to legal materials in Creole, they were told to “find someone who spoke English” detained with them. To the knowledge of the attorney who was able to give group presentations to these men, none of them speak English.

**Release is Required in These Cases**

We believe that Creole-speaking Haitian men are being systematically deprived of due process by being detained at the Torrance detention facility. They have extremely limited opportunities to even speak to an attorney, let alone be represented by one. They cannot have their basic needs met, and they are eligible for release. That they are being summarily denied release with what appears to be a total disregard for DHS’s own guidelines on how to assess a request for release is deeply disturbing.
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November 9, 2021

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Good morning, SES Team:

Currently, ECU has 3 tasks scheduled for SES clearance today.

**21-12002 QFR 19- 1:00PM- RETASK 1- Smuggling Fentanyl (CBP) / Federal Government Perspective: Improving Security, Trade, and Travel Flows at the Southwest Border**
- Pending ECU

**INTERNAL- 4:00PM- Access to Legal Services for Haitian Immigrants at Torrance County Detention Facility Letter**
- Pending ECU
- Then to DPLA Nicole Guzman

**BLUE FOLDER: 21-11493- ICE Directive 11063.2: Identification, Communication, Recordkeeping, and Safe Release Planning for Detainees with a Serious Mental Health Disorder or Condition**
- Pending DPLA Adam Loiacono *(due today, 12/29 @ 4:00PM)*
- Then to EDPLA Mike Davis *(due Thursday, 12/30 @ 5:00PM)*
- Then to PLA Kerry Doyle *(due Monday, 1/3 @ 5:00PM)*

Respectfully,

[Redacted]

Acting Chief / Associate Legal Advisor
Executive Communications Unit
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
500 12th Street SW, Office
Washington, D.C. 20536
Office: (202) 732
Cell: (202) 57
Good morning, SES Team:

Currently, ECU has 3 tasks scheduled for SES clearance today.

**21-11970 - 1:00PM- DHS Draft FY21-23 Annual Performance Report (APR)**
- Pending FLO, CALD

**INTERNAL - 4:00PM- Access to Legal Services for Haitian Immigrants at Torrance County Detention Facility Letter**
- Pending DCLD
- Then to DPLA Nicole Guzman

**21-11905 QFR 4 - 4:00PM- Federal Government Perspective: Improving Security, Trade, and Travel Flows at the Southwest Border Ports of Entry / Artificial Intelligence and National Targeting Center**
- Pending ECU

**TASKS PENDING WITH LEADERSHIP**

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- Pending EDPLA Mike Davis
- Then PLA Kerry Doyle *(Due by COB on Monday, 1/3/22)*

Respectfully,

Acting Chief, Executive Communications Unit
Office of the Principal Legal Advisor
U.S. Immigrations and Customs Enforcement
U.S. Department of Homeland Security
500 12th Street SW
Washington, DC 20536
** Warning *** Attorney/Client Privilege *** Attorney Work Product ***
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Good afternoon, Ms. Guzman:

This tasking is due today at 4:00PM, and SES approval is required.

Background
OPLA has been asked to review the attached draft response to legal Director, Innovation Law Lab, regarding Access to Legal Services for Haitian Immigrants at Torrance

2022-ICLI-00045 3836
County Detention Facility (to be signed by AD1). *The accompanying documents are for reference only.*

Components:

ERO provided comments and edits.

Divisions:

EROOLD provided comments and edits.

DCLD provided minor technical edits.

GILD cleared without comments or edits. GILD also noted the following in PLAnet:

> “GILD has reviewed the draft response letter to [redacted] Legal Director Innovation Law Lab regarding Access to Legal Services for Haitian Immigrants at Torrance County Detention Facility. The letter is seeking records, specifically “roster of all Haitian Immigrants detained at Torrance Detention Facility,” however, this is not a request pursuant to the New Mexico Inspection of Public Record Act (IPRA). IPRA is only applicable to the state government and entities. Therefore, we, ICE do not have an obligation to comply with their request. If they insist on ICE producing records in response to their letter, they should be advised to file a FOIA request for such information.

Having said that, to the extent that there are documents publicly available online that would address their concerns or questions, we should direct them to such documents. GILD recommends not providing any records to them, unless those records/documents are publicly available.

GILD clears.”

FLO cleared without comments or edits. FLO also noted the following in PLAnet:

> “Task Complete. POC SD [redacted] DCC [redacted] and ACC [redacted] were tasked as instructed to review and comment on behalf of FLO, OPLA El Paso. Per [redacted] OPLA El Paso completed its review.”

ECU provided a minor technical edit to EROLD’s comment. ECU also inserted GILD’s PLAnet note within the doc.

**Recommended Closing**

OPLA reviewed for legal sufficiency and provides the attached comments and edits. For questions regarding substantive legal issues, please contact OPLA Executive Communications.
Unit (ECU) Associate Legal Advisor, (b)(6). (b)(7)(C) (202) 604-606. OPLA’s closing response is cleared by:

Respectfully,

Acting Chief, Executive Communications Unit
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
500 12th Street SW, (b)(6). (b)(7)(C)
Washington, DC 20536
Mobile: (202) 253-

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From: Guzman, Nicole G @ice.dhs.gov
Sent: Thursday, December 23, 2021 8:29 AM
To: @ice.dhs.gov
Subject: FW: Email Alert- Access to legal services for Haitian immigrants at Torrance County Detention Facility Letter

Good morning. Can you please reach out to Jose? On the alert can you indicate who will be the POC, or let me know who and I can.

Thanks!

Nicole
Nicole G. Guzman
Deputy Principal Legal Advisor for General and Administrative Law
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
407.209 mobile

***Warning *** Attorney/Client Privilege *** Attorney Work Product ***
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Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 USC §§ 552(b)(5), (b)(7).

From: Loiacono, Adam V <(b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, December 23, 2021 8:07 AM
To: Guzman, Nicole G <(b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Loiacono, Adam V <(b)(6); (b)(7)(C) @ice.dhs.gov>; Loiacono, Adam V <(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Email Alert- Access to legal services for Haitian immigrants at Torrance County Detention Facility Letter

Nicole-

It looks like GILD should weigh in on this. OPLA El Paso refers to an “IPRA” request. Although IPRA is not referenced in the letter, it seems like it only could refer to an inspection of public records act, which seems like a state FOIA. I think they may need some guidance here and not even know it.

Thanks,
Adam V. Loiacono
Deputy Principal Legal Advisor for Enforcement and Litigation
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

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From: <(b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, December 22, 2021 11:47 AM
To: #OPLASCREmailAlerts <OPLASCREmailAlerts@ice.dhs.gov>
Cc: <(b)(6); (b)(7)(C) @ice.dhs.gov>; Gastelo, Elias S Jr <(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Email Alert- Access to legal services for Haitian immigrants at Torrance County Detention Facility Letter

Greetings,
Respectfully,

Deputy Chief Counsel
Office of the Principal Legal Advisor, El Paso
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
11541 Montana Ave
El Paso, Texas 79936
(915) 857
Enforcement and Removal Operations

National Detainee Handbook

Custody Management

April 2016
I Speak...

Language Identification Guide

A
Arabic

Amharic

B
Armenian

Bengali

Bosnian

Bulgarian

Burmese

C
Cambodian

Cantoneses

T

D
Danish

Dari

Dutch

E

Esperanto

F

Finnish

French

G

German

Greek

Hindi


Human trafficking is a form of modern-day slavery and involves the use of force, fraud, or coercion to exploit men, women, or children and subject them to some type of labor or commercial sex act. Any minor exploited for commercial sex is a victim of human trafficking, even if not induced by force, fraud, or coercion.

Trafficking victims can be of any age, race, gender, or nationality. Victims can find themselves in a foreign country and may not speak the language.

To get help from the National Human Trafficking Resource Center (NHTRC), call 1-888-373-7888 or text HELP or INFO to BeFree (233733). The NHTRC is a national, toll-free hotline available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year with language capability in over 180 languages. The NHTRC is not a law enforcement or investigation authority and is operated by a nongovernmental organization funded by the federal government.

To get digital copies of this poster or “I Speak” booklet, visit www.dhs.gov/blue-campaign or contact the DHS Blue Campaign at BluenCampaign@dhs.gov.

2022-ICLI-00045 3842
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INTRODUCTION

You are being housed in a detention facility operated or contracted by the U.S. Immigration and Customs Enforcement’s (ICE) Enforcement and Removal Operations (ERO).

You will probably stay at the facility until:
• Your immigration case is decided;
• You are ordered to be removed from the country; or,
• You are transferred to another facility.

It is your responsibility to read this handbook to learn about:
• Your responsibilities and rights as a detainee;
• Programs and services available to you;
• Rules you must follow;
• Procedures for common situations; and
• How to report problems and file complaints.

This handbook provides only a summary of important information and does not cover all rights and requirements related to your stay at the facility.

You will also receive a handbook from your facility that explains its local rules. It is important that you understand and follow the rules in both handbooks. If you lose this handbook, you are entitled to one replacement. Copies will be available for reference at the law library and in the housing units, or may be requested from facility staff.

If you need help understanding this handbook, tell a staff member at your facility or an ICE officer.

If you do not read or understand English, you have the right to receive important information in a language or format you understand or to have someone explain it to you in simpler terms. Tell an officer if you need assistance.

YOUR RESPONSIBILITIES AND RIGHTS

While ICE’s policy is to treat all detainees with dignity and respect and to keep the facility safe, secure, and clean, you also have responsibilities and rights.

YOUR RESPONSIBILITIES

One of your main responsibilities is to learn and follow all the facility’s rules, regulations, and instructions. If you do not follow the facility’s rules, you may be subject to discipline. You also must respect the staff, other detainees, and all property and to keep yourself and your surroundings clean.

You are also responsible for:
• Cooperating with the staff;
• Using staff members’ titles, as in, mister, miss, doctor, officer, and their last name;
• Being polite to other detainees; and
• Following laundry and shower schedules.

YOUR RIGHTS

You have certain rights, and they are observed as long as they do not harm others or disrupt the order and security at the facility.

You have the right to maintain your personal well-being, hygiene, and health care.

While being detained at the facility, you have the right to nutritious balanced meals, clean clothes, regular opportunities to bathe and do laundry, and be given the supplies to do so. You have the right to take regular showers, live in areas with proper air circulation and heating, and have access to medical and mental health care if needed.

You have rights if you are disabled.

If you have a disability, such as limited ability to move, speak, breathe, see, hear, or care for yourself, you have the right to reasonable access to all programs, activities, and services available to other detainees. You also have the right to be provided aids or services to help you communicate, see, or hear.

You also have the right to the following:
• Practice your religious faith;
• File a complaint about the living conditions with the facility or the Department of Homeland Security (DHS);
• Be free from being discriminated against for any reason, including your race, religion, national origin, sex, sexual orientation, gender identity, physical ability, mental ability or political beliefs;
• To be protected from mistreatment;
• To report any assault, including an incident of sexual abuse or assault, to facility staff or DHS; and
• To access law library resources and legal assistance. See your local facility handbook for information about legal aid programs and their presentations, rules, procedures, and hours.

YOUR IMMIGRATION CASE

• You have the right to obtain a lawyer or approved legal representative of your choice, at no cost to the U.S. government. It is your responsibility to obtain the services of the attorney. That person must sign Form G-28 to notify the facility they will represent you.
• Depending on your case, you may have the right to a hearing before an immigration judge. You or your lawyer or legal representative are responsible for presenting your case to the immigration judge.
• The government may decide your immigration status using alternative proceedings which may not involve an immigration judge, if the law allows it. You may be authorized for release on bond until your scheduled hearing, but it is your responsibility to pay the bond.
You have the right to ask for relief from removal based on various legal grounds if you believe you qualify. These might include cancellation of removal, adjustment of status, asylum, withholding of removal, or relief under the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment.

For example, you have the right to ask for asylum to stay in the U.S. if you were (or are afraid that you will be) persecuted in your native country or a country where you last lived because of your race, religion, nationality, political opinion, or membership in a particular social group.

You have the right to leave the United States voluntarily before your hearing, if statutorily eligible.

This is called voluntary departure. If your request is approved, you may lose the right to present your case at a hearing. If you want to leave voluntarily, you must tell an ICE officer or the immigration judge.

If you have questions about the removal process, talk to your ICE officer. You may also call any of the lawyers on the list of free legal services providers given to you by ICE. In addition, your facility’s law library may have materials explaining this information.

If you believe that you qualify for a form of immigration relief, you should try to talk to a lawyer. There may be time restrictions for applying for such relief, so make sure you fill out and turn in the necessary applications in a timely manner or you may miss your opportunity to have your claim reviewed. It is your responsibility to prepare and submit the proper forms requesting consideration for relief.

**YOUR ARRIVAL AT THE FACILITY**

Most facilities follow the same basic steps when a detainee arrives at the facility. See Table 1 on pg. 6 for the steps and procedures of processing.

**CLASSIFICATION AND HOUSING**

**CLASSIFICATION LEVEL**

When you arrive at the facility, an officer will decide your classification level and assign you to a housing unit with other detainees in your classification level. The officer will decide your classification by considering the information in your records, including:

- Criminal charges and convictions;
- Immigration history;
- Discipline record;
- Current classification level; and
- Other related information.

**What if I think my classification level is not right?**

You have the right to appeal your classification level and housing placement. To do that, you must file an appeal. Follow the appeal procedures in your facility’s local handbook.

How often does the facility review the classification levels of detainees?

Classification levels are reviewed no later than 90 days after the first classification. After that, they are reviewed approximately every 90 to 120 days after the most recent review. See your facility’s local rules for a detailed schedule of when classification levels will be reviewed. If you are placed in segregation, your classification will be reviewed before you return to the general population.

Can the facility change my classification level at other times? Yes, the facility can change your classification level and housing placement at any time for safety reasons or if you have not followed the rules.

**SEPARATE HOUSING**

Sometimes detainees are placed in separate housing. This is called segregation. In segregation, you live in an individual cell alone and away from other detainees. This happens if stricter supervision is needed. If you are placed in segregation, your classification will be reviewed before you return to the general population.

There are two kinds of segregation:

**Administrative**

You may be placed in administrative segregation for any one of three conditions:

- You are being investigated or have a hearing for disciplinary violations;
- You are scheduled to be transferred or released within 24 hours; or
- You need protection and cannot be safely housed in a less restrictive environment.

**Disciplinary**

You may be placed in disciplinary segregation for any one of these three conditions:

- You cause serious disruption at the facility;
- You need stricter supervision; or
- The Institutional Disciplinary Panel (IDP) has disciplined you. See Discipline and Your Rights on pg. 15.

Can I still get services if I am in administrative segregation? Yes. You will have access to the same types of services as before. However, you may receive a lesser degree of each, depending on available resources and security concerns.

Your access to the following services may in some cases be more limited:

- Showers;
- Recreation;
- Law library;
- Presentations by legal rights groups;
- General telephone calls;
- General visitation;
- Religious guidance; and
- Personal property and materials (including legal, religious, and personal reading materials).

However, you will still receive access to:

- Mail;
- Legal telephone calls;
- Legal visitation; and
- Healthcare services.
<table>
<thead>
<tr>
<th>STEP</th>
<th>INDIVIDUAL</th>
<th>PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intake Officer</td>
<td>Takes your clothes, money, and property for safekeeping and gives you an itemized receipt for all items.</td>
</tr>
<tr>
<td>2</td>
<td>Detainee</td>
<td>It is important for you to keep the itemized receipt to get all of your possessions back when released.</td>
</tr>
<tr>
<td>3</td>
<td>Intake Officer</td>
<td>Makes a list of all of your legal and identity documents (e.g. passport, birth certificate) then gives them to an ICE officer, who will put them in your official immigration file, called an A-File.</td>
</tr>
<tr>
<td>4</td>
<td>Detainee</td>
<td>Documents will be returned to you when your case is resolved.</td>
</tr>
<tr>
<td>5</td>
<td>Detainee</td>
<td>Receives an A-Number, used to identify you during your stay at the facility. Your A-Number should be shared with your family and attorney to find you in the Online Detainee Locator System.</td>
</tr>
<tr>
<td>6</td>
<td>Intake Officer</td>
<td>Tells you what things can and cannot be kept with you at the facility. The officer’s decisions are based on security concerns.</td>
</tr>
<tr>
<td>7</td>
<td>Detainee</td>
<td>Depending on the specific facility’s policies, you may be able to keep religious items, such as religious headscarves and medallions, simple wedding bands, photos, soft-cover religious and personal reading materials (an officer may approve hardcover religious texts), legal documents and papers (including property receipts), and other small items (shown in the facility’s local rules).</td>
</tr>
<tr>
<td>8</td>
<td>Intake Officer</td>
<td>Provides you with sheets, a pillowcase, and a blanket.</td>
</tr>
<tr>
<td>9</td>
<td>Detainee</td>
<td>You may exchange bedding once a week for clean bedding.</td>
</tr>
<tr>
<td>10</td>
<td>Intake Officer</td>
<td>Gives you approved personal care items, such as soap, a toothbrush, comb, etc.</td>
</tr>
<tr>
<td>10</td>
<td>Detainee</td>
<td>May shower and get clean clothes as appropriate for the climate at the facility. You may ask a housing officer for more personal care items when needed.</td>
</tr>
<tr>
<td>11</td>
<td>Intake Officer</td>
<td>Decides your classification level and assigns you to a housing unit with other detainees in your classification level.</td>
</tr>
<tr>
<td>12</td>
<td>Health Professional</td>
<td>Asks about your physical and mental health.</td>
</tr>
<tr>
<td>13</td>
<td>Detainee</td>
<td>Tell your health care professional of any health problems or concerns needing immediate attention, or any medications you are taking or need.</td>
</tr>
<tr>
<td>14</td>
<td>Health Professional</td>
<td>An approved health professional will give you a thorough medical exam within 14 days after your arrival.</td>
</tr>
</tbody>
</table>

* If copies of these documents are needed for your hearing, you should ask an ICE officer in advance.

* For more information on this topic, see your facility’s local handbook, and the classification levels on pg. 5.

* Medical information is safeguarded and kept confidential.
How long could administrative segregation last?
It depends on your case. The security supervisor reviews all administrative segregation cases to decide if you should stay in that placement.

The review schedule is as follows:
- Review of your placement within 72 hours of placement by a security supervisor;
- Review of your placement after seven days of placement by a security supervisor; and
- Weekly reviews of your placement for the first 30-60 days after your second review, and regular but less frequent reviews after the first 30-60 days of placement.

What if I do not agree with the decision to leave me in administrative segregation?
You have the right to appeal the decision.

How do I appeal?
After seven consecutive days of administrative segregation, you may appeal the decisions of any review conducted by writing to the facility administrator. Ask for a staff member or an interpreter if you need help writing your appeal. Once you have appealed, the facility administrator will review your case every 30 days.

Can I still get services if I am placed in disciplinary segregation?
Yes, you will still receive the same extent of access to mail, legal telephone calls, legal visitation, and health care services. However, depending on your violation, security concerns, and available resources at the facility, you may receive a lesser degree of some of the following services:
- Showers;
- Recreation;
- Law library;
- Presentations by legal rights groups;
- General telephone calls;
- General visitation;
- Religious guidance; and
- Personal property and materials (including legal, religious, and personal reading materials).

Will the facility review my placement in disciplinary segregation?
Your case will be reviewed every seven days to ensure you are obeying all of the rules, receiving proper services, and to consider placing you back in the general population.

When a security supervisor reviews your placement, they will interview you and create a written record of that interview. Once there has been a decision made on your placement after a review, the security supervisor sends a written decision to the facility administrator for approval or denial. A copy of the final written decision will be given to you unless there is a security issue that prevents the facility from giving you this copy. See your facility’s local rules for a more detailed review schedule.

COMMUNICATING WITH FAMILY, FRIENDS, AND LEGAL REPRESENTATIVES
This part of the handbook explains how to communicate outside the facility, including phone calls, visitors, and mail.

IMPORTANT! While you are being detained, your family members, legal representatives, and others from the general public may be trying to locate you. They can find you by accessing the Online Detainee Locator System, at www.ice.gov/locator. The best way to search for individuals in the Online Detainee Locator System is to use the detainee’s A-Number and country of birth.

PHONE CALLS, VISITS, AND MAIL
Phone calls
When you first arrive at the facility, you will be given access to a telephone. Later, you may make phone calls from your housing unit. All calls may be monitored, except those to your lawyer or a court. Keep in mind, you could lose or have your phone privileges limited if you do not follow facility rules, abuse the phone equipment, or make calls for illegal activities.

It is up to you to learn the facility’s rules for phone use. You have the right to ask to use the ICE free phone system. If your request to use the phone is denied, tell any ICE officer that you want to make a written request to use the phone system. See Table 2 on pg. 8 for more information on phone use while at the facility.

Visits
You can have visitors. Visitors must follow facility visitation policy and procedures. It is your responsibility to ensure your visitors know the visitation rules. You will find the policy and procedures in the facility’s local rules.

All visitors must wear appropriate clothing and behave in an orderly way. If you or your visitors are disruptive, they will have to leave, and the facility may limit your visits in the future. Visitors and anything they bring to the facility may be searched. They may be asked to put their property in a locker or in their car.
<table>
<thead>
<tr>
<th>PHONE CALLS TO:*</th>
<th>ALLOWED?</th>
<th>FREE OF CHARGE?</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>General population (friends, family, businesses)</td>
<td>yes</td>
<td>depends</td>
<td>See the facility’s local rules</td>
</tr>
<tr>
<td>Find a lawyer*</td>
<td>yes</td>
<td>yes</td>
<td>No time limit, unless another detainee needs to use the phone or there are security reasons</td>
</tr>
<tr>
<td>Lawyer*</td>
<td>yes</td>
<td>yes</td>
<td>20 minutes per call</td>
</tr>
<tr>
<td>Emergency situations, e.g., death in family or illness*</td>
<td>yes</td>
<td>yes</td>
<td>To make emergency calls, ask for help from a housing unit officer, supervisor, or ICE personnel</td>
</tr>
<tr>
<td>Your country’s consulate office in the U.S.</td>
<td>yes</td>
<td>yes</td>
<td>The consulate may help you find a lawyer, contact your family, or visit you at the facility</td>
</tr>
<tr>
<td>DHS Office of the Inspector General</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>ICE Detention Reporting and Information Line (DRIL)</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>ICE Office of Professional Responsibility</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Joint Intake Center (JIC)</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Courts</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Immigration courts and Board of Immigration Appeals</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Pro bono attorneys or free legal aid groups</td>
<td>yes</td>
<td>yes</td>
<td>As recognized by the Executive Office of Immigration Review*</td>
</tr>
<tr>
<td>United Nations High Commissioner for Refugees</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Government offices</td>
<td>yes</td>
<td>yes</td>
<td>Calls made to get papers for your immigration case</td>
</tr>
</tbody>
</table>

*If you have trouble making phone calls, the system is not working properly, or it won’t allow free calls to those listed, ask the ICE housing unit officer for help.

*To find lawyers and organizations in your area that offer free services, look in your housing unit’s pro bono legal services contact list. An ICE officer can get you this list, which is updated four times per year.

*You must list your lawyer’s phone number on the Authorized Phone Numbers Form to ensure the calls are not monitored.

*Routine calls to your lawyer are not usually considered emergency calls.

---

<p>| TABLE 3. INFORMATION REGARDING VISITORS* |
|-----------------|-------------------|-----------------|</p>
<table>
<thead>
<tr>
<th>FAMILY AND FRIENDS</th>
<th>VISITING DAYS PERMITTED</th>
<th>TIME ALLOTTED</th>
<th>NOTES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, Sunday, and holidays</td>
<td>30 minutes or additional time, if requested, for visitors who have traveled a great distance</td>
<td>Children under age 18 may visit if they are accompanied by an adult visitor who watches them.</td>
<td></td>
</tr>
</tbody>
</table>

| MEETING WITH LAWYERS AND PARALEGALS | |
|-----------------|-----------------|-----------------|
| Monday through Friday | 8 hrs. per day (minimum) | You may ask to meet with your lawyer during meal hours. The facility staff will provide a meal tray or sack meal to eat during the meeting. |
| Saturday, Sunday, and holidays | 4 hrs. per day (minimum) | If you want to cancel a meeting, you must do so. You may not ask an officer or another detainee to cancel it for you. |

*Check your facility’s local rules for visiting hours and other specific information.
Tell your visitors not to bring a lot of packages or other items with them. Your visitors may bring you items, but an officer must first check and approve them.

Anything you accept from a visitor that was not approved by an officer can be taken from you and seized as contraband. You also may be subject to administrative and criminal penalties for possession of contraband. For information regarding visitors, see Table 3 on pg. 8.

Mail
You may send and receive mail, unless it threatens the safety, security, or order of the facility. Read the rules about mail in this handbook and in your facility’s local rules. It is up to you to know and follow the rules about mail, and to explain these rules to anyone who writes to you. If there is reason to believe you are not following mail rules, your mail privileges may be limited. For further information regarding mail, see Table 4 on pg. 10.

CHILD CUSTODY QUESTIONS
What if I learn that the person I left my children with can no longer care for them?
Tell an ICE official or contact the Detention Reporting and Information Line (DRIL) at 1-888-351-4024. ICE can give you the opportunity to make care arrangements for your child or can review the decision to detain you.

What if I learn that my child will enter state custody while I am in detention?
Tell an ICE official or contact the DRIL. ICE can give you the opportunity to contact the state child welfare agency and make care arrangements for your child. ICE may also review the decision to detain you, especially if you present new information related to your child.

What if I am involved in a legal proceeding involving the custody of my child?
If you are involved in a legal matter involving the custody of your child and need to attend a court hearing, talk to your caseworker or attorney, participate in services, or visit with your child, tell an ICE official or contact the DRIL. ICE can work with you to arrange for your participation in court hearings and visitation with your child. You can have phone calls and visits with your caseworker and lawyer.

LEGAL RESOURCES

GROUP LEGAL RIGHTS PRESENTATIONS
At some facilities, legal rights groups from the local community give group presentations, which are available to all ICE detainees in the facility. Your facility will post announcements about the presentations in common use areas. You may sign up on a sheet available in each housing unit. If you cannot read or understand an announcement, ask for information in a language or format you can understand. Note that not all facilities have legal rights presentations because not all communities offer them.

If you are in administrative or disciplinary segregation and want to go to the presentation, the facility will make arrangements for you to go, if:
• Security arrangements can be made;
• Your presence would not pose a security risk; and
• The presenter agrees to the security arrangements.

LAW LIBRARY
All ICE detainees have the right to use the facility’s law library to access approved legal materials and office equipment (such as copy machines, typewriters, and computers) to copy and prepare legal documents only. This material and equipment is not for personal communication. If you need to write personal letters, ask your housing unit officer for paper, pencils, and envelopes.

You can get photocopies of your legal communications. In some facilities, you may also be able to get photocopies of your complaints, grievances, and letters about the conditions at the facility, legal mail, sick call requests, disciplinary decisions, special needs forms, photographs, newspaper articles, or other documents that are relevant to presenting your immigration case.

What are the law library hours?
The law library hours are posted in all housing units. You are allowed at least five hours each week to work on your case.

What if I need more time at the law library?
You should complete a detainee request form and submit it to the facility. Explain why you need more time. The facility may give you more time if you have an urgent need or special circumstance.

How do I find the legal materials I need?
The law library may have books and publications, or it may use LexisNexis. This software lets you find legal materials on a computer. The law library has self-help materials that show you how to:
• Do legal research;
• Prepare legal documents; and
• Use legal materials on the computer.

What if I need help using the law library?
Ask the staff member at your facility if you:
• Need help finding materials;
• Need help accessing programs;
• Need help with equipment;
• Do not speak English well; or,
• Have a disability.

You may also ask another detainee to help you with your legal research and document preparation. Another detainee may be allowed to help you if there are no security risks or other concerns, and you do not pay or give the detainee anything of value. Submit a written request to your facility’s administrator.

NOTE: The facility will not pay a detainee to help you use the law library.

*It is up to you to know the rules for the law library. You should also review your facility’s local rules. If you disobey these rules, you may be disciplined and lose your law library privileges.*
### TABLE 4. INFORMATION REGARDING MAIL

#### LEGAL MAIL IS FROM

- Private lawyers, legal representatives, and government lawyers
- Judges and courts; embassies and consulates
- U.S. president, vice president or member of Congress
- U.S. Department of Justice, DHS (including ICE, DHS OIG, DHS Office for Civil Rights and Civil Liberties, and ICE Health Services Corps)
- Grievance systems administrators
- Reporters and other new media representatives

#### LEGAL MAIL PREPARATION

In the top left corner of the envelope, write:
- Your name
- Your Alien or ID number; the Alien number must include only the last four digits (A-XXX-XX0-000)
- The facility’s address

In the middle of the envelope, write:
- Recipient’s name and address
- Title or organization, such as lawyer, law office, or legal services

Write “Legal Mail” or “Special Correspondence” on the envelope (tell your lawyer that all incoming legal mail must be labeled like this)

#### MAIL PRIVACY

- All incoming and outgoing letters may be inspected for contraband and content.
- If you receive legal mail, the facility staff will open it in front of you and may check for contraband, but not read it
- If you do not want your outgoing legal or special mail opened, allow facility staff to inspect the mail, but not read it, seal it in front of a staff member and clearly label it as legal mail.
- You may seal your other mail on your own and drop it in a detainee mailbox.

#### MAIL SENT TO YOU

All mail sent to you must have your Alien or ID number on:
- The envelope, as part of your address
- The first page of written letters must include the last four digits of your A-number (A-XXX-XX0-000). If your incoming mail does not have your Alien or ID number, it will be returned to sender. This includes legal mail and packages.

Your incoming legal mail must also have this information on the envelope:
- Sender’s name and title
- The words “Legal Mail” or “Special Mail”
- If legal mail is not marked as required, the facility will not treat it as legal mail

**IMPORTANT!** It is your responsibility to explain these rules to anyone who sends you mail.

The facility may refuse to deliver your mail if:
- It is considered contraband
- Shows, describes, or might cause violence or disorder
- Explains how to escape, make weapons or explosives, break the law, disobey ICE rules, or make drugs or alcohol
- Has explicit pictures or descriptions of sex
- Contains threats, bribes, or obscene material
- Contains anything illegal or not allowed, messages in code, or anything that threatens the safety and security of the facility

#### IDENTITY DOCUMENTS AND MAGAZINE SUBSCRIPTIONS

- The facility will forward identity documents you receive in the mail to your ICE officer and notify you of this action. You can get a certified copy of the identity document by requesting it in writing from your ICE officer.
- You may not subscribe to magazines, catalogs, or other publications, but you may have a relative or friend send them to you.

#### MAIL DELIVERY

- The facility usually delivers mail within 24 hours of the time it is received, but may take longer if it needs special handling for security reasons (for example, facility staff may hold legal mail for up to 48 hours to check that it is legal mail).
- If your mail arrives after you leave the facility, it will be returned to sender.

Continued on next page
### TABLE 4. INFORMATION REGARDING MAIL

#### RULES ABOUT MONEY IN THE MAIL
- If you receive money in the mail, the officer will issue you a receipt for the money before placing it in your account.
- You can send money to someone outside the facility. Sending cash is not recommended. Contact the shift supervisor if you want to buy a money order.
- Each facility has written rules about cash, checks, and other funds. See the facility’s local rules. If they are not clear, your facility can help you understand them.

#### PAYING FOR POSTAGE
- If the facility determines you cannot afford to pay for postage or mailing materials, you can send some kinds of mail for free, including legal mail, mail to your consulate, and to any court.
- You will get three or more stamped envelopes per week for your personal mail. You can get paper, pencils, and envelopes from your housing unit officer.
- If the facility determines you can afford to buy mailing materials, you will not receive them for free. You may buy supplies from the commissary. See your facility’s local rules about mail.

### MEALS, ACTIVITIES, AND SERVICES

#### MEALS
The facility serves meals three times every day. You are allowed one meal at each meal time. The meals are nutritionally balanced, approved by a dietitian, served in a clean, safe place, and served with napkins and utensils, which must be returned at the end of each meal. Meals are served in a central dining room, a dining room in your housing unit, or a special housing unit.

**What is on the menu?**
The facility offers a standard menu. Menus and meal times may be posted on the housing bulletin board. See your facility’s local rules.

**Is there pork in the food?**
Most facilities do not serve pork, but check the day’s menu to be sure.

**What if I have a special diet?**
If you need a special diet for religious reasons, ask the chaplain for a “common fare diet.” If you need a special diet for medical reasons, ask the medical staff to evaluate your request. Your request must be approved before you can get special meals.

**IMPORTANT!** It is up to you to ask for a special diet if you need it.

### Will I get different food if I am being disciplined?
No. Food is not used to punish or reward.

#### RECREATION
You will be allowed to have indoor or outdoor recreation at least one hour each day. If your facility has an outdoor recreation area, you will be permitted to access it for at least one hour a day, five days a week, if weather permits. In some facilities you may be permitted more outdoor recreation. Check your facility’s local rules for more information.

**What recreation activities may be available?**
Your facility may have television, movies, games, and exercise equipment.

**If outdoor recreation is canceled or not available, will I get more indoor recreation time?**
No.

**What if my facility does not have outdoor recreation?**
If your facility has no outdoor recreation, you may be eligible to request voluntary transfer to another facility with outdoor recreation after a certain number of months (ask your ICE officer).

#### RELIGION
You will have opportunities to practice your religious faith. These opportunities will only be limited if you present a specific documented threat to the safety of the individuals involved in the religious activities, or if you disrupt order in the facility. All facilities must give you reasonable access to religious services and providers of your faith.

Your facility will explain how to contact the chaplain or religious services coordinator for your facility and give you information about:
- Special religious diets;
- Visits from a religious representative;
- Religious headwear and other religious property allowed at the facility; and
- Access to religious resources, services, instruction, and counseling.
ICE detainees may usually:
- Take part in their religious practices;
- Wear approved religious headwear and garments; and
- Have other approved religious property.

The facility cannot limit these unless there is a specific documented threat to persons involved in these practices or activities.

IMPORTANT! You must ask the facility for approval of any hard-covered religious book. Unless you get approval, all religious books must be soft-covered.

COMMISSARY OR VENDING MACHINES
Your facility may have a store, called a commissary, or vending machines. If your facility has this service, you do not have to buy anything if you do not want to. If you want to use the store, check your local rules first. Detainees do not have a right to use the store.

Do I have to buy basic toiletries from the commissary?
No. Your facility must give you basic toiletries and hygiene products, such as soap, shampoo, sanitary pads, and toothpaste.

What if I bought some items, but I got transferred or removed before they were delivered?
The facility does not have to send you the items or give you a refund if you are transferred or deported. But the facility may give you a refund before you leave. See your facility’s local rules.

VOLUNTARY WORK PROGRAM
If your facility has a volunteer work program, you may be able to volunteer to work. However, many facilities do not allow ICE detainees to participate in their work programs.

Will I get paid for my work?
If you participate in the voluntary work program at your facility, you will get at least $1 for each day you work, not for each assignment. You will get paid at the end of every day you work, unless your facility has a different way of paying detainees. For example, some facilities will pay everything that you are owed before you are transferred or released. Check your facility’s local rules.

How often will I get paid?
Most facilities pay detainees every day. Your facility may use another system where you get paid before you are transferred or released.

How many hours can I work?
You cannot work more than eight hours per day or 40 hours a week.

What are the requirements for the work program?
To take part in this program, you must:
- Sign a voluntary work program statement;
- Complete any work-related training;
- Follow all dress, grooming, and hairstyle requirements for your work assignment;
- Work the schedule assigned to you; and
- Do your assigned work satisfactorily.

Can I be fired from the Voluntary Work Program?
Yes, you can be taken out of this program if you miss work without permission, or you do not do your work satisfactorily.

Will I get paid for keeping my living area clean?
No. You must keep areas that you use clean, including your living area and any general-use areas that you use. If you do not keep your areas clean, you may be disciplined. It is up to you to know the rules for the work program. Also see your facility’s local rules.

LIBRARY
Most facilities have library materials similar to what you would find at a school or community library. The facility considers the detainees’ needs, interests and abilities when deciding on its materials.

Can I go to the library at any time?
No. See your facility’s local rules for library use. Each facility’s library has a schedule for using and checking out materials. Please give other detainees a chance to read library materials. Make sure that you take care of the materials you check out and return them on time.

ATTENDING OTHER COURT HEARINGS (NON-IMMIGRATION)
Can I attend a court hearing that has been scheduled for me in another case (i.e., not related to my immigration case)?
If you have a court hearing scheduled for you in another case (for example, if you are currently involved in a criminal proceeding or child custody case), ask your ICE officer about how you might be able to take part in your hearing. In some cases, ICE may be able to escort you to the court hearing or arrange for your participation through a video conferencing system.

REQUESTS TO MARRY
If you want to get married while you are at the facility, you (or your lawyer) must send a written request to the housing area officer or ICE officer, who will give it to the facility administrator or the ICE field office director.

Your written request must confirm that:
- You meet the legal requirements to marry;
- You are mentally competent to marry; and
- Your future spouse will certify they will marry you.
Attach a separate document (signed by your future spouse) that says they plan to marry you. The facility’s administrator may need to send your request to the ICE field office director for approval. If you do not get approval in time, you may have to delay or cancel any wedding plans. If your request is denied, you and your legal representative will be provided with the decision and the reasons for the decision in writing.

**DRESS AND GROOMING**

**UNIFORMS**
You will get a uniform (shirt, pants, and shoes) and a wristband. In ICE ERO and contract facilities, but not in most jails, the color depends on your security level:
- Blue for low custody;
- Orange for medium custody; and
- Red for high custody.

If you are in a jail, the uniform colors and rules about uniforms may be different.
You must always wear the color uniform for your security level.

**EXCEPTION:** Kitchen workers must wear a white uniform, but only when on duty.

**Are there other rules about clothes?**
Yes. You must also follow these rules:
- No torn or dirty clothing;
- Do not change or re-purpose your uniform if issued (for example, do not wear your shirt as a headband or roll up long pants to make them short);
- No hats or head coverings, unless it is part of your work uniform or has been approved by the chaplain for religious reasons; and
- No shower shoes outside the housing unit.

**Other rules**
You must always wear your complete uniform (shirt, pants and shoes) when:
- Outside of your housing unit;
- In the dining room;
- Medical appointments (unless told otherwise);
- Going to court;
- During religious services; and
- Seeing visitors.

**Also in regard to dress**
- Do not place the waistband of your pants so your underclothes or buttocks show;
- Do not keep your hands under the waistband of your pants, even in cold weather; and
- Do not strip down to your underclothes unless you are in your cell or the bathroom.

**Proper shoes and clothes**
- Wear your shoes at all times;
- If you are wearing closed shoes, wear socks if you have them;
- Wear your shower shoes in the shower; and
- Wear proper clothing for the weather.

**PERSONAL CARE**
You will be living in a dormitory or a locked housing unit with other people. Good personal hygiene helps keep everyone healthy.

**When can I shower?**
Check the shower schedule posted in your housing unit. It will tell you when you can use the shower each day. You must bathe regularly and keep your hair clean.

**What if I need shampoo or other personal items?**
You will get some personal care items when you arrive, including shampoo and soap, toothpaste and toothbrush, comb or brush, and other items for personal care.

If you run out of these items, ask your housing officer for more. Women can ask the housing officer for feminine hygiene products when needed.

**GROOMING**
Poor hygiene and unsanitary habits can harm health and safety at the facility. If you do not obey the dress and grooming rules, it could cause conflicts with others at the facility and the staff may counsel and discipline you. The facility will accommodate your religious preferences about your grooming to the extent possible. You must keep yourself neat and clean and always wear appropriate clothes and shoes.

**Can I wear my hair any way I want?**
Yes. You may have any hairstyle you want if it is safe and clean.

**EXCEPTION:** If you work in the kitchen or operate a machine, your hair must be clean and in a hairnet.

**Can I have a beard or mustache?**
Yes, unless you work in the kitchen or operate a machine. For safety reasons, kitchen workers and detainees operating machines must be clean-shaven while on duty. By accepting a job in the kitchen or operating machinery, you agree to follow this rule. There are no exceptions to this rule.

**Can I shave?**
Yes, you can check out a disposable razor every day. You must return it after you shave. If you have a court hearing, the facility will give you the opportunity to shave before you go.

You may not share your razor with anyone else. This is for your health and safety. Shared razors can spread diseases, such as HIV and hepatitis. See your facility's local rules about razors.
Can I get a haircut?
Yes, if you want a haircut, you must ask for it. See your facility’s local rules about how to ask for a haircut.

IMPORTANT! It is up to you to learn the grooming rules for your facility. See your facility’s local rules.

LAUNDRY
To get clean clothes, you must turn in one dirty item of clothing to get a clean one. At a minimum, you will be able to exchange your items according to the following schedule:
- Socks and underwear – every day;
- Your colored uniform – twice every week;
- Sheets, pillowcases, and towels – once every week; and,
- White kitchen uniforms – every day.

NOTE: At some facilities, you may be able to exchange your laundry more often. To make sure there are enough clean clothes for everyone, you may not keep extra clothes. Do not wash clothes, sheets, shoes, or other items in your housing unit unless there are washing machines and dryers that you are allowed to use. See your facility’s local rules for the laundry, clothing exchange, and volunteer work uniform schedule.

Where can I keep my personal belongings?
You must follow the facility’s rules about storing your personal items. Someone from the facility will show you what to do. Improperly stored items may be taken away. If this happens, it is your responsibility to ask the supervisor to return them to you. Do not put anything where it is not allowed to be, such as windows, windowsills, bunks, lockers, or under a mattress.

RULES AND PROCEDURES

HEAD COUNTS
Detainees will be counted at least three times per day at hours that do not interfere with daily activities. You must participate in the counts and follow procedures for head counts. See your facility’s local rules.

During the head counts, do not move, talk or do anything to interfere with the head count.

You may be disciplined (and everyone in your housing unit may be locked in their rooms) if you do not get counted, do not follow instructions, or disrupt the head count.

AUTHORIZED PROPERTY AND CONTRABAND
All property must be authorized, meaning visitors and detainees must get permission to have any item, even if that item is usually allowed at your facility.

NOTE: The facility may throw away any of your items, even if the type of item has been approved, you have too many, have misused them, or changed the item without permission.

Any item that has not been specifically approved by the facility may count as contraband. See your facility’s local rules about unauthorized property and contraband.

What is contraband?
Contraband is anything not allowed at the facility. You are not allowed to have anything unsafe or that interferes with the orderly operations of the facility. It is your responsibility to know the rules for what is and is not allowed at the facility. If you have anything listed below, or anything else not allowed by the facility, you may be disciplined.

Contraband items include, but are not limited to:
- Tobacco and tobacco products;
- Alcohol or illegal drugs;
- Dangerous objects, deadly weapons, and explosives;
- Anything that could disguise or change a detainee’s appearance or be used to help someone escape; or,
- Any camera, video, recorder, cell phones, or other device that could be used to make photos, audio or video recordings of detainees, staff, or government property.

Personal property, including clothing and other personal items, may also be contraband unless the facility administrator has approved them or you bought the items from the facility’s commissary or vending machines.

SEARCHES AND VIEWING
ICE searches detainees to keep everyone safe, control contraband, and keep the facility clean and sanitary. These searches are not meant to punish anyone. The staff will not search or physically examine you for the sole purpose of determining your genital characteristics.
When will I be searched?
Your body and your property will be searched at these times:
- When you arrive at the facility;
- Whenever there is reasonable suspicion that you are concealing contraband or a weapon;
- When you go into a housing unit;
- When you leave the visiting area after a visit; and
- From time to time, there are unscheduled routine searches.

Can I refuse to be searched?
No. You must allow the officer or officers to search you. You must also follow their directions and do everything they tell you.

If you do not follow directions, you may be disciplined.

What if I refuse to be searched?
You may be moved away from the other detainees and put in isolation. This is to keep you and others safe.

Will I have to take off my clothes when I am searched?
If there is a justified reason to suspect you may be hiding a weapon or other contraband, a strip search will be conducted.

Will I be searched by someone of the same gender?
For strip searches (when you take your clothes off), there will be an officer of the same gender assigned. If no officer of the same gender is available, the facility will ensure either that the search is conducted in private with two staff members present, or that someone of your gender is with you to observe.

Can staff view me?
Staff of the opposite gender shall not view you while in the shower, performing bodily functions or changing clothing, except in critical circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with official duties, a medical examination, or monitored bowel movement. Staff of the opposite gender shall announce their presence when entering an area where you are likely to be showering, performing bodily functions, or changing clothing.

DISCIPLINE AND YOUR RIGHTS
Order and discipline are important for the safety and well-being of detainees and staff. Some problems can be taken care of informally with counseling, but other problems may require discipline.

All facilities follow established procedures to ensure your legal rights are respected, including your right to:
- Due process, including getting your disciplinary case processed quickly;
- Translation and interpreter services so you can understand and communicate;
- Aids or services that ensure effective communication between you and facility staff if you have a hard time hearing, seeing, or have other communication needs. The facility will choose the aid or service for you, but the aid or service should be given to you in a format that you can understand and protects your privacy; and
- Communicate with other people and/or organizations, unless that communication threatens safety, security, or order at the facility.

While in ICE custody, you also have the right to:
- Protection from personal abuse, physical punishment, unnecessary or excessive use of force, personal injury, disease, property damage, and harassment; and
- Freedom from discrimination based on your race, religion, national origin, sex, sexual orientation, gender identity, physical ability, mental ability, or political beliefs.

You also have the right to file a grievance if you feel your rights have been violated. No one can punish you for filing a grievance.

How will I know the rules?
Your facility must give you written information about its rules, procedures, schedules, and all topics covered in this handbook. The facility will give you this handbook and a local handbook.

What happens if I break the rules?
Each facility has a list of rules that you and other detainees must follow. If you are accused of breaking the rules, the following will happen:
- The supervisor in charge will be told what happened;
- The officer will try to resolve the incident informally;
- If informal resolution is not possible, the officer will write an incident report;
- An investigation will start within 24 hours;
- The investigating officer will refer you to the Institutional Disciplinary Plan (IDP); and
- You will get a copy of the incident report at least 24 hours before meeting with the IDP.

If your case is sent to the IDP, you will get a hearing on the first business day after the IDP receives the referral. If the charges are serious, you may be placed temporarily in administrative segregation before your hearing. If the IDP determines that you did something that is not allowed, you may be placed in disciplinary segregation or punished in other ways depending on the seriousness of your offense. For example, you may be removed from activities, commissary, or other privileges.
What is the Institutional Disciplinary Plan (IDP)?
The IDP is made up of either a one-person disciplinary hearing officer or a three-person panel who decide what to do about your violation. One of them will be in charge of the panel. Certain staff members are not allowed to be on the IDP; including:
- The officer who reported the violation;
- The officer who investigated the violation; and
- Any officer or staff member who witnessed, was directly involved with, or was part of the unit that reported the violation.

What does the IDP do?
The IDP must decide how to resolve your case. They follow detention facility standards that say what kinds of punishments are appropriate for different kinds of violations. They may reduce or dismiss the charges if you are found not to have broken the rules. If you do not agree with the IDP’s decision, you may file an appeal. See your facility’s local rules on filing appeals.

What are my rights at the IDP hearing?
Before the incident report is sent to the IDP, the facility must notify you in writing about your rights at the IDP hearing, including your right to:
- Receive a copy of the Notice of Charges against you at least 24 hours before the IDP hearing;
- Have a full-time staff member of your choice speak for you at the IDP hearing;
- Call witnesses and present evidence before the IDP;
- Remain silent. You do not have to speak if you do not want to. Your silence may not be used against you;
- Be at all phases of the hearing;

EXCEPTION: You may or may not be present when the IDP meets to make a decision on your case. Also, you will not be allowed to be present if your presence threatens order or safety at the facility.

- Receive translation and interpreter services so you can understand and communicate;
- Receive aids or services that the facility can provide to ensure effective communication because of your limited hearing, sight, or other disability;
- Receive the IDP decision and an explanation of how they made their decision in writing; and
- Appeal the IDP decision if you disagree.

IMPORTANT! Appeals must be submitted through the formal detainee grievance process.

Can the IDP postpone the hearing?
Yes, if you have a good reason for postponing your hearing, or if the IDP wants to investigate your case further, they may postpone your hearing. However, if you are being held in administrative segregation pending your hearing, the delay may not exceed 72 hours, barring an emergency.

USE OF FORCE AND RESTRAINTS
Officers shall use only as much force as needed to gain control of the detainee, protect the safety of detainees, staff and others, prevent serious property damage, and ensure the security and orderly operation of the facility. Officers may use force after all reasonable efforts to otherwise resolve a situation have failed. Physical force or restraining devices will not be used as punishment.

CRIMINAL CHARGES
While you are at the facility, you must follow applicable laws. If you disobey any local, state, or federal law, you may be notified and charged by the local, state or federal law enforcement authorities and tried in local, state, or federal court. Local, state, or federal charges may also be processed at the facility as disciplinary matters.

What happens if criminal charges are filed against me?
You will receive notice about your right to a lawyer. If you do not have enough money to hire your own lawyer, the court will appoint a lawyer to represent you for the criminal case. You have the right to speak to your lawyer about your criminal case and have the lawyer with you at your criminal court appearances.

What happens if I already have a local or state criminal case pending that I wish to fight or pursue having the charges dropped?
If you are in ICE custody and want to appear before a local or state court to contest criminal charges pending against you, the local or state court will need to issue a writ to ICE to have you turned over to their custody so that you may be present while the local charges are adjudicated.

NOTE: Simply requesting the writ will not necessarily stop or delay ICE’s removal efforts. The writ must be issued to ICE or, at a minimum, the responsible local or state authority will need to notify ICE of its intent to issue the writ before ICE will consider delaying or suspending removal efforts.

QUESTIONS, REQUESTS, AND GRIEVANCES
This section of the handbook explains what to do if you have a question, request or problem, how to file a grievance, and what happens when you file a grievance.

QUESTIONS, REQUESTS, AND INFORMAL COMPLAINTS
If you have a question, request, concern, complaint, or want more information about the facility’s rules, you may ask a staff member at the facility, talk to an ICE officer, or send a written request to the facility or directly to ICE.

How do I make a request in writing?
You may write your request on a blank piece of paper or ask your housing officer for a detainee request form. See how to file a grievance below.

IMPORTANT! The detainee request form is an informal request. It is not the same as a grievance. If you would like to pursue a formal complaint, you may file a grievance.

What is a detainee request form?
It is a form you can fill out to make a request or informal complaint to the facility or ICE staff. If you need help filling out the detainee request form, you may ask another detainee, your housing officer, or other staff member at the facility.

Will my request be private?
Yes, you may put your request in an envelope and seal it. The staff – not other detainees – will deliver it promptly. The staff will not read or change it unless there are security concerns.
Who will read my request?
You decide where you want your request to go. Write the name, title, or office where you want it delivered on the envelope.

How do I send my request?
Put your request in the locked drop-box at your facility. The facility faxes or forwards these forms to the ICE officer in charge of your case at least twice a week.

When will ICE answer my request?
ICE will answer you within three business days, or you will get a letter from ICE saying it will be more than three days to answer.

HOW TO FILE A GRIEVANCE
(FORMAL COMPLAINT)
If you have a problem, try talking to an officer or other staff member. He or she will try to solve the problem informally. If you do not feel comfortable talking to an officer or other staff member, or if talking has not helped solve the problem, you may file a formal grievance. At some facilities, you may also pursue a formal grievance at the same time as you try to resolve the problem informally. Check your facility’s local rules about when you can file a grievance.

Follow these steps:
1. Ask your housing officer for a grievance form.
2. Fill out the grievance form and then give it to your housing officer.
3. You may keep your grievance private by sealing it in an envelope available from the housing officer.
4. Your grievance form will be sent to the grievance officer (GO).

EXCEPTION: At some facilities, if your complaint is about a medical problem, your grievance form will be sent directly to the medical staff, and kept confidential. Check your local supplement.

5. The GO will give you a written or oral response within five days of receiving your grievance.

If I disagree, can I appeal the GO’s decision?
- You can file a written appeal with a grievance appeals committee, usually called a Grievance Appeal Board (GAB) or Detainee Grievance Committee (DGC). The GAB or DGC will meet to review your complaint. None of the committee members can be an officer or staff member who are named in the complaint, already reviewed your complaint, or helped you write your complaint.
- When the GAB or DGC meet, they may call witnesses, look at evidence, and gather facts needed to decide your case fairly.
- The GAB or DGC will ask you to go to the meeting so you can tell your story; answer questions and respond to any evidence or testimony that conflicts with yours. The GAB or DGC may let you meet with them over the phone. You will receive a decision in writing within five days after receiving your appeal. The decision will explain the reasons why the decision was made.

If I disagree, can I appeal the GAB or DGC decision?
If you lose your appeal with the GAB or DGC, you may be able to appeal the decision to the facility administrator. Check your facility’s local rules about this.

Can I file a complaint for someone else?
No, but another detainee or someone on the staff can help you prepare and file your complaint.

IMPORTANT: Even if you need someone to help you, you must adhere to all of the deadlines.

Will I be treated differently if I file a complaint?
No, you cannot be harassed, punished, or disciplined because you made a complaint. If you believe that you have been retaliated against because you filed a complaint, contact the GO or the facility administrator immediately.

Will my complaint stay in my file?
Yes, a copy of your complaint stays in your detention file for three years.

What if I have an emergency grievance?
Your facility will have its own procedures to handle emergency grievances which impact your life, health, and safety. Contact the GO or the facility administrator immediately if you have a complaint that involves an immediate threat to your health or safety.

Where else can I send a complaint?
You can communicate your problems to the ICE Detention Reporting and Information Line (DRIL). The DRIL is toll-free and is available at 1-888-351-4024, or via the pro-bono network at 9116#. Trained operators are available for individuals in the public and for those currently in ICE detention. DRIL information posters (English and Spanish) are posted in detention facility housing pods. Language assistance is also available.

You may call to:
- Obtain basic immigration case information;
- Report an incident of sexual or physical assault or abuse;
- Report serious or unresolved problems at your facility;
- Report that you are a victim of human trafficking;
- Report that you have a serious mental disorder or condition. If you believe the disorder or condition impacts your ability to represent yourself or participate in an immigration court case, you should also notify the immigration judge; or
- Let ICE know that your immigration detention separated you from your minor child who is dependent on you.
Where can I report staff misconduct?
If you think the staff mistreated or abused you, or violated your civil rights, you can file a complaint with DHS for free by email, phone or mail.

Contact the DHS Office of Inspector General (OIG)
- Call: 1-800-323-8603
- Fax: 1-202-254-4297
- Mail: DHS Office of Inspector General
  Attn: Office of Investigations Hotline
  245 Murray Drive, SW
  Building 410/Mail Stop 2600
  Washington, D.C. 20528

You can also contact the DHS Joint Intake Center (JIC) with allegations of staff misconduct or with allegations of sexual assault by a staff member or by another detainee.
- Call: 1-877-2INTAKE
- Fax: 1-202-344-3390
- Email: Joint.Intake@dhs.gov
- Mail: P.O. Box 14475
  1200 Pennsylvania Ave., NW
  Washington, D.C. 20044

RECORDS
This part of the handbook explains what records and files ICE keeps about you.

What files are there about me?
ICE keeps your A-File, detention file, and medical records.

What is in my A-File?
Your A-File has a summary of all legal actions in your case, and may include your:
- ID cards;
- Photos;
- Passports;
- Criminal history; and
- Immigration history and related documents.

What is in my Detention File?
Your Detention File has your:
- Booking record;
- Classification worksheet;
- Discipline records from the facility;
- Behavior reports;
- Receipts for your money and other property;
- Written requests, complaints, and other issues;
- U.S. government documents; and
- Special housing unit records.

If you would like a copy of a document or documents from your A-File, detention files, or medical record, ask your ICE officer or facility staff. If you want another person to get a copy of those documents, you will need to provide written consent.

Who keeps my records?
ICE keeps your A-File. The facility or ICE has your detention and medical files.

WHAT TO EXPECT IF YOU ARE RELEASED FROM THE FACILITY
If you are released from ICE custody, you should expect the following before you leave:

Legal obligations
You should review all your legal paperwork, and understand the conditions of your release and the date and location of your next court appearance, if you have one. You can call the Executive Office for Immigration Review (EOIR) at 1-800-898-7180 if you are unsure of your next court date.

Phone calls
You may make one free phone call to help you make travel arrangements.

Release time and travel arrangements
You should be released from the facility at a reasonable time of day, which could include the early evening hours. If a friend or family member cannot pick you up at the facility, ask staff at the facility or an ICE officer to arrange for your transportation to a public transportation location, such as a bus station, airport, or train.

Property and clothing
You will be given back your property, including the clothes you wore when you arrived. These will be listed on the receipt you received when you arrived. Make sure to check your receipt. If you did not receive all of your property, ask a facility staff member for a missing property form. If your clothing is not appropriate for the weather outside, ask a facility staff member or ICE officer for weather appropriate clothing.

Medical
If you received medical care while in detention, you will be given medical paperwork. This may include your medical record, a summary of the healthcare you received during your stay at the facility, or instructions or referrals for follow-up care for medical conditions. If you received medication while in detention, you may also be given a supply of the medications you have been taking.

Local community service organizations list
Ask a staff member or an ICE officer if your facility has a list of local community service organizations that may help you with legal, medical, housing, or other social services upon your release. Not every facility has a list of local organizations.

IMPORTANT! If you do not receive the information and items listed above, please tell a facility staff member or an ICE officer as soon as possible, and before you leave the detention facility.
HEALTH AND SAFETY

EVACUATION DRILLS
Periodically, evacuation drills will be conducted at the facility. Drills can help you get out safely in a real emergency, such as a fire, gas leak, civil disaster, or other danger. In most cases, you will not know about a drill ahead of time. The drills are not done to scare or inconvenience you. For your safety, you should learn the proper procedures to exit the building in an emergency and the location of your housing unit’s emergency exits (there should be a map in your unit).

IMPORTANT! You must follow instructions during a drill or a real emergency. If you do not follow instructions, you may be disciplined.

SMOKING
Smoking is not allowed anywhere at the facility (inside or outside).

Toilet use
- Do not stand on the toilet. Sit on the toilet seat and flush the toilet after using it;
- Put all used toilet paper into the toilet then flush;
- Do not use toilet water for washing; and
- Ladies, put used feminine pads or tampons in garbage cans and not into the toilet.

Hand washing
Germs can make you sick, and can be passed through hand contact. Thoroughly wash your hands to help keep from getting sick by:
- Making sure you run the water in the sink and use soap to wash your hands.
- Washing each finger and rubbing your hands together, washing both sides of your hands with soap and water, and cleaning under your fingernails.
- Washing hands before eating, after going to the bathroom, after playing or working outside, or after being near a sick person.

Showering and personal care
- You should take a shower regularly using soap and water;
- Bathe only in the shower, NOT the sinks. Do not urinate (pee) or defecate (poop) in the shower or in the sinks;
- Use the sinks only to wash your hands or face, shave your face, or brush your teeth;
- Do not shave your head or private areas;
- Do not share your razor with others;
- Do not share hair brushes, combs, or other personal care items with others;
- Do not pierce any part of your body;
- Use a deodorant every day; and
- Do not leave any clothes in the bathroom.

Tattooing is not allowed in the facility

Bed safety
- Do not jump down from the top bunk or up to the top bunk;
- Take your time when getting into and out of bed. Make sure you step on a solid area of the floor with the large portion of your foot;
- Lower your head when getting out of bed if you sleep on a lower bunk; and
- If you fall out of bed at any time, notify the officer in the barracks so you can be examined in the medical clinic.

For overall good health
- In hot weather, stay in the shade during the hottest part of the day and drink lots of water throughout the day. If your urine is very dark, you probably aren’t drinking enough water;
- Eat three good meals a day. Be sure to eat fruits and vegetables. Do not eat too much candy;
- Try to exercise at least 30 minutes every day. Play sports, walk around, run in place, or do pushups. If you haven’t exercised in a long time, do some light stretching or slow jogging to warm up and prevent injuries;
- Try to sleep at least 8 to 10 hours a night;
- Cover your mouth with your elbow when you cough or sneeze and do not spit on the ground or floor. This spreads germs that can make other people sick; and
- Smoking is not allowed. Think of this as your chance to quit smoking forever. It is one of the best things you can do for your health.

How do I stay healthy in hot weather?
Your body needs lots of water to stay healthy. In hot weather, you sweat and lose water from your body. This can:
- Make you feel dizzy;
- Make your mouth and tongue dry and sticky;
- Make your urine darker and occur less often.

If you feel thirsty, this means you need more water in your body. Drink water in hot weather even when you do not feel thirsty.

To avoid getting sick in hot weather:
- Drink plenty of water during the day;
- If you are playing sports, drink extra water;
- Stay in the shade during the hottest part of the day;
- Wear loose clothing;
- If you start to feel dizzy, sit down in the shade or indoors; and
- Don’t stay in the sun for too long.
You should let medical staff know if:
You feel weak or dizzy every time you stand up or you urinate very little.

Dental care
- Brush your teeth after every meal, if possible, and before going to bed;
- Place the toothbrush at a 45-degree angle between your teeth and gums;
- Move the brush up and down on each tooth, not back and forth. Spend ten seconds on each tooth before you go to the next tooth;
- Always brush your back teeth and gently brush your tongue;
- Clean all outside surfaces of your top and bottom teeth;
- For the surfaces where you bite down, move the toothbrush back and forth; and
- If possible, floss your teeth and gums every day.

Nonviolence
The facility will not permit any type of physical or sexual abuse. If someone physically or sexually assaults you, tell an officer or medical staff immediately. Disciplinary measures will be taken against anyone who physically or sexually assaults someone else in the facility.

Getting along with others
You will share living space with many people. It is important to be considerate and recognize others’ differences. Do not be so loud that others can’t enjoy their activities. Be quiet at night so others can sleep. Avoid people who cause problems or fight.

HEALTHCARE
You have a right to receive necessary and appropriate healthcare free of charge while you are detained. You can ask for healthcare at any time, including when you are sick or injured, have a chronic health problem, need medical treatment, or take or need to start taking medications to keep you well.

Healthcare services are available to all detainees at the facility for free.

There are two ways to get a non-emergency medical appointment:
1.) You may be required to fill out a form to sign up for a sick call. You will put the form in the medical drop box in your housing unit.

Forms are picked up every day and checked carefully to decide who needs to be seen first. In many cases, you can see the medical staff by the next business day. If you sign up during the weekend and your medical need is not urgent, you will usually be seen the following Monday. If you sign up after hours and cannot wait until the next business day and are experiencing a medical emergency, tell your housing officer. They will contact the on-call medical staff.

2.) Instead of filling out a form for sick call, other facilities may tell you to go to a special area of the facility at a specific time every day to see medical staff for an appointment. The medical staff will evaluate you and will determine if you need to be seen that day or scheduled for an appointment on another day.

Your facility will tell you which process you will use to receive medical services.

In a health emergency, you can get care right away.

Tell your housing officer, a staff member, or anyone who can get help. If you need help communicating with the health professional, ask for an interpreter or someone who can explain things in a way you can understand.

SECOND OPINIONS
You may have the right to get a second or outside medical opinion, but you must pay for it. Check your facility’s local rules. If your facility permits this, you or your lawyer must send your written request to the field office director. The facility will consider security issues when it makes its decision whether to permit you to get a second opinion. Your facility may have other information about how to get care, appeal, or communicate emergency concerns about healthcare at the facility.

MEDICAL RECORDS
You have a right to a copy of your medical records upon request. Check your local rules to understand how you can receive a copy of your medical records while you are in custody.

If you need to release your medical record to someone else, a written request from you to the facility will allow the facility to release your private health information to another person or organization, as long as your written request includes the following information, and meets any other requirements of your local health services administrator:
- Address of the facility that will release your medical record;
- Name of the individual or institution that will receive your information;
- Your full name, A-Number (or other facility identification number), date of birth, and nationality;
- Specific information to be released, along with dates of treatment; and
- Your signature and date.
After the release of health information, the written authorization will be retained in the health record. To request a copy of your medical records after you are released from ICE custody, you must file a Freedom of Information Act (FOIA) request with ICE. For instructions on filing a FOIA request, go to www.ice.gov/foia or call the ICE FOIA office at 1-866-333-1182.

SUICIDE AND MENTAL HEALTH CARE

Detainees with mental illness or depression, or who may be at risk for suicide, will be treated with sensitivity and referred to an appropriate mental health professional. Tell your housing officer right away if you are depressed, think you may hurt yourself, someone else has threatened to hurt themselves, or you want to talk to someone. You can also communicate with ICE via the Detention Reporting and Information Line (DRIL) at 1-888-351-4024 or 9116#. You will be referred to an appropriate health professional.

SEXUAL ABUSE AND
ASSAULT AWARENESS

ICE has a zero tolerance policy against sexual abuse or assault of anyone in ICE custody. While detained by ICE you have a right to be safe and free from sexual abuse and sexual assault. ICE requires all facilities to have a sexual abuse and assault prevention and intervention (SAAPI) program, which includes facility procedures for reporting and investigating all incidents of sexual abuse or assault, and ensuring you are provided medical care and other services if you are victimized.

DETENTION AS A SAFE ENVIRONMENT

While you are detained, no one has the right to pressure you to engage in sexual acts or unwanted sexual behavior. Regardless of your age, size, race, ethnicity, sexual orientation or gender identity, you have the right to be safe from unwanted sexual advances and acts. If any staff member or service provider tells you they can help you stay in the United States in exchange for sexual contact or gratification or hurt your chances of staying the United States if you do not allow sexual contact or gratification, they are lying.

DEFINITIONS

Detainee-on-detainee sexual abuse and assault
All forms of sexual abuse and assault by a detainee against another detainee(s) are prohibited. If another detainee forces you to engage in a sex act, touches the sexual parts of your body, forces you to touch the sexual parts of his/her body, or uses threats or intimidations to pressure you to engage in sex, it is sexual abuse.

Staff-on-detainee sexual abuse and assault
All forms of sexual abuse and assault against a detainee by a staff member (including contract guards, medical professionals, and volunteers) are prohibited and against the law. If a staff member has sex with you, intentionally touches you in a sexual manner, makes sexual advances or repeated sexual comments, displays his or her genitals, or engages in voyeurism, it is sexual abuse.

Examples of sexual abuse and assault:
• While speaking to you, a staff member or another detainee caresses your buttocks;
• A staff member or detainee walks into the walk-in fridge and grabs your breasts;
• Someone threatens to rape you while you are sleeping;
• Someone forces you to have sex with them or another person to repay a debt;
• Someone offers you protection in exchange for sex; or
• A staff member or detainee offers you a privilege or a favor in exchange for sex.

PROHIBITED ACTS

A detainee or staff member who commits sexual abuse or assault shall be punished administratively and may be subject to criminal prosecution. A detainee who engages in such behavior can be charged with the following Prohibited Acts under the Detainee Disciplinary Policy (DDP):
• Code 101: Sexual Assault
• Code 207: Making a Sexual Proposal or Threat
• Code 404: Using Abusive or Obscene Language
• Code 206: Engaging in a Sex Act
• Code 300: Indecent Exposure

No one can retaliate against you for reporting sexual abuse or assault, participating in an investigation about sexual abuse or assault, or participating in sexual activity as a result of force, coercion, threats, or fear of force.

This means you cannot be subject to disciplinary action, housing changes, removal from facility programs, or other negative actions for reporting.

Reporting sexual abuse or assault will not negatively impact your immigration proceedings
There are many emotional and physical challenges in the aftermath of sexual abuse or assault, but reporting the crime is an important step for you to take in regaining control and seeking justice. If you experience retaliation for reporting sexual abuse or assault, participating in an investigation about sexual abuse or assault, or if engaging in sexual activity as a result of force or coercion, you can report it in the same way that you report an incident of sexual abuse or assault.

IMPORTANT! Consensual sexual conduct between detainees is also prohibited. While consenting sex between detainees is not sexual abuse or assault, it is a violation of facility rules and subject to administrative and disciplinary action.
AVOIDING SEXUAL ABUSE AND ASSAULT

Sexual abuse and assault is never the victim’s fault. However, you are better protected if you carry yourself in a confident manner. Many abusers choose victims who look like they would not fight back or who they think are emotionally weak. Do not accept gifts or favors from others. Most gifts or favors come with special demands or limits the giver expects you to accept.

You should also:
• Report staff members of the opposite sex who do not announce themselves before entering a bathroom or other area;
• Report any staff member who escorts you ALONE to certain remote areas;
• Do not accept an offer from another detainee to be your protector;
• Find a staff member with whom you feel comfortable discussing your fears and concerns;
• Do not use drugs or alcohol. These weaken your ability to stay alert and make good judgments;
• Be clear, direct, and firm. Do not be afraid to say “no” or “stop it now;”
• Choose your associates wisely. Look for people who are involved in positive activities like educational programs, work opportunities, or counseling groups. Get yourself involved in these activities if they are available at your facility; and
• Trust your instincts. Be aware of situations that make you feel uncomfortable. If it does not feel right or safe, leave the situation or seek assistance. If you fear for your safety, report your concerns to a staff member.

REPORT ALL SEXUAL ABUSE AND ASSAULTS

If you are afraid of being abused or assaulted, or if you become a victim of a sexual abuse or assault, talk to someone immediately. Only if the abuse is reported can perpetrators be held accountable and subject to discipline or potentially prosecuted.

NOTE: You can report a sexual abuse or assault incident to facility staff, ICE/ERO personnel, DHS or ICE headquarters, or a consular official.

You can also report anonymously or through a third party (such as a relative or friend).

Below are some ways you can make a report:

Report to the facility
Tell any trusted staff member at the facility (for example, your housing unit officer, chaplain, supervisor, officer in charge, health care provider, the designated Sexual Abuse and Assault Prevention and Intervention (SAAPI) Compliance Manager, etc.). Your local handbook may have more information about who to contact.

File an informal or formal grievance with the facility (including an emergency grievance)
This handbook contains information on filing grievances on pg. 16. Your housing officer or unit supervisor can also explain how this process works.

File a written informal or formal request or grievance to ICE/ERO
There should be locked boxes at your facility for ICE requests. Ask your housing unit officer where this box is located if you need help finding it. Only ICE can access this information.

REPORT TO DHS OR ICE HEADQUARTERS

Contact the ICE Detention Reporting and Information Line (DRIL)
Call the toll-free hotline at 1-888-351-4024 or 9116#

Contact the DHS Office of Inspector General (OIG)
Call the toll-free hotline at 1-800-323-8603 or 518#, or write a letter to:
DHS Office of Inspector General
Attn: Office of Investigations Hotline
245 Murray Dr., SW
Building 410/Mail Stop 0305
Washington, D.C. 20528

Report to your consular official
Call or write to your consular official. Your facility can give you the contact information for your consulate.

Anonymous reporting
You do not have to give your name to report sexual abuse or assault, but the more information you can provide, the easier it will be to investigate what happened. Staff members are required to keep the reported information confidential and only discuss it with the appropriate officials on a need-to-know basis.

Confidentiality
Information about a victim of sexual assault, and the facts of the report itself, will be limited to those who need to know to make decisions concerning the victim’s welfare and for law enforcement investigative purposes. People who may need to know include but may not be limited to:
• Staff members who make decisions about your care;
• Law enforcement;
• Facility investigators.
• Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE); and
• Local victim service provider.
If you are abused or assaulted, the facility will help you get medical care, counseling, and victim services. If you feel that confidentiality has been breached by facility staff, you can report it the same way you report sexual abuse, assault, or retaliation.

After reporting sexual abuse or assault or attempted sexual abuse or assault
You will be offered immediate protection from the perpetrator and referred for medical examination and clinical assessment. You do not have to name the detainee(s) or staff member who assaulted you in order for you to receive assistance, but specific information may make it easier for staff to help you. You will continue to receive protection from the perpetrator, whether or not you have identified your attacker or agree to testify against them.

Save anything that may contain the perpetrator's DNA
If you are a victim of sexual abuse or assault, you should make every effort to save anything that might contain the perpetrator’s DNA.

You should not bathe or shower, use the restroom, change clothes, comb your hair, clean up the scene where the incident occurred, or move anything the perpetrator may have touched.

It is important to bring with you to the medical exam, the clothes and undergarments that you had on at the time of the assault.

Receiving medical attention
Immediately after a sexual abuse or assault incident, it is important that you receive medical attention, regardless of your decision to participate in a criminal investigation. For your health and self-protection, it is important to be checked and treated for possible injuries, even if none are visible. This includes testing for HIV and other sexually transmitted infections (STIs), as well as receiving preventative treatments, such as medications to prevent STIs, pregnancy (if applicable), and to protect against HIV transmission. You are also entitled to ongoing medical care as needed.

Sexual assault forensic exams
In addition to receiving medical attention, some victims will also be encouraged to receive a sexual assault forensic medical exam. This exam is important because preserving evidence can be key to criminally prosecuting the perpetrator. You have a right to accept or decline any or all parts of the exam.

It is important to remember, however, that critical evidence may be missed if not collected or analyzed. It is also important to bring with you to the medical exam the clothes and undergarment that you had on at the time of the assault. If the facility staff has these items, let the examiner know.

Sexual assault forensic medical exam
A sexual assault forensic medical exam will be performed at a hospital or other healthcare facility, by a SANE, SAFE or another medical professional. This exam is complex and on average, takes three to four hours.

To start, the medical professional will write down your detailed health history. Next the examiner will conduct a head-to-toe, detailed examination and assessment of the entire body (including an internal examination). This may include collection of blood, urine, hair, and other body secretion samples, photo documentation of injuries, and collection of clothing. Finally the medical examiner will speak about treatment for sexually transmitted infections to which victims may have been exposed during the assault and for female victims, pregnancy risk evaluation and care. The facility or center will follow up to ensure that any additional treatments, counseling, medical care, or victims’ services are provided.

Mental health and victim services
You are entitled to mental health services and ongoing care, as appropriate, including counseling and access to outside victim services. At your request, the facility staff will put you in touch with a local community victim advocate.

If not available, the facility will contact ICE. The agency will provide you with a trained, experienced professional to provide crisis intervention. Victim advocates and crisis intervention services are available to help you cope and prepare you for any long-term processes. They might include criminal investigation, sexual assault forensic medical exam, emotional and physical reactions after an assault, etc., and your presence during the forensic medical exam or investigative interviews. A professional will also help you build on your strengths and identify your support network, problem solve, communicate to the facility any additional referrals you may need (psychological, medical, legal) for additional support and information, help with any immigration relief support specific to the incident, and help you if you are released from ICE custody.

UNDERSTANDING THE CRIMINAL JUSTICE PROCESS
When you report a sexual abuse or assault incident the facility and/or an appropriate law enforcement agency will conduct an investigation. Reporting sexual abuse or assault is an important step. It can help you with evidence collection (as discussed above) and recovery. Just by reporting the incident, you may have a good start to recovering and feeling more in control of your life. While there is no way to change what happened, you can seek justice and prevent the perpetrator from committing another sexual abuse or assault. Your report of sexual abuse or assault does not affect your immigration case.

The purpose of investigation
The purpose of the facility and/or the criminal investigation is to determine the nature and extent of the sexual abuse or assault incident. The law enforcement officer or facility investigator will document a written report and assign a tracking number to the allegation.

Report the incident as soon as possible
Reporting the incident as soon as possible may help you in relaying details that are still readily available. Even if the report takes place days or months later, it’s important to report the most accurate and comprehensive details, such as:

- Sequence of events, timeframe/length of events;
- What was said during the physical assault or injury;
- Any weapons used;
- Bodily fluids seen or felt; and
- Other details.
The interview(s)
The interview(s) may take several hours, depending on the circumstances of the case. Some questions may feel intrusive, and the officer or investigator may interview you more than once. The extensive questioning isn’t because the officer or investigator does not believe you; it is their job to get an accurate, detailed account of what happened. If you request, you can have your victim advocate present during the interview.

Reporting the incident/choosing to press charges
You may choose not to immediately press charges following the facility’s report to law enforcement. While there is no barrier to reporting the incident, even months afterwards, informing the facility and triggering the investigation as soon as possible will allow for the strongest evidence to be brought to light. Also this will help the facility protect other detainees who may be in danger of abuse. If criminal charges are filed, it will be presented for prosecution. Not all cases will be accepted for prosecution based on evidence available and resources.

Additionally, there are certain circumstances in which the prosecutor will move forward with charges based solely on the evidence presented. For example, cases involving incidents of sexual abuse or assault may be pursued by the prosecutor regardless of your decision to be involved in the investigation. If the case does in fact go to trial, you will be generally asked to testify. It is important for you to discuss any concerns you have with the prosecutor (or your attorney) or a victim advocate.

Investigation completion
When an investigation has been completed, it will be closed as substantiated, unsubstantiated, or unfounded. You will receive a written notification from ICE with results of the investigation and responsive actions taken.
- Substantiated means that the facts and evidence prove that the incident occurred;
- Unsubstantiated means that the facts and evidence did not support that the incident occurred; and
- Unfounded means that the facts and evidence prove that the incident did not occur.

Understanding your reactions
Being victimized can violate your sense of safety and trust. You may feel shock, anger, and anxiety and it is normal to experience feelings of embarrassment, anger, guilt, panic, depression, and fear for several months or even years after the victimization. It is also normal to experience a variety of physical reactions from changes in eating and sleeping patterns to nightmares or flashbacks. These reactions can cause you to become withdrawn. It is also common to feel powerless or depressed. Whatever your reactions or fears, it is important to understand that you are not to blame and that these reactions are normal.

Help is available
The facility and ICE will help you get support and offer resources specific to your needs. Emotional support is available from the facility’s mental health and medical staff and from the chaplains.

Also, at your request, facility staff will put you in touch with a local community service provider or victim advocate (see “Mental Health and Victim Services” on pg. 23).

Sexual abuse and assault can happen to anyone. Sexual abuse and assault is not about sex; it is about power and control. All reports are taken seriously. Your safety and the safety of others is the most important concern. For everyone’s safety, you are encouraged to report all incidents, threats, or assaults.

MEDICAL ORIENTATION AND HEALTH INFORMATION

The facility’s medical clinic will provide you with care if you have a medical problem. Except for rare situations, medical staff will NOT give you comfort items or items such as special shoes, extra blankets, extra pillows, jackets, soap, or deodorant. Medical staff also cannot answer any questions about your case, your court date, or your legal situation. Ask your deportation officer these questions.

GENERAL OVERVIEW OF SERVICES PROVIDED

Medical questions
Soon after you arrive, you will be asked medical questions and given a chest x-ray or test for tuberculosis infection. This is important for the health and safety of everyone.

Physical exam
Within the first 14 days of your stay, you will receive a physical exam. Male or female and age-specific medical care will be offered.

Female health care
You may request pregnancy testing, a breast examination, Pap test, sexually transmitted disease (STD) screening, mammograms, birth control advice, and consultation about family planning as medically appropriate. If you are confirmed to be pregnant or have recently given birth, you will be provided with access to prenatal and specialized care.

Sick Call
If you are sick, you can request to be seen in the medical clinic. To receive this care, you will either fill out a sick call form or the medical staff will visit you in the housing areas or other designated areas. If you are not sure how sick call works, ask any staff member.

If you are having dental pain or swelling, use the sick call process to get help. Routine care such as dental cleanings will not be done unless you are here for more than 12 months.

If you are feeling overwhelmed, have thoughts of hurting yourself or feel like you might hurt someone else, let an officer or a medical staff member know immediately and you will be seen.
ADDITIONAL SERVICES
If needed, other services may include medications, lab or other diagnostic tests, x-rays, education and counseling, and regular appointments for serious medical conditions.

Medical complaints and grievances
If you have a question or concern with the care you receive, talk to the medical provider. Remember that some types of care or services are not available. If you are still unsatisfied, you can complete a grievance form. If you can’t find the form in the clinic, ask any security or medical staff for the form.

Emotional difficulties
It is normal to feel emotions like sadness, depression, anxiety, nervousness, anger, and fear in this environment. It is also normal to have problems sleeping. Try to remember that you will not be in detention forever. Think about ways to keep busy, stay calm, and stay healthy. Read, talk to people, play a game, exercise, go to religious activities, or practice relaxation techniques. A medical provider can give you information on stress management.

MEDICATIONS
Do not share medications with others. Violation of this rule may result in disciplinary action. If your medicine is causing problems such as a rash, itching, breathing problems, or diarrhea, let an officer or the medical staff know immediately, and keep your medicine with you at all times. Do not lose your medication.

PRIVACY NOTICE REGARDING THE COLLECTION OF YOUR INFORMATION FOR YOUR MEDICAL CARE

What is ICE’s legal authority for collecting this information?

Why is this information being collected?
ICE is committed to protecting your health while you are in ICE custody. To effectively do so, ICE medical personnel will collect information about you and your medical history including health conditions you have, medications you take and special needs you have as a result of a medical condition to provide you with any necessary and appropriate medical care. The information may be collected in various ways, including through forms you complete or discussions you have with medical personnel.

How will information be used and with whom will it be shared?
ICE uses medical information to care for you while you are in ICE custody, and to provide you with any necessary and appropriate medical care you may need. Medical health information may be used or disclosed by ICE in accordance with the routine uses listed in the DHS/ICE Alien Health Records System of Records, 80 Fed. Reg. 239 (January 5, 2015). For example, if you need medical treatment that ICE is unable to provide, ICE may send you to an outside medical provider and share relevant medical information about you with that provider so that the provider may properly treat you. Another example may occur if you are transferred to another facility, or to the custody of another domestic or foreign government agency, or are removed to another country, medical information may be shared with that facility, agency or country for your continued care.

Your information may also be shared with federal and state reporting agencies for disease surveillance and control and with agencies that accredit ICE facilities. Your health care in this country comes at a cost to the U.S. taxpayers. The financial service center needs your medical information to make payments for your medical care and the medical providers who treat you. Finally, your medical information may be shared with the Department of Justice or with courts in the course of immigration, civil, or criminal proceedings. For more information concerning other possible disclosures or handling of your medical care information, please consult the DHS/ICE Alien Health Records System of Records, 80 Fed. Reg. 239 (January 5, 2015).

Am I required to provide this information?
Furnishing this information is voluntary. However, if you choose not to provide the requested information, it could have a negative impact on your care or health because ICE may not have the information it needs to properly care for you.

NOTE: This privacy notice is required by the Privacy Act of 1974, as amended (5 U.S.C. § 552a) and only applies to information about you collected by ICE medical personnel and placed into your ICE medical records. In instances where you receive care from non-ICE medical personnel, or at a non-ICE facility, the Privacy Act of 1974 may not apply and your medical information may be covered by other privacy and healthcare regulations.
Break the Silence
ICE Has Zero Tolerance
for Sexual Abuse & Assault

Keep Detention Safe
Report Confidentially
Be Safe and Get Help

Report an incident involving a detainee or a staff person by:
Notifying a staff person • Telling an ICE official
Calling a toll free number

1-888-351-4024 or 9116#
ICE’s Community and Detainee Hotline

1-877-246-8253 or 5663#
ICE’s Joint Intake Center

Report Sexual Assault Now
بلغ عن الاعتداء الجنسي الآن
即刻举报性侵犯事件
Rapportez les agressions sexuelles
Denonce agresyon seksyèl tòswit
Denuncie crimes sexuais agora
Bào cáo cưỡng hiếp tình dục ngay lập tức
Reporte la agresión sexual ahora
ICE Detainee Helpline

Dial: 9116# or 1-888-351-4024

Call to:

- Obtain basic immigration case information
  (For information on your next court date please call 1-800-898-7180)
- Report an incident of sexual or physical assault or abuse
- Report serious or unresolved problems
- Report that you are a victim of human trafficking
- Let ICE know that your immigration detention separated you from your minor child who is dependent on you

If you need urgent assistance, including a medical emergency, please contact facility staff immediately!
PANDEMIC WORKFORCE PROTECTION PLAN

Approved May 12, 2017

Original version approved and signed February 21, 2014.

Version 2.2

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FOREWORD

In April 2013, the Secretary of Homeland Security directed Components to update and expand in scope pandemic plans to include all potential pandemic events and emerging infectious diseases. The DHS Pandemic Workforce Protection Plan (PWPP) met the Secretary's guidance by providing centralized coordination and decentralized execution of Departmental workforce safety and health measures relative to pandemics and emerging infectious diseases.

The purpose of the DHS PWPP is to prepare DHS Components to maintain essential functions (EFs) better and to ensure that their personnel, critical contractors, working animals, and people in the care and custody of DHS are protected from potential pandemic events and emerging infectious diseases. The U.S. Immigration and Customs Enforcement (ICE) PWPP delineates ICE-centric information to implement the DHS PWPP. ICE will also continue to follow guidance from the DHS Office of Health Affairs and the DHS Directorate for Management regarding personal protective equipment and medical countermeasures programs.

Disease spread is dynamic; consequently, specific actions and associated triggers are exceedingly difficult to determine in advance. The ICE PWPP will allow ICE to develop plans within the context of their specific requirements to mitigate pandemic events and emerging infectious diseases.

The ICE PWPP is to be read in conjunction with the ICE Continuity Plan. Mission planning and operations associated with this Plan will be guided by existing statutes and regulations, as well as directives, instructions, and agreements. Nothing in this plan shall supersede applicable laws, Executive Orders, directives, existing plans, memoranda of agreement, memoranda of understanding, etc.

In 2016, OHA created a Pandemic and Emerging Infectious Disease Workforce Protection Plan (PEIDWPP). The intent of that plan was to have a single plan to promote the health and wellbeing of the DHS workforce and those under DHS care and custody when any biothreat emerged. Components were involved in the creation of the PEIDWPP. While ICE agreed with the concept, ICE has opted to maintain two plans for biothreats until such a time a single plan that satisfies the needs of ICE can be developed. This is the second plan and it focuses on influenza pandemics. The first plan is the ICE Anthrax Operations Plan, and it is designed to be used for anthrax as the major biothreat.

[Signature]

Thomas D. Homan  
(D) Director  
U.S. Immigration and Customs Enforcement  

5/2/17  
Date
# PANDEMIC WORKFORCE PROTECTION PLAN

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*Annexes follow the DHS guidelines for subject matter and, therefore, will not follow in sequential order.*
1. SITUATION.

a. Purpose.

The purpose of the U.S. Immigration and Customs Enforcement (ICE) Pandemic Workforce Protection Plan (PWPP) is to describe how ICE will provide for the continuation of its Government Functions to the greatest extent possible with the goal of maintaining Mission Essential Functions (MEFs) during a pandemic or in the wake of an emerging infectious disease threat.

1) This Plan provides guidance within ICE to decrease illness and death among the ICE workforce\(^1\) and people in the care and custody of ICE while minimizing mission disruption during a pandemic or an emerging infectious disease threat. This Plan is designed to provide for critical mission readiness and protection of the ICE workforce and people in the care and custody of ICE from the adverse effects of a pandemic or emerging infectious disease threat.

2) Mission planning and operations associated with this Plan will be guided by existing statutes and regulations, as well as directives, instructions, and agreements. Nothing in this Plan shall supersede applicable laws, Executive Orders, memoranda of agreement (MOAs), or memoranda of understanding (MOUs).

3) The ICE PWPP takes effect upon signature by the Director of ICE and will remain in effect until superseded or cancelled. The Plan will be reviewed and revised every 2 years or as needed.

b. Scope.

1) This Plan applies to the ICE workforce and those in ICE’s care and custody during a pandemic or an emerging infectious disease threat.

2) This Plan is to be read in conjunction with the ICE Continuity Plan and the ICE Anthrax Operations Plan, as appropriate. It supplements the ICE Continuity Plan to address considerations and elements specific to pandemic events and emerging infectious disease threats. The Department of Homeland Security (DHS) will develop supplemental annexes for specific outbreaks.

c. Background.

1) There is a relationship between the terms *emerging infectious disease*, *endemic infectious disease*, *epidemic*, and *pandemic*. Infectious diseases are caused by

\(^1\) Workforce includes: ICE personnel, critical contractors with DHS badges, and working animals. See http://disconnext.dhs.gov/org/comp/oha/whpomd/Documents/MCM/guidance%20for%20distribution%20of%20MCM%20to%20Non%20DHS%20Employeees.pdf.
microscopic organisms that penetrate the body's natural barriers and multiply to create symptoms that can range from mild to deadly. Although progress has been made to eradicate or control many infectious diseases, humans remain vulnerable to a wide array of new and resurgent organisms. Additionally, dangerous bacteria, viruses, fungi, and parasites can evolve to become resistant to available antibiotics and other treatments. In general, an emerging infectious disease is initially confined to a specific geographical area and characterized as a virus, bacteria, or other pathogen against which humans have little or no immunity and can be readily infected. An emerging infectious disease is the root cause of either an epidemic or pandemic, depending on the scope and breadth of the footprint accompanying any specific infectious disease. Infectious disease epidemics occur when there are higher rates of an infectious disease in a given population or region than normal. As an infectious disease epidemic gathers strength and spreads worldwide, or over a very wide area, crossing international boundaries and usually infecting a large number of people, it becomes a pandemic.

2) Pandemics in the 20th century followed a consistent pattern involving waves of illness. A severe pandemic, such as the influenza pandemic that began in 1918, could have a catastrophic impact on the global economy, national security, critical infrastructure, and the basic functions of society.

3) An initial infectious disease outbreak may not be an indicator of illness severity or fatality rate during subsequent waves of an outbreak. For example, every year in the United States 5% to 20% of the population is infected with influenza; more than 200,000 people are hospitalized from influenza complications; and about 36,000 people die from influenza-related causes. In an influenza pandemic, morbidity and mortality are much higher and affect a higher percentage of the population.

4) Control measures against infectious disease transmission include:
   a) Good personal hygiene practices;
   b) Engineering infection control measures;
   c) Medical countermeasures (MCM) (vaccines and medications);
   d) Administrative infection control measures; and
   e) Personal protective equipment (PPE) use.

5) Vaccine production and distribution are primarily private sector activities requiring a significant amount of time. For example, manufacturers start producing seasonal influenza vaccine 6 to 9 months before distribution begins in the late summer or early fall. Vaccine is produced via just-in-time manufacturing; distribution to health care providers takes place in a phased fashion over several months, usually ending in late November or early December. Manufacturers and distributors strive to deliver vaccine to all providers early in the influenza season, because all providers serve high-risk patients and their household contacts. Vaccine for novel strains of influenza may not be available with the seasonal influenza vaccine.

6) The DHS Area of Operations includes all U.S. States, the District of Columbia, and the Commonwealths, Territories, and Possessions of the United States, per the
Homeland Security Act of 2002, as well as the foreign locations where Department employees are assigned.

d. Key Authorities and References.

1) Authorities.

a) Economy Act
b) Federal Food, Drug, and Cosmetic Act, as amended
c) Homeland Security Act of 2002, as amended
d) Immigration and Nationality Act, as amended
e) Implementing Recommendations of the 9/11 Commission Act of 2007
f) National Emergencies Act of 1976
g) Occupational Safety and Health Act of 1970
h) Pandemic and All-Hazards Preparedness Act of 2006
i) Ports and Waterways Safety Act of 1972
k) Project BioShield Act of 2004, as amended
l) Privacy Act of 1974, as amended
m) Public Health Service Act, as amended
n) Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended
o) Tariff Act of 1930, as amended
p) The Health Insurance Portability and Accountability Act of 1996
q) Executive Order No. 12196, as amended, Federal Advisory Council on Occupational Safety and Health
r) Executive Order No. 13295, as amended, Revised List of Quarantinable Communicable Diseases
s) Homeland Security Presidential Directive (HSPD) 5, Management of Domestic Incidents, as amended
t) HSPD 10, Biodefense for the 21st Century
u) HSPD 20/National Security Presidential Directive 51, National Continuity Policy
v) HSPD 21, Public Health and Medical Preparedness
w) Presidential Policy Directive (PPD) 8, National Preparedness
x) ICE Directive 14007.1 (former number: 1-23.0), National Incident Management System Policy (February 8, 2007, or as updated)
y) ICE Directive 14008.1 (former number: 9-4.0), National Response Plan, Emergency Support Function, Mission Assignment Acceptance Policy (April 18, 2007, or as updated)

2) References.

a) Under Secretary for Management Rafael Borras Memo, Assuring Necessary Contractor Performance during Emergency Events (January 25, 2012)
b) DHS Pandemic Workforce Protection Plan (November 8, 2013)
c) DHS Delegation No. 00002, Delegation to the Under Secretary for Management, May 29, 2012

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d) DHS Delegation No. 5001, Delegation to the Assistant Secretary for Health Affairs and Chief Medical Officer (July 24, 2008)
e) DHS Delegation No. 21000, Delegation to the Director of Operations Coordination and Planning (May 29, 2012)
f) DHS Medical Guidance related to Novel Influenza Virus Infection Control (2013)
g) DHS Directive No. 066-01, Safety and Health Programs (July 25, 2008)
h) DHS Directive No. 066-04, Medical Countermeasures and Medical Requirements for Occupational Health Exposures to Biological, Chemical, and Radiological Health Hazards and Psychosocial Stressors (October 3, 2011)
i) DHS Pandemic Medical Guidance (2013)
j) ICE Anthrax Operations Plan (OPLAN) (January 7, 2011)
l) ICE Infectious Disease Control Program and Standard Operating Procedure (March 2013)
m) ICE Occupational Safety and Health (OSH) Program Requirements Handbook (April 30, 2013, revision 7)
n) ICE Respiratory Protection Standard Operating Procedure (version 1, June 30, 2013)
o) MOU Between the Department of Health and Human Services and the Department of Homeland Security (2005)
p) MOU between the Office of the Chief Administrative Officer and Office of Health Affairs, Occupational and Health Program (2009)
q) National Preparedness Goal (2012)
r) PPD-8 Frameworks (Prevention, Protection, Mitigation, Response, Recovery) and associated Federal Interagency Operational Plan (2012/2013)

e. Threat.

1) For the purpose of this Plan, the threat is considered to be an emerging infectious disease with pandemic potential.
2) An emerging infectious disease threat or pandemic poses many challenges for the ICE workforce and those in its care and custody.
3) ICE’s mission can place personnel in continuous contact with the public or those who are possibly infected.
4) Exposure to the pathogens increases the probability of disease occurrence and may result in ICE workforce absenteeism due to illness.
5) The persistent opportunity for transmission of infection makes any outbreak a formidable threat to the ICE workforce and people in its care and custody, and to mission execution—both domestically and internationally.

f. Critical Considerations.

The following considerations are essential to the successful implementation of this Plan:

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1) The Secretary of Homeland Security is the Principal Federal Official for all domestic incident management per HSPD 5, Management of Domestic Incidents.
2) ICE works in partnership with Federal departments and agencies to provide consistent, balanced support in collaboration with state, tribal, territorial, and local government jurisdictions and private sector partners.
3) ICE operations inherently involve working in close settings, including law enforcement operations that involve holding or housing people in its care and custody in congregate settings.
4) ICE’s primary concern is to prioritize its own resources to maintain the safety and health of its workforce and those under its care and custody to perform MEFs.
5) MCM
   a) Antibiotics, antivirals, and vaccinations may be available or recommended by the DHS Assistant Secretary for Health Affairs and the Chief Medical Officer (CMO).
   b) Pre-positioning and use of antiviral, antibiotic, and vaccination MCM must be in accordance with approved medical authorities for a specific infectious disease threat.
      i) Antivirals, antibiotics, and vaccinations centrally stored and managed by DHS Office of Health Affairs (OHA) will not be delivered without a need/request.
      ii) MCM must be stored, monitored, and utilized consistent with the Federal Food, Drug, and Cosmetic Act, as amended by the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013.
   c) ICE will follow publication of incident specific health and medical guidance developed and published by OHA.
   d) ICE will follow all revised and distributed antibiotic, antiviral, and other MCM dispensing guidance provided by OHA.
   e) ICE will rely heavily on Point of Dispensing (POD) teams associated with the ICE Anthrax OPLAN to support PODs for antivirals or antibiotics for other infectious disease threats.
6) Personal Protective Equipment/Respiratory Protection
   a) ICE will follow guidance and coordination provided by the DHS Directorate for Management (MGMT) to include developing mechanisms to provide adequate PPE based on mission requirements, hazard/risk assessments, and appropriate guidance.
   b) PPE can be pre-positioned or delivered without a need/request.
7) Workplace controls and infection control measures reduce illness and absenteeism and should be included in standard operating procedures (SOPs) for all activities with potential exposure to diseases. New or revised workplace controls/infection control measures will enhance all pandemic and infectious disease response.
8) Implementation of health and medical guidance must employ geographical as well as risk-based efforts to reduce disease occurrence. Health and safety requirements must be assessed in terms of mission.
9) Influenza pandemics historically lasted 12 to 18 months with 2 to 3 month long waves of outbreaks.
10) Emerging infectious disease cycles vary and are dependent upon the specific virus, bacteria, or other pathogen.
g. Critical Assumptions.

The following assumptions are essential to the successful implementation of this Plan:

1) Emerging infectious diseases with pandemic potential affecting humans will appear with little or no warning.
2) A pandemic will result in high workforce absenteism.
3) Emerging infectious disease characteristics and duration will be unknown.
4) There will be a delay between the time of the initial emerging infectious disease outbreak and the characterization of the outbreak.
5) The direction or spread and the level of infection will be difficult to determine precisely.
6) Pandemic response will extend across numerous jurisdictions and will involve multiple DHS components and multiple ICE programs.
7) The CMO will issue health and medical advisories and recommendations/guidance to the DHS operational and support components based on the best scientific, health, and medical information.
8) Required Emergency Use Authorizations (EUAs) will be in place during a pandemic to allow dispensing of MCM to the workforce and those under ICE care and custody.
9) A vaccine will not be readily available for immediate dispensing or use.
10) ICE will implement workplace controls and standard precautions to the extent that it is practical during a pandemic and serve as a primary means of infection control to mitigate and reduce exposures and illness.
11) MCM prioritization will be required during shortages.
12) Critical ICE resources will need to be prioritized and redirected, if available, in order to meet evolving demands and maximize mission effectiveness.
13) ICE will have plans that provide continuity of its MEFs, as many of its Government Functions as possible, and measures to protect personnel.
14) Any other catastrophic incident occurring during an outbreak will be addressed by a separate plan and existing policies.
15) ICE will receive MCM such as antivirals and antibiotics within 24 hours of a request to OHA if requests are submitted by noon Eastern Time.
16) ICE will utilize the logistical and management chain established to deliver and dispense MCM, in accordance with U.S. Department of Health and Human Services (HHS)/Centers for Disease Control and Prevention (CDC) recommendations, guidance, and an EUA.
17) ICE will utilize the logistical and management chain established for PPE inventory to maintain and deliver/issue in accordance with DHS MGMT, Occupational Safety and Health Administration (OSHA), and HHS recommendations.

2. MISSION.

ICE will take all necessary actions to prepare itself globally for a pandemic or an emerging infectious disease outbreak that threatens the well-being of its workforce, its MEFs, and...
those in its care and custody, while leveraging all available resources in order to prepare for, respond to, and recover from any pandemic or emerging infectious disease threats.

3. EXECUTION.

a. Director’s Intent.

1) Protect the ICE workforce and those held in its care and custody.
2) Maintain ICE Government Functions with the goal of maintaining ICE MEFs at the least.
3) Mitigate suffering and loss of life.
4) Promote the synchronized support and coordination of resources with programs while maintaining the ability to address other threats to the Nation.
5) Promote the synchronized support and coordination of resources with external partners.

b. Concept of Operations.

1) **Pre-Incident.** This phase addresses all actions taken by ICE prior to pandemics or emerging infectious disease threats.
   a) The Emergency Management Unit (EMU), in Homeland Security Investigations, in collaboration with ICE programs, will continue to develop and refine the ICE PWPP by conducting periodic reviews and training to include occasional exercises.
   b) EMU, in collaboration with OHA, will ensure that adequate training and exercising is provided.
   c) EMU, in collaboration with the ICE Office of the Principal Legal Advisor, will continue to develop partnerships with other DHS components and U.S. Government Departments and Agencies through agreements to promote synergistic responses to a pandemic or emerging infectious disease threats.
   d) Collateral duty safety officers (CDSOs), under the oversight of the ICE Office of Asset and Facilities Management (OAFM) Safety and Health Branch shall ensure that hazard/risk assessments are conducted annually to identify personnel who may have to perform duties in an environment impacted by a pandemic or emerging infectious disease threat.
      i) The ICE OAFM Safety and Health Branch will provide oversight to ensure that CDSOs employ the appropriate workplace controls.
   e) ICE will identify personnel, supplies, and equipment that may be required to be deployed in an infectious disease threat or pandemic.

2) **Incident Response.** This phase addresses ICE’s response actions during a pandemic or an emerging infectious disease threat.

The Secretary of Homeland Security will activate responses for a pandemic or emerging infectious disease threat. Notification to DHS components likely will be sent via several modes; however, the National Operation Center (NOC) will be the **FOR OFFICIAL USE ONLY**
primary information center. The ICE Joint Intelligence Operations Center (JIOC) will notify senior leaders and upon direction from the office of the Director, EMU will activate the Crisis Action Team (CAT), which aligns with the Incident Command System structure. The CAT will provide direction from the ICE Director, the NOC, and other sources to ICE directorates, and program offices. Similarly, directorates, and program offices will convey reports and requests through the ICE CAT. The CAT will ensure the Director and NOC receive information and requests as appropriate.

(a) ICE programs provide immediate situational awareness to the Office of the Director via the JIOC or the CAT to include the safety and well-being of the workforce and those under its care and custody.

(b) The CAT will ensure concurrent information sharing and emergency management coordination. The CAT/CAT Director will be responsible for the information flow during a pandemic event.

(c) The ICE directorates, and program offices may terminate annual leave, cancel/postpone lower priority training, curtail lower priority activities, and integrate internal assets.

(d) The ICE CAT and POD Managers will ensure that OHA-issued MCM are transported to a designated POD via the most efficient and expeditious means possible. This includes transporting MCM from the closest cache to the designated POD in the area where the incident occurred and transporting rear cache supplies and/or POD personnel forward to a staging area in or near the area where the incident occurred. (Note: Whenever MCM is transported by ICE from one location to another, it must be escorted by an LEO and OHA must be notified. Notifications should be sent to the OHA MCM Program Manager.)

(e) ICE will follow instructions from OHA for all guidance concerning antiviral, antibiotic, or vaccination dispensing.

(f) ICE will follow any associated medical guidance provided by OHA as it relates to personnel and those under ICE care and custody.

(g) Workforce requiring MCM should be instructed to use the following preferentially ordered options to receive antibiotic:

i) **Personal Physician:** If possible, personnel are encouraged to see their personal medical provider immediately, if they feel they have been exposed to or have symptoms consistent with the current pandemic, such as influenza-like-symptoms. Prescriptions for MCM should be filled via normal pharmacy channels.

ii) **Community Public Health POD:** In the event that a pandemic public health emergency is declared, community public health PODs will open to serve the public. DHS personnel and their family members are encouraged to receive MCM via a community POD.

iii) **Non-Medical POD:** ICE non-medical personnel are trained to provide limited screening and dispense the first increment of a pre-defined MCM course to the designated workforce and those in ICE care and custody. An EUA issued by the Secretary of HHS is required to be in place for this option. OHA will publish an SOP and provide guidance for exercising this option. When directed, ICE POD staff(s) in ICE POD(s) will provide initial
MCM. Then, OHA will provide the necessary guidance regarding the complete course of treatment in coordination with the local jurisdiction, other public health authorities, and the CDC.

iv) **Medical PODs**: Are similar in operation to the non-medical PODs; however, medical PODs are administered by DHS-credentialed licensed medical providers. Because a medical provider has the authority to prescribe and dispense MCM, an EUA will not be required to stand up and operate a medical POD.

h) DHS OHA will provide MCM upon request.

i) Delivery will usually occur within 24 hours and must be kept in a controlled environment. Controls include:
   - A controlled chain of custody at all times;
   - Restricted access via two locks within an ICE facility or ICE custody where a second lock is accessible only to a restricted number of key personnel; and
   - A dry environment within a temperature range of 72° F ± 5° F or as directed by OHA.

i) ICE will keep the workforce informed via established communication systems and practices.

j) ICE directorates and program offices may deploy pre-designated personnel and resources to emergency support function (ESF) assignments if it is safe to do so.

k) ICE directorates and program offices will perform rapid hazard/risk assessments based on anticipated potential exposure to emerging infectious disease threats while performing MEFs by:
   i) Modify plans, procedures, and practices based on additional information in response to current disease-related information and rapid hazard/risk assessment findings as well as administrative changes;
   ii) In coordination with the CDC National Institute for Occupational Safety and Health (NIOSH), OSHA and/or appropriate federal authority, determine the protection measures needed while performing each MEF; and
   iii) Ensure that a program is in place to disseminate guidance regarding MCM dispensing and PPE use.

l) ICE POD staff will operate PODs upon activation.

m) ICE will maintain records related to PPE and PODs as required and directed.

3) **Recovery.** This phase addresses the long-term ICE recovery actions and activities required to mitigate the long-term effects of pandemics or emerging infectious disease threats.

a) Staffing, transportation, and equipment assets will be demobilized at a rate commensurate with decreases in operational activity.

b) ICE directorates and program offices will continue to monitor and report activities within the impacted area of responsibility (AOR).

c) MCM will be returned to the designated storage location(s).

---

2 The Recovery phase encompasses the "Demobilization."
d) EMU will lead the collective review of plans, processes, and actions conducted by ICE personnel and will consolidate information for an after-action report, which will be used to improve ICE incident response practices.

c. Roles and Responsibilities.

1) The Office of the Director

a) Provide leadership and guidance to integrate and/or deploy ICE resources.
b) Interact as necessary with senior-level DHS leaders and other department or agency leaders.
c) Lead and coordinate the overall ICE response.
d) Determine the appropriate level of response to ensure that ICE and national interests are met.
e) Ensure that personnel that require non-pharmacological countermeasures, PPE, and MCM will receive them in the most expeditious and efficient manner possible, including training on appropriate use.
f) Ensure the continuation of ICE Government Functions or ICE’s MEFs during the emergency situation to the greatest extent possible.

2) Emergency Management Unit (EMU)

a) Assumes the role of emergency management for the agency in the National Preparedness Goal mission areas: Prepare, Mitigate, Respond, and Recover for the purposes of a pandemic event.
b) Works with OHA and DHS Ops guidance.
c) Coordinates the deployment of available ICE resources.
d) Interacts with senior-level ICE, DHS, and other department or agency leaders. The Outlook email address group: 
   #ICENEMDREPORTING@fins3.dhs.gov is the best conduit for DHS Headquarters to reach an ICE point of contact.
e) With the ICE directorates and program offices and senior-level management, coordinates the ICE effort via the ICE CAT at headquarters (HQ) and via a command structure at the scene(s) of the incident(s).
f) Via the CAP, constructs, activates, and coordinates the rapid deployment and dispensing of MCM to personnel and detainees in conjunction with representatives from ICE directorates and program offices. These ICE representatives will serve as the focal points for ICE operational and logistical coordination, and will work to address information collection, intelligence analysis, and response coordination.
g) Coordinates with the JIOC to ensure that reporting requirements and requests for information are satisfied.
h) Oversees all pertinent information within the DHS Homeland Security Information Network (HSIN), Common Operational Picture program on behalf of ICE, and trains the appropriate personnel who would access it.
i) If requested, identifies senior-level personnel to staff:
i. ESF-8 (Public Health Services) and/or ESF-13 (Public Safety and Security) desks at the National Response Coordination Center and/or Regional Response Coordination Center; and

j) Accommodates the Joint Field Office in the impacted area by supporting the ICE personnel delegated to accept, manage, and coordinate ESF-8 and/or ESF-13 mission assignments.

k) Oversees the National POD/MCM Program.

l) Defers workplace control matters to OAFM Safety and Health Branch.

m) Leads the collective review of plans, processes, and actions conducted by ICE personnel and will consolidate information for an after-action report, which will be used to improve ICE incident response practices.

3) POD Managers

a) Are responsible for all aspects of the POD under their auspices, but reports to and receives direction from EMU during steady state operations, and from the ICE CAT and the Incident Commander upon an emergency activation.

b) Promote coordinated and supportive efforts across as many programs as possible.

c) Ensure that notifications will occur primarily via the Emergency Notification System and/or email using the Outlook email group #ICE Antiviral MCM Group. However, additional or alternative forms of communication may be necessary.

d) Ensure that POD staff train and exercise at least once annually. However, upon an emergency activation, ensure that new recruits and established POD staff receive just-in-time training.

e) Ensure POD after action reports with improvement plans are written and acted upon as appropriate.

f) Maintain a roster of personnel, with their current contact information, who are capable of providing access to field cached MCM within 1 hour, 24 hours a day, 7 days a week. 365 days a year.

4) ICE OAFM Safety and Health Branch

a) Works with DHS MGMT.

b) Provides advice and consultation to ICE HQ and field managers, supervisors, and CDSOs concerning pandemic or emerging infectious disease threats, along with advice on the appropriate countermeasures that ensure the protection of the Workforce and those under ICE’s care and custody.

c) Ensures that occupational safety and health reports received from ICE directorates and program offices are forwarded to OSHA and other agencies as required.

d) Assists ICE directorates and program offices in the proper selection of PPE/respiratory protection.

5) Collateral Duty Safety Officers or Appointed Personnel
With oversight from the OAFM Safety and Health Branch:

a) Provide advice and consultation to their ICE HQ directorate or program office and/or field responsible official, managers, and supervisors concerning pandemics or highly infectious disease threats.

b) Ensure that occupational safety and health reports that are received from ICE directorates and program offices are forwarded to the OAFM Safety and Health Branch as required.

c) Assist ICE directorates and program offices in ensuring that proper PPE is purchased and stored for employees.

d) Assist ICE directorates and program offices in ensuring that annual fit testing accommodates any unique respirator requirements for identified personnel.

e) Assist ICE directorates and programs in ensuring that personnel receive training in appropriate use of PPE.

f) Ensure that PPE is maintained and distributed as appropriate.

g) Maintain a roster of personnel, with their current contact information, who are capable of providing access to field cached PPE within 1 hour, 24 hours a day, 7 days a week, 365 days a year.

6) Joint Intelligence and Operations Center

Assists the ICE CAT with information exchange between ICE and DHS, including the NOC and all DHS command centers, to ensure a common operating picture for situational awareness.

7) ICE Directorates and Program Offices

a) Submit reports as requested.

b) Ensure the safety of, and account for, all personnel and those under their care and custody as soon as possible.

c) Provide necessary support and resources as required by the Director.

d) Identify and designate personnel potentially involved or deployable in a response or recovery activity.

e) Identify representatives to participate in the team responsible for coordinating and implementation rapid transport of MCM dispensing.

f) Provide resources dedicated to the rapid and efficient transport and issuance of PPE.

g) Ensure the resumption and continuation of MEFs from the alternate operating facility, if necessary.

8) ICE CAT Director

a) Assumes operational control of the ICE CAT.

b) Provides reports to the NOC as required.

c) Works in close coordination with ICE directorates and programs offices in the affected area(s) to provide any required assistance.

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d) Directs ICE directorates and program offices to assign and move assets required to continue the ICE mission to the greatest extent possible.

e) Designates one ICE CAT Deputy Director per 12-hour shift.

f) Provides Situational Reports to the ICE Director and his or her executive staff members.

g) Coordinates with ICE senior leaders to resolve any issues that cannot be resolved by the ICE CAT.

h) Identifies the type of information and intelligence needed during particular categories of events.

i) Reviews and clears all Requests for Information.

j) Directs changes to the ICE CAT Activation Levels based upon changes to the NOC operational phases or internal ICE requirements.

9) **ICE Non-Medical POD Personnel**

   a) Provide limited screening and dispense the first increment of a pre-defined MCM course to the designated workforce and those in ICE’s care³.

   b) Provide limited screening and dispense additional MCM course(s) to the designated workforce and those in ICE’s care, as needed and directed.

10) **ICE Medical POD Personnel**

   a) Medical PODs are similar in operation to the non-medical PODs; however, medical PODs are administered by DHS-credentialied licensed medical personnel. Because medical personnel have the authority to dispense MCM an EUA will not be required to stand up and operate a medical POD.

   b) These personnel must be credentialied by OHA through the ICE Tactical Medical Coordinator.

   c) ICE medical personnel, physicians, and pharmacists are eligible to hold a collateral duty as ICE medical personnel.

   d) Each medical personnel shall ensure that his or her contact information is current and up to date in corresponding Global Outlook email addresses.

   e) Each designated medical personnel shall be assigned to a duty station that is less than or equal to 1 hour travel time of the MCM 24 hours a day, 7 days a week, 365 days a year.

   f) It is understood that the designated medical personnel has conflicting responsibilities, takes leave, or has other time off. Therefore, the MCM storage sites must maintain a roster of personnel, with their current contact information, who are capable of providing access to the MCM within 1 hour 24 hours a day, 7 days a week, 365 days a year.

   g) Medical personnel will maintain accountability of MCM as required by OHA, reporting the results to the EMU which, in turn, consolidates the data into one complete submission to OHA.

³ Detainees and residents will be served by the medical authority in the facility in which they are housed.
h) Medical personnel responsible for an MCM cache that is transported to another location for dispensing must ensure that the chain of custody is transferred to another medical personnel in the affected AOR.

i) Medical personnel located in an AOR that is affected or suspected to be affected by an infectious disease threat or pandemic shall be included as an integral team member of the ICS in POD activation(s).

11) ICE Tactical Medical Personnel

a) ICE has a cadre of tactical medics who fall under the medical oversight of a physician, allowing them the appropriate legal and medical requirements to treat ICE personnel.

b) The ICE Tactical Medical Coordinator is the sole entity responsible for the credentialing of ICE Emergency Medical Technicians and paramedics. All ICE medics participating in the ICE PWPP must meet the minimum requirements defined by ICE and OHA.

c) Any ICE Tactical Medics who have been approved to dispense MCM must be available to deploy to any location in a rapid manner at any time. Their rapid deployment must be facilitated and funded with the most expeditious and supportive means.

d) ICE medical personnel who have been approved to dispense MCM must adhere to the protocols developed and approved by OHA.

12) ICE Health Service Corps Personnel

a) The ICE Health Service Corps (IHSC) will support healthcare operations and provide direct patient care to detainees at IHSC-staffed facilities during a pandemic or emerging infectious disease threat.

b) IHSC medical personnel who are authorized to dispense or administer medications must be available to dispense or administer MCM for detainees housed in facilities with IHSC medical staffing in accordance with the scope of their licenses. IHSC administrative and non-medical personnel must be available to support the logistics of MCM distribution for detainees and health surveillance activities with the approval of the IHSC Assistant Director (AD) or designee.

c) IHSC personnel may participate in ICE personnel PODs if that participation does not conflict with duties required for the care of detainees or their Public Health Service responsibilities and with the approval of the IHSC AD or designee.
4. ADMINISTRATION, RESOURCES, AND FUNDING.

a. Administration.

1) **NOC Phase 1 (Guarded)**: ICE will follow internal steady state administrative procedures because the scope is not significant enough to require extra Federal assistance.

2) **NOC Phase 2 (Concern)**: ICE will modify its internal administrative procedures based on detection and characterization of an emerging infectious disease threat and the approved response plan because Federal assistance becomes increased due to state/local responders becoming overwhelmed, seeking assistance, and/or by order of the DHS Secretary.

   a) During the incident phase, ICE will coordinate and track administrative requirements within the impacted AOR. However, substantive administrative matters shall continue to be handled within existing response-agency channels.

   b) Financial oversight shall be maintained through existing ICE channels. ICE will track expenditures and ensure that all expenditures are within authorized levels and conducted in accordance with existing law.

   c) Deployment of personnel shall be conducted in accordance with existing laws and ICE policy.

   d) ICE directorates and program offices will be responsible for all costs of travel, using existing budgets.

3) **NOC Phase 3 (Urgent)**: ICE will modify its internal administrative procedures based on an outbreak of a highly pathogenic infectious disease or pandemic that requires Federal assistance, and/or by order of the DHS Secretary.

   a) During the incident phase, ICE will coordinate and track administrative requirements within the impacted AOR(s). However, substantive administrative matters shall continue to be handled within existing response-agency channels.

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4 **NOC Phase 1 (Guarded)**: is determined by man-made events, natural disasters, and other events that State and local officials will manage with limited Federal assistance; an event that has significant or could have significant impact on critical infrastructure/key resource; suspicious activities, events, incidents or accidents that could become a matter of interest at the National level; and/or an event with a homeland security or public safety nexus that the National Security Staff, the DHS Secretary, and/or senior DHS and/or ICE officials may need to address.

5 **NOC Phase 2 (Concern)**: is determined by an event meeting any of the four criteria outlined in HSPD-5; incidents causing loss of life and/or large scale evacuations requiring significant Federal commitment of resources and/or possible Stafford Act declarations; an event significantly impacting or potentially impacting critical infrastructure/key resources or densely populated areas with potential public safety or public health impacts; a credible threat with possible/confirmed terror nexus to U.S. homeland security; and/or an event or incident requiring a coordinated Federal response in which two or more DHS Components are substantially involved.

6 **NOC Phase 3 (Urgent)**: is determined when there is an incident so catastrophic that the Federal Government must assume the highest level of operational posturing and activity.
b) Financial oversight likely will be managed through existing response-agency channels. ICE will track expenditures and ensure that all expenditures are within authorized levels and conducted in accordance with existing law.
c) Deployment of personnel shall be conducted in accordance with existing laws and ICE policy.
d) When the Stafford Act is invoked, costs associated with the response may be reimbursed.

b. Resources.

1) Phase 1: ICE will follow steady state resource procedures.
2) Phase 2: ICE will modify resource procedures based on detection and characterization of an emerging infectious disease threat and the approved response plan.

a) Each ICE directorate and program office is responsible for identifying deployable personnel and assets that may be used during an emergency situation, to include CAT personnel.
b) All movement of resources into the impacted AOR will be coordinated with EMU and the CAT.
c) Resources will be provided in accordance with existing ICE policies.
d) Requests for critical resources unavailable in time through normal channels will be forwarded by the CAT Director to the Office of the Director.
e) Applicable ICE directorate- or program office-specific plans will cover scalable response levels and will define funding, sustainment, and transportation arrangements.
f) EMU will coordinate all pre-positioning efforts associated with emergency preparedness. Any ICE directorate or program office pre-positioning resources in the impacted AOR during an emergency situation must notify the EMU.

c. Funding.

Funding for this Plan will come from existing budgets. Additional funding and/or supplementals are to be determined based on the situation.

5. OVERSIGHT, COORDINATION, AND COMMUNICATIONS.

a. Oversight. The Director will ensure that the command/coordination organizational structures remain throughout each phase of the plan.

1) The Director is the lead for all ICE operations.
2) The ICE Office of Privacy is the lead for ensuring that all operations comply with applicable privacy laws.
3) EMU is responsible for overseeing the implementation of the ICE PWPP.
b. Coordination.

1) This Plan is effective upon signature by the Director.
2) ICE will issue plan updates as necessary.
3) EMU, in association with the CAT, will maintain situational awareness on any pandemic or emerging infectious disease threat.
4) To ensure effective and seamless DHS operations, ICE workforce health and safety policies, guidance, and requirements will be coordinated and synchronized with the appropriate DHS HQ offices.
5) When possible, contracts supporting MEFs will be modified as necessary to ensure contract fulfillment with minimal or no interruption throughout the duration of a pandemic event or an emerging infectious disease threat.
6) Working with counterparts at all levels, ICE will leverage existing domestic and international relationships in order to receive, share, and integrate information to prevent, protect, respond, and/or recover from a pandemic or an emerging infectious disease threat.
7) ICE will incorporate additional guidance and lessons learned from any pandemic into current and future operations and plans.
8) ICE will work with employee labor unions in developing and bargaining over such procedures where bargaining unit employees are impacted.
9) ICE will work to review and amend appropriate contracts in order to facilitate continuous contractor support.
10) HSIN is the national mechanism that will be used by all DHS Components to share information, reports, and a common operating picture. Annexes A, C, D, E, O, and P provide additional specific information on coordination, operations, MCM, PPE, lexicon, public affairs, and reporting.
11) ICE will send completed plans to DHS Headquarters when required.
ANNEX A: COORDINATION AND OVERSIGHT

This is a DHS Annex. The purpose of inserting it into the ICE PWPP is for quick reference concerning Department coordination and oversight.

The purpose of this Annex is to identify and briefly describe the coordination groups DHS would lead or be engaged in during a pandemic. Figures 1 and 2 depict leadership coordination groups and descriptions of these groups. DHS Components will continue to use their existing command/coordination organizational structures throughout each phase of the plan.

<table>
<thead>
<tr>
<th>DHS Senior Leadership Coordination</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS Biodefense Leadership Group (BWG)</td>
<td>Senior-level, intra-Departmental body charged with developing, recommending, and coordinating leadership priorities for biological preparedness, defense, and security issues across the Department. PSC resides as a subset of the BWG. The PSC's role is to make sure the Department is prepared for and has a coordinated response to a pandemic or emerging infectious disease.</td>
</tr>
<tr>
<td>DHS Operations Deputy (Ops Dept)</td>
<td>Forum for information sharing, coordination, and issues resolution among DHS Components in the areas of operations, planning, training, exercises, incident management, and resource allocations during an incident or period of heightened threat will serve as a venue for providing situational awareness, coordinating operations and planning, and working through resource constraints and allocation issues at the strategic level.</td>
</tr>
<tr>
<td>DHS Senior Leadership Group (SLG)</td>
<td>Key leadership from the DHS Components convened during an identified threat or incident to provide the Secretary with critical advice related to their respective incident management responsibilities and to communicate the Secretary’s decisions.</td>
</tr>
</tbody>
</table>

![Figure A-1: Leadership Coordination Chart](image)

<table>
<thead>
<tr>
<th>DHS Action Officer Coordination</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Countermeasure Working Group (MCMWG)</td>
<td>OHA-led forum for coordination among DHS Components and coordination oversight provided by the OHA MCM Program Office.</td>
</tr>
<tr>
<td>Biological Working Group (BWG)</td>
<td>Consists of action officers used to develop and implement projects for the BWG.</td>
</tr>
<tr>
<td>DHS Continuity Working Group (CWG)</td>
<td>Group for oversight and direction to the DHS Continuity Program. Chaired by the DHS Continuity Manager or designee (GFS). It serves as a forum for information sharing, planning, and operations coordination to facilitate integration of continuity activities within DHS and with other federal, state, local, tribal, territorial, and private sector partners.</td>
</tr>
<tr>
<td>Pandemic (or Emerging Infectious Disease Specific) Working Group</td>
<td>Created as required during a potential pandemic event to provide strategic guidance and venue for Departmental coordination.</td>
</tr>
</tbody>
</table>

![Figure A-2: Action Officer Coordination Chart](image)
To maintain Essential Functions (EF), effective DHS operations rely on flexible communications and situational awareness systems that provide a common operating picture. Figure 3, below, lists and describes several communications tools used by DHS.

<table>
<thead>
<tr>
<th>Communication Tools</th>
<th>Host Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Incident Communications Conference Line (NICCL)</td>
<td>OPA</td>
<td>The NICCL is a standing conference line designated, maintained, and supported by OPA as the primary means for interagency incident communications information sharing during an incident requiring federal coordination. OPA provides guidance to federal interagency public affairs headquarters staffs and affected authorities through the NICCL.</td>
</tr>
<tr>
<td>State Incident Communications Conference Line (SICCL)</td>
<td>OPA</td>
<td>The SICCL is a dedicated federal-state incident communications conference line also designated by OPA to facilitate the inclusion, transmission, and exchange of incident management information and messaging to all states and territories to include locals and tribes.</td>
</tr>
<tr>
<td>Private Sector Incident Communications Conference Line (PICCL)</td>
<td>OPA and NPPD, Office of Infrastructure and Protection (IP)</td>
<td>The PICCL is a standing line for use by the Critical Infrastructure (CI) incident communications coordinators. Access information will be coordinated and disseminated by NPPD, IP, and OPA to provide timely public information to the CI partners during an incident requiring federal coordination and response.</td>
</tr>
<tr>
<td>HSIN</td>
<td>OPS</td>
<td>HSIN facilitates information sharing and collaboration among DHS Components and federal, state, local, tribal, and territorial area partners.</td>
</tr>
</tbody>
</table>

*Figure A-3: Communication Tools Chart*
ANNEX C: OPERATIONS

This is a DHS Annex. The purpose of inserting it into the ICE PWPP is for quick reference concerning Department concerns regarding global operations.

The purpose of Annex C is to provide specific information related to pandemic operations.

A detailed synchronization matrix will be published for any branch plan developed in response to a specific pandemic or emerging infectious disease. This Annex provides information on potential DHS actions in response to a pandemic or emerging infectious disease.

Figure 1 (provided by OHA) identifies indicators; describes the potential impact on DHS mission operations; lists triggers or threshold points for decision making; and displays DHS actions likely to occur at that point.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>MISSION OPERATIONS POTENTIALLY IMPACTED</th>
<th>PROPOSED TRIGGER OR THRESHOLD POINT</th>
<th>DHS ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases observed at outbreak origin</td>
<td>None</td>
<td>None</td>
<td>- Continued monitoring</td>
</tr>
<tr>
<td>Regional reporting of confirmed cases</td>
<td>Potentially some impact on DHS operations at regional locations</td>
<td>Reporting of sporadic DHS cases in affected region</td>
<td>- Facilitate provision of MCM and PPE in affected region (distribution and dispensing)</td>
</tr>
<tr>
<td>World Health Organization (WHO) declaration of a pandemic</td>
<td>Potential adjustments to procedures and practices in response to specific guidance from HHS, CDC, and OSHA relating to personal protections</td>
<td>Assessment of reporting from DHS Components that operations are adversely impacted as a result of the disease spread or as a result of adherence to specific guidance from HHS, CDC, or OSHA</td>
<td>- Assess impact of guidance on operations and adjust operations accordingly</td>
</tr>
<tr>
<td>HH5 Secretary makes a public health emergency declaration</td>
<td>Confirmed cases in North America (Canada, U.S., Mexico)</td>
<td>Assess need to alter baseline work practices to provide for personal protections of DHS personnel while maintaining EFS</td>
<td>- Provide specific and localized guidance on personal protections (use of MCM and PPE)</td>
</tr>
</tbody>
</table>

Figure C-1: Triggers and decision points

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ANNEX D: TECHNICAL GUIDANCE FOR ANTIVIRAL MEDICAL COUNTERMEASURES DISTRIBUTION AND DISPENSING

Purpose:

To provide guidance for Medical Countermeasures (MCM) distribution/dispensing plans that protect ICE personnel as well as critical contractors, and those within U.S. Immigration and Customs Enforcement (ICE)’s care and custody who are potentially exposed in a pandemic or other infectious disease threat, in order to sustain essential functions.

MCM Dispensing Objectives and Options:

The objective is to provide personnel and people under the care and custody of ICE with MCM as quickly as possible, using traditional dispensing methods available first. The following options are typically available to the ICE workforce and are preferentially ordered:

1. **Personal Physician**: If possible, personnel are encouraged to see their personal medical provider immediately if they feel they have been exposed to someone or have symptoms consistent with the current pandemic, such as influenza-like-symptoms. Prescriptions for MCM should be filled via normal pharmacy channels.

   **Usual health services for individuals under the custody of ICE**: Individuals under the custody of ICE will continue to receive MCM through the usual protocols of the facility where they are housed while supplies are available and accessible.

2. **Community Public Health Point of Dispensing (POD)**: In the event a pandemic public health emergency is declared, community public health PODs will open to serve the public. Department of Homeland Security (DHS) personnel and their family members are encouraged to receive MCM via a community POD.

3. **Non-Medical POD**: ICE non-medical personnel are trained to provide limited screening and dispense the first increment of a pre-defined MCM course to the designated workforce and those in ICE’s care and custody. An Emergency Use Authorization (EUA) issued by the Secretary, U.S. Department of Health and Human Services (HHS) is required to be in place for this option. The DHS Office of Health Affairs (OHA) will publish a Standard Operating Procedure and provide guidance for exercising this option. When directed, ICE POD staff(s) in ICE POD(s) will provide initial MCM. Then, OHA will provide the necessary guidance regarding the complete course of treatment in coordination with the local jurisdiction, other public health authorities, and the Centers for Disease Control and Prevention.

4. **Medical POD**: Are similar in operation to the non-medical PODs; however, the medical POD is administered by DHS-credentialed licensed medical providers. Because a medical provider has the authority to prescribe and dispense MCM, an EUA will not be required to stand up and operate a medical POD.
Obtaining MCM and Storage Requirements:

- OHA will provide MCM to DHS components upon request.
- Delivery will usually occur within 24 hours via express shipping. However, some exceptions may apply for weekend, evening, outside of the continental United States deliveries, or infrastructure disruptions.
- ICE will make requests to the OHA MCM Program Manager and provide the following information:
  - Address of the delivery location,
  - A primary point of contact (POC) with a cell phone number,
  - A secondary POC to receive the shipment, and
  - The amount of MCM required.
- MCM must be kept in a secure and controlled environment. Controls include:
  - A controlled chain of custody at all times,
  - Restricted access via two locks within an ICE facility or ICE custody where a second lock is accessible only to a restricted number of key personnel, and
  - A dry environment within a temperature range of 67°-77° Fahrenheit or other temperature range if specifically directed by OHA.
- Antivirals may be co-located with antibiotics in MCM cache locations. However, all MCM must be clearly labeled on the outside containers/cases/over packs to ensure ease of identification and accurate inventory.
- Designated, authorized personnel must be able to access the MCM 24/7/365. It is highly recommended that multiple authorized individuals have access to locked MCM, but those designated personnel be kept to a controlled number. Local leadership and POD Managers shall determine the proper number for their MCM cache(s).
- MCM must be accounted for as required and directed by the Emergency Management Unit (EMU) and OHA.

Point of Dispensing (POD):

- EMU oversees the national POD/MCM Program and will provide as much guidance and support as possible to POD staffs associated with all MCM caches.
- Guidance from OHA should be followed as to whether to dispense antiviral MCM under a medical POD or non-medical POD concept of operations, the former requiring the involvement of DHS-credentialed licensed medical providers.
- POD staffs can exercise their POD plans for either a pandemic or anthrax and get “credit” for meeting their annual exercise obligations.
- ICE POD staff(s) will operate POD(s) upon activation.
  - Activations for influenza pandemics or other infectious disease threats will follow the same implementation as that which was determined for the ICE Anthrax Operations Plan (OPLAN).
  - POD Leads shall promote coordinated and supportive efforts across as many programs as possible.
  - The POD Manager is responsible for ensuring that the correct MCM and associated supporting forms and documents are used for actual POD operations.
• All POD staff will train and exercise at least once annually. However, upon an emergency activation, new recruits and established POD staff will receive just-in-time training.
  • The mechanism for expeditious and mass dispensing MCM is the same construct regardless of the MCM being dispensed.
  • Training and exercising associated with the ICE Anthrax OPLAN is acceptable.
  • EMU will manage the overall oversight, but local personnel will be responsible for ensuring that local POD personnel complete the task(s).
• The POD Manager is responsible for all aspects of the POD under his or her auspices, but reports through and receives direction from the ICE Crisis Action Team and Incident Commander.
• Operational Checklists may be found at the end of this annex.

MCM CRITICAL ASSUMPTIONS:

• Sufficient risk and threat justifies MCM planning to sustain DHS essential functions.
• The time needed to develop an influenza vaccine is typically 6 months from the time of virus isolation to widespread availability and distribution (vaccination is the best means of protection against a novel virus). Vaccine development for other pandemic threats may take significantly longer.
• As currently developed, the DHS POD plans are for dispensing of antiviral MCM, not of vaccine, which requires a higher level of logistics and planning, including cold chain management.
• Viruses will be susceptible to standard antivirals, including but not limited to Tamiflu (oseltamivir) and Relenza (zanamivir); however, in some cases, resistance to either or both may be observed.
• Recognition that a pandemic has begun may take days to weeks depending on adequacy of biosurveillance situational awareness and information sharing, potentially delaying a determination to stand up PODs to dispense MCM to the workforce and those under ICE’s care and custody.

PLANNING REQUIREMENTS:

• The ICE PWPP and the ICE Anthrax OPLAN provide adequate constructs for receiving and dispensing MCM at specific, pre-planned sites or PODs. This will be done in accordance with this guidance, and POD training materials provided by OHA.
• POD staff roles must be identified in advance of emergency activations, to ensure readiness (primary, secondary, and tertiary preferred). Roles include:
  • POD Manager, Team Lead
  • Operations Lead
  • Logistics Lead
  • Communications Lead
  • Administration Lead
  • Security Lead
  • MCM delivery
- Greeter
- Forms reviewer
- Flow Controller
- Dispensers
- Exit monitor

- After Action Reports will be created and acted upon to continuously improve POD performance and preparedness.
- All necessary administrative means to track which employees have received MCM must be utilized and maintained to ensure privacy.

PROCEDURES AND SEQUENCE OF EVENTS:

Procedures for distribution/dispensing MCM to appropriate workforce will be activated if the following conditions are met:

- The Secretary of Homeland Security directs Components to stand up their PODs to dispense antivirals.
- In the event that Component MCM dispensing plans are executed, OHA will provide specific guidance to facilitate dispensing operations at the time of plan execution.
- OHA will determine whether HHS has issued the requisite EUA for dispensing of MCM by non-medical DHS personnel and activate the dispensing plan.
- PODs will be established and operated in accordance with any applicable plan and any EUA.
- Appropriate screening document(s) will be used in screening/assessing all recipients to identify and document antiviral type.
- A treatment consent/declination form/privacy statement will be used.
- Patient information handouts will be provided for all DHS Personnel for the applicable MCM dispensed.

TRACKING:

Tracking and reporting will be managed in accordance with the Privacy Act, other relevant laws, and DHS guidance, and reporting information on recipients receiving MCM to OHA guidelines. In general, the following applies:

- Following POD operations, ICE will keep the hardcopy patient screening forms and consent memorandum (both signed) in secure records locations at the local level.
- ICE will report aggregate data to OHA during and after POD operations, including MCM dispensed, MCM remaining, recipients dispensed to and recipients declined (aggregate data is not Personally Identifiable Information);
- OHA will provide guidance on the long term storage requirements of paper records.

Operational Checklist:
(Pre-Incident and Post-Incident Checklists may be found at the end of this checklist.)

Incident—Immediate Crisis Management Checklists
### Executive Policy Group

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 activates Anthrax OPLAN</td>
</tr>
<tr>
<td>Notify HQ leadership</td>
</tr>
<tr>
<td>Activate Incident Commander</td>
</tr>
<tr>
<td>Activate Crisis Action Team - HQ ICS personnel</td>
</tr>
<tr>
<td>This space is intentionally left blank</td>
</tr>
<tr>
<td>EMU</td>
</tr>
<tr>
<td>JIOC</td>
</tr>
<tr>
<td>ICE ERG</td>
</tr>
<tr>
<td>Distribute REPORTING battle rhythm</td>
</tr>
<tr>
<td>Personnel accountability</td>
</tr>
<tr>
<td>Detainee accountability</td>
</tr>
<tr>
<td>MEFs</td>
</tr>
<tr>
<td>Mobilize personnel</td>
</tr>
<tr>
<td>ICE Broadcasts</td>
</tr>
<tr>
<td>Prioritize ESF assignments</td>
</tr>
<tr>
<td>Monitor personnel or detainees who received MCM</td>
</tr>
<tr>
<td>Family outreach</td>
</tr>
</tbody>
</table>

### Incident Commander

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activate local Operations Section Chief</td>
</tr>
<tr>
<td>Select location of Incident Command Center</td>
</tr>
<tr>
<td>Confirm location of POD</td>
</tr>
<tr>
<td>Activate local Logistics Section Chief</td>
</tr>
<tr>
<td>Activate other local ICS personnel</td>
</tr>
<tr>
<td>Mode of MCM transport</td>
</tr>
<tr>
<td>Local REPORTING battle rhythm</td>
</tr>
<tr>
<td>Personnel accountability</td>
</tr>
<tr>
<td>Detainee accountability</td>
</tr>
<tr>
<td>Notify affected personnel</td>
</tr>
<tr>
<td>Notify affected detainees</td>
</tr>
<tr>
<td>MEFs</td>
</tr>
<tr>
<td>Cancel leave</td>
</tr>
<tr>
<td>Strategically move additional MCM from other cache location(s) to forward location(s)</td>
</tr>
<tr>
<td>Monitor POD</td>
</tr>
<tr>
<td>Consider COOP activation</td>
</tr>
<tr>
<td>Counseling for affected people</td>
</tr>
<tr>
<td>Family member outreach/support</td>
</tr>
<tr>
<td>ESF assignments</td>
</tr>
<tr>
<td>Monitor personnel or detainees who received MCM</td>
</tr>
</tbody>
</table>

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### POD Manager & Operations Lead

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activate POD staff</td>
</tr>
<tr>
<td>Assume command and control of POD</td>
</tr>
<tr>
<td>Oversee POD set up coordination with MCM and accompanying paperwork</td>
</tr>
<tr>
<td>Coordinate security details</td>
</tr>
<tr>
<td>Establish communications site and modes with ICE CAT and DHS HQ as required</td>
</tr>
<tr>
<td>Provide Just-in-Time training to POD staff</td>
</tr>
<tr>
<td>Ensure POD Staff self-medicate</td>
</tr>
<tr>
<td>Consider transport of MCM to other locations</td>
</tr>
<tr>
<td>Consider ground transportation requirements</td>
</tr>
<tr>
<td>Mobilize personnel associated with air transportation if required</td>
</tr>
<tr>
<td>Ensure documentation accountability for received MCM</td>
</tr>
<tr>
<td>Report MCM POD start time</td>
</tr>
<tr>
<td>Monitor and foster efficient POD flow</td>
</tr>
<tr>
<td>Oversee proper processing of recipients, their forms, and correct dispensing of MCM</td>
</tr>
<tr>
<td>Request additional POD personnel if needed</td>
</tr>
<tr>
<td>Ensure communications flow with OHA and DHS</td>
</tr>
<tr>
<td>Keep POD staff informed of changing situations</td>
</tr>
<tr>
<td>Report end time for MCM dispensing</td>
</tr>
<tr>
<td>Provide debriefing at conclusion of POD</td>
</tr>
<tr>
<td>Ensure POD is closed down properly to include safe storage of MCM and completed forms</td>
</tr>
<tr>
<td>Ensure an AAR-IP is written and addressed</td>
</tr>
<tr>
<td>Ensure personnel or detainees who received MCM can be contacted and/or monitored</td>
</tr>
<tr>
<td>Consider recommendation for counseling to be implemented</td>
</tr>
</tbody>
</table>

### Security Lead

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escort for MCM</td>
</tr>
<tr>
<td>Ensure overall security of POD operations</td>
</tr>
<tr>
<td>Manage entrances and exits, in coordination with Greeter and Exit Monitor</td>
</tr>
<tr>
<td>Work with Greeter and other POD staff to check for proper DHS identification of recipients</td>
</tr>
<tr>
<td>Notify Area Commander and/or ICE CAT of MCM escort progress</td>
</tr>
<tr>
<td>Notify Area Commander and/or ICE CAT of achieved POD security</td>
</tr>
</tbody>
</table>
### Administration Lead

- Manage all paperwork associated with the POD
- Track in personnel assigned to POD(s)
- Track personnel receiving MCM
- Track detainees receiving MCM
- Collect completed forms packet (screening form, consent memo and Privacy Statement) from dispensing stations and secures them in a locked storage location

### Logistics Lead

<table>
<thead>
<tr>
<th>Incident Command Center set up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tables and chairs</td>
</tr>
<tr>
<td>Computers</td>
</tr>
<tr>
<td>Communications equipment</td>
</tr>
<tr>
<td>Potable water</td>
</tr>
<tr>
<td>ICS Forms</td>
</tr>
<tr>
<td>Support personnel</td>
</tr>
<tr>
<td>Rest rooms</td>
</tr>
<tr>
<td>Signage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POD set up coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tables and chairs</td>
</tr>
<tr>
<td>Potable water</td>
</tr>
<tr>
<td>POD Tool Kit</td>
</tr>
<tr>
<td>Administrative personnel</td>
</tr>
<tr>
<td>Administrative supplies, to include forms</td>
</tr>
<tr>
<td>Rest rooms</td>
</tr>
<tr>
<td>Signage</td>
</tr>
<tr>
<td>Establish secure location for MCM inventory</td>
</tr>
</tbody>
</table>

- Oversees inventory and supply management
- Food
- ICE Broadcast for personnel in target area
- ICE Broadcast for personnel outside of target area
- Congressional reporting
- Press release
- Portable radios
- Liaise with CAT and/or procurement personnel to replenish supplies as needed
### Logistic Planning

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicles and associated personnel</td>
</tr>
<tr>
<td>Coordinate security detail</td>
</tr>
<tr>
<td>Transport of MCM and forms to POD or airport or landing zone</td>
</tr>
<tr>
<td>Air asset with crew if required</td>
</tr>
<tr>
<td>Transport of MCM and forms from airport or landing zone to POD if required</td>
</tr>
<tr>
<td>Notify Area Commander and/or ICE CAT of ETA for delivery of MCM to POD</td>
</tr>
<tr>
<td>Notify Area Commander and/or ICE CAT of MCM arrival at POD</td>
</tr>
</tbody>
</table>

### Communications Lead

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work closely with the POD Lead/Manager to manage incoming and outgoing information</td>
</tr>
<tr>
<td>Coordinate resources such as radios, walkie-talkies, land and cell phone, computers, printers, and fax machines</td>
</tr>
<tr>
<td>Provide dedicated phone lines and computers to receive and transmit requests as appropriate</td>
</tr>
<tr>
<td>Send real time updates to POD Lead and senior management regarding usage of MCM inventory</td>
</tr>
<tr>
<td>Work with Logistics/Supply Lead and Administration Lead to report inventory analysis at the end of each shift to account for all equipment and materials</td>
</tr>
</tbody>
</table>
### Pre-Incident

<table>
<thead>
<tr>
<th>ICE ANTHRAX OPLAN CHECKLIST PRE-INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>All appropriate personnel are familiar with the ICE Anthrax OPLAN.</td>
</tr>
<tr>
<td>All appropriate personnel are trained adequately to include reviewing the educational information on the EMU Homepage of the Intranet.</td>
</tr>
<tr>
<td>Appropriate personnel account for MCM as required.</td>
</tr>
<tr>
<td>Appropriate personnel exercise POD MCM dispensing.</td>
</tr>
<tr>
<td>Documentation to support the ICE Anthrax OPLAN is updated as often as necessary, but at least annually.</td>
</tr>
<tr>
<td>Annual hazard assessments for personnel are conducted.</td>
</tr>
</tbody>
</table>

### Post-Incident

<table>
<thead>
<tr>
<th>ICE ANTHRAX OPLAN CHECKLIST POST INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to regular operations to the extent possible.</td>
</tr>
<tr>
<td>Monitor personnel and detainees that received MCM.</td>
</tr>
<tr>
<td>Conduct hot wash(es).</td>
</tr>
<tr>
<td>Write and submit an after action report.</td>
</tr>
<tr>
<td>Replenish MCM as needed.</td>
</tr>
</tbody>
</table>
June 20, 2014

U.S. Department of Homeland Security
Office of Health Affairs
Washington, DC 20528

STANDARD OPERATING PROCEDURE
FOR
MEDICAL COUNTERMEASURES POINTS OF DISPENSING (POD) OPERATIONS

PURPOSE
This Department of Homeland Security (DHS) Standard Operating Procedure (SOP) sets forth the requirements for the provision of medical countermeasures (MCM) from points of dispensing (PODs) staffed by DHS-designated employees to DHS personnel, critical contractors, and those under DHS care and custody located in areas suspected as having been exposed to biological pathogens. This SOP provides direction for:

- POD setup based on workspace;
- Defining responsibilities and responsible parties;
- Forms management;
  - Logistics, such as receipt of MCM, supplies, equipment, and proper storage – to include tracking and inventory of supplies;
  - Establishing a documentation mechanism for individuals who have received MCM.

SCOPE
This SOP is directed to Components and DHS-designated employees who have been identified and trained to operate a POD site from within their work site. This SOP outlines general procedures and guidelines for the setup and management of a DHS POD for dispensing of MCM to DHS personnel, critical contractors, and those under DHS care and custody. This SOP is to be used in conjunction with specific MCM SOPs related to the type of threat (anthrax, viral, etc.) and dispensing personnel (medical or non-medical).

This SOP does not apply to health services provided by, for, or on behalf of the United States Coast Guard (USCG) that are in alignment and compliant with Department of Defense and USCG Commandant Directives and Instructions related to the provision of health services.
Furthermore, this SOP does not authorize DHS contracted medical service providers to administer or dispense medications outside the scope of their contract.

BACKGROUND
DHS has established a plan to dispense MCM to the workforce in a safe, timely and secure environment when called upon to do so in the event of an emergent situation such as a biological pathogen exposure or release, pandemic influenza or other national threat. Mass dispensing is the term used to describe the dispensing of MCM to a large group of people in a short period of time during a health security event. The location where mass dispensing of MCM is conducted is called a POD. In order to achieve successful mass dispensing, a POD must be designed to accommodate a varying number of people, and must be appropriately staffed to perform dispensing and supporting activities. OHA recognizes that each Component’s normal business practices should be considered when designing an appropriate POD for that office and/or Component.

There are two types of PODs, medical and non-medical: **Medical PODs** are set up and managed by designated DHS personnel who have been identified and trained to operate a POD site in which authorized medical personnel conduct individualized medical assessments then administer/dispense an appropriate MCM. **Non-Medical PODs** are staffed by designated non-medical DHS personnel who have been identified and trained to operate a POD site and dispense MCM based on the decision matrix tool in an individual’s completed DHS Screening Form for Dispensing, but do not conduct individualized medical assessments.

NOTE: Non-medical PODs may still require availability of a healthcare professional if the terms of the EUA or PAHPRA (Pandemic and All-Hazards Preparedness Reauthorization Act) order so dictate. Once the DHS Secretary or designee has declared a health security threat, the CMO will make the determination to stand-up PODs, either medical or non-medical. These types of PODs are oriented toward a "pull" mechanism, a type of dispensing characterized by the exposed and potentially exposed population coming to the POD to pick up MCM. A Component could decide to opt for dispensing in a "push" fashion, which involves actively moving out to the field to distribute medications in unique situations.

1. POD FUNCTIONS AND ACTIVITIES

The DHS workforce PODs will be set up in a pre-identified location. Medication will be rapidly distributed to eligible personnel at the PODs (or from alternative venues specific to Component mission environs). As shown in Figure 1 - Flowchart of POD Deployment Process from Start to Finish, the responding supervisor must determine the best location based on the logistics of moving people in and out of the office and/or facility in an expeditious and seamless manner, minimizing possible disruption to normal mission operations. Once the operational plan is developed, exercise and training shall be conducted on a routine annual basis, to those staffing, servicing and supporting the DHS workforce POD to ensure its successful operation when needed.
Upon notification from the DHS Secretary, based on recommendations from the Assistant Secretary of Health Affairs and Chief Medical Officer (ASHA/CMO), the supervisor will activate the workforce POD as appropriate by transforming the designated space within the office or designated location while normal operations continue to the extent possible.

As indicated in Attachment 1, the POD Manager and/or Site Lead will be in contact with the appropriate chain of command regarding the event, status of POD, numbers reported and logistics. The PODs will remain activated until authorized to deactivate by the DHS Secretary based on recommendations from the ASHA/CMO, at which time the POD Manager/Site Lead will provide required reports up the chain, and facilitate tear-down and demobilization of the POD.

II. DHS WORKFORCE POD GUIDE

The POD Manager and/or Site Lead will serve as liaison for all POD planning and response activity. This should be a supervisor or someone who is in the office (or determined location) on a consistent basis. The POD Manager and designated team will follow this SOP and is responsible for:

1. POD Location:
   - Plan for the affected facility as well as COOP sites where MCM may be pre-staged or cached.
   - Identify the best locations within the Component to establish POD operations. Designate most optimal location for ease of flow (one entry & one exit) within the work environment, adequate space for screening and review of forms, and medication dispensing (conference room, cafeteria, lobby, tent, vehicle, etc.).
   - Space utilization, size, number of eligible personnel will affect the flow and operations of the POD (number of staff to support individual stations and dispensing, adjust up or down based on the demand). See Figure 1 - Flowchart of POD Process from Start to Finish.
   - Consider signage to direct people to the location and steps throughout the process (taping arrows/lanes/path for individuals to follow and numbering stations)
   - For those DHS Components with a smaller number of eligible personnel, determine if there is a need to enter into an MOU with another Component for operation of a shared POD to coordinate mass dispensing activities.

![Figure 1 — Flowchart of POD Process from Start to Finish](image)

2. POD Staffing:
Designate employees that will assist in the POD operations. Staffing needs should be based on the size and physical location of the POD.
The primary difference between a Medical and Non-Medical POD is whether authorized medical personnel conduct individualized medical assessments to administer/dispense an appropriate MCM (Medical POD), or if designated non-medical personnel use an approved DHS Screening Form for Dispensing decision matrix tool to dispense appropriate MCM (Non-medical POD).

Recommend that Component identify personnel to execute the following specific job actions (duties detailed in the Job Action Sheets in Attachments 1 thru 8):

- **POD Manager and/or Site Lead**
- **Operational Logistics**
- **Operational Job Actions**
  - **Greeter:** Dual role of directing people into the POD and screening the crowd (visually and/or through direct questions). Helps individuals in need of assistance.
  - **Forms Distribution:** Most POD plans require data collection. All required pre-screening forms will be completed on site by each individual prior to dispensing.
  - **Dispensing:**
    - **Medical POD:** Designated DHS medical care providers evaluate individuals for suspected exposure to biological pathogens and may administer/dispense an appropriate MCM. This treatment will be documented on the Standard Form 558 (SF 558), EMERGENCY CARE AND TREATMENT, (Attachment 7) or an equivalent Component-specific form, authorized electronic health record system and/or approved spreadsheet.
    - **Non-Medical POD:** Designated non-medical personnel review all forms, verify the identity of the person who is receiving the MCM, then dispense the appropriate MCM based on the completed DHS Screening Form for Dispensing decision matrix tool. Staff will include the time, date and signature on forms.
  - **Form Collection and Exit:** Ensures forms have been collected and directs individuals to the exit. Exit staff provides details to follow-up care, or reinforces compliance messages.
  - **Traffic Management:** Manages entry and exit points, directs people to available stations and manages crowd control.
  - **Security:** Responsible for crowd control outside as well as inside the DHS workforce POD site. Establishes a mechanism to secure entry into building or around designated location, checks badges to ensure personal safety of POD staff. Considers securing the perimeter of the POD operation and MCM stock.

**NOTE:** If possible, provide color-coded vests for ease in recognition of staff. (For example, those wearing a red vest will dispense, and those wearing yellow vests will be responsible for security).

3. **POD Operational Logistics (Supply):**
   Acquisition of all related forms, medical and non-medical supplies, and MCM needed to accomplish the task (identify appropriate workforce numbers).
   - Determine the quantity of materials and supplies to be purchased such as signs, clipboards, pens, light, forms, tables, etc.

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• Establish mechanism for receiving inventory and accountability of supplies and equipment. Work with OHA regarding how MCM will be requested, purchased, and distributed to the designated locations and establish a process for the DHS workforce, critical contractors, and those under DHS care and custody to receive MCMs. The following must be considered:
  o MCMs will be shipped in pre-labeled bottles, which will include drug name, strength and quantity, directions for use, lot number. The workforce POD must have the ability to maintain appropriately controlled storage for MCM in accordance with the Standard Operating Procedures for Storage of Medical Countermeasures.
• Forms Management
  o Complete DHS Screening Form and review dispensing matrix tool MCM; forms must include time, date, signature and location of dispensing site.
  o Collect individual’s data and dispensing information through use of the DHS Screening Form, an equivalent Component-specific form, authorized electronic health record system and/or approved spreadsheet.
  o Complete Privacy Act Statement and Consent-Declination form.
  o Distribute patient Information sheets from the Centers for Disease Control and Prevention (CDC).
  o Establish a mechanism to prevent individuals from processing more than once (tags, hand stamp, etc.)
  o Maintain all required forms for dispensing and submit them to the appropriate agency as directed. Additional MCM-specific reporting guidance is listed in the Medical Documentation section of SOPs for providing a specific type of MCM from PODs.
• Communication:
  o Identify required number of phone lines and alternate means to communicate should hard lines be disrupted and cell coverage is limited; include emergency radios if feasible.
  o Develop notification protocols for alerting dispensing staff and key employees, and identify how information and communication will flow during the event.
  o Test the system.
  o Establish a reporting mechanism to keep senior leadership informed of status and any logistical requirements.
  o Provide operational logistics (supply) reporting in accordance with the DHS Components guidance for MCM storage.
• Training:
  o Provide training on POD concepts and various roles and responsibilities, and conduct just-in-time training as needed to keep staff refreshed on expectations and specific job tasks. Key content to include are:
    ▪ Chain of command, organizational chart and communication flow.
    ▪ POD flow activities and signage.
    ▪ Use of personal protective equipment (PPE) and relevant infection control measures, SOPs, MCM patient Information sheets, standard reporting procedures, response to outside requests for information, and patient confidentiality.
    ▪ Proper hand washing or waterless hand sanitizer use and its importance.
• Appropriate PPE (preferably disposable) and proper PPE disposal after use.
• Safety and security.
• Deactivating and demobilizing a POD.

• Post Event - Stand down or Demobilization
  o Proceed with tear down of POD as directed:
    • Secure and inventory all unused supplies, equipment and MCM (return all unopened supplies as directed).
    • Return supplies to designated locations and/or package supplies for removal and storage if outside workplace.
    • Keep refrigerated items within designated temperature ranges at all times (Document temperature checks at least three times /day).
    • Secure and inventory communication and computer equipment if other than normal office inventory.
    • Clean facility: debris, personal items, medical and non-medical supplies/equipment, bio-hazardous material.
    • Remove equipment brought to site.
    • Notify site point of contact (POC) when the facility is vacated.

III. STORAGE REQUIREMENTS
The following minimum general requirements for the storage and handling of prescription drugs are the responsibility of the DHS Component agency accepting MCM:

• Locations at which prescription drugs are stored, warehoused, and handled, shall be of suitable size and construction to provide adequate space, lighting, temperature, humidity, and security conditions.
• Storage areas shall be maintained in a clean and orderly condition and be free from infestation by insects, rodents, birds, or vermin.
• There should be a designated quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, or adulterated.
• Access to the storage area shall be kept to a minimum and all storage areas shall be secured in a manner that will provide protection against theft and diversion.
• Expanded guidance for MCM storage, tracking, and receiving capabilities is detailed in the Standard Operating Procedure For Storage of Medical Countermeasures.

V. MEDICATION DOCUMENTATION
Prior to any evaluation taking place, eligible personnel requesting evaluation shall acknowledge receipt of the Privacy Act Statement. Upon recommendation and prior to administration/dispensation of MCM, eligible personnel must receive a copy of the MCM-specific Patient Information Sheet and be informed of:

• The potential side effects of the MCM;
• Their right to refuse treatment;
• Their right to refuse the administration/dispensation of these medications; and
• Any other elements required to be communicated to recipients, healthcare professionals, or others under the relevant EUA or PAHPRA order.

Expanded guidance for MCM documentation and reporting is detailed in the Standard Operating Procedures for specific situations (e.g. SOP For Providing Anthrax Medical Countermeasures From FOR OFFICIAL USE ONLY
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Points Of Dispensing Staffed By Non-Medical Personnel, SOP For Providing Anthrax Medical Countermeasures From Points Of Dispensing Staffed By Medical Personnel, SOP For Providing Antiviral Medical Countermeasures From Points Of Dispensing Staffed By Medical Personnel, etc.

VI. MEDICAL OVERSIGHT
The Office of Health Affairs, Workforce Health and Medical Support Division, will provide principal medical oversight of the MCM program for DHS components. The point of contact for this SOP is the Workforce Health and Medical Support Division’s MCM Program Manager in the Office of Health Affairs (healthaffairs@dhs.gov).

APPROVED BY:

Kathryn Brinsfield, MD, MPH
Acting Assistant Secretary for Health Affairs and Chief Medical Officer

Date July 7, 2014

ATTACHMENTS:
Attachment 1: Job Action Sheet: POD Manager
Attachment 2: Job Action Sheet: Operations Lead
Attachment 3: Job Action Sheet: Operational Logistics (Supply) Lead
Attachment 4: Job Action Sheet: Administration Lead (If required)
Attachment 5: Job Action Sheet: Communications Lead (If required)
Attachment 6: Job Action Sheet: Flow Control, Greeter, Forms Review and Exit Monitor
Attachment 7: Job Action Sheet: MCM Delivery
Attachment 8: Job Action Sheet: Security Lead

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Attachment 1 - Job Action Sheets

POD Manager

Primary Mission: Dispense MCM to the DHS workforce in a safe, timely and secure environment when called upon to do so in the event of an emergent situation.

Role: POD Manager and/or Site Lead

Staffing Job Actions:

1. POD Manager is responsible for the command and control activities of the POD. This person(s) will manage and control the total operation of the workforce POD.

2. The POD Manager directly oversees the operations, logistics (supply), planning, and administration by working closely with the identified leads and coordinators for all shifts (if appropriate)

3. Serves as supervisor of the Site and performs the following activities:
   a) Oversees site setup and teardown when informed to deactivate
   b) Assigns people to leader duties/roles
   c) Provides just-in-time training to staff or delegates duty as appropriate
   d) Establishes a communication site and communicates with HQ. DHS leadership (provides update on status, supplies, issues, concerns) as directed
   e) Inventory control, work with assigned logistics leader on setup, security of MCM and supplies and storage
   f) Rectify any safety issues and always enforce SAFETY!
   g) Keep staff informed of changing situations regarding the event
   h) Debriefing following event
Attachment 2 - Job Action Sheet

Operations Lead

Primary Mission: Dispense MCM to the DHS workforce in a safe, timely and secure environment when called upon to do so in the event of an emergent situation

Role: Operations Lead

Staffing Job Actions:

1. Understand the overall POD dispensing concept
2. Responsible for all clinical areas of the POD, including:
   a) Screening: meet and greet, flow control, registration, screening form, privacy act and consent, patient education and exit monitor
   b) Dispensing: providing MCM as directed under established protocols and/or decision matrix tool
   c) Special Needs: in pre-planning, identify those individuals who might have difficulties
   d) Resources: inventory of supplies, medications and any equipment (work closely with logistics lead)
   e) Assess safety and security of the dispensing area
   f) Training: Ensure staff are trained to respective roles and are comfortable in their role
Attachment 3 - Job Action Sheet

Operational Logistics (Supply) Lead

Primary Mission: Dispense MCM to the DHS workforce in a safe, timely and secure environment when called upon to do so in the event of an emergent situation.

Role: Operational Logistics Lead

Staffing Job Actions:

1. Report directly to POD Manager/Site Lead
2. Manage support personnel as assigned
3. Oversees all support needs of the POD to include acquisition of supplies and equipment
4. Oversees inventory and supply management
5. Establish secure location for MCM inventory in accordance with the Standard Operating Procedure For Storage of Medical Countermeasures
6. Assist in set up of workforce POD, apply signage and directions for individuals to follow as appropriate (depending on size of workspace used and facility location)
Attachment 4 - Job Action Sheet

Administration Lead (If required)

Primary Mission: Dispense MCM to the DHS workforce in a safe, timely and secure environment when called upon to do so in the event of an emergent situation.

Role: Administration Section Lead

Staffing Job Actions:
1. Understand the overall POD dispensing concept
2. Manages all paperwork generated at the POD, including but not limited to:
   a) Event documentation
   b) Patient screening forms
   c) Forms management
   d) Documentation, tracking, inventory tools/logs
   e) Maintain security and control of screening forms
3. Report routinely to the POD Manager/supervisor to ensure individuals’ status are current and accurate
Attachment 5 - Job Action Sheet

Communications Lead (if required)

Primary Mission: Dispense MCM to the DHS workforce in a safe, timely and secure environment when called upon to do so in the event of an emergent situation.

Role: Communications Lead

Staffing Job Actions:

1. Understand the overall POD dispensing concept
2. Work closely with the POD Manager/Site Lead in managing incoming and outgoing information
3. Coordinate resources such as radios, walkie-talkies, land and cell phones, computers, printers, and fax machines (if applicable)
4. Provide for dedicated phone lines and computers to receive and transmit requests as appropriate
5. Inventory analysis at the end of each shift to account for all equipment and materials
Attachment 6 - Job Action Sheet

Flow Control, Greeter, Forms Review and Exit Monitor

Primary Mission: Dispense MCM to the DHS workforce in a safe, timely and secure environment when called upon to do so in the event of an emergent situation.

Role: Flow Control, Greeter, Forms Review and Exit Monitor

Report to: Operations Lead

Staffing Job Actions:

1. Understand the overall POD dispensing concept
2. Maintain awareness for any potential security issue and report immediately to supervisor or security lead
3. Assist in flow control between various stations, ensure that entry points and flow to various stations are clearly identified for individuals to process through
4. Direct individuals to the next station
5. Keep lines moving in an orderly fashion
6. Review individuals' screening forms for completeness, and accuracy (ensure all required fields are complete)
7. Answer non-medical questions about the form(s) and any other questions related to the process.
8. Provide direction to individuals once they have processed through the stations (event specific). Issues to address include:
   a) Whether or not there is a need to shelter-in-place
   b) Procedures and timing for returning to work station
   c) Communicating situational updates
   d) Providing reassurance
Attachment 7 - Job Action Sheet

MCM Delivery

**Primary Mission:** Dispense MCM to the DHS workforce in a safe, timely and secure environment when called upon to do so in the event of an emergent situation.

**Role:** MCM Delivery

**Report to:** Operations Lead

**Staffing Job Actions:**

1. Understand the overall POD dispensing concept
2. Maintain awareness for any potential security issue and report immediately to supervisor or security lead
3. Set up dispensing table with needed supplies (pens, date stamps, patient information sheets, etc.)
4. Work with Logistics lead on how MCM will be labeled for distribution
5. Review screening forms for completeness and accuracy (ensure all required fields are complete) to include, date, time, signature and POD location
6. Review and understand instructions for MCM delivery; if non-medical POD, review the decision matrix for distributing medication based on individuals’ screening form
7. Review and understand instructions for DHS MCM consent-decimation form and privacy act statement
8. Answer non-medical questions about the form and any other questions related to the process
9. Provide patient information sheets to individuals; keep in mind that if this is a non-medical POD, those with medical questions must be referred to their individual provider
10. Direct individuals to the exit station
11. Be supportive to individuals, provide direction and reassurance
Attachment 8 - Job Action Sheet

Security Lead

Primary Mission: Dispense MCM to the DHS workforce in a safe, timely and secure environment when called upon to do so in the event of an emergent situation.

Role: Security Lead

Staffing Job Actions:
1. Understand the overall POD dispensing concept
2. Maintain crowd control both inside and outside the POD to ensure security of MCM stocks and safety of the workforce
3. Identify additional staff support for security (dependent on the size and location of the POD)
June 20, 2014

U.S. Department of Homeland Security
Office of Health Affairs
Washington, DC 20528

STANDARD OPERATING PROCEDURE FOR PROVIDING ANTIVIRAL MEDICAL COUNTERMEASURES FROM POINTS OF DISPENSING STAFFED BY MEDICAL PERSONNEL

PURPOSE

This Department of Homeland Security (DHS) Standard Operating Procedure (SOP) sets forth the requirements for the provision of antiviral Medical Countermeasures (MCM) from points of dispensing (PODs), staffed by designated DHS medical care providers, to the DHS workforce, critical contractors, and those under DHS care and custody who present with symptoms of, or are located in areas suspected as having been exposed to, viral pathogens. This SOP provides direction for:

- Recognizing symptoms of viral exposure;
  - Implementing the decision to recommend and/or administer/dispense post-exposure prophylaxis or treatment;
  - Activating treatment and post-exposure prophylaxis medication administering/dispensing strategies, dispensing sites, dispensing modalities and other approaches, as necessary, to achieve dispensing goals commensurate with the targeted population;
- Recognizing potential side effects of treatment and post-exposure prophylaxis medications; and,
- Establishing a documentation mechanism for individuals who have received medication from the DHS stockpile.

SCOPE

This SOP is directed to DHS federal employees and detailees whose official duties include the provision of medical care, who are authorized by their Component to provide medical care, and who are also credentialed by the Assistant Secretary for Health Affairs/Chief Medical Officer (ASHA/CMO) in accordance with Delegation 5001 and Directive 248-01 (Medical Quality Management) and any subsequent implementing Instruction on Medical Quality Management
(hereinafter "designated DHS medical care providers"). This SOP outlines procedures for dispensing of MCM to DHS personnel, critical contractors, and those under DHS care and custody who present with symptoms of, or are located in areas suspected as having been exposed to, viral pathogens.

This SOP does not apply to health services provided by, for, or on behalf of the United States Coast Guard (USCG) that are in alignment and compliant with Department of Defense and USCG Commandant Directives and Instructions related to the provision of health services. Further, this SOP does not apply to DHS contracted medical service providers to administer or dispense antivirals outside the scope of their contract.

BACKGROUND

DHS has established a plan to dispense MCM to eligible personnel (DHS employees, critical contractors and individuals under care and custody of DHS) in a safe, timely and secure environment in the event of an emergent pandemic situation (DHS Pandemic Workforce Protection Plan_2013: http://dhsexchange.dhs.gov/comp/oha/whpomd/Pages/Pandemic-Preparedness.aspx). Based on available evidence, it was determined that providing antiviral MCM such as Tamiflu or Relenza can be safe and effective for treatment or post-exposure prophylaxis. It should be noted that treatment or post-exposure prophylaxis is only partially effective, and prevention is preferred. Inasmuch as pre-planning is possible, managers and supervisors must determine the best way to support administering/dispensing strategies, modalities, and other requirements detailed in this SOP.

Refer to the MCM SOP for Medical Countermeasures Points Of Dispensing (POD) Operations for further information and guidance on the setup and management of a DHS POD.

I. SYMPTOMS OF VIRAL INFECTION:

There is a wide variety of viruses that can cause illness within a population, including influenza (also known as the flu), gastroenteritis, smallpox, hemorrhagic fever, and many others. Viral infections can present with a variety of symptoms, ranging from mild to severe. These symptoms may vary depending on what part of the body is affected, type of viruses, age and overall health of the affected person, and the severity of the illness. The most common types of contagious viral infection, however, involve the respiratory tract, and usually cause one or more of the following "flu-like symptoms":

- Fever (usually high)
- Headache
- Fatigue
• Chills
• Muscle aches
• Dry cough
• Sore throat
• Runny or stuffy nose
• Rash
• Nausea and vomiting
• Diarrhea

Infectious Period: The length of time someone with a viral infection is infectious depends on the virus that caused the infection. Many people with viral infections are infectious prior to becoming symptomatic, and some remain contagious even after their symptoms resolve. Further information on the symptoms and infectious period of a particular viral agent during an outbreak will be shared as information becomes available.

II. THE DECISION TO RECOMMEND AND/OR ADMINISTER/DISPENSE ANTIVIRAL MCM:

When directed to by the DHS Secretary or the Assistant Secretary for Health Affairs and Chief Medical Officer (ASHA/CMO), MCM will be allocated to Components with directives to set up PODs then commence screening and dispensing antiviral medications to their eligible personnel. Upon request from eligible personnel, designated DHS medical care providers may evaluate the symptoms or potential exposure described by the requestor and in their professional judgment, and pursuant to this SOP, recommend antiviral medication for treatment or post-exposure prophylaxis.

III. TREATMENT AND POST-EXPOSURE PROPHYLAXIS (PEP):

Administration/Dispensation of Antivirals for Treatment or PEP

OHA will continue to monitor the situation regarding any pandemic virus outbreak, and will advise if any changes are to be made as to who may administer these or other medications related to the situation.

Administering/dispensing procedures are the same for post-exposure prophylaxis or treatment although the duration of dosing differs between the two uses.
The record-keeping requirements noted at the end of this document apply to any antiviral administered or dispensed by a designated DHS medical care provider, regardless of the manner or location of administration/dispensation.

IV. POTENTIAL SIDE EFFECTS OF MEDICATIONS:

All eligible personnel who receive any antiviral medication must be advised of potential side effects and receive a copy of the modified Patient Information Sheet (Attachment 1 for Tamiflu or Attachment 2 for Ralenza) prior to medication administration/dispensation.

V. STORAGE REQUIREMENTS

The following minimum general requirements for the storage and handling of prescription drugs are the responsibility of the DHS Component agency accepting MCM:

- Locations at which prescription drugs are stored, warehoused, and handled, shall be of suitable size and construction to provide necessary space, lighting, temperature, humidity, and security conditions.
- Storage areas shall be maintained in a clean and orderly condition and be free from infestation by insects, rodents, birds, or vermin.
- There shall be a designated quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, or adulterated.
- Access from outside the storage area shall be kept to a minimum and all storage areas shall be secured in a manner that will provide protection against theft and diversion.
- MCM-specific storage requirements are listed in the patient information (Attachment 1 for TAMIFLU, Attachment 2 for RELENZA) documents. All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements listed on the label of the drug, or with requirements in the current edition of an official compendium, such as the United States Pharmacopoeia/National Formulary (USP/NF).
- Additional information for MCM storage, tracking, and receiving capabilities is detailed in the Standard Operating Procedure for Storage of Medical Countermeasures.

VI. MEDICATION DOCUMENTATION

Prior to dispensing any MCM for treatment or PEP, eligible personnel requesting evaluation shall acknowledge receipt of the Privacy Act Statement (Attachment 4) which presents information about:

- The potential side effects of the antiviral medications, as described further in this SOP,
- Their right to refuse treatment,
- Their right to refuse the administration/dispensation of these medications.

Each eligible individual must also sign the DHS Form, Antiviral Medication Consent-Declination (Attachment 3) acknowledging that they have been made aware of the available options prior to
receiving any antiviral medication. Only upon receipt of the signed consent form may the
designated DHS medical care providers administer/dispense antivirals.

For the purposes of this SOP, each DHS Component providing MCM to eligible personnel will
document treatment on the Standard Form 558 (SF 558), EMERGENCY CARE AND TREATMENT,
(Attachment 7) or an equivalent Component-specific form, authorized electronic health record
system and/or approved spreadsheet. The following information will be included:

- Name
- Age
- Location
- Initial signs and symptoms presented
- Treatment modalities
  - Drug given
  - Dosage and schedule
  - Date and time
  - Note potential contraindications
  - Expiration date
- Side effects experienced
- Prevention measures
- Disposition
- Follow-up

Components shall compile a password-protected listing of MCM dispensing data, which includes
the above information but has personally identifiable information (e.g., name or SSN) redacted.
This listing will be sent to the Workforce Health and Medical Support Division at the Office of
Health Affairs (healthaffairs@hq.dhs.gov). Updates shall be provided every 24 hours and shall
include any reports of serious suspected adverse effects of administered/dispensed medications.

VII. MEDICAL OVERSIGHT:

The Office of Health Affairs, Workforce Health and Medical Support Division, will provide
principal medical oversight of the MCM program for DHS Components. The point of contact
for this SOP is the Workforce Health and Medical Support Division’s MCM Program Manager in
the Office of Health Affairs (healthaffairs@hq.dhs.gov).
APPROVED BY:

Kathryn Brinsfield, MD, MPH
Acting Assistant Secretary for Health Affairs and
Chief Medical Officer

Date July 7, 2014

Attachments:

Attachment 1: TAMIFLU (Oseltamivir) Patient Information
Sheet Attachment 2: RELENZA (Zanamivir) Patient Information
Sheet Attachment 3: Antiviral Medication Consent – Declination Form
Attachment 4: Privacy Act Statement
Attachment 5: SF 558, Emergency Care and Treatment Form
Attachment 1 - TAMIFLU (Oseltamivir) Patient Information Sheet

Patient Information
TAMIFLU (Oseltamivir) 75-mg Oral Capsule
TAMIFLU (Oseltamivir) Oral Suspension (6 mg/mL)

Take this medicine as directed.

Adult Dosing (orally):

- Treatment: 75 mg twice daily for 5 days
- Prophylaxis: 75 mg daily for 10 days

Side Effects: Rare but serious skin reactions and allergic reactions have been reported. Stop taking TAMIFLU and call your doctor if you experience any of these reactions, as they could be very serious.

The most common side effects of TAMIFLU are mild to moderate nausea and vomiting. TAMIFLU is generally well tolerated.

TAMIFLU can be taken with or without food. As with many medicines, if you take TAMIFLU with a light snack, milk, or a meal, the potential for an upset stomach may be reduced.

People with a viral infection, particularly children and adolescents, may be at an increased risk of self-injury and confusion shortly after taking TAMIFLU, and should be closely monitored for signs of unusual behavior. A healthcare professional should be contacted immediately if the patient taking TAMIFLU shows any signs of unusual behavior.

In addition, take the following precautions when using TAMIFLU:

- You should not take TAMIFLU if you are allergic to Oseltamivir phosphate or any other ingredients in TAMIFLU.
- TAMIFLU is normally not recommended for use during pregnancy or nursing. If you are pregnant, planning to become pregnant or breastfeeding while taking TAMIFLU, talk to your doctor before taking TAMIFLU.
- If you have any type of kidney disease, talk to your doctor before starting TAMIFLU therapy.

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TAMIFLU has been shown to have a minimal chance of negatively interacting with other medications. Your doctor or healthcare professional may recommend taking over-the-counter medications to reduce severity of symptoms while the antiviral action of TAMIFLU takes effect. As with any medication, be sure to discuss with your doctor any over-the-counter or prescription medicines you are currently taking before beginning TAMIFLU therapy. An intranasal flu vaccine, like FluMist, should not be given within two weeks before, or 48 hours after, taking TAMIFLU, unless it is deemed appropriate by your doctor.

If you forget to take your medicine at any time, take the missed dose as soon as you remember, unless it is within two yours of your next scheduled dose. Do not take two doses at a time to make up for a missed dose. You can then continue to take TAMIFLU at the usual times.

TAMIFLU capsules should be stored at room temperature below 77° F (25° C) and kept in a dry place. Refrigerate liquid TAMIFLU at 36° to 46° F (2° to 8° C). Do not freeze.

**Storage:** TAMIFLU (Oseltamivir) should be kept in a light-resistant container, tightly closed, and out of the reach of children. Store at a controlled room temperature (ideally 68°F to 77°F or 20°C excess heat and moisture (not in the bathroom). All personnel should be mindful that this is a limited resource, and if used prematurely, may not be available when needed later.

**Disclaimer:** The below dosing, contraindication, and side effect information was taken from the manufacturer website, [www.tamiflu.com](http://www.tamiflu.com). Please see manufacturer insert for dosing instructions and follow-up for questions or concerns.

As with all medications, keep out of the reach of children.
Attachment 2 - RELENZA (Zanamivir) Patient Information Sheet

Patient Information
RELENZA (Zanamivir) 5-mg blister of powder for oral inhalation via provided DISKHALER.

Take this medicine as directed.

Adult Dosing (oral inhalation):
- Treatment: Two 5-mg inhalations (10-mg total) twice daily, approximately 12 hours apart, for five days (adults and pediatric patients seven years of age and older).
- Prophylaxis: Two 5-mg inhalations (10-mg total) once daily for ten days.

Side Effects: The most common side effects with RELENZA have been headaches; diarrhea; nausea; vomiting; nasal irritation; bronchitis; cough; sinusitis; ear, nose, throat infections; and dizziness. Other side effects that have been reported, but were not as common, include rashes and allergic reactions, some of which were severe.

Special Warnings Concerning Relenza
- Some patients have had bronchospasm (wheezing) or serious breathing problems when using RELENZA. Many, but not all, of these patients had previous asthma or chronic obstructive pulmonary disease (COPD). RELENZA has not been shown to shorten the duration of influenza in people with these diseases. Because of the risk of side effects and since it has not been shown to help them, RELENZA is not recommended for people with chronic respiratory disease such as asthma or COPD.
- If you have lung disease, you should have a fast-acting inhaled bronchodilator available while being treated with RELENZA. If your breathing worsens, stop using RELENZA and call your health care provider.

General Precautions with RELENZA
- RELENZA has not been shown to treat flu-like illnesses caused by any virus other than influenza A and B (e.g., stomach flu, common cold, or other respiratory illnesses not caused by influenza).
- RELENZA was not effective in reducing the chance of getting the flu in two studies in nursing home patients.
• Stop taking RELENZA and contact your health care provider if you experience signs or symptoms of an allergic reaction such as shortness of breath; swelling of eyelids, face or lips; or a skin rash.

• Other kinds of infections can appear like influenza or occur along with influenza, and need different types of treatment. Contact your health care provider if you feel worse or develop new symptoms during or after treatment, or if your influenza symptoms do not start to get better.

Storage: RELENZA (Zanamivir) should be stored in a secure, humidity and temperature controlled environment (56° to 86° F) according to manufacturer’s guidance. All personnel should be mindful that this is a limited resource, and if used prematurely, may not be available when needed later.

Disclaimer: The below dosing, contraindication, and side effect information was taken from the manufacturer websites, www.relenza.com. Please see manufacturer insert for dosing instructions and follow-up for questions or concerns.

As with all medications, keep out of the reach of children.
Attachment 3 - Antiviral Medication Consent - Declination

Print: First Name: ______________________ Mi: _____ Last Name: ______________________

As a DHS employee, critical contractor, or individual under DHS care and custody who has been exposed or has had suspected exposure to a viral pathogen, you are eligible to receive antiviral medications for treatment and post-exposure prophylaxis. Please read the information sheets in reference to the specific antiviral medication being provided, with the generic name of Tamiflu or Relenza. Then complete this form by checking the box preceding the appropriate statement, signing, and dating at the bottom.
(See attached Information Sheets)

_____ CONSENT: As a DHS employee, critical contractor, or individual under DHS care and custody who has been exposed or has had suspected exposure to a viral pathogen, I have been informed about and been offered the opportunity to receive the antiviral medication. I understand that I must take the antiviral medication as directed. I have reviewed the attached information sheets and understand the potential risk of side effects that can be experienced from the antiviral medication. I accept the offer at this time.

_____ DECLINATION: I understand that due to my exposure or suspected exposure to a viral pathogen, I may be at risk of becoming seriously ill. I have been given the opportunity to receive antiviral medication. However, I decline the antiviral medications at this time. I understand that by declining this medication, I continue to be at risk of becoming seriously ill. I understand that if in the future I would like to receive the antiviral medication I must contact my supervisor.

Signature: ___________________________ Date: __________
Attachment 4 - Privacy Act Statement

Privacy Act Statement: DHS's Use of Your Information

Principal Purposes: When you are assessed and dispensed an antiviral(s) by a designated DHS medical provider for a probable exposure to a viral pathogen, the designated DHS medical provider collects your full name, signature, and details about your medical history based on your completed self-assessment. The designated DHS medical provider may use this information or provide this information to designated DHS medical providers to follow up with you regarding your medical response to the antiviral(s).

Routine Uses and Sharing: In general, the designated DHS medical provider will not use this information for any purpose other than the Principal Purposes. Generally, only de-identified, aggregate data will be shared within the Department and other agencies to track adverse effects to treatment. In addition, in certain circumstances DHS may share this information on a case-by-case basis as described in the OPM/GOVT -10 Employee Medical File System of Records Notice, (75 FR 35099), for example, to share with law enforcement officials to investigate the circumstances surrounding your potential exposure to a viral pathogen.

DHS Authority to Collect This Information: DHS requests that you voluntarily submit this information under the following authorities: Executive Order 12196; 5 U.S.C. Chapters 11, 33, and 63; 5 C.F.R. Subchapter B, Part 293, Subpart E, Employee Medical File System Records.

Effects of Not Providing Information: You may opt not to provide the requested information or to provide only some of the information the designated DHS medical provider requests. If you opt not to provide some or all of the requested information, the designated DHS medical provider may not be able to dispense the antiviral treatment to you.

Accessing and Correcting Information: If for any reason you wish to access or correct the information provided to the designated DHS medical provider, you may go to the designated DHS medical provider or your supervisor to request access. If you are unable to access the information from the designated DHS medical provider, then you may direct your request in writing to the appropriate DHS Freedom of Information Act Officer, whose contact information can be found at http://www.dhs.gov/foia under "Contacts."
### Attachment 5 – SF 558, EMERGENCY CARE AND TREATMENT FORM

#### Medical Record

<table>
<thead>
<tr>
<th>Patient’s Home Address or Duty Station</th>
<th>Patient’s Name (Patient)</th>
<th>Treatment Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Date of Arrival</td>
<td>Records Maintained At</td>
</tr>
<tr>
<td>City</td>
<td>Date of Admission</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Month</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td>Day</td>
<td></td>
</tr>
<tr>
<td>Transportation To Facility</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>Military Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Party Insurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Current Medications

<table>
<thead>
<tr>
<th>Category of Treatment</th>
<th>Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY</td>
<td>TIME (hour)</td>
</tr>
<tr>
<td>URGENT</td>
<td>TIME (hour)</td>
</tr>
<tr>
<td>INCHARGE</td>
<td>TIME (minute)</td>
</tr>
</tbody>
</table>

#### Vital Signs

- **Temperature**
- **Pulse**
- **Respiration**
- **Blood Pressure**

#### Lab Orders

- **Complete Blood Count (CBC)**
- **Chemistry**
- **X-Ray**

#### Orders

- **Monitor**
- **Nurse**

#### Disposition

- Full Duty
- Modified Duty

#### Condition Upon Release

- **Improved**
- **Unchanged**
- **Deteriorated**

#### Instructions

- **Patient Instructions**

#### Signature

**EMERGENCY CARE AND TREATMENT (Patient)**

**Medical Record**

**STANDARD FORM 558, REV. B-99**

Presented by DOA/DDMRA

FMR (41 CFR 101-1120.5b-107)

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2022-ICLI-00045 3929
June 20, 2014

U.S. Department of Homeland Security
Office of Health Affairs
Washington, DC 20528

STANDARD OPERATING PROCEDURE FOR STORAGE OF MEDICAL COUNTERMEASURES

PURPOSE
This Department of Homeland Security (DHS) Standard Operating Procedure (SOP) sets forth the requirements for DHS Component medical countermeasures (MCM) storage, tracking, and receiving capabilities.

SCOPE
This SOP is directed to DHS Components responsible for storing and maintaining MCM in centralized, regional and/or local stockpiles/caches, to ensure rapid access for dispensing to Component personnel regardless of geographic location-including DHS personnel in remote or austere locations.

This SOP does not apply to storing and maintaining MCM by, for, or on behalf of the United States Coast Guard (USCG) that are in alignment and compliant with Department of Defense and USCG Commandant Directives and Instructions related to the provision of health services.

I. STORAGE REQUIREMENTS

General Storage and Security Requirements
The following minimum general requirements for the storage and handling of prescription drugs are the responsibility of the DHS Component agency accepting Medical Countermeasures:

- Locations at which prescription drugs are stored, warehoused, and handled, shall be of suitable size and construction to provide necessary space, lighting, temperature, humidity, and security conditions.
- Storage areas shall be maintained in a clean and orderly condition and be free from infestation by insects, rodents, birds, or vermin.
- There shall be a designated quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, or adulterated.
The number of personnel with access from outside the storage area shall be kept to a minimum however, redundancy of personnel with authorized access should be provided.

Storage areas shall be secured in a manner that will provide protection against theft and diversion. All prescription drugs should be secured and maintained behind locked doors or cabinets.

All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements on the label of the drug, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).

Specific MCM Storage Requirements

**Doxycycline - 100mg Tablets or Capsules (Total 10-day supply)**
Doxycycline tablets or capsules shall be kept in a light-resistant, tightly closed container. Store at a controlled room temperature (ideally 68°F to 77°F or 20°C to 25°C, but no lower than 59°F or 15°C and no higher than 86°F or 30°C), away from excess heat and moisture per manufacturer's labeling.

**Ciprofloxacin - 500mg Tablets or Capsules (Total 10-day supply)**
Ciprofloxacin capsules shall be kept in a light-resistant, tightly closed container. Store at a controlled room temperature (68°F to 77°F or 20°C to 25°C, but no lower than 59°F or 15°C and no higher than 86°F or 30°C), away from excess heat and moisture per manufacturer's labeling.

**TAMIFLU (Oseltamivir) - 75-mg Oral Capsule, Oral Suspension (6 mg/mL)**
TAMIFLU (Oseltamivir) shall be kept in a light-resistant, tightly closed container. Store at a controlled room temperature (68°F to 77°F or 20°C to 25°C, but no lower than 59°F or 15°C and no higher than 86°F or 30°C), away from excess heat and moisture per manufacturer's labeling. All personnel should be mindful that this is a limited resource, and if used prematurely, may not be available when needed later.

**RELENZA (Zanamivir) - 5-mg blister of powder for oral inhalation (via provided DISKHALER)**

RELENZA (Zanamivir) shall be stored in a secure, humidity and temperature controlled environment (56° to 86° F) according to manufacturer’s guidance. All personnel should be mindful that this is a limited resource, and if used prematurely, may not be available when needed later.

Potassium iodide—Store potassium iodide at 77°F (25°C); brief storage at temperatures between 59°F and 86°F (15°C and 30°C) is permitted. Store away from heat, moisture, and light and do not store in the bathroom. Keep potassium iodide solution out of the reach of children and away from pets.

II. LOGISTICS

The DHS Office of Health Affairs (OHA) working in conjunction with each Component will be responsible for determining the quantity of MCM to be stored at each Component MCM cache location.

- MCM will be delivered by commercial carrier to Component locations identified by Component to OHA;
- MCM bottles of 20 pills occupy a volume of approximately 8000 bottles per standard wooden pallet, measuring estimated 40 x 48 inches, not to exceed 52 inches high;
- Each case will hold 100 bottles, each pallet will hold up to 80 cases;
- The total weight for a shipment will not exceed 1200 lbs per fully loaded pallet.

III. TRACKING

For the purposes of this SOP, each DHS Component plan shall ensure the following:

- Maintain inventory records of MCM cache using MCM Quarterly Reporting Template to the OHA Medical Countermeasures Program Manager;
- Verify quantity (# of courses) of MCM stored at facility;
- Confirm expiration date (or dates) for MCM;
- Determine MCM lot number;
- Describe how MCM is stored at each Component facility;
- Maintain MCM in a secured location;
- Verify warehouse owned and operated by Component is accessible 24/7;
• Identify senior personnel and personnel responsible for 24/7 access at each Component facility

VI. MEDICAL OVERSIGHT

The Office of Health Affairs, Division of Workforce Health & Medical Support will provide principal medical oversight of the MCM program for DHS components. The point of contact for this SOP is the Workforce Health and Medical Support (WHMS) Division MCM Program Manager in the Office of Health Affairs (healthaffairs@hq.dhs.gov).

APPROVED BY:

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

Acting Assistant Secretary for Health Affairs and Chief Medical Officer

Date July 7, 2014
ANNEX E: ICE PANDEMIC/INFECTIOUS DISEASE WORKPLACE CONTROLS

SECTION 1

Applying the Hierarchy of Controls

When planning pandemic and infectious disease workplace readiness and response, workplace controls are defined as processes, procedures, and equipment that are used to reduce/eliminate health hazards/risks to ICE employees. Typically, workplace controls are derived from risk assessments of their duties, work tasks, and the potential hazards/risks. Workplace controls for health hazards/risks will often differ from standard controls for “ordinary” work hazards because the risk of contracting a pandemic type disease is often increased by activities that normally do not usually pose much risk in the workplace.

Hierarchy of Controls. The Occupational Safety and Health Administration (OSHA) regulations and guidance require the use of a “hierarchy of controls” to reduce or eliminate workplace hazards. In controlling the potential hazards during an infectious disease/pandemic event, this hierarchy approach prioritizes controls based on the concept that the best way to control a hazard is to remove it from the workplace, and not rely on employees to take an action to reduce exposure.

The “Hierarchy of Controls” are as follows:

1. Work Practices and Environmental Controls are designed to reduce/eliminate the duration, frequency, or exposure of a recognized workplace hazard/risk(s).

2. Administrative Controls are designed to reduce the hazards/risks by scheduling work tasks in ways that minimize employee exposure to a recognized workplace hazard/risk.

3. Personal Protective Equipment (PPE) is designed to provide an immediate barrier between the employee and a recognized workplace hazard. PPE is normally used in conjunction with Administrative Controls, training, and work practices developed as an effective means in minimizing exposure to infectious diseases and a pandemic event.

During an infectious disease/pandemic event, this hierarchy should be used in concert with OSHA guidance and public health recommendations. As mentioned above, most workplaces within ICE will use a combination of hierarchy control methods. There are advantages and disadvantages to each control measure based on ease of implementation, effectiveness, and cost. For example, hygiene measures and social distancing can be implemented easily and with little expense, but this control method requires employees to modify and maintain their behavior during a stressful situation. On the other hand, installing clear plastic barriers will be more expensive and take longer to implement, but does not require the worker to remember a new procedure and ultimately may be more effective and available for future events.

Applying the Hierarchy Controls in ICE Workplaces. The hierarchy of controls must be included as part of the safety and health risk management planning for pandemic and infectious diseases events. Workplace Practice and Engineering Controls, along with Administrative Control options must be examined for each response phase so that any required items can be can be procured, installed, or implemented in advance. For some ICE facilities/operations and the

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associated work tasks, PPE has been determined to be the only option. However, before PPE is determined to be the only feasible answer, managers/supervisors should be examined ways to reduce exposures to ICE employees and the workplace and still continue to fulfill their missions. The following examples include controls applicable to ICE workplaces.

Work Practice and Environmental Controls. Work practices and engineering controls are often in the hands of local ICE managers, supervisors with consultations from facilities/safety personnel. New technologies that reduce exposure from unavoidable person-to-person contact can also be included in this category. Examples include:

a. Work Practice - Hygiene and Personal Contacts:
   1) Providing resources that promote personal hygiene. For example, provide tissues, hand soap, and hand sanitizer.
   2) Training employees on risk factors and proper behaviors (e.g., cough etiquette and disinfection of shared equipment).
   3) Developing policies and procedures to minimize contacts between employees and between employees and the public.
   4) Conducting interactions at distances of 6 feet or other disease-specific recommendations. In some locations markings can be placed on the floor to indicated 6 feet.
   5) Using the largest available room when conducting long interviews or one-to-one meetings.
   6) If someone in ICE custody or visiting an ICE workplace is displaying symptoms, give them a “procedure mask” to wear and if possible isolate them. If available, consider using a cell designed for potentially ill detainees.
   7) For pandemic influenza, getting a seasonal influenza vaccine. The vaccines can prevent multiple infections (i.e., a pandemic and seasonal strain) and may reduce the severity of a pandemic strain.

b. Environmental Control – Building Ventilation:
   1) Increasing the percentage of fresh air brought into the building by the ventilation system. Increasing fresh air dilutes the hazard. Note that fresh air must be supplied; simply increasing the flow of air in the space does not provide the same benefits and may increase risk. Ventilation changes should be discussed with facilities personnel.
   2) Evaluating the ventilation in offices; air moves from supply vents toward returns. If possible, re-position ICE employees closer to the supply vent. If ICE employees conduct interviews with the public, make sure the interviewee is closer to the return vent so the clean air flow moves across the breathing zone of the ICE employee and toward the potentially infectious person.
   3) If ICE employee use a personal fan, make sure it is not blowing air from a potentially contaminated source into their face, e.g., from a detainee or symptomatic person on to them. Fans can also produce disturbance and mixing that can spread germs and disrupt air flow supplied by building systems. During an infectious disease outbreak, it may be best to turn off fans.
   4) Use rooms with the best ventilation supply for meetings or interviews.
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c. Work Practice - Disinfection:
   1) Providing disinfectants for ICE employees to clean their own work surfaces and
      shared services (copiers, door handles, break rooms). Disinfectants should be EPA
      listed and that list is available at: www.epa.gov/oppad001/chemregindex.htm. All
      disinfectants should be used following product directions. Aerosol or spray products
      can be flammable, so should never be sprayed around flames, heating elements, or
      electronic equipment. Many sprays cans also damage electronics. Surface
      disinfectants should not be used on people. Some are very harsh and can seriously
      damage the skin, respiratory system or eyes.
   2) Working with ICE facility building managers or GSA (if at a GSA leased facility) to
      conduct additional or special disinfecting cleaning. Janitorial staff can be asked to
      wipe down surfaces and doors several times per day. This will require additional
      funding, but allows a potentially severely reduced ICE workforce to concentrate on
      their work rather than cleaning.

d. Environmental Control - Physical Barriers:
   1) If the task permits, installing physical barriers, such as acrylic plastic barriers between
      employees and the public.
   2) Isolate symptomatic visitors or detainees by placing them in a separate, closed room.

Administrative Controls. Many administrative controls are related to human capital and
  guidance is directed by the Office of Personnel Management (OPM). The DHS Office of the
  Chief Human Capital Officer (OCHCO) develops DHS policies and has information for
  employees and supervisors available on their Connect intranet pages:

  http://dhsconnect.dhs.gov/org/comp/mgmt/dhshr/Pages/default.aspx

Many Component human capital offices have additional, Component-specific information
  also derived from OPM guidance. Examples include:

- Utilizing policies that encourage ill employees to stay at home without fear of any
  reprisals.
- Encouraging approval of telework for all employees who can perform their function at
  home or an alternate location.
- Utilizing policies that allow employees who do not serve a critical function to stay at
  home, similar in concept to a bad weather day.
- Providing supervisors with guidance on asking a symptomatic employee to either go
  home, or stay at home.
- Restricting face-to-face meetings to only the most critical meetings.
- Staggering work hours or implementing shift plans to reduce the number of individuals in
  an office at one time.
- Reducing the number of facilities in use. If the workforce is greatly reduced, the
  remaining critical workers can work from a single location. The location would be
  selected on the basis of the ventilation system, workspace design, room size, or parking

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facilities that allow employees to avoid public transportation (which may be shut down during a serious infectious disease event).
- Discontinuing unessential travel to locations with high illness transmission rates.
- Developing emergency communications plans that will provide employees with timely and accurate information about their workplace and their risks.
- Developing a method for employees to ask questions and express concerns, ensuring they are provided with accurate answers.

Personal Protective Equipment (PPE). While administrative and engineering controls and proper work practices are considered to be more effective in minimizing exposure to diseases, the use of PPE may still be indicated during certain exposures.

- Selecting PPE based on risk assessment and the hazard to the employee;
- Properly fitting and for respirators, periodically refitting;
- Wearing PPE correctly, following directions and understanding the limits of protection offered by various types of PPE;
- Inspecting regularly and maintain and replace, as necessary;
- Properly removed and disposed of to avoid contamination of self, others or work surfaces.
- The types of PPE recommended for infectious disease events will be based on the mode of transmission (droplet, direct contact, insect bite) and the risk of contracting the disease while working.

NOTE: PPE use may be mandatory or voluntary. When a regulation, hazard level, or an employer requires PPE to perform a task, use is mandatory. If there is no regulation and the hazard level is below OSHA levels for PPE use and the employer does not require PPE be worn, use is voluntary. Voluntary use includes both employer and employee-supplied PPE. If PPE is used voluntarily, the employer must determine that the PPE does not introduce a hazard into the workplace.

Controlling the Spread of Vectorborne Diseases. Many infectious diseases are not spread directly by human-to-human contact, but pass through other animals or plants. These are vectorborne diseases. A vector is an intermediate host where the disease microbe lives and multiplies before being passed to human hosts. The most common vectors are insects (e.g., mosquitoes, fleas), arachnids (e.g. spiders, ticks and mites), or rodents (mice, rats). To reduce the hazard of these diseases, you must control the vectors. Malaria is the best known vector disease and is transmitted from person to person by mosquitoes. Dengue Fever is a potentially serious or fatal disease that is also carried by mosquitoes (In the past, FEMA staff became infected with Dengue infections during disaster responses in the Caribbean and this disease can also be found along the Gulf of Mexico including Florida). A variety of diseases are carried between horses, mosquitoes and humans, notably equine encephalitis in the south and southeast U.S., and ticks transmit a variety of diseases between mammals and humans (e.g., Rocky Mountain Spotted Fever, Lyme Disease).
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Recommended Controls:

- Ensure screens, windows and doors prevent insect entry.
- Eliminate standing water near workplaces or employee housing.
- Keep workplaces free of debris and clutter. Make sure there is no open food, and that food is stored in hard containers (not just plastic bags). This will eliminate places for mice to live and breed.
- Coordinate with the ICE facilities manager to utilize safe and effective pest management strategies. Many pesticides are poisons and should only be handled and used by trained professionals.

Bonus Controls:

Some work methods were never intended to reduce workplace hazards, but still reduce the overall risk to employees. When possible, these should be promoted and optimized. Examples include the following:

- The Global Entry project was designed to assist trusted travelers. This automated passport examination does not directly involve a DHS employee. Use of this system virtually eliminates passport control contacts, thus reducing the contacts experienced by DHS employees. Promotion of this program and increased use would produce a corresponding reduction in DHS employee exposure.

- Many airports have systems that allow the traveler to place their luggage on a belt that moves it past the inspector. These systems were originally designed to prevent lifting injuries, but have the bonus of allowing the traveler to be further from the inspector when they ready their bags for inspection.
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Hierarchy of Controls Examples:

1. Your DHS office is located in downtown Washington DC in an older building that houses 250 employees providing mission support. The majority of employees commute via public transportation. Employees have relatively few meetings with the public and these are restricted to meetings with contractors.

   A human to human infectious disease is moving into the area that could impact 30% or more of the employees. What actions and controls should management consider BEFORE PPE use?

   a) Allow any employees who can telework, to telework.
   b) If workloads permit, consider the use of leave.
   c) Based on mission, workloads, and telework, determine how many employees must come to your work location.
   d) Advise employees who must work in their normal workplace or office, that they should limit their in-person meetings and rely on teleconferences instead.
   e) Work with facility and building managers to determine the ventilation control capabilities of your building to see if fresh air circulation can be increased. In this example, you find the system is not adjustable.
   f) Look for possible alternative work locations already used by DHS. You find a nearby building with a computer-controlled ventilation system that can provide a variety of fresh air amounts, including full fresh air with no recirculation. The building also has underground parking and you are told that due to teleworking only 10% of the building’s normal occupants (DHS employees) will be coming to work. If your personnel are moved to the building, the space will be only 30% occupied and employees will have full access to the DHS network.

Comment: You have several opportunities to reduce risk by reducing the number of people and their office contacts, via the use of teleconferences and telework. You can even consider the feasibility of moving critical employees to a building with better ventilation and the potential to avoid public transportation.

2. Your DHS office conducts interviews with members of the public. Some interviews are conducted in small private offices and others in cubicles. These interviews are critical, cannot be postponed, and cannot be conducted over the phone.

   An infectious disease is moving into the area, but your workforce must still conduct interviews. What actions and controls should management consider BEFORE PPE use?

   a) Allow any employees who can telework, to telework.
   b) If workloads permit, consider the use of leave.
   c) Based on mission, workloads, and telework, determine how many employees must come to your work location.
   d) Look at the cubicle space. Is there a way to use more cubicles for private interviews, instead of closed small offices? You find that with a reduced workforce, there are several cubicle areas that offer privacy and can be used for interviews.
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c) Can interviews be conducted for more hours per day and your workforce staggered to cover the extra hours? You find you can conduct interviews one hour earlier in the morning and two hours in the afternoon and your employees are willing to shift arrival and departure times. 
f) Are some offices larger than others? Can people with larger offices temporarily switch with individuals who conduct interviews? You identify managers’ offices and conference rooms that can be temporarily used for interviews.
g) Look at the ventilation supply and returns in private offices. (Safety Officers and facilities managers can assist you.) Do they all have a fresh air supply? If an office doesn’t have a supply, don’t use it for interviews or meetings. If there is a supply, place the DHS employee closest to it so fresh air will be blowing over them. You find several small offices with no supply. You mark them as unusable for interviews. Offices with supply air are slightly rearranged so that the DHS employee is closest to the supply.
h) You contact the building owner and determine that under the janitorial contract, your space can be wiped down with disinfectants once per day.
i) The building owner also informs you that the fresh air percentage can be increased and you request that he bring in as much fresh air as the system can supply.
j) You provide employees with disinfectant wipes, sprays and cleaners and encourage them to wipe down their areas frequently and between interviewees.

Comment: You continued your mission and reduced risk by managing space utilization, using workforce flexibilities and effective use of the existing ventilation system.

3. Your workforce encounters the public every day, speaking with many people and examining their documents. This activity must continue even though an infectious disease epidemic is moving into the area.

In this situation, some PPE will be necessary because of the exchange of documents that cannot be avoided. Employees should wear non-latex gloves (preferably nitrile). What other, non-PPE actions should be taken?

a) You look at the document examination process. You determine that if both individuals stretch their arms to hand over documents the recommend 6 foot of distance can be maintained for the majority of exchanges. You mark the inspection area floor with lines indicating 6 feet and ask the individual and your employee to both stand behind their line.
b) You may be able to install barriers such as sheets of acrylic material for your employees to stand behind. This prevents direct contacts.
c) You provide hand sanitizer directly in the document inspection area.
d) You supply procedure masks that can be issued to individuals displaying symptoms or to individuals that require closer or extended contact.

Comment: You continued the mission by reducing the hazard of multiple personal contacts and supply ways to continue proper hygiene, even while the employee maintains their station and continues to work.
4. Your workforce is responding to a disaster in Florida. You find out that due to increased standing water, Dengue Fever is on the rise. Your work must continue and many of your employees must be outside. Since Dengue is carried by mosquitoes, you know you must avoid the insects and prevent bites.

   a) You contact your Safety Officer for more information and find that the mosquito that carries Dengue bites in the day and is most active in early morning and near sunset.
   b) The Safety Officer also provides you with literature to distribute to your employees that explain the disease and how infection can be prevented.
   c) You contact the Office of Health Affairs (OHA) and find they have produced a series of alerts regarding Dengue. You verify your employees are receiving them. You also work with OHA to make sure your employees understand the symptoms and know where to go for medical assistance.
   d) You discuss the Dengue issue during a staff meeting and provide employees with additional information and resources. You also establish procedures to keep them informed of any new information.
   e) You work with supervisors to minimize the time your employees are outside when the mosquitoes are most active.
   f) DEET repellent is effective for mosquitoes and you establish a method of making it available to employees.
   g) You brief employees that wearing long sleeves and pants can help.
   h) You find out that if someone has had Dengue before, a second infection is much worse than the first and can even be fatal. You coordinate with your local human resources representative to develop flexibilities for any employee who has already had Dengue.

Comment: You continued your mission, but reduced the risk by limiting the chance of mosquito bites and ensuring employees are fully informed and understand what they must do to protect themselves. You have also worked to address the needs of those who may be at greater risk.
SECTION 2

Pandemic and Emerging Infectious Diseases Occupational Safety and Health Risk Assessment Guidance for the Workplace

Protecting the health of the DHS workforce during a Pandemic, infectious disease, or biological incident is essential to ensure the DHS mission. This process begins with risk assessment followed by use of appropriate workplace and medical controls.

This document provides DHS components with guidance and methodology to perform risk assessments and meet other requirements, including mandatory reporting procedures, found in the DHS Pandemic and Emerging Infectious Disease Workforce Protection Plan (PEIDWPP). Specific procedures and requirements are updated in this revised document to address findings by the DHS Office of the Inspector general audits from 2013-2015 of DHS Pandemic readiness and the DHS Ebola response.

A major procedural change developed in response to the audit findings is that the PEIDWPP requires each component to develop their own PEIDWPP following guidance provided in the departmental plan. This guidance also requires each component to conduct risk assessments for all their employees, and that they will submit these risk assessments to DHS Office of Safety and Health (DHS OSH) for review and approval. This applies both to “preparedness risk assessments” as well as those conducted in response to an actual threat.

The risk assessment method described was developed by the Occupational Safety and Health Administration (OSHA) in coordination with the Centers for Disease Control (CDC), National Institute of Occupational Safety and Health (CDC-NIOSH) and is based on the established hazard control principle of control banding.

Components may use this method or another comparable one to assess risk to their workforce; however, for reporting purposes, components must use workplace control levels that parallel those provided by DHS OSH and report their risk assessment and control measures to DHS OSH in the format provided in this guidance. This assures consistency in response, a clear understanding of component protective actions, and assures PPE acquisition is in accordance with the component risk assessment and Office of the Chief Readiness Officer (OCRSO) Logistics guidance.

Components should direct any questions concerning this guidance to the DHS OSH.

Risk Assessment Process

Risk assessment is the tool used by component OSH and medical professionals who develop health risk assessments to evaluate the degree of threat to employees based on various factors. Once the threat is established, they assign each specific position to a protection-level group; when using the method described here the levels are termed “control bands”. OSH professionals use control bands to determine the level of protection as provided by workplace controls – to include Personal Protective Equipment (PPE). Representative operational managers will assist by establishing duty/ task- related risk ratings and appropriate control options and responses.
Operational managers provide the in-depth knowledge of the duties, tasks and methods that personnel perform.

The designation to a band is based on the employee’s potential for exposure - as posed by their work task(s) - during the PEID event. Each band includes the appropriate controls and PPE that the employee needs to reduce the risk posed by the specific PEID event. An employee may be designated at different bands on different shifts or even within one shift depending on the tasks they perform. The controls associated with a band will change based on a change in the risk associated with the specific event. Different diseases or events will have different risk factors (e.g. a more transmissible disease has a higher risk for tasks involving human contact) causing the controls associated with each band to change. DHS OSH, in coordination with the OHA will provide specific risk and control band guidance for component use in each PEID incident.

**Preparedness Risk Assessment and Employee Protection Report Preparation and Submittal**

The DHS PEIDP requires each component to develop a preparedness risk assessment. This process uses a likely disease scenario to identify typical component control measures for influenza and similar diseases, guide procurement of any on-hand PEID PPE stocks, and provide a baseline from which to adjust control measures for other diseases. Components will conduct and document preparedness risk assessments for each position or activity performed by their workforce. The assessment will be based on a disease with a Risk Factor of R-2 (see figure 3), using the attached methods and criteria or a comparable system as part of their PEIDP development. A typical R-2 event is a moderately severe pandemic Influenza or viruses with similar characteristics of human-to-human (HTH) transmission and represents the most likely recurring risk to the DHS workforce. As required by the PEIDWPP, components will submit completed assessments DHS OHS for review with their initial plan and re-evaluate and resubmit it every 2 years.

After DHS OSH and the component agree on the acceptability of a risk assessment, the component will develop an Employee Protection Report (as described in this document) showing estimated numbers of employees in each band and their PEID PPE usage rates per day. DHS OSH and the OCRSO Logistics branch will use these reports to compare to the PPE Acquisition Report (See Annex E of the PEIDWPP) in order to conduct oversight of PEID PPE acquisition and use and report issues such as burn rate and PPE availability to senior management.

**Pandemic and Infectious Disease Risk Assessment and Coordination Process**

During a response, the risk levels/control bands determine who will need and use PPE. PPE use can be mandatory or voluntary based on control band. For facilities, or types of facilities/operations where more than one DHS Component work (such as airports), working groups comprised of members from each of the components’ OSH, medical and operational personnel will be formed to coordinate the DHS response. These groups will work to ensure workforce control band consistency for similar tasks/positions and maintain inter-component communications for risk assessments, coordination and response. These groups shall form after the individual components make baseline determinations and they will meet to review and revise their plans periodically or as needed for new/different diseases.
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Pandemic and Infectious Disease Risk Assessment and Coordination Process

ICE and its Sub-Components develop baseline risk assessment and control measures for all positions/tasks based on pandemic with R-2 and human-to-human transmission.

Based on evaluation, changes made to specific disease response and/or the baseline plan.

DHS Office of Health Affairs issues warning of potential pandemic or infectious disease notice, including R-factor and infection route.

ICE and its Sub-Components monitor control effectiveness through sick leave rates and efficiency of control measures.

ICE and its Sub-Components enact workplace controls identified in their plans.

DHS Office of Health Affairs issues pandemic or infectious disease notice, including R-factor and infection route.

ICE and its Sub-Components evaluate potential pandemic or infectious disease characteristics and prepare to enact controls for baseline response or develop modified controls if needed.

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Basis for Disease Risk Assessment and Control Band Selection

Exposure to a biological agent risk is a function of:

\[ \text{Risk} = f [\text{Transmissibility & Virulence, Exposure Time, Exposure Probability, Exposure Intensity}] \]

Transmissibility is a measure of how easily the infection passes from one person to the next, and is often measured in terms of the basic reproduction number, R0. Transmissibility varies according to route of transmission, with different pathogens preferentially transmitting disease via different routes, e.g., respirable aerosol, droplet spray, indirect or direct contact (Nicas 2009). For some infectious agents direct contact must be made with an infected surface (fomite transmission) or with discharged matter (e.g., mucous or saliva) from the infected person. Some diseases may be transmitted only over short distances by aerosol and therefore one must be proximate to the infected person, who creates aerosols by sneezing, coughing, talking, etc. (short distances are usually taken as within about 6 feet). Other infectious agents may be airborne transmissible over long distances by small particles.

While diseases are often thought to be transmitted primarily by one route, it is possible for diseases to be transmitted via multiple routes (e.g., even if a disease is thought to be primarily spread via droplet transmission, airborne transmission may also be a route of concern). Transmissibility is also affected by environmental conditions such as temperature, humidity and exposure to UV radiation.

Virulence is related to the probability that once infected a person will suffer serious disease or death. This is measured by clinical severity parameters including case fatality ratio, case hospitalizations ratio, and/or hospital death ratio.

Exposure time is a combination of the frequency, or number of contacts that a person has with the agent source such as an infected individual or the public and the duration of each contact with the potential for exposure. Duration is estimated or measured by analyzing the task or job functions. Frequency is estimated by considering total number of contacts a worker has in an average day and then reducing the total number of contacts by the probability that a contact could result in an exposure (i.e., the exposure probability).

Exposure probability is a measure related to the prevalence of disease in the population and the exposure setting. For a given community or locale the prevalence (percent of the population who are actively infected) will vary as the epidemic wave crests in the community increasing the chance for contact with an infected individual compared to national and/or seasonal average prevalence rates. A higher exposure probability exists for certain exposure settings, such as hospitals, clinics, and pharmacies where ill individuals will preferentially congregate as they seek treatment for their symptoms. In these settings the chance for contact with an infected individual will be greater than the general population exposure probability. The highest exposure probability occurs in emergency departments and other emergency management and urgent care settings, patient rooms, hospital wards, and clinics where highly probable and diagnosis-confirmed cases are received, transported, housed, and treated. Pre-diagnosis confirmation, symptomatic persons are sometimes described as having, “influenza like illness (ILI).” These
situations represent *exposure certainty* for the workers who are providing care or otherwise working with these patients.

**Exposure intensity** is a measure of infectious dose that the person receives during the contact with an infected individual. Several factors affect intensity including the primary transmission mode of the infectious agent, the employee’s proximity to the infected individual, and the condition of the infected individual. For example, intensity will be high if primary transmission mode is airborne, the contact(s) are coughing, sneezing, and otherwise emitting biologically active particles, and the worker is close to the contact without the presence of local ventilation controls or respiratory protection.

**Risk Analysis: Risk Assessment and Risk Management**

Most of the key factors listed previously will be difficult to establish precisely, so broad groups of controls, grouped into “bands,” based on relative assumed risk or probability must be applied. During a disease event (pandemic, epidemic, or local outbreak), the health of the workforce must be monitored regularly by OSH and medical management to identify changes in risk and judge the effectiveness of controls.

**Control Banding Approach**

Control banding is a system for organizing disease and task information that provides decision logic for identifying relative risk to employees and the selection of appropriate control measures. Control banding is the commonly used method when no quantitative exposure limits exist.

This control banding approach was proposed for pandemic influenza by the (OSHA and the Department of Health and Human Services (HHS) in their “Guidance on Preparing Workplaces for an Influenza Pandemic” (OSHA 2007). In this example, words designate and describe the bands. Letters or numbers are also used. The DHHS process uses letters A-E, with A representing the least hazardous situation and E the most hazardous.

The control bands from OSHA Pandemic Influenza guidance are shown in the four-level “risk pyramid” in Figure 1.

**Figure 1: Occupational Risk Pyramid for Pandemic Influenza**
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Very High Exposure Risk:

- Healthcare employees (for example, doctors, nurses, medics) performing aerosol-generating procedures on known or suspected pandemic patients (for example, cough induction procedures, bronchoscopies, or invasive specimen collection).

- Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients (for example, manipulating cultures from known or suspected pandemic influenza patients).

High Exposure Risk:

- Healthcare delivery and support staff exposed to known or suspected pandemic patients (for example, doctors, nurses, and other hospital staff that must enter patients' rooms).

- Medical transport of known or suspected pandemic patients in enclosed vehicles (for example, emergency medical technicians).

- Performing autopsies on known or suspected pandemic patients (for example, morgue and mortuary employees).

Medium Exposure Risk:

- Employees with high-frequency contact with the general population (such as schools, high population density work environments, and some high volume retail).

Lower Exposure Risk (Caution):

- Employees who have minimal occupational contact with the general public and other coworkers (for example, office employees).

The bands of risk in the Risk Pyramid are based on the risk factors in the risk equation, (e.g., transmissibility, virulence, frequency, duration and exposure intensity) and broadly classify jobs or tasks. The following should be used by component OSH, medical and Operations personnel in a job-hazard analysis so that the control banding approach can be applied to specific jobs and tasks if they do not easily fall into the OSHA pandemic influenza risk band definitions – or if a disease is identified by DHS OSH and OHA as having different or greater risk factors than Pandemic Influenza (for instance, if a disease is more lethal, or is transmitted by vectors such as insects).

DHS Control Band Procedure

In order to develop the most detailed analysis or for non-influenza diseases, component OSH, medical and Operations personnel should assess the risk factors separately and combine them in a risk characterization to identify the appropriate control band. Regardless of whether this separate approach is used or a single evaluation is done, selection of the level for each of the risk components may be done numerically if data are provided, or it may be done by comparing the current situation or job being assessed to established descriptions of the risk factor.
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These descriptions and techniques are described below.

**Risk Phrases (R)**

OHA, in coordination with component medical personnel, will publish the Risk Phrase for each identified pandemic and emerging infectious disease or PEID event. Risk Phrases are based on the transmissibility and severity of the disease using information from Health and Human Services and the Centers for Disease control (HHS/CDC). In the case of infectious agents such as pandemic influenza, Figure 2 (Reed 2013) shows a method for creating *R-phrases* for an initial assessment and subsequent refined assessment of an emerging pandemic. For comparison purposes, the 2009 H1N1 virus was considered an R-2. Appendix 1 includes tables useful for categorizing R- phrases based on data.

![Figure 2: Severity and Transmissibility Matrix](image)

- **R-1 (Quadrant A)** = Low transmissibility (infectivity) and low clinical severity (virulence) at the level of routine seasonal influenza;
- **R-2 (Quadrant B)** = Moderate transmissibility and low-moderate clinical severity; similar to the pandemics occurring in 1957 and 1968;
- **R-3 (Quadrant C)** = Low transmissibility but high clinical severity; like avian influenza;
- **R-4 (Quadrant D)** = High transmissibility and high clinical severity; like the 1918 influenza pandemic.

![Figure 3: R-Factor Classification Scale](image)

<table>
<thead>
<tr>
<th>R-1</th>
<th>R-2</th>
<th>R-3</th>
<th>R-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least Hazardous</td>
<td></td>
<td></td>
<td>Most Hazardous</td>
</tr>
</tbody>
</table>

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Exposure Time (T)

The longer workers are exposed to source of infection (infected individuals, insect vectors, contaminated air, etc.) the more likely it is that the workers will acquire the infection, other factors being equal. Exposure time is a combination of frequency of exposure and duration of exposure. Both of these time-related variables may be controllable by administrative changes. For example by setting and enforcing minimum contact procedures for employees who may contact infected or potentially infected persons, one can limit the number of persons who have any contact with confirmed or probable infectious people. In this case, the risk is assigned to a decreased number of specialized employees who are better protected by increased controls, including PPE and training. Alternatively, contact tasks could be re-designed or planned to minimize the amount of time the employee is in close proximity to the potentially infected person.

The following table could be used to classify frequency of exposure for a particular job by group:

<table>
<thead>
<tr>
<th>Duration of individual interactions within close distance</th>
<th>Frequency (infectious contacts per day)</th>
</tr>
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<tr>
<td></td>
<td>&lt; 3</td>
</tr>
<tr>
<td>&lt;5 min</td>
<td>T-1</td>
</tr>
<tr>
<td>5-30 min</td>
<td>T-2</td>
</tr>
<tr>
<td>&gt;30 min</td>
<td>T-3</td>
</tr>
</tbody>
</table>

The variables can be described qualitatively as the time variable T:

T-1 = Occupational situations with infrequent and very brief durations

T-2 = Occupational situations with regular contacts for brief durations

T-3 = Occupational situations with frequent contacts short durations

T-4 = Occupational situations with frequent and regular contact for extended duration

The assessment from using this table will depend in part on surveillance data collected by the CDC to determine the public prevalence of the disease to determine the likelihood of encountering infected individuals (Hearl 2009). There is also a cross-relationship with the nature of the disease (R-phase) that must be considered, and the exposure probability. For example, if the number of different people that a worker encounters in a day can be estimated, and the prevalence of the disease (percent of population infected) is known, the number of potentially infected contacts per day can be computed.

If the disease is R-1 or R-3 (low transmissibility) there will be few infected persons in the general public. Therefore the number of expected contacts by the nonworking public, office workers, and factory workers with a confirmed or probable infected patient is low.
ANNEX E: ICE PANDEMIC/INFECTIOUS DISEASE WORKPLACE CONTROLS

For an R-3 or R-4 disease (high severity), hospital and clinic workers would be expected to have more frequent contacts because the high severity of disease would increase the number of confirmed or probable infectious patients coming to hospitals and clinics seeking treatment or to pharmacies for prescription and OTC drugs; though the number and chance of contacting infected individuals may remain low for the general public for an R-3 (low transmissible) disease.

For an R-2 or R-4 disease (high transmissibility) occupations that required a high degree of public contact would be expected to have frequent contacts with infected persons, however if the disease is R-4 (severe) those contacts would be expected to be of short duration except for those providing health care.

This type of analysis can assist planners to categorize the overall risk into an appropriate health band. The analysis also suggests administrative strategies to minimize time and duration of potential exposure.

**Determining Frequency:**

For a particular job, the risk assessor may estimate with some degree of accuracy the number of different persons that the worker will contact each day in the course of the job. For example, if it takes 10-minutes for a hotel receptionist to check-in a guest, that worker would encounter 6 customers per hour and 48 customers per day. If an airport security screener, e.g. CBP, or TSA, spends 2 minutes with each traveler, over an 8-hour shift the screener would encounter 240 travelers per day.

Not all persons contacted will be infectious. When contacting the public during a non-epidemic period, it would generally be considered “unlikely” that a contact will be infectious. During a severe outbreak, persons contacting the general public would normally move into the “possible” exposure range. Workers who are employed in pharmacies, clinics, or hospitals where symptomatic persons may preferentially congregate to seek treatment or remedies would have “probable” exposure to infected persons. Others who provide treatment directly to symptomatic persons have “likely” exposure; though not all symptomatic patients will ultimately have the disease in question. Exposure to a diagnosis-confirmed case are 100% certain to be an exposure contact. The scale in Figure 5 can be used to determine the number of contacts that a person might have with a truly infected and infectious individual. Alternate percentages from those shown in Figure 5 may be used by the risk assessor if specific disease prevalence data are available or otherwise, based on professional judgment by safety, health, and medical personnel.

<table>
<thead>
<tr>
<th>Unlikely</th>
<th>Possible</th>
<th>Probable</th>
<th>Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1%</td>
<td>1%</td>
<td>5%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Figure 5: Exposure Probability Scale**

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Exposure Intensity (I)

Based on the nature of a person’s job, or tasks performed, the risk assessor should categorize the intensity of exposure. The most intense exposures would likely occur for workers who are involved in aerosol-generating procedures for direct patient care such as performing bronchoscopies. High intensity exposures would occur for physicians and nurses and other clinical personnel involved in direct patient care for individuals who have or are suspected of having active disease. These individuals would likely have exposures within 6 feet or less of the potentially infected patient. Medium intensity exposures would occur for teachers, retail workers, and workers at ports of entry. Another medium-low intensity exposure setting might be hospital workers whose jobs did not require direct access to the patients in a hospital or clinical room setting such as receptionists, janitors, and others who work in or around infected individuals. Less intense exposure would occur for office workers with only casual contact with other persons. The lowest intensity exposures would be for individuals with little to no direct person-to-person contact, e.g., walk-by scenarios. The intensity variable can be weighted by considering the condition of the contacts encountered by the workers. For example a higher I-level may be selected if the contacts are encountered routinely and are violently coughing, sneezing, vomiting, or otherwise disseminating body fluids.

I-1 = Casual walk-by contact with symptomatic persons, such as at a mall or shopping center.

I-2 = Contact with symptomatic persons in a ventilated room; but not having close person-to-person contact as with providing direct care or treatment.

I-3 = Close contact with symptomatic persons, such as in settings providing direct patient care in a hospital room, clinical suite, home infirmary, in a confined space, or during ambulance transport.

I-4 = Exposure to aerosol-generating procedures (e.g., bronchoscopy) on symptomatic persons. Because the procedure generates aerosols of both small and large particles, splatter material, and so forth, this represents the highest degree of exposure.

<table>
<thead>
<tr>
<th>I-1</th>
<th>I-2</th>
<th>I-3</th>
<th>I-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low intensity</td>
<td></td>
<td></td>
<td>High intensity</td>
</tr>
</tbody>
</table>

Control Band Selection

Based on the assessments above, components will find the appropriate control band by examining the level/color in the matrix below. There would be a separate matrix created depending on the R-phrase category based on disease severity. There is a possibility that during the course of a pandemic, the determination of the R-phrase may change depending on the biological agent and epidemiologic information that is known. The control banding approach presented here is meant to apply to workers in good health and with normal host defenses.
ANNEX E: ICE PANDEMIC/INFECTIOUS DISEASE WORKPLACE CONTROLS

Special accommodations in the form of protections that exceed those offered to healthy workers will sometimes need to be made for workers with impaired host defenses or at increased risk for complications of disease. During a pandemic or disease response, HS Components will notify employees that those with these potential increased health risks should consult their physician and Component medical personnel (including Federal Occupational Health if they provide this service) to determine any special precautions are needed for them. Specific employee medical information cannot be openly shared with supervisors without employee consent under HIPPA, but special preventive measures from medical personnel can be.

Figure 7: Control Band Selection Matrices

R-1 – Low transmissibility (infectivity) and low clinical severity (virulence); e.g., seasonal influenza

<table>
<thead>
<tr>
<th></th>
<th>T-1</th>
<th>T-2</th>
<th>T-3</th>
<th>T-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-1</td>
<td>Band A</td>
<td>Band A</td>
<td>Band B</td>
<td>Band B</td>
</tr>
<tr>
<td>I-2</td>
<td>Band A</td>
<td>Band A</td>
<td>Band B</td>
<td>Band B</td>
</tr>
<tr>
<td>I-3</td>
<td>Band A</td>
<td>Band A</td>
<td>Band B</td>
<td>Band B</td>
</tr>
<tr>
<td>I-4</td>
<td>Band B</td>
<td>Band B</td>
<td>Band C</td>
<td>Band C</td>
</tr>
</tbody>
</table>

R-2 – Moderate transmissibility and low-moderate clinical severity; e.g., 2009 pH1N1

<table>
<thead>
<tr>
<th></th>
<th>T-1</th>
<th>T-2</th>
<th>T-3</th>
<th>T-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-1</td>
<td>Band A</td>
<td>Band A</td>
<td>Band B</td>
<td>Band B</td>
</tr>
<tr>
<td>I-2</td>
<td>Band A</td>
<td>Band B</td>
<td>Band B</td>
<td>Band B</td>
</tr>
<tr>
<td>I-3</td>
<td>Band A</td>
<td>Band B</td>
<td>Band C</td>
<td>Band C</td>
</tr>
<tr>
<td>I-4</td>
<td>Band B</td>
<td>Band B</td>
<td>Band C</td>
<td>Band D</td>
</tr>
</tbody>
</table>

R-3 – Low transmissibility but high clinical severity; e.g., avian influenza

<table>
<thead>
<tr>
<th></th>
<th>T-1</th>
<th>T-2</th>
<th>T-3</th>
<th>T-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-1</td>
<td>Band A</td>
<td>Band A</td>
<td>Band B</td>
<td>Band B</td>
</tr>
<tr>
<td>I-2</td>
<td>Band A</td>
<td>Band B</td>
<td>Band C</td>
<td>Band C</td>
</tr>
<tr>
<td>I-3</td>
<td>Band B</td>
<td>Band C</td>
<td>Band C</td>
<td>Band D</td>
</tr>
<tr>
<td>I-4</td>
<td>Band C</td>
<td>Band D</td>
<td>Band D</td>
<td>Band E</td>
</tr>
</tbody>
</table>

R-4 – High transmissibility and high clinical severity; e.g., the severe 1918 influenza pandemic

<table>
<thead>
<tr>
<th></th>
<th>T-1</th>
<th>T-2</th>
<th>T-3</th>
<th>T-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-1</td>
<td>Band A</td>
<td>Band B</td>
<td>Band C</td>
<td>Band C</td>
</tr>
<tr>
<td>I-2</td>
<td>Band B</td>
<td>Band C</td>
<td>Band C</td>
<td>Band D</td>
</tr>
<tr>
<td>I-3</td>
<td>Band C</td>
<td>Band C</td>
<td>Band D</td>
<td>Band E</td>
</tr>
<tr>
<td>I-4</td>
<td>Band D</td>
<td>Band D</td>
<td>Band E</td>
<td>Band E</td>
</tr>
</tbody>
</table>
ANNEX E: ICE PANDEMIC/INFECTIOUS DISEASE WORKPLACE CONTROLS

Control Options

The control options for each of the control bands are described qualitatively below. Control strategies should follow the hierarchy of controls for risk management; evaluating and applying, as feasible, workplace and engineering controls (e.g. ventilation, barriers, providing tissues, hand washing facilities/hand soap, hand sanitizer, disinfectants and disposable towels for employees to clean their work surfaces, etc.) first, then administrative controls (such as social distancing, telework, shift modifications, encouraging employees to receive the seasonal flu vaccine, employee training including sneeze and cough etiquette, etc.), and finally Personal Protective Equipment (PPE). See the DHS Pandemic Workplace Control Guidance issued by the DHS Occupational Safety and Health Office for details.

Band A: This level requires no engineering controls or use of PPE. During a pandemic or disease outbreak, persons in occupations with a Band A assessment should be counseled to practice basic hygiene: sneeze and cough etiquette, frequent hand washing, social distancing, and staying home if ill. Workplace controls such as disinfectant supplies should be considered for this level during a pandemic or disease outbreak.

Band B: This level of control is used to address ordinary situations during commonly expected influenza season. The level of protection required depends somewhat on the exposure setting, the degree of susceptibility of the individual, and the degree of risk aversion of the individual worker. Band B includes all of the requirements of Band A. In addition, consideration should be placed on using source controls when encountering symptomatic persons with disease; e.g., coughing, sneezing persons should be asked to wear a surgical/procedure mask to limit their emissions to the environment. In health care settings, administrative controls such as rapid identification and segregation of symptomatic persons with disease and cohorting, i.e., putting symptomatic persons with disease in one ward (preferably one with at least dilution ventilation) and providing additional protection to workers.

Band C: This level of control is used for workers who are likely to be in frequent close contact with symptomatic persons with disease. Band C controls address scenarios when the disease is easily spread between individuals, when infected persons have obvious symptoms such as coughing and sneezing, and are therefore spreading infectious particles proximate to the workers, and when there is uncertainty of availability of anti-viral drugs and vaccines. Controls which should be used for Band C situations include one of the following as appropriate for the physical configuration: exhaust ventilation, airborne infection isolation rooms, and/or physical isolation shields. The use of N95 respirators by individuals with frequent and extended close contact with confirmed and suspect cases should be required.

Band D: This level of control is used to provide enhanced exposure control for potentially life-threatening diseases, and where exposure to the infectious agent is relatively certain if not for engineering controls to isolate known infected people or provide enhanced types of personal protective equipment. Band D should be considered in situations where the fatality rate among hospitalized cases is high, and where there is limited availability of anti-viral drugs and/or vaccines. Band D controls should include no less than N95 filtering face piece respirators.
ANNEX E: ICE PANDEMIC/INFECTIOUS DISEASE WORKPLACE CONTROLS

Band E: This situation requires expert consultation and coordination with DHS OSH and OHA. Requirements would be Band D level or greater. The control recommendations associated with the selected Control Bands are summarized in Figure 8.

**Figure 8: Control Options**

<table>
<thead>
<tr>
<th>Control Band</th>
<th>Administrative</th>
<th>Environmental</th>
<th>Personal Protective Equipment</th>
</tr>
</thead>
</table>
| Band A       | - Basic hygiene training  
- Provide sick-leave option (if sick, stay home)  
- Encourage vaccination | - Hand washing / sanitizer stations | - None |
| Band B       | - Band A options plus:  
- Early ID and isolation of symptomatic persons  
- Signage to warn workers  
- Masking symptomatic persons  
- Prompt use of anti-viral drugs | - Hand washing / sanitizer stations  
- Physical barriers  
- Dilution ventilation | - Surgical masks for droplet and contact  
- Gloves  
- Voluntary N95 |
| Band C       | - Band B options | - Hand washing / sanitizer stations  
- Exhaust ventilation  
- UVGI, HEPA Filtration | - N95 required  
- Gloves |
| Band D       | - Band B options | - Band C Options plus:  
- Airborne infection isolation room | - N95 required  
- Gloves  
- PAPR for aerosol-generating procedures |
| Band E       | Seek Expert Advice | Seek Expert Advice | Seek Expert Advice |

Mitigating Factors:

There are several mitigating factors that determine which controls to apply within the selected control band, and there may be additional considerations which may cause the component to modify the Control Band selected by application of this method.

1. **Transmission Mode**
   a. **Unknown transmission mode:** If there is no or little information available on the transmission mode one should assume fine particle aerosol transmission until data indicate otherwise. Controls for fine particle aerosol will mitigate exposure from the other modes of transmission.
   b. **Fine particle aerosol:** If the transmission mode is fine particle aerosol transmission, the infectious particles may remain airborne for extended periods of time, and may be carried by Heating, Ventilation and Air Conditioning (HVAC) systems far from the infected persons who are the source. Respirable size particles (generally < 10 μm aerodynamic

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diameter) are not filtered by surgical masks but are efficiently removed by N95 respirators or HEPA filters. These should be selected for fine particle aerosol control along with the droplet and contact measures described below.
c. **Droplet Spray:** If the transmission mode is determined to be by droplet spray to the exclusion of other transmission routes, there is no need to consider using respiratory protection such as N95 or HEPA filters. For droplet spray modes: barriers, shields, FDA-approved surgical masks and social distancing may be the most appropriate controls.
d. **Person-to-Person contact:** If the transmission does not include fine particle aerosol or droplet spray, control measures should focus on prevention of direct contact such as but not limited to: social distancing, barriers, use of gloves, hand washing, and surface disinfection.

2. **Immune-compromised individuals:** If a worker is known to be immune-compromised or individually sensitive to the disease in question, consideration should be given to excluding the worker from exposure or by selecting control options from a Control Band higher than that which results from the job analysis.

3. **Essential functions:** Persons serving essential functions may require protection above the control band selected based on their exposure risk. Individuals with mission critical skills (e.g., nuclear power plant operators) may require enhanced protective measures to assure public safety and health.

4. **Shortages of Protective Equipment:** In the event of a shortage of N95 filtering facepiece respirators the following are options, in order of precedence:
   a. Use of any half- or full-face piece mask with any particulate filter cartridge;¹
   b. Use of a PAPR with a HEPA filter;
   c. Extended use of N95 respirators (single use for multiple encounters with potentially infected people);
   d. Use a surgical mask (not a NIOSH certified product).

**Other Sources of Transmission**

This control banding technique will also be used for assessing risks and developing controls for non-human-to-human transmission diseases when in pandemic or epidemic stages. Sources of alternate transmission commonly include insect or animal vectors that pass infection through bites, droppings, and other means. Less common in the U.S., but often in developing countries, are water-borne diseases; although these may reach epidemic levels locally, they are unlikely to reach pandemic levels. OHA and DSH OSH will distribute specific risk and precaution notices to components for these diseases as well; unless a component has regular operations in areas impacted by such diseases, specific control banding strategies are not required to be created until notice of a disease outbreak.

¹ The cartridge can be N-, R- or P-type with ratings of 95, 99, or 100.

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ANNEX E: ICE PANDEMIC/INFECTIOUS DISEASE WORKPLACE CONTROLS

Plan Development

Some sample scenarios are included in Appendix 2 of this guidance to illustrate the use of the method.

References


ANNEX E: ICE PANDEMIC/INFECTIOUS DISEASE WORKPLACE CONTROLS


Tables to inform Categorization of R-Phrase based on available data (from Reed, 2013)

### Appendix 1

#### Table 1. Scaled measures of transmissibility and clinical severity for the initial assessment of pandemic influenza effects

<table>
<thead>
<tr>
<th>Parameter no. and description</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low-moderate</td>
</tr>
<tr>
<td>Transmissibility</td>
<td></td>
</tr>
<tr>
<td>1. Secondary attack rate, household, %</td>
<td>&lt;20</td>
</tr>
<tr>
<td>2. Attack rate, school or university, %</td>
<td>&lt;30</td>
</tr>
<tr>
<td>3. Attack rate, workplace or community, %</td>
<td>&lt;20</td>
</tr>
<tr>
<td>4. R&lt;sub&gt;0&lt;/sub&gt;: basic reproductive no.</td>
<td>1.0–1.7</td>
</tr>
<tr>
<td>5. Underlying population immunity</td>
<td>Some underlying population immunity present</td>
</tr>
<tr>
<td>6. Emergency department or other outpatient visits for influenza-like illness, %</td>
<td>&lt;10</td>
</tr>
<tr>
<td>7. Virologic characterization</td>
<td>Genetic markers for transmissibility absent</td>
</tr>
<tr>
<td>8. Animal models—transmission studies</td>
<td>Less efficient or similar to seasonal influenza</td>
</tr>
</tbody>
</table>

#### Clinical severity

<table>
<thead>
<tr>
<th>Parameter no. and description</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Upper boundary of case-fatality ratio, %</td>
<td>&lt;1</td>
</tr>
<tr>
<td>2. Upper boundary of case-hospitalization ratio, %</td>
<td>&lt;10</td>
</tr>
<tr>
<td>3. Ratio, deaths: hospitalizations, %</td>
<td>&lt;10</td>
</tr>
<tr>
<td>4. Virologic characterization</td>
<td>Genetic markers for virulence absent</td>
</tr>
<tr>
<td>5. Animal models</td>
<td>Less virulent or similar to seasonal influenza</td>
</tr>
</tbody>
</table>

### Table 2. Scaled measures of transmissibility and clinical severity for the refined assessment of pandemic influenza effects

<table>
<thead>
<tr>
<th>Parameter no. and description</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Transmissibility</td>
<td></td>
</tr>
<tr>
<td>1. Symptomatic attack rate, community, %</td>
<td>≤10</td>
</tr>
<tr>
<td>2. Symptomatic attack rate, school, %</td>
<td>≤10</td>
</tr>
<tr>
<td>4. Household secondary attack rate, symptomatic, %</td>
<td>≤5</td>
</tr>
<tr>
<td>5. R&lt;sub&gt;0&lt;/sub&gt;: basic reproductive no.</td>
<td>≤1</td>
</tr>
<tr>
<td>6. Peak % outpatient visits for influenza-like illness</td>
<td>1–3</td>
</tr>
</tbody>
</table>

#### Clinical severity

<table>
<thead>
<tr>
<th>Parameter no. and description</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Case-fatality ratio, %</td>
<td>≤0.02</td>
</tr>
<tr>
<td>2. Case-hospitalization ratio, %</td>
<td>≤0.5</td>
</tr>
<tr>
<td>3. Ratio, deaths: hospitalizations, %</td>
<td>≤3</td>
</tr>
</tbody>
</table>
Annex E: ICE Pandemic/Infectious Disease Workplace Controls

Appendix 2
Worked Examples

Scenarios:

1. Administrative/Office Worker, Novel influenza outbreak,
   a. Risk Phrase: R-2
   b. 20 Contacts/8 hour shift
   c. Exposure Probability: Probable(+) = 20%; 20 / day x 0.20 = 4 contacts
   d. Time: 3-5 contacts and 5-30 min/contact T-3
   e. Exposure Intensity - Office/Cubical Environment >6 ft.; I-2

RESULT: Control Band B
Admin: Hand washing, spatial distancing, limiting group gatherings; active immunization program
Environ: Barriers, room dilution
PPE: Voluntary N95
Mitigating factors: Could go to T-1, I-1 giving Control B and A if social distancing and telework options are used.

2. Law Enforcement Patrol in Rural Area (e.g. BP Patrol); Novel influenza outbreak
   a. Risk Phrase: R-2
   b. 10 Contacts/8 hour shift
   c. Exposure probability: Unlikely=0.1%; 10/day x 0.001= 0.01 Contacts
   d. Time: <3 contacts with time 5-30 min T-2
   e. Exposure Intensity: Outside work, >6 ft, mainly walk-by contact with occasional direct contact with individuals not suspected to be infected. I-1

RESULT: Control Band B
Admin: Spatial distancing, limiting group or in-vehicle activities; active immunization program
Environ: Use of open spaces and natural ventilation
PPE: Voluntary N95, gloves
Mitigating factors: Could go to T-1, I-1 giving Control B and A if number and duration of contacts could be reduced by changes in staffing or patrol procedures.

3. Law Enforcement Patrol in Urban Area (e.g. FPS Officer); Novel influenza outbreak
   a. Risk Phrase: R-2
   b. 100 Contacts/8 hour shift
   c. Exposure probability: Probable = 5%; 100/day x 0.05= 5 Contacts
   d. Time: 3-6 contacts with time 5-30 min T-3
   e. Exposure Intensity: >6 ft, mainly walk-by contact with occasional direct contact with individuals not suspected to be infected. I-1
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RESULT: Control Band B
Admin: Spatial distancing, avoid unnecessary contact with individuals or their possessions, active immunization program
Environ: Barriers, room dilution
PPE: Voluntary N95, nitrile gloves
Mitigating factors: Possible move to B and A by reducing duration of contacts to T-2, <5 minutes. Eliminate all casual or personal contacts.

4. Law Enforcement/Detention Offices: Novel influenza outbreak
   a. Risk Phrase: R-3
   b. 200 Contacts/8 hour shift
   c. Exposure probability: Probable+ = 10%: 200/day x 0.10 = 20 Contacts
   d. Time: >6 contacts with time >30 min T-4
   e. Exposure Intensity: Casual contact with symptomatic persons in ventilated space with occasional direct contact with individuals not suspected to be infected: I-2

RESULT: Control Band B-C
Admin: Spatial distancing, avoid unnecessary contact with individuals or their possessions, active immunization program
Environ: Barriers, room dilution
PPE: Voluntary N95, nitrile gloves
Mitigating factors: Reduction in contact length and directness could reduce to T-3 and I-1, which is Band B.

5. FEMA Disaster Worker performing Survivor Assistance low transmissibility, high clinical severity, H7N9, possibly prodromal shedders
   a. Risk Phrase: R-3
   b. 1 Individual/30 min with 8-hr shift, 10-30 min per customer = 16 different individuals
   c. Exposure Probability (Possible) = 1% 16/day x 0.01 = <1 infected persons / day
   d. For <3 contacts/day and 5-30 min per Individual, T-2
   e. Exposure Intensity: More than pass-by, less than direct care: I-2

RESULT: Control Band B
Admin: -Basic hygiene training, Provide sick-leave option(if sick, stay home), Encourage vaccination, Early ID and isolation of symptomatic persons, Signage to warn workers, Masking symptomatic persons, Prompt use of anti-viral drugs
Environ: Hand washing / sanitizer stations, Social Distancing, Dilution ventilation, surface disinfection between interviews
PPE: - Surgical/ Procedure masks for symptomatic persons, Gloves, Voluntary N95
Mitigating factors: Individuals reporting for disaster assistance may not have access to hygiene facilities or vaccinations; this part of the population may have higher incidence of infection than
ANNEX E: ICE PANDEMIC/INFECTIOUS DISEASE WORKPLACE CONTROLS

general national statistics. Hand washing/ sanitizer stations and Surgical/ Procedure masks should be considered to provide Individuals seeking assistance at FEMA centers.

6. Immigration Officers conducting interviews, including Adjudication Officers, Asylum Officers and Refugee Officers. Seasonal influenza
   a. Risk Phrase: R-1
   b. 1 case (1-3 interviewees) / 60 min; 8-hr/ day = 24 customers
   c. Exposure Probability - Possible = 1% 24/day x 0.01 = <1 infected person/day
   d. For <2 contacts per day and 5 min/contact, T-1
   e. Exposure Intensity: More than pass-by, less than direct care: I-2

RESULT: Control Band A
Admin: Social distancing, basic hygiene, hand washing, active immunization program
Environ: maintain good ventilation in building
PPE: None
Mitigating factors: None

7. Immigration Officers conducting interviews, including Adjudication Officers, Asylum Officers and Refugee Officers. low transmissibility, high clinical severity, H7N9, possibly prodromal shedders
   a. Risk Phrase: R-3
   b. 1 case (1-3 interviewees) / 60 min; 8-hr/ day = 24 customers
   c. Exposure Probability - Possible = 1% 24/day x 0.01 = <1 infected person/day
   d. For <2 contacts per day and 5 min/contact, T-1
   e. Exposure Intensity: More than pass-by, less than direct care: I-2

RESULT: Control Band A
Admin: Social distancing, basic hygiene, hand washing, active immunization program
Environ: maintain good ventilation in building
PPE: None
Mitigating factors: None

8. TSA screener. Novel influenza/Low R0 outbreak.
   a. Risk Phrase: R-2
   b. 1 traveler/2 min; 8 hr/day = 240 travelers
   c. Exposure probability (Possible) = 1%; 240/day x 0.01 = 3 infected persons/day
   d. For 3-6 contacts per day and <5 min/contact, T-2
   e. Exposure intensity, casual contact more than pass-by: I-2

RESULT: Control Band B
Admin: Social distancing; lenient absentee policy, spacing workers apart, hand washing; access to medical counseling

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Environ: Directional airflow
PPE: Voluntary N95
Mitigating factors: None

9. **3rd Grade School Teacher**, Novel Influenza outbreak, not providing direct care to some sick children
   a. Risk Phrase: R-2
   b. 30 children in class for 6 hours / day
   c. Exposure Probability = Possible(+) = 20%; 30 / day x 0.20 = 6 contacts
   d. For 3-6 contacts and > 30 min/contact T-4
   e. Exposure Intensity - Classroom 3-6 ft.; lunch room >3 ft.; outdoors >6 ft. I-2

RESULT: **Control Band B**
Admin: Hand washing, spatial distancing, limiting group gatherings; active immunization program
Environ: Barriers, room dilution
PPE: Voluntary N95
Mitigating factors: Could go to T-2, I-1 giving Control Band A if ill children are promptly sent home.

10. **City Bus Driver**, Mild to moderate influenza outbreak
    a. Risk Phrase: R-2
    b. 200 passengers/day; driving 6-hours per day
    c. Exposure Probability (Possible) = 1%. 200/day x 0.01 = 2 infected persons/day
    d. For < 3 contacts with >30 minutes = T-3
    e. Exposure Intensity: Closer contact than passing-by: I-2

RESULT: **Control Band B**
Admin: Distribute surgical masks to symptomatic customers; provide waterless hand cleaner.
Environ: Frequent decontamination of touched surfaces.
PPE: Voluntary N95; surgical masks for droplet & contact; gloves if exchanging money, etc.

11. **Customs Passport Control Officer**, low transmissibility, high clinical severity, H7N9, possibly prodromal shedders
    a. Risk Phrase: R-3
    b. 1 traveler/2 min with 8-hr shift, <2 min per customer = 240 different customers
    c. Exposure Probability (Possible) = 1%. 240/day x 0.01 = 2 infected persons / day
    d. For 2 contacts/day and <5 min per customer, T-1
    e. Exposure Intensity: More than pass-by, less than direct care: I-2

RESULT: **Control Band A**
Admin: Hand washing, worker vaccination encouraged,
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Environmental: Hand washing stations/hand sanitizer stations
PPE: Mitigating factors: vaccination, sick leave policy
Mitigating factors: Airports receiving passengers from highly infected countries/regions may have higher Probability than 1%, may spend >5 min with some travelers when sick which could make the evaluation T-2 leading to Band B, voluntary use of N95.

12. Child daycare center worker; 8 hour work day. Children can be infants, toddlers (18 mon-3 yrs), pre-school (3-5 yrs); state will have defined student/teacher ratios depending upon age group. Ratios for these age groups can be (in same order) 4/1; 5/1; 10/1. May have multiple teachers in a room e.g. 20 preschoolers with 3 teachers, 14 toddlers with 4 teachers. Worker will have children they are assigned to plus help with other children in the room; possibility of asymptomatic shedders, illness onset shedding. For this scenario: toddlers – five assigned plus 13 additional children assigned to other 3 daycare staff.
   a. Risk Phrase: R-3
   b. Contact time: 8 hours contact time
   c. Exposure probability – Likely = 50%+ Time:
   d. For >6 contacts with time >30 min T-3
   e. Exposure Intensity: (child exhibiting ILL symptoms would be separated and parents contacted to come pick up child.) I-2

RESULT: Control Band C
Admin: Policy to segregate symptomatic children and send them home right away; vaccination of staff.
Environ: Bands A & B; hand sanitizer stations, HEPA filtration
PPE: N95
Mitigating factors: Mask use may be a problem for staff re concern about children’s reaction; relative humidity between 40-50% not a conducive to virus survival; increased housekeeping procedures (e.g., disinfection of high contact surfaces, toys, vaccination status of children (requirements of day care center).

13. Physical Techniques Instructor (e.g. FLETIC): Novel influenza outbreak
   a. Risk Phrase: R-2
   b. 200 Contacts/8 hour shift
   c. Exposure probability: Unlikely = .1%: 200/day x 0.001=0.2 Contacts
   d. Time: <3 contacts with time >30 min T-3
   e. Exposure Intensity: >6 ft, mainly walk-by contact with occasional direct contact with individuals not suspected to be infected. I-1

RESULT: Control Band B
Admin: Spatial distancing when feasible, avoid unnecessary contact with individuals or their possessions, active immunization program
Environ: Room dilution or utilize outside training areas.
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PPE: Voluntary N95, nitrile gloves
Mitigating factors: Could go to T-2, l-1 giving Control B and A if number of contacts could be reduced by either increasing the contact distance and/or number of close contacts per day.

   a. Risk Phrase: R-3
   b. 6 responses to requests for assistance; 1 fire; 2 vehicle collisions; 1 emergency medical at the hotel; 2 residential call for medical assistance. Contact times for purposes of this scenario: fire – 0; 2 vehicle collisions 30 minutes each, 6 people, 2 transport to hospital (additional contact time); 40 minutes hotel run and transport to emergency room; 2 – 30 minute responses, 1 transport to emergency room for the 2 residential response.
   c. Exposure probability: During flu season with R-3, 0.1% to 50% = 9 potential contacts (excludes co-workers, family members at residences and hotel, hospital staff) – contact is individuals receiving direct assistance from worker.
   d. For >6 contacts with time >30 min
   e. Exposure Intensity:
      T-4
      I-2

RESULT: Control Band C (Depends upon initial determination for medical runs)
Admin: Nature of call for assistance; vaccination; symptoms exhibited by person requiring assistance and history; ventilation system in rescue squad transport vehicle; masking of patient with surgical mask or ventilator assistance device.
Environ: Ambulance vehicle equipment
PPE: Use of gloves; N-95; prepare for l-3 exposure intensity during transport N95 required.
Mitigating factors: Must prepare for exposure intensity potential to l-3 leading to Control Band D.
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SECTION 3

Respiratory Protection Guidance for Pandemic/Infectious Disease Events

Some ICE personnel must wear respirators regularly as part of their expected duties and are trained, fit-tested, and medically cleared to use them under an existing Component respiratory protection program. Pandemic influenza and infectious diseases with similar human-to-human transmission characteristics present new or different airborne hazards to the ICE workforce. During an infectious disease event, ICE personnel that do not wear respirators as a part of their routine duties may potentially be required to wear respiratory protection. Additionally, ICE personnel who are not specifically identified as working within the infection distance of potentially infected people may gain some protection and/or peace of mind through “voluntary use” of respirators.

As part of ICE Pandemic Workforce Protection Plan development, ICE sub-components at the regional level must perform a risk assessment of their workforce to identify the appropriate control band(s) for each duty position/task their workforce performs. That band identification along with disease-specific guidance, will allow ICE sub-component regional leadership to identify whether their workforce has a need for respirator use. This guidance is provided as a framework for the development of the ICE pandemic and infectious disease-related respiratory protection program in accordance with OSHA, DHS, and ICE regulations, policies and procedures, and SOPs. The ICE Respiratory Protection/Infectious Disease Control SOPs have been designed to be used as a template that local ICE regional sub-components may adapt in order to be in compliance with the aforementioned regulations and standards, along with having the appropriate written program(s) available for review.

Type of Respirator Use:

All respirator use is governed by risk assessment and hazards. OSHA recognizes two types of respiratory equipment use situations based on risk: mandatory and voluntary.

Mandatory Use: This is the most restrictive and regulated situation and the most common use of respirators. Mandatory use requires compliance with all aspects of 29 CFR 1910.134. It occurs when any of the following conditions exist:

1. A known hazard is present in the workplace and exposure levels exceed an established OSHA level.
2. Risk assessments indicate a hazard is present at levels that have potential to cause injury or illness.
3. A non OSHA-regulated hazard is present in the workplace at levels that have produced serious injury, illness, or death.
4. The employer requires an employee to wear a respirator, regardless of actual hazard level. This includes situations when no significant hazard is present, but the employer chooses to mandate respirator use in an abundance-of-caution approach.
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Mandatory use requires the employer to provide training, medical clearance and respirator fit testing (in the exact make and model of respirator to be used by the employee) for all employees who must wear respirators. Respirator fit testing (appendices A, B) and medical clearance (Appendix C) is detailed in 29 CFR 1910.134. Note that medical clearance is required before an employee can be fit tested. Mandatory use also requires that there is no facial hair between the respirator seal and the face.

Voluntary Use: This is the least-regulated situation, and many of the requirements in 29 CFR 1910.134 do not apply. Fundamentally, voluntary use applies when there is no significant respiratory hazard present. Voluntary is permissible when:

1. There is no applicable OSHA standard that requires respirator use.
2. Risk assessments indicate no hazard is present at levels that would be expected to cause injury or illness.
3. The employer does not require the employee to wear a respirator for their job.
4. The employee voluntarily chooses to wear a respirator, provided by either the employer or by the employee.
5. The employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard.
6. The employee understands that wearing a respiratory may cause distress in individuals with impaired lung function (e.g., asthmatics) and may produce a greater risk than the perceived hazard.

For voluntary use, the employee must be provided with a copy of Appendix D of 29 CFR 1910.134 (attached), and a record made that the employee received the appendix and what model/ type of equipment was provided. Voluntary use still requires a written respiratory protection program UNLESS only filtering face-piece respirators (including N-95 masks, dust masks, surgical masks, etc.) are used.

Note: OSHA states the employer MAY allow voluntary use of respirators if the respirator does not create a hazard. Managers should bear in mind that employee concerns would be considerable for them to voluntarily request wearing a mask; therefore they should conduct a thorough analysis before restricting voluntary use. Such restrictions should be made in an as limited scope as possible and should be applied universally throughout a Component to establish an equitable approach.

Authorities and Roles:

Occupational Safety and Health Administration (OSHA). The sole regulatory authority for respiratory protection is OSHA. This is true regardless of the workplace type. The applicable standard is 29 CFR 1910.134, Respiratory Protection. This standard applies to all workplaces including private and public sectors as well as industrial and non-industrial (e.g., medical, office, retail). Respirator use, respirator protection factors, approved devices, training; medical clearance and fit-testing are all specified in this standard and its mandatory appendices.

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Department of Health and Human Services, National Institute of Occupational Safety and Health (NIOSH). NIOSH, a sub-organization of HHS/Center for Disease Control and Prevention (CDC), is responsible for testing and certifying respiratory devices worn in the workplace. If a respirator is worn to comply with OSHA requirements, it must carry NIOSH certification, demonstrated by the NIOSH symbol and a TC-Number, found on the respirator or the respirator package and directions, as shown in the examples below.

Department of Homeland Security (DHS). The DHS Occupational Safety and Health (OSH) Program, housed in the Office of the Chief Human Capital Officer (OCHCO) develops overarching policies and guidance for use in DHS workplaces. Directive 066-1, Occupational Safety and Health Programs, describes the Department's OSH program and the DHS Safety Manual is the supporting instruction. The DHS Safety Manual addresses specific issues and OSHA requirements. Chapter 12 covers respiratory, including the development of Component-level written respiratory protection plans. The Department OSH office also provides assessment and oversight of Component programs, including the evaluation of respiratory protection programs.

Immigration and Customs Enforcement (ICE) Component-Level Respiratory Protection Program. The ICE OSH Program Requirements Handbook, along with the ICE Respiratory Protection/Infectious Disease Control SOP provides guidance to ensure the local ICE sub-components are in compliance with OSHA, DHS and ICE requirements. ICE sub-components are responsible for establishing and maintaining their own OSH programs, including developing and issuing policies, directives, guidance for managing respiratory protection programs locally.
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OSHA Required Document for Voluntary Respirator Users

Appendix D - 1910.134 (Mandatory)

The employer must provide this document to any employee or volunteer who uses an employer-provided respirator voluntarily or provides his or her own respirator.

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
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SECTION 4

PPE/Respiratory Protections Hazard Assessments, Distribution, Storage and Training

Hazard Assessment and PPE/Respirator Selection

The selection of the proper type of respirator(s) is based on the potential workplace hazards and potential for employee exposures associated with work activities, job positions, and or work locations. A hazard evaluation will be performed for each operation, process, or work area where the potential for a variety of workplace hazards are suspected of being present. This includes, but is not limited to identifying/evaluating respiratory hazards that may exist in routine/non-routine operations or in emergency response operations. Employees may request a copy of any hazard assessment performed in the workplace. Any quantitative exposure monitoring results will be provided to employees in a timely manner in accordance with OSHA requirements.

The hazard evaluation shall:

a. Identify and develop a list of all potential hazards that may be encountered in the workplace, broken out by job position, organization, and/or work process.

b. Review work processes and conduct the necessary assessments to determine specifically where potential respiratory exposures hazards exist. This review should include at minimum, surveying the workplace, reviewing work processes and records, along with feedback from managers/supervisors/employees that perform the work tasks being evaluated.

c. Based on the qualitative analysis above, determine the need for either mandatory/voluntary respiratory protection use.

d. Where applicable, conduct quantitative exposure monitoring to determine the actual exposure level found during a work process.

Updating the Hazard Assessment

The Respirator Program Administrator shall revise and update the hazard assessment as needed (i.e., anytime work process changes potentially affect exposure or when new hazards are introduced or encountered). If an employee feels that PPE/respiratory protection is needed during a particular activity, contact their manager/supervisor who will work with the Respirator Program Administrator for possible solutions. The Respirator Program Administrator will evaluate the potential hazard, arranging for technical assistance from their local ICE Field CDSO or HQ ICE OAFM Safety and Health Unit, as required. The manager/supervisor will communicate the results of that assessment to the employee(s). If it is determined that respiratory protection is necessary, elements of this program will be in effect for those tasks. The Respirator Program Administrator will update the hazard assessment and, if necessary, update this respiratory protection program.
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PPE/Respirator Distribution Options

It has been determined that DHS/ICE is required use PPE to meet the operational and pandemic needs of its workforce. PPE is required by some DHS/ICE employees to protect themselves while exposed to workplace hazards perform everyday which supports the DHS/ICE mission. PPE is also used to support and sustain the safety of DHS/ICE employees operating during a pandemic event. ICE has elected to use the DHS Integrated Logistic Support plan guidance in order to develop and maintain pandemic preparedness strategy includes efforts to develop and execute pandemic contingency plans and preparedness actions. In the event of an emergency, as identified by the Center of Disease Control (CDC) and the Office of Health Affairs (OHA), federal employees will be expected to continue operations to sustain agency functions. The DHS Integrated Logistics Support Plan (ILSP) will assist in identifying and describing specific logistics guidance, practices and methodologies to standardize the general process to follow when supporting the operational PPE and pandemic PPE.

- Locally-stored PPE/Respirator: Appropriate PPE, as identified by hazard assessments and EF duties, is stored locally (e.g., in the place of employment or available for timely distribution); designated employees would access PPE stocks when directed to do so.

- Individually-issued PPE/Respirator: Limited amounts of PPE are issued to employees who cannot get reasonable access to locally-stored PPE; these employees are responsible for storing the equipment at an easily-accessible location (e.g., home, workspace).

- Component-level Warehouse Storage: Large supplies of PPE acquired and stored at central warehouses (this is not recommended as the primary method of distribution; however it could serve as an intermediate step in PPE distribution for original receipt of equipment and to store reserve supplies).

- Combination Distribution: The previous options are combined to include initial, centralized storage as well as local and individual distribution.

Planning Requirements

All DHS Component pandemic workforce protection plans will address the following items:

- Assign roles and responsibilities Coordinate with the Component Occupational Safety and Health (OSH) managers to ensure OSHA compliance

- Perform hazard assessments; identify quantity needed for PPE, based on EFs

- Maintain a mechanism to obtain and distribute PPE

- Identify non-PPE protective measures, in coordination with OCHCO Occupational Safety and Health (OSH) that may be used to reduce reliance on PPE, e.g. telework, social distancing, shift work, etc.
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- Identify facilities (to include storage)
- Prepare and validate a timeline for in-field availability of PPE
- Acquire PPE, store, and distribute PPE.
- Ensure procedures are developed enabling personnel access to sufficient PPE to maintain EFs upon declaration of a pandemic.
- Develop and implement medical clearance and fit-test procedures for personnel prior to issuance of respiratory protection, if a hazard assessment warrants fit testing and workforce rules authorize it.
- Supply training, medical clearance, and fit-testing, if required.
- Maintain all OSHA-required records related to PPE use, medical clearance, training, and fit-testing as appropriate for the type of PPE.
- Periodically review and amend, as necessary, the Component plan to include any changes in procedures, tasks, or exposure information.

STORAGE REQUIREMENTS

- All PPE must be stored in conditions per manufacturers’ recommendations (i.e., avoid exposure to moisture, excessive heat, or cold).
- Local storage areas and, if used, centralized warehousing, must be readily accessible
- Ensure that National Fire Protection Association standards and OSHA guidelines are followed wherever supplies are warehoused.
- The Component will assign personnel to manage the inventory of each type of PPE stored at each location.
- If employees are issued individual materials, the PPE training program must include information on storage and maintenance of the materials.
- Respirators must be stored in a clean, dry area, and in accordance with the manufacturer’s recommendations. Each employee will clean and inspect their own APR in accordance with the provisions of this program prior to storage and will then store their respirator in a plastic bag in their locker, storage area, vehicle, cabinet, desk, or other clean area, as appropriate. Each employee will have his/her name on the bag, and that bag will only be used to store that employee’s respirator. Do not store respirators in the open air. Do not hang respirators from their straps when in storage. Replace the storage bag when it becomes torn or can no longer be sealed. Also see Appendix 5 of this SOP for respirator...
storage.

- The Respirator Program Administrator will store a supply of respirators and respirator components in the original manufacturer's packaging (or sealed bag or container if previously used and returned) and in a designated equipment storage room/area that is under the control of the Respirator Program Administrator. The Respirator Program Administrator will apply a system to ensure respirator accountability of the stored inventory and issued respirators.

**TRACKING**

- Supervisors will be responsible for tracking and reporting information on employee use of PPE.

- OSHA required documentation will be maintained at the issuing office. Component OSH personnel will maintain overall Component documentation.

- Component OSH personnel will track activities to ensure appropriate levels of PPE are used.

- MGMT/OCHCO/OSH and OHA will be responsible for providing PPE use and Departmental oversight.
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Appendix 3

ICE Hazard Assessment/Employee Protection Report

Please use the attached ICE Hazard Assessment/Employee Protection Report for that has been locally developed to assist each ICE regional area of responsibility (AOR) keep track of their hazard assessments and PPE requirements for the employees requiring protection. The reports have been conveniently broken into all the five risk bands discussed previously for your use.

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SECTION 5

Training Requirements

Training recommendations are provided below for Respirator Program Administrators, Supervisors of Respirator Users, Respirator Users, and ICE HQ/Field CDSOs.

Respiratory Protection Program Administrators/ICE HQ/Field CDSOs:

1. ICE Respiratory Protection Course or equivalent.

2. OSHA Course 2225, Respiratory Protection or other with content on respiratory protection program development, implementation, and administration.

Supervisors of Respirator Users:

1. ICE Respiratory Protection Course or equivalent.

2. Briefing by the Respirator Program Administrator/ICE HQ/Field CDSO/Supervisor responsibilities for the HQ/Field respiratory protection program.

3. Respirator Fit Testing training for all the types of respirators under their span of control.

Mandatory Respirator Users:

1. ICE Respiratory Protection Course or equivalent.

2. Supplemental training/briefing by the Respirator Program Administrator/ICE HQ/Field CDSO/Supervisor on the use of the make, model, and type of respiratory protection equipment issued to the Respirator User.

Voluntary Respirator Users:

1. Training/briefing by the Respirator Program Administrator/ICE HQ/Field CDSO/Supervisor on the use of the make, model, and type of respiratory protection equipment issued to the Respirator User.

2. Provide Appendix D of 29 CFR 1910.134, Respiratory Protection and ensure that the Voluntary User reads and acknowledges the information.
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SECTION 1

Applying the Hierarchy of Controls

When planning pandemic and infectious disease workplace readiness and response, workplace controls are defined as processes, procedures, and equipment that are used to reduce/eliminate health hazards/risks to ICE employees. Typically, workplace controls are derived from risk assessments of their duties, work tasks, and the potential hazards/risks. Workplace controls for health hazards/risks will often differ from standard controls for “ordinary” work hazards because the risk of contracting a pandemic type disease is often increased by activities that normally do not usually pose much risk in the workplace.

**Hierarchy of Controls.** The Occupational Safety and Health Administration (OSHA) regulations and guidance require the use of a “hierarchy of controls” to reduce or eliminate workplace hazards. In controlling the potential hazards during an infectious disease/pandemic event, this hierarchy approach prioritizes controls based on the concept that the best way to control a hazard is to remove it from the workplace, and not rely on employees to take an action to reduce exposure.

The “Hierarchy of Controls” are as follows:

1. **Work Practices and Environmental Controls** are designed to reduce/eliminate the duration, frequency, or exposure of a recognized workplace hazard/risk(s).

2. **Administrative Controls** are designed to reduce the hazards/risks by scheduling work tasks in ways that minimize employee exposure to a recognized workplace hazard/risk.

3. **Personal Protective Equipment (PPE)** is designed to provide an immediate barrier between the employee and a recognized workplace hazard. PPE is normally used in conjunction with Administrative Controls, training, and work practices developed as an effective means in minimizing exposure to infectious diseases and a pandemic event.

During an infectious disease/pandemic event, this hierarchy should be used in concert with OSHA guidance and public health recommendations. As mentioned above, most workplaces within ICE will use a combination of hierarchy control methods. There are advantages and disadvantages to each control measure based on ease of implementation, effectiveness, and cost. For example, hygiene measures and social distancing can be implemented easily and with little expense, but this control method requires employees to modify and maintain their behavior during a stressful situation. On the other hand, installing clear plastic barriers will be more expensive and take longer to implement, but does not require the worker to remember a new procedure and ultimately may be more effective and available for future events.

**Applying the Hierarchy Controls in ICE Workplaces.** The hierarchy of controls must be included as part of the safety and health risk management planning for pandemic and infectious diseases events. Workplace Practice and Engineering Controls, along with Administrative Control options must be examined for each response phase so that any required items can be can be procured, installed, or implemented in advance. For some ICE facilities/operations and the
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associated work tasks, PPE has been determined to be the only option. However, before PPE is
determined to be the only feasible answer, managers/supervisors should be examined ways to
reduce exposures to ICE employees and the workplace and still continue to fulfill their missions.
The following examples include controls applicable to ICE workplaces.

Work Practice and Environmental Controls. Work practices and engineering controls are often in
the hands of local ICE managers, supervisors with consultations from facilities/safety personnel.
New technologies that reduce exposure from unavoidable person-to-person contact can also be
included in this category. Examples include:

a. Work Practice - Hygiene and Personal Contacts:
   1) Providing resources that promote personal hygiene. For example, provide tissues, hand
      soap, and hand sanitizer.
   2) Training employees on risk factors and proper behaviors (e.g., cough etiquette and
      disinfection of shared equipment).
   3) Developing policies and procedures to minimize contacts between employees and
      between employees and the public.
   4) Conducting interactions at distances of 6 feet or other disease-specific recommendations.
      In some locations markings can be placed on the floor to indicated 6 feet.
   5) Using the largest available room when conducting long interviews or one-to-one
      meetings.
   6) If someone in ICE custody or visiting an ICE workplace is displaying symptoms, give
      them a “procedure mask” to wear and if possible isolate them. If available, consider
      using a cell designed for potentially ill detainees.
   7) For pandemic influenza, getting a seasonal influenza vaccine. The vaccines can prevent
      multiple infections (i.e., a pandemic and seasonal strain) and may reduce the severity of a
      pandemic strain.

b. Environmental Control – Building Ventilation:
   1) Increasing the percentage of fresh air brought into the building by the ventilation system.
      Increasing fresh air dilutes the hazard. Note that fresh air must be supplied; simply
      increasing the flow of air in the space does not provide the same benefits and may
      increase risk. Ventilation changes should be discussed with facilities personnel.
   2) Evaluating the ventilation in offices; air moves from supply vents toward returns. If
      possible, re-position ICE employees closer to the supply vent. If ICE employees conduct
      interviews with the public, make sure the interviewee is closer to the return vent so the
      clean air flow moves across the breathing zone of the ICE employee and toward the
      potentially infectious person.
   3) If ICE employee use a personal fan, make sure it is not blowing air from a potentially
      contaminated source into their face, e.g., from a detainee or symptomatic person on to
      them. Fans can also produce disturbance and mixing that can spread germs and disrupt
      air flow supplied by building systems. During an infectious disease outbreak, it may be
      best to turn off fans.
   4) Use rooms with the best ventilation supply for meetings or interviews.
c. Work Practice - Disinfection:
   1) Providing disinfectants for ICE employees to clean their own work surfaces and shared services (copiers, door handles, break rooms). Disinfectants should be EPA listed and that list is available at: www.epa.gov/oppsad001/chemregindex.htm. All disinfectants should be used following product directions. Aerosol or spray products can be flammable, so should never be sprayed around flames, heating elements, or electronic equipment. Many sprays cans also damage electronics. Surface disinfectants should not be used on people. Some are very harsh and can seriously damage the skin, respiratory system or eyes.
   2) Working with ICE facility building managers or GSA (if at a GSA leased facility) to conduct additional or special disinfecting cleaning. Janitorial staff can be asked to wipe down surfaces and doors several times per day. This will require additional funding, but allows a potentially severely reduced ICE workforce to concentrate on their work rather than cleaning.

d. Environmental Control - Physical Barriers:
   1) If the task permits, installing physical barriers, such as acrylic plastic barriers between employees and the public.
   2) Isolate symptomatic visitors or detainees by placing them in a separate, closed room.

Administrative Controls. Many administrative controls are related to human capital and guidance is directed by the Office of Personnel Management (OPM). The DHS Office of the Chief Human Capital Officer (OCHCO) develops DHS policies and has information for employees and supervisors available on their Connect intranet pages:


Many Component human capital offices have additional, Component-specific information also derived from OPM guidance. Examples include:

- Utilizing policies that encourage ill employees to stay at home without fear of any reprisals.
- Encouraging approval of telework for all employees who can perform their function at home or an alternate location.
- Utilizing policies that allow employees who do not serve a critical function to stay at home, similar in concept to a bad weather day.
- Providing supervisors with guidance on asking a symptomatic employee to either go home, or stay at home.
- Restricting face-to-face meetings to only the most critical meetings.
- Staggering work hours or implementing shift plans to reduce the number of individuals in an office at one time.
- Reducing the number of facilities in use. If the workforce is greatly reduced, the remaining critical workers can work from a single location. The location would be selected on the basis of the ventilation system, workspace design, room size, or parking.
facilities that allow employees to avoid public transportation (which may be shut down during a serious infectious disease event).

- Discontinuing unessential travel to locations with high illness transmission rates.
- Developing emergency communications plans that will provide employees with timely and accurate information about their workplace and their risks.
- Developing a method for employees to ask questions and express concerns, ensuring they are provided with accurate answers.

**Personal Protective Equipment (PPE).** While administrative and engineering controls and proper work practices are considered to be more effective in minimizing exposure to diseases, the use of PPE may still be indicated during certain exposures.

- Selecting PPE based on risk assessment and the hazard to the employee;
- Properly fitting and for respirators, periodically refitting;
- Wearing PPE correctly, following directions and understanding the limits of protection offered by various types of PPE;
- Inspecting regularly and maintain and replace, as necessary;
- Properly removed and disposed of to avoid contamination of self, others or work surfaces.
- The types of PPE recommended for infectious disease events will be based on the mode of transmission (droplet, direct contact, insect bite) and the risk of contracting the disease while working.

_Note: PPE use may be mandatory or voluntary. When a regulation, hazard level, or an employer requires PPE to perform a task, use is mandatory. If there is no regulation and the hazard level is below OSHA levels for PPE use and the employer does not require PPE be worn, use is voluntary. Voluntary use includes both employer and employee-supplied PPE. If PPE is used voluntarily, the employer must determine that the PPE does not introduce a hazard into the workplace._

**Controlling the Spread of Vectorborne Diseases.** Many infectious diseases are not spread directly by human-to-human contact, but pass through other animals or plants. These are vectorborne diseases. A vector is an intermediate host where the disease microbe lives and multiplies before being passed to human hosts. The most common vectors are insects (e.g., mosquitoes, fleas), arachnids (e.g. spiders, ticks and mites), or rodents (mice, rats). To reduce the hazard of these diseases, you must control the vectors. Malaria is the best known vector disease and is transmitted from person to person by mosquitoes. Dengue Fever is a potentially serious or fatal disease that is also carried by mosquitoes (In the past, FEMA staff became infected with Dengue infections during disaster responses in the Caribbean and this disease can also be found along the Gulf of Mexico including Florida). A variety of diseases are carried between horses, mosquitoes and humans, notably equine encephalitis in the south and southeast U.S., and ticks transmit a variety of diseases between mammals and humans (e.g., Rocky Mountain Spotted Fever, Lyme Disease).
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Technical Guidance for Personal Protective Equipment (PPE)
Acquisition and Distribution

PURPOSE

To provide guidance for the DHS components on the development of PPE acquisition and
distribution plans that protect DHS personnel and those in the care and custody of DHS who are
potentially exposed in an anthrax event.

SCOPE

Covered personnel are DHS personnel located within the U.S. borders and territories or traveling
overseas that may be required to respond to an anthrax event or enter an anthrax-contaminated
area following an anthrax attack.

a. Note: Internationally-embedded DHS employees receive safety and health services under
already-established Department of State (e.g., International Cooperative Administrative
Support Services) or Department of Defense agreements. Components will ensure safety
and health provisions are addressed, in situations where employees require training,
equipment, or materials outside the scope of the agreements.

b. Many contractors support the DHS mission by providing mission essential services.
Components will include contract provisions to address safety and health requirements
for contractors who will be required to continue operations following an anthrax event.
Model language will be supplied by the Office of the Chief Procurement Officer for
incorporation in contract agreements.

PPE implementation (e.g., hazard assessment, acquisition, storage, fit-testing, training, and
distribution) will:

a. Provide the appropriate level of protection based on hazard assessments once PPE is
acquired.

b. Provide immediate access to PPE by distributing PPE locally.

c. Place responsibility at the component level for all procurement of PPE, storage,
distribution, training, and fit-testing, if needed.

PPE CRITICAL ASSUMPTIONS

a. Sufficient risk and threat justifies PPE (e.g., respirators, disposable clothing, goggles, and
gloves) planning for DHS personnel.
b. Planning will address DHS personnel, including DHS working animals, who may be required to respond to an anthrax event or enter an anthrax-contaminated area.

c. Components will identify covered personnel and contractors in each location.

d. Components will develop estimates of the level of risk based on hazard assessments conducted for each task performed by the covered personnel.

e. Components will select and purchase PPE appropriate for the mission(s) or task(s) performed by the covered personnel.

f. PPE will be purchased and distributed in advance due to the need for immediate availability following an anthrax attack.

g. Components will provide, in advance, any fit-testing or training associated with PPE use.

h. Sufficient supplies of PPE will be available.

i. Components will develop, approve, exercise, and revise PPE distribution plans.

**OBJECTIVE**

DHS component plans must ensure the provision of PPE to covered personnel.

There are many effective approaches for the distribution and use of PPE, and multiple approaches are expected due to the complexities and variables associated with the geographical dispersion of DHS employees. Components have the option to choose any combination of the options list below.

**PPE DISTRIBUTION OPTIONS**

a. Locally-stored PPE: Appropriate PPE, as identified by hazard assessments, is stored locally (e.g., in the place of employment); designated employees would access PPE stocks when directed to do so.

b. Individually-issued PPE: Limited amounts of PPE are issued to employees and employees are responsible for storing the equipment at an easily and rapidly accessible location (e.g., home, workspace).

c. Component-level Warehouse Storage: Large supplies of PPE acquired and stored at central warehouses (this is not recommended as the primary method of distribution; however, it could serve as an intermediate step in PPE distribution for original receipt of equipment and to store reserve supplies).

d. Combination Distribution: The previous options are combined to include initial, centralized storage as well as local and individual distribution.
PLANNING REQUIREMENTS

All DHS component anthrax operations plans will address the following items:

a. Ensure procedures are developed enabling personnel access to PPE within 6 hours of notification of an anthrax event to maintain MEFs.

b. Develop and implement fit-test procedures for personnel prior to issuance of respiratory protection.

c. Supply required fit-testing and training.

d. Identify interim measures, in coordination with OSEP, for any employees who cannot be provided PPE within 6 hours.

e. Perform hazard assessments.

f. Acquire PPE.

g. Store and distribute PPE.

h. Identify facilities (to include storage).

i. Assign roles and responsibilities.

j. Coordinate with the Component Occupational Safety and Health (OSEP) personnel managers to ensure OSHA compliance.

k. Prepare and validate a timeline for in-field availability of PPE.

l. Maintain all OSHA-required records related to PPE use, training, and fit-testing.

m. Amend the component plan to include any changes in procedures, tasks, or exposure information.

STORAGE REQUIREMENTS

a. All PPE must be stored in tempered or room temperature conditions (i.e., avoid excessive heat or cold).

b. Local storage areas and, if used, centralized warehousing, must be accessible on a 24 hours a day, seven days a week.

c. If significant quantities are warehoused, National Fire Protection Association standards must be followed.
d. The component will assign personnel to manage the inventory of each type of PPE stored at each location.

e. If employees are issued individual materials, the PPE training program must include information on storage and maintenance of the materials.

**TRACKING**

a. Supervisors will be responsible for coordinating with component OSH personnel managers and their designees to track and report information on employee use of PPE.

b. Component OSH personnel will maintain all OSHA-required documentation of PPE use.

c. Component OSH personnel will track activities to ensure appropriate levels of PPE are used.

d. MGMT/OCAO/OSEP and OHA will be responsible for providing PPE use oversight.

**APPLYING THE HIERARCHY OF CONTROLS**

When planning pandemic and infectious disease workplace readiness and response, workplace controls are defined as processes, procedures, and equipment that are used to reduce/eliminate health hazards/risks to ICE employees. Typically, workplace controls are derived from risk assessments of their duties, work tasks, and the potential hazards/risks. Workplace controls for health hazards/risks will often differ from standard controls for “ordinary” work hazards because the risk of contracting a pandemic type disease is often increased by activities that normally do not usually pose much risk in the workplace.

**Hierarchy of Controls.** The Occupational Safety and Health Administration (OSHA) regulations and guidance require the use of a “hierarchy of controls” to reduce or eliminate workplace hazards. In controlling the potential hazards during an infectious disease/pandemic event, this hierarchy approach prioritizes controls based on the concept that the best way to control a hazard is to remove it from the workplace, and not rely on employees to take an action to reduce exposure.

The “Hierarchy of Controls” are as follows:

1. **Work Practices and Environmental Controls** are designed to reduce/eliminate the duration, frequency, or exposure of a recognized workplace hazard/risk(s).

2. **Administrative Controls** are designed to reduce the hazards/risks by scheduling work tasks in ways that minimize employee exposure to a recognized workplace hazard/risk.

3. **Personal Protective Equipment** (PPE) is designed to provide an immediate barrier between the employee and a recognized workplace hazard. PPE is normally used in

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conjunction with Administrative Controls, training, and work practices developed as an effective means in minimizing exposure to infectious diseases and a pandemic event.

During an infectious disease/pandemic event, this hierarchy should be used in concert with OSHA guidance and public health recommendations. As mentioned above, most workplaces within ICE will use a combination of hierarchy control methods. There are advantages and disadvantages to each control measure based on ease of implementation, effectiveness, and cost. For example, hygiene measures and social distancing can be implemented easily and with little expense, but this control method requires employees to modify and maintain their behavior during a stressful situation. On the other hand, installing clear plastic barriers will be more expensive and take longer to implement, but does not require the worker to remember a new procedure and ultimately may be more effective and available for future events.

Applying the Hierarchy Controls in ICE Workplaces. The hierarchy of controls must be included as part of the safety and health risk management planning for pandemic and infectious diseases events. Workplace Practice and Engineering Controls, along with Administrative Control options must be examined for each response phase so that any required items can be can be procured, installed, or implemented in advance. For some ICE facilities/operations and the associated work tasks, PPE has been determined to be the only option. However, before PPE is determined to be the only feasible answer, managers/supervisors should be examined ways to reduce exposures to ICE employees and the workplace and still continue to fulfill their missions. The following examples include controls applicable to ICE workplaces.

Work Practice and Environmental Controls. Work practices and engineering controls are often in the hands of local ICE managers, supervisors with consultations from facilities/safety personnel. New technologies that reduce exposure from unavoidable person-to-person contact can also be included in this category. Examples include:

a. Work Practice - Hygiene and Personal Contacts:
   1) Providing resources that promote personal hygiene. For example, provide tissues, hand soap, and hand sanitizer.
   2) Training employees on risk factors and proper behaviors (e.g., cough etiquette and disinfection of shared equipment).
   3) Developing policies and procedures to minimize contacts between employees and between employees and the public.
   4) Conducting interactions at distances of 6 feet or other disease-specific recommendations. In some locations markings can be placed on the floor to indicated 6 feet.
   5) Using the largest available room when conducting long interviews or one-to-one meetings.
   6) If someone in ICE custody or visiting an ICE workplace is displaying symptoms, give them a “procedure mask” to wear and if possible isolate them. If available, consider using a cell designed for potentially ill detainees.
   7) For pandemic influenza, getting a seasonal influenza vaccine. The vaccines can prevent multiple infections (i.e., a pandemic and seasonal strain) and may reduce the severity of a pandemic strain.
b. Environmental Control – Building Ventilation:
1) Increasing the percentage of fresh air brought into the building by the ventilation system. Increasing fresh air dilutes the hazard. Note that fresh air must be supplied; simply increasing the flow of air in the space does not provide the same benefits and may increase risk. Ventilation changes should be discussed with facilities personnel.
2) Evaluating the ventilation in offices; air moves from supply vents toward returns. If possible, re-position ICE employees closer to the supply vent. If ICE employees conduct interviews with the public, make sure the interviewee is closer to the return vent so the clean air flow moves across the breathing zone of the ICE employee and toward the potentially infectious person.
3) If ICE employee use a personal fan, make sure it is not blowing air from a potentially contaminated source into their face, e.g., from a detainee or symptomatic person on to them. Fans can also produce disturbance and mixing that can spread germs and disrupt air flow supplied by building systems. During an infectious disease outbreak, it may be best to turn off fans.
4) Use rooms with the best ventilation supply for meetings or interviews.

c. Work Practice - Disinfection:
1) Providing disinfectants for ICE employees to clean their own work surfaces and shared services (copiers, door handles, break rooms). Disinfectants should be EPA listed and that list is available at: www.epa.gov/oppad001/chemregindex.htm. All disinfectants should be used following product directions. Aerosol or spray products can be flammable, so should never be sprayed around flames, heating elements, or electronic equipment. Many sprays cans also damage electronics. Surface disinfectants should not be used on people. Some are very harsh and can seriously damage the skin, respiratory system or eyes.
2) Working with ICE facility building managers or GSA (if at a GSA leased facility) to conduct additional or special disinfecting cleaning. Janitorial staff can be asked to wipe down surfaces and doors several times per day. This will require additional funding, but allows a potentially severely reduced ICE workforce to concentrate on their work rather than cleaning.

d. Environmental Control - Physical Barriers:
1) If the task permits, installing physical barriers, such as acrylic plastic barriers between employees and the public.
2) Isolate symptomatic visitors or detainees by placing them in a separate, closed room.

Administrative Controls. Many administrative controls are related to human capital and guidance is directed by the Office of Personnel Management (OPM). The DHS Office of the Chief Human Capital Officer (OCHCO) develops DHS policies and has information for employees and supervisors available on their Connect intranet pages:

http://dhsconnect.dhs.gov/org/comp/mgmt/dhs/hr/Pages/default.aspx.

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Many Component human capital offices have additional, Component-specific information also derived from OPM guidance. Examples include:

- Utilizing policies that encourage ill employees to stay at home without fear of any reprisals.
- Encouraging approval of telework for all employees who can perform their function at home or an alternate location.
- Utilizing policies that allow employees who do not serve a critical function to stay at home, similar in concept to a bad weather day.
- Providing supervisors with guidance on asking a symptomatic employee to either go home, or stay at home.
- Restricting face-to-face meetings to only the most critical meetings.
- Staggering work hours or implementing shift plans to reduce the number of individuals in an office at one time.
- Reducing the number of facilities in use. If the workforce is greatly reduced, the remaining critical workers can work from a single location. The location would be selected on the basis of the ventilation system, workspace design, room size, or parking facilities that allow employees to avoid public transportation (which may be shut down during a serious infectious disease event).
- Discontinuing unessential travel to locations with high illness transmission rates.
- Developing emergency communications plans that will provide employees with timely and accurate information about their workplace and their risks.
- Developing a method for employees to ask questions and express concerns, ensuring they are provided with accurate answers.

**Personal Protective Equipment (PPE).** While administrative and engineering controls and proper work practices are considered to be more effective in minimizing exposure to diseases, the use of PPE may still be indicated during certain exposures.

- Selecting PPE based on risk assessment and the hazard to the employee;
- Properly fitting and for respirators, periodically refitting;
- Wearing PPE correctly, following directions and understanding the limits of protection offered by various types of PPE;
- Inspecting regularly and maintain and replace, as necessary;
- Properly removed and disposed of to avoid contamination of self, others or work surfaces.
- The types of PPE recommended for infectious disease events will be based on the mode of transmission (droplet, direct contact, insect bite) and the risk of contracting the disease while working.

*NOTE: PPE use may be mandatory or voluntary. When a regulation, hazard level, or an employer requires PPE to perform a task, use is mandatory. If there is no regulation and the hazard level is below OSHA levels for PPE use and the employer does not require PPE be worn, use is voluntary. Voluntary use includes both employer and employee-supplied PPE. If PPE is used voluntarily, the employer must determine that the PPE does not introduce a hazard into the workplace.*

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Respiratory Protection Guidance for Pandemic/Infectious Disease Events

Some ICE personnel must wear respirators regularly as part of their expected duties and are trained, fit-tested, and medically cleared to use them under an existing Component respiratory protection program. Pandemic influenza and infectious diseases with similar human-to-human transmission characteristics present new or different airborne hazards to the ICE workforce. During an infectious disease event, ICE personnel that do not wear respirators as a part of their routine duties may potentially be required to wear respiratory protection. Additionally, ICE personnel who are not specifically identified as working within the infection distance of potentially infected people may gain some protection and/or peace of mind through “voluntary use” of respirators.

As part of ICE Pandemic Workforce Protection Plan development, ICE sub-components at the regional level must perform a risk assessment of their workforce to identify the appropriate control band(s) for each duty position/task their workforce performs. That band identification along with disease-specific guidance, will allow ICE sub-component regional leadership to identify whether their workforce has a need for respirator use. This guidance is provided as a framework for the development of the ICE Pandemic and infectious disease-related respiratory protection program in accordance with OSHA, DHS, and ICE regulations, policies and procedures, and SOPs. The ICE Respiratory Protection/Infectious Disease Control SOPs have been designed to be used as a template that local ICE regional sub-components may adapt in order to be in compliance with the aforementioned regulations and standards, along with having the appropriate written program(s) available for review.

Type of Respirator Use:

All respirator use is governed by risk assessment and hazards. OSHA recognizes two types of respiratory equipment use situations based on risk; mandatory and voluntary.

Mandatory Use: This is the most restrictive and regulated situation and the most common use of respirators. Mandatory use requires compliance with all aspects of 29 CFR 1910.134. It occurs when any of the following conditions exist:

1. A known hazard is present in the workplace and exposure levels exceed an established OSHA level.

2. Risk assessments indicate a hazard is present at levels that have potential to cause injury or illness.

3. A non OSHA-regulated hazard is present in the workplace at levels that have produced serious injury, illness, or death.

4. The employer requires an employee to wear a respirator, regardless of actual hazard level. This includes situations when no significant hazard is present, but the employer chooses to mandate respirator use in an abundance-of-caution approach.

Mandatory use requires the employer to provide training, medical clearance and respirator fit testing (in the exact make and model of respirator to be used by the employee) for all employees who must wear respirators. Respirator fit testing (appendices A, B) and medical clearance
Appendix C) is detailed in 29 CFR 1910.134. Note that medical clearance is required before an employee can be fit tested. Mandatory use also requires that there is no facial hair between the respirator seal and the face.

**Voluntary Use:** This is the least-regulated situation, and many of the requirements in 29 CFR 1910.134 do not apply. Fundamentally, voluntary use applies when there is no significant respiratory hazard present. Voluntary is permissible when:

1. There is no applicable OSHA standard that requires respirator use.
2. Risk assessments indicate no hazard is present at levels that would be expected to cause injury or illness.
3. The employer does not require the employee to wear a respirator for their job.
4. The employee voluntarily chooses to wear a respirator, provided by either the employer or by the employee.
5. The employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard.
6. The employee understands that wearing a respiratory may cause distress in individuals with impaired lung function (e.g., asthmatics) and may produce a greater risk than the perceived hazard.

For voluntary use, the employee must be provided with a copy of Appendix D of 29 CFR 1910.134 (attached), and a record made that the employee received the appendix and what model/ type of equipment was provided. Voluntary use still requires a written respiratory protection program UNLESS only filtering face-piece respirators (including N-95 masks, dust masks, surgical masks, etc.) are used.

*Note:* OSHA states the employer MAY allow voluntary use of respirators if the respirator does not create a hazard. Managers should bear in mind that employee concerns would be considerable for them to voluntarily request wearing a mask; therefore they should conduct a thorough analysis before restricting voluntary use. Such restrictions should be made in as limited scope as possible and should be applied universally throughout a Component to establish an equitable approach.

**Authorities and Roles:**

Occupational Safety and Health Administration (OSHA). The sole regulatory authority for respiratory protection is OSHA. This is true regardless of the workplace type. The applicable standard is 29 CFR 1910.134, Respiratory Protection. This standard applies to all workplaces including private and public sectors as well as industrial and non-industrial (e.g., medical, office, retail). Respirator use, respirator protection factors, approved devices, training; medical clearance and fit-testing are all specified in this standard and its mandatory appendices.
Department of Health and Human Services, National Institute of Occupational Safety and Health (NIOSH). NIOSH, a sub-organization of HHS/Center for Disease Control and Prevention (CDC), is responsible for testing and certifying respiratory devices worn in the workplace. If a respirator is worn to comply with OSHA requirements, it must carry NIOSH certification, demonstrated by the NIOSH symbol and a TC-Number, found on the respirator or the respirator package and directions, as shown in the examples below.

Department of Homeland Security (DHS). The DHS Occupational Safety and Health (OSH) Program, housed in the Office of the Chief Human Capital Officer (OCHCO) develops overarching polices and guidance for use in DHS workplaces. Directive 066-1, Occupational Safety and Health Programs, describes the Department’s OSH program and the DHS Safety Manual is the supporting instruction. The DHS Safety Manual addresses specific issues and OSHA requirements. Chapter 12 covers respiratory, including the development of Component-level written respiratory protection plans. The Department OSH office also provides assessment and oversight of Component programs, including the evaluation of respiratory protection programs.

Immigration and Customs Enforcement (ICE) Component-Level Respiratory Protection Program. The ICE OSH Program Requirements Handbook, along with the ICE Respiratory Protection/Infectious Disease Control SOP provides guidance to ensure the local ICE sub-components are in compliance with OSHA, DHS and ICE requirements. ICE sub-components are responsible for establishing and maintaining their own OSH programs, including developing and issuing policies, directives, guidance for managing respiratory protection programs locally.
OSHA Required Document for Voluntary Respirator Users

Appendix D - 1910.134 (Mandatory)

The employer must provide this document to any employee or volunteer who uses an employer-provided respirator voluntarily or provides his or her own respirator.

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
SECTION 4

PPE/Respiratory Protections Hazard Assessments, Distribution, Storage and Training

Hazard Assessment and PPE/Respirator Selection

The selection of the proper type of respirator(s) is based on the potential workplace hazards and potential for employee exposures associated with work activities, job positions, and or work locations. A hazard evaluation will be performed for each operation, process, or work area where the potential for a variety of workplace hazards are suspected of being present. This includes, but is not limited to identifying/evaluating respiratory hazards that may exist in routine/non-routine operations and or emergency response operations. Employees may request a copy of any hazard assessment performed in the workplace. Any quantitative exposure monitoring results will be provided to employees in a timely manner in accordance with OSHA requirements.

The hazard evaluation shall:

a. Identify and develop a list of all potential hazards that may be encountered in the workplace, broken out by job position, organization, and/or work process.

b. Review work processes and conduct the necessary assessments to determine specifically where potential respiratory exposures hazards exist. This review should include at minimum, surveying the workplace, reviewing work processes and records, along with feedback from managers/supervisors/employees that perform the work tasks being evaluated.

c. Based on the qualitative analysis above, determine the need for either mandatory/voluntary respiratory protection use.

d. Where applicable, conduct quantitative exposure monitoring to determine the actual exposure level found during a work process.

Updating the Hazard Assessment

The Respirator Program Administrator shall revise and update the hazard assessment as needed (i.e., anytime work process changes potentially affect exposure or when new hazards are introduced or encountered). If an employee feels that PPE/respiratory protection is needed during a particular activity, contact their manager/supervisor who will work with the Respirator Program Administrator for possible solutions. The Respirator Program Administrator will evaluate the potential hazard, arranging for technical assistance from their local ICE Field CDSO or HQ ICE OAFM Safety and Health Unit, as required. The manager/supervisor will communicate the results of that assessment to the employee(s). If it is determined that respiratory protection is necessary, elements of this program will be in effect for those tasks. The Respirator Program Administrator will update the hazard assessment and, if necessary, update this respiratory protection program.
PPE/Respirator Distribution Options

It has been determined that DHS/ICE is required use PPE to meet the operational and pandemic needs of its workforce. PPE is required by some DHS/ICE employees to protect themselves while exposed to workplace hazards perform everyday which supports the DHS/ICE mission. PPE is also used to support and sustain the safety of DHS/ICE employees operating during a pandemic event. ICE has elected to use the DHS Integrated Logistic Support plan guidance in order to develop and maintain pandemic preparedness strategy includes efforts to develop and execute pandemic contingency plans and preparedness actions. In the event of an emergency, as identified by the Center of Disease Control (CDC) and the Office of Health Affairs (OHA), federal employees will be expected to continue operations to sustain agency functions. The DHS Integrated Logistics Support Plan (ILSP) will assist in identifying and describing specific logistics guidance, practices and methodologies to standardize the general process to follow when supporting the operational PPE and pandemic PPE.

- Locally-stored PPE/Respirator: Appropriate PPE, as identified by hazard assessments and EF duties, is stored locally (e.g., in the place of employment or available for timely distribution); designated employees would access PPE stocks when directed to do so.

- Individually-issued PPE/Respirator: Limited amounts of PPE are issued to employees who cannot get reasonable access to locally-stored PPE; these employees are responsible for storing the equipment at an easily-accessible location (e.g., home, workspace).

- Component-level Warehouse Storage: Large supplies of PPE acquired and stored at central warehouses (this is not recommended as the primary method of distribution; however it could serve as an intermediate step in PPE distribution for original receipt of equipment and to store reserve supplies).

- Combination Distribution: The previous options are combined to include initial, centralized storage as well as local and individual distribution.

Planning Requirements

All DHS Component pandemic workforce protection plans will address the following items:

- Assign roles and responsibilities Coordinate with the Component Occupational Safety and Health (OSH) managers to ensure OSHA compliance
- Perform hazard assessments; identify quantity needed for PPE, based on EFs
- Maintain a mechanism to obtain and distribute PPE
- Identify non-PPE protective measures, in coordination with OCHCO Occupational Safety and Health (OSH) that may be used to reduce reliance on PPE, e.g. telework, social distancing, shift work, etc.

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• Identify facilities (to include storage)

• Prepare and validate a timeline for in-field availability of PPE

• Acquire PPE, store, and distribute PPE.

• Ensure procedures are developed enabling personnel access to sufficient PPE to maintain EFs upon declaration of a pandemic.

• Develop and implement medical clearance and fit-test procedures for personnel prior to issuance of respiratory protection, if a hazard assessment warrants fit testing and workforce rules authorize it.

• Supply training, medical clearance, and fit-testing, if required.

• Maintain all OSHA-required records related to PPE use, medical clearance, training, and fit-testing as appropriate for the type of PPE.

• Periodically review and amend, as necessary, the Component plan to include any changes in procedures, tasks, or exposure information.

STORAGE REQUIREMENTS

• All PPE must be stored in conditions per manufacturers’ recommendations (i.e., avoid exposure to moisture, excessive heat, or cold).

• Local storage areas and, if used, centralized warehousing, must be readily accessible

• Ensure that National Fire Protection Association standards and OSHA guidelines are followed wherever supplies are warehoused.

• The Component will assign personnel to manage the inventory of each type of PPE stored at each location.

• If employees are issued individual materials, the PPE training program must include information on storage and maintenance of the materials.

• Respirators must be stored in a clean, dry area, and in accordance with the manufacturer’s recommendations. Each employee will clean and inspect their own APR in accordance with the provisions of this program prior to storage and will then store their respirator in a plastic bag in their locker, storage area, vehicle, cabinet, desk, or other clean area, as appropriate. Each employee will have his/her name on the bag, and that bag will only be used to store that employee’s respirator. Do not store respirators in the open air. Do not hang respirators from their straps when in storage. Replace the storage bag when it becomes torn or can no longer be sealed. Also see Appendix 5 of this SOP for respirator storage.
• The Respirator Program Administrator will store a supply of respirators and respirator components in the original manufacturer’s packaging (or sealed bag or container if previously used and returned) and in a designated equipment storage room/area that is under the control of the Respirator Program Administrator. The Respirator Program Administrator will apply a system to ensure respirator accountability of the stored inventory and issued respirators.

TRACKING

• Supervisors will be responsible for tracking and reporting information on employee use of PPE.

• OSHA required documentation will be maintained at the issuing office. Component OSH personnel will maintain overall Component documentation.

• Component OSH personnel will track activities to ensure appropriate levels of PPE are used.

• MGMT/OCHCO/OSH and OHA will be responsible for providing PPE use and Departmental oversight.
### Annex G: ACRONYMS AND GLOSSARY

**Acronyms**

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AD</td>
<td>Assistant Director</td>
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<td>AOR</td>
<td>Area of Responsibility</td>
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<tr>
<td>CAP</td>
<td>Crisis Action Plan</td>
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<tr>
<td>CAT</td>
<td>Crisis Action Team</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>CDSO</td>
<td>Collateral Duty Safety Officer</td>
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<td>CMO</td>
<td>Chief Medical Officer</td>
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<tr>
<td>DHS</td>
<td>Department of Homeland Security</td>
</tr>
<tr>
<td>EMU</td>
<td>Emergency Management Unit</td>
</tr>
<tr>
<td>ESF</td>
<td>Emergency Support Function</td>
</tr>
<tr>
<td>EUA</td>
<td>Emergency Use Authorization</td>
</tr>
<tr>
<td>HEPA</td>
<td>High-Efficiency Particulate Absorption</td>
</tr>
<tr>
<td>HHS</td>
<td>United States Department of Health and Human Services</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HQ</td>
<td>Headquarters</td>
</tr>
<tr>
<td>HSEEP</td>
<td>Homeland Security Exercise and Evaluation Process</td>
</tr>
<tr>
<td>HSIN</td>
<td>Homeland Security Information Network</td>
</tr>
<tr>
<td>HSPD</td>
<td>Homeland Security Presidential Directive</td>
</tr>
<tr>
<td>HVAC</td>
<td>Heating, Ventilation and Air Conditioning</td>
</tr>
<tr>
<td>ICE</td>
<td>U.S. Immigration and Customs Enforcement</td>
</tr>
<tr>
<td>ICS</td>
<td>Incident Command System</td>
</tr>
<tr>
<td>IHSC</td>
<td>ICE Health Service Corps</td>
</tr>
<tr>
<td>JIOC</td>
<td>Joint Intelligence Operations Center</td>
</tr>
<tr>
<td>MCM</td>
<td>Medical Countermeasure</td>
</tr>
<tr>
<td>MGMT</td>
<td>Directorate for Management (DHS)</td>
</tr>
<tr>
<td>MEFs</td>
<td>Mission Essential Functions</td>
</tr>
<tr>
<td>MOA</td>
<td>Memorandum of Agreement</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NICCL</td>
<td>National Incident Communications Conference Line</td>
</tr>
<tr>
<td>NIOSH</td>
<td>National Occupational Safety and Health</td>
</tr>
<tr>
<td>NRF</td>
<td>National Response Framework</td>
</tr>
<tr>
<td>NOC</td>
<td>National Operations Center</td>
</tr>
<tr>
<td>OAFM</td>
<td>Office of Asset and Facility Management</td>
</tr>
<tr>
<td>OCAO</td>
<td>Office of the Chief Administrative Officer (DHS)</td>
</tr>
<tr>
<td>OCHCO</td>
<td>Office of the Chief Human Capital Officer (DHS)</td>
</tr>
<tr>
<td>OGC</td>
<td>Office of General Counsel (DHS)</td>
</tr>
<tr>
<td>OHA</td>
<td>Office of Health Affairs (DHS)</td>
</tr>
<tr>
<td>OLA</td>
<td>Office of Legislative Affairs (DHS)</td>
</tr>
<tr>
<td>OPA</td>
<td>Office of Public Affairs (DHS)</td>
</tr>
<tr>
<td>OPLAN</td>
<td>Operations Plan</td>
</tr>
<tr>
<td>OPS</td>
<td>Office of Operations Coordination and Planning (DHS)</td>
</tr>
<tr>
<td>OSH</td>
<td>Occupational Safety and Health</td>
</tr>
<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
</tr>
<tr>
<td>POD</td>
<td>Point of Dispensing</td>
</tr>
</tbody>
</table>

*FOR OFFICIAL USE ONLY*
PPD  Presidential Policy Directive
PPE  Personal Protective Equipment
PWPP  Pandemic Workforce Protection Plan
SFO  Senior Field Official
SOP  Standard Operating Procedure
Glossary

For the purposes of this Plan, the following definitions shall apply:

**Bacteria.** Single-celled or noncellular spherical, spiral, or rod-shaped organisms lacking chlorophyll that reproduce by fission; important as pathogens and for biochemical properties.

**Catastrophic Incident.** Any natural or manmade incident, including terrorism that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions. A Catastrophic Incident could result in sustained nationwide impacts over a prolonged period of time; almost immediately exceeds resources normally available to State, local, tribal, territorial, and private sector authorities in the impacted area, and significantly interrupts governmental operations and emergency services to such an extent that national security could be threatened. These factors drive the urgency for coordinated national planning to ensure accelerated Federal and/or national assistance.

**Component.** Organization or office that is a member of the Department of Homeland Security (DHS) and under the direction and authorities of the Secretary of DHS. This includes both operational and support components of DHS (Management Directive 252-1).

**Containment.** Efforts undertaken to limit an outbreak to the affected location(s) and limit spread of the pandemic through aggressive attempts to contain.

**Critical Contractors.** Contractors who occupy positions and perform functions that are maintained under all circumstances to ensure the safety and security of the Nation and its citizens. The critical nature of these positions is inherent in the position description (e.g., securing the Nation's borders, protecting the Nation's transportation system, etc.). These contractors report for duty regardless of the emergency or operating status.

**Critical Information Requirements.** Information needed by senior executives to support situational awareness and formulate decisions within the context of expected operations.

**Critical Infrastructure.** Systems and assets, whether physical or virtual, so vital that the incapacity or destruction of such may have a debilitating impact on the security, economy, public health or safety, environment, or any combination of these matters, across Federal, State, regional, territorial, or local jurisdiction. They include publicly or privately controlled resources essential to the minimal operations of the economy and government.

**Critical Infrastructure Partner.** Federal, state, local, tribal or territorial government entities, public and private sector owners and operators and representative organizations, regional organizations and coalitions, academic and professional entities, and certain not-for-profit and private volunteer organizations that share in the responsibility for protecting the Nation's Critical Infrastructure.

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DHS Personnel. Full-time DHS employees and temporary and part-time DHS employees, including, but not limited to, summer hires, detailers from other agencies, interns, and fellows.

Emergency Use Authorizations (EUAs). Permit the Food and Drug Administration (FDA) Commissioner to authorize the use of an unapproved medical product or an unapproved use of an approved medical product. The FDA may issue an EUA in a number of scenarios, including when there is a public health emergency, or a significant potential for a public health emergency that affects or has a significant potential to affect, national security and involves a biological agent or agents, or a disease or condition that may be attributable to such agent or agents.

Emerging Infectious Disease. Infection that recently appeared within a population or whose incidence or geographic range is rapidly increasing or threatens to increase in the near future. It can be caused by: 1) previously undetected or unknown infectious agents; known agents that spread to new geographic locations or new populations; 3) previously known agents whose role in specific diseases went unrecognized; and/or 4) re-emergence of agents after the incidence of disease significantly declined, but reappears. This class of diseases is known as re-emerging infectious diseases.

Epidemic. Pronounced clustering of cases of disease within a short period of time; more generally, a disease whose frequency of occurrence is in excess of the expected frequency in the population during a given time interval.

Government Functions. The collective functions of the heads of executive departments and agencies as defined by statute, regulation, presidential direction, or other legal authority, and the functions of the legislative and judicial branches.

Human-to-Human Transmission. Occurs when a person contracts a disease from another person who has the same disease as opposed to contracting the disease directly from animals (birds, swine, insects, etc.) or the environment (soil, water).

Immunity. Process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

Infection. Invasion and multiplication of microorganisms in body tissues; an infectious disease.

Interagency. For the purposes of this Plan, the term “interagency” is used to refer to the Federal departments and agencies listed in Homeland Security Presidential Directive-1 having a substantial role in homeland security.

Mission Essential Functions or MEFs. The essential functions directly related to accomplishing the department or agency's mission as set forth in its statutory or executive
charter. Generally, MEFs are unique to each department or agency.

Medical Countermeasures (MCM). Use of pharmaceutical (e.g., vaccines, antibiotics, and antitoxins), non-pharmaceutical (e.g., ventilators, and U.S. Department of Health and Human Services (HHS)/FDA-approved devices such as surgical gowns, gloves, masks, and respirators intended for use by healthcare workers), and public health intervention (e.g., contact and transmission interventions, social distancing, and community shielding) methods to prevent and mitigate the effects of diseases. MCM include those drugs, biological products, and devices that meet the definitions of qualified countermeasure and qualified pandemic or epidemic product found in the Public Health Service Act, as amended. See 42 U.S.C. §§ 247d-6a(a)(2)(A), 247d-6b(1)(7).

Operations Plan. Plan that identifies detailed resources, personnel, and asset allocations in order to execute the objectives of the strategic plan and turn strategic priorities into operational execution. It contains a full description of the concept of operations, to include specific roles and responsibilities, tasks, integration, and actions required, with support function annexes, as appropriate.

Outbreak. An epidemic limited to localized increase in the incidence of disease (e.g., in a village, town, or closed institution); a cluster of cases of an infectious disease.

Pandemic. Worldwide epidemic when a new or novel virus, bacteria, or other pathogen emerges in which humans have little or no immunity and can be readily infected.

Pathogen. Agent causing disease or illness to its host, such as an organism or infectious particle capable of producing a disease in another organism.

Point of Dispensing. Specific locations that can be opened for the purpose of dispensing (distributing) medication or giving vaccinations to large populations in a public health emergency.

Preparedness. Range of deliberate, critical tasks and activities necessary to build, sustain, and improve operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process involving efforts at all levels of government and between government and private-sector and Non-Governmental Organizations to identify threats, determine vulnerabilities, and identify required resources.

Protection. Actions or measures taken to cover or shield from exposure, injury, or destruction. Protection safeguards citizens and their freedoms, critical infrastructure, property and the economy from acts of terrorism, natural disasters, or other emergencies.

Public Health Emergency Declaration. Declaration by the Secretary of HHS, upon the determination, after consultation with such public health officials as may be necessary, that (1) a disease or disorder presents a public health emergency; or (2) a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists.

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Following such a declaration, the Secretary may: (1) access the Public Health Emergency Fund (note that Congress has not made any appropriations to the Public Health Emergency Fund); (2) consistent with other authorities, make grants, provide awards for expenses, and enter into contracts, and conduct and support investigations; and (3) extend deadlines and waive sanctions for submission of data and reports.

**Reassortant.** 1) The mixing of genetic material specifically the exchange of whole RNA strands in viruses. 2) Viruses containing two or more pieces of genetic information from other viruses. Such viruses are produced in mammalian cells infected with more than one virus.

**Response.** Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of incident mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include: applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into the nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

**Recovery.** Development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, non-governmental, and public assistance programs to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

**Standard Workplace Controls.** Three primary types of workplace control measures (Engineering; Administrative; and Personnel Protective Equipment) that may be used to prevent infection and reduce the spread of disease in the workplace during a pandemic. The cumulative impact of utilizing all three control measures provides more protection than the application of any single control measure alone. However, the protection offered by effective engineering and/or administrative control measures is considered to have the greatest impact in minimizing exposure to infectious pathogens.

**United States.** All States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, any possession of the United States, and any waters within the jurisdiction of the United States.

**Vaccine.** Biological preparation used to establish or improve immunity to a particular disease by stimulating the production of antibodies.

**Virus.** Any of a large group of submicroscopic infective agents that are capable of growth and...
multiplication only in living cells, and cause various important diseases in humans, lower animals, or plants.

Workforce: ICE personnel, critical contractors with DHS badges, and working animals.

Workplace Controls: Control strategies and equipment used to reduce or prevent personnel exposure to a hazard. These consist of:

- **Engineering Controls**: measures used to remove a hazard or place a barrier between the worker and the hazard. Engineering controls can be highly effective in protecting workers and will typically be independent of worker actions to provide protection. Examples include structural, mechanical, or chemical controls, such as ventilation, barriers, and disinfection.

- **Administrative Controls**: measures aimed at reducing employee exposure to hazards through social controls or changes to work methods. Examples include procedure changes, training, telework, shift rotation/limitation, and social distancing.

- **Personal Protective Equipment**: equipment and/or clothing worn by an individual to mitigate risk, such as protective clothing, gloves, and respirators.
ANNEX P: Employee Messaging

Purpose:

This annex is intended to be an internal communications guideline that incorporates employee messaging procedures and communications channel instructions to make sure actionable information is provided to ICE employees in the event of a public health emergency during a pandemic or in the wake of an emerging infectious disease threat. Communications must be consistent, clear and timely. In crisis situations, ensuring employees are informed is necessary for their well-being and helps foster their confidence in the agency and its leadership as it moves forward in recovery.

Guidance regarding providing the general public and media outlets with information is found in the DHS Domestic Communications Strategy document, a copy of which can be obtained by contacting the DHS Public Affairs Incident Communications staff. Due to the sensitive nature of the options in this strategy, it is restricted in distribution to senior Federal communications authorities. The ICE Office of Public Affairs (OPA) has been provided with this strategy and is well-versed in carrying out the tactics contained within.

Background:

In addition to the DHS requirement for a standard operating procedure for situational employee messaging in the event of a public health emergency, ICE is a large agency with several offices that share different aspects of internal communication roles and responsibilities. In the past, those roles and responsibilities have not always been clearly defined. When time is of the essence and lives are at stake, it is imperative that roles and responsibilities are clearly defined and messaging is pre-approved for quick release.

Roles and Responsibilities:

The table below depicts employee messaging roles and responsibilities for each office involved.

<table>
<thead>
<tr>
<th>Office</th>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICE Director’s Office</td>
<td>Final Approval</td>
<td>Approves all messages from the ICE Director or Deputy Director to ICE employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communicates on a daily basis throughout the situation</td>
</tr>
<tr>
<td>ICE Crisis Action Team (CAT)</td>
<td>Lead</td>
<td>Organizes immediate crisis communication meetings with appropriate ICE offices</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Office</th>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICE OPA Internal Communications</td>
<td>Advisor, Writer/Editor, Distributer</td>
<td>Edits, gains approval and sends broadcast messages via email and can employ other communications channels, such as the ICE Communications Network digital signage and the ICE inSight intranet homepage</td>
</tr>
<tr>
<td>ICE EMU</td>
<td>Writer/Editor Distributer</td>
<td>Creates and sends messages through ENS via email, SMS or desktop alert</td>
</tr>
<tr>
<td>Other ICE Offices</td>
<td>SME, Providers of Information</td>
<td>Provides information and wording, if necessary, for employee messaging</td>
</tr>
<tr>
<td>ICE IHSC</td>
<td>Providers of Information</td>
<td>Provides information to those in ICE custody (See Annex I for details.)</td>
</tr>
</tbody>
</table>

**Communications Time and Action Table:**

The table below is intended to provide a quick reference in the event of a public health emergency for those in designated communications roles. In the event of a pandemic or in the wake of an emerging infectious disease threat, delivering clear and timely communication will further the containment of the disease and could save lives. Frequent communication from ICE senior leadership, especially the Director or Deputy Director, is of utmost importance during these situations and should be treated as a top priority by all parties responsible for distributing messages to employees.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Action</th>
<th>Audience</th>
<th>Checklist/Template</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately upon threat confirmation</td>
<td>CAT convenes meeting to confirm messaging actions</td>
<td>Predetermined emergency communication POCs</td>
<td>□ Confirm POC from each communication group and authority on subject matter expertise</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Set communication and reporting expectations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Determine situational details, e.g., time, description of what happened, instructions for employees concerning work location, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Set future meeting cadence expectations for during and after the crisis</td>
</tr>
<tr>
<td>Immediately upon threat confirmation</td>
<td>ENS alert describing incident and informing that instructions will follow for those in affected areas</td>
<td>All employees in the affected areas</td>
<td>At approximately (time) __________, a confirmed case(s) of (describe what happened) ________ was reported (describe location) _________. We are currently assessing the situation. Please remain calm and stay alert. Further instructions will be forthcoming. (If immediate actions are...</td>
</tr>
<tr>
<td>Timeline</td>
<td>Action</td>
<td>Audience</td>
<td>Checklist/Template</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Preferably within first 4 hours, no later than first 8 hours after confirmed threat</td>
<td>Broadcast message from ICE Director acknowledging threat</td>
<td>All ICE employees</td>
<td>At approximately (time) __________, a (brief description of what happened and where)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The situation is (under) / (not yet under) control and we are working with (local, state, federal) authorities to (contain this situation, determine how this happened, determine what actions may be needed to prevent this from happening again).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The ICE Crisis Action Team (CAT) has been activated. As the CAT continues gathering information, they will share that information with you via the Enterprise Notification System (ENS). Please respond to the ENS announcements as quickly as possible as they may contain instructions that are vital to your well-being. ENS messages will appear on your desktop, in your email and as SMS messages on your government-issued mobile phones.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Your health and safety are my highest priority, and I encourage you to remain calm and follow instructions to the best of your ability.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For more information about (type of threat) __________, click here (official link) __________.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Please direct your questions to __________.</td>
</tr>
</tbody>
</table>

| Immediately upon | ENS point of dispensing | POD team members | This is not a drill. |

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<table>
<thead>
<tr>
<th>Timeline</th>
<th>Action</th>
<th>Audience</th>
<th>Checklist/Template</th>
</tr>
</thead>
<tbody>
<tr>
<td>POD activation</td>
<td>(POD) activation alert</td>
<td></td>
<td>Activate the POD in your area of responsibility immediately. The POD must be open within one hour. More details will follow as soon as possible. Respond with the appropriate number below. 1. Acknowledged</td>
</tr>
</tbody>
</table>
| Shortly after 1st POD activation alert | ENS POD activation 2nd alert     | POD team members          | Emergency Activation of POD Staff
All POD staff in LOCATION PLACED HERE must respond to their POD immediately. Report to the primary POD location unless the local POD Manager redirects you to an alternate POD site.
This is not a drill.
Respond with the appropriate number below.
1. Acknowledged and Responding to POD immediately
2. Acknowledged, but will have a delayed response to the POD
3. Acknowledged, but will be unable to respond to the POD |
| Immediately upon achieving POD readiness | ENS POD activation 3rd alert     | All personnel in the area designated by S-1 or OHA CMO as infected by the bio-threat | This is an alert due to a public health emergency from a biological threat. All ICE personnel shall report to ADDRESS PLACED HERE immediately to receive medication.
Respond with appropriate number below. |
<table>
<thead>
<tr>
<th>Timeline</th>
<th>Action</th>
<th>Audience</th>
<th>Checklist/Template</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every 24 hours until threat is resolved or whenever new, significant</td>
<td>Broadcast message from ICE Director</td>
<td>All ICE employees</td>
<td>1. Acknowledged and en route</td>
</tr>
<tr>
<td>information is available</td>
<td></td>
<td></td>
<td>At approximately (time) _____, a (brief description of what we know now – if nothing new, then say that and explain why)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Please continue to follow (reiterate OHC or OMB workplace instructions – telework, shelter in place, AOF) ___________ until further notice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediately upon threat resolution</td>
<td>ENS alert indicating threat resolution</td>
<td>All employees in the affected areas</td>
<td>The threat has now been resolved. Thank you for your cooperation. No further action is required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 12 hours once threat is resolved</td>
<td>Broadcast message from ICE Director acknowledging threat</td>
<td>All ICE employees</td>
<td>At approximately (time) _____, the ________ (threat/situation) was resolved. (Give appropriate details.) ___________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I am proud of the quick and professional manner in which you responded to this threat. It is a testament to the advance planning and execution abilities of our employees, especially those with the responsibility of ensuring ICE’s important mission is carried out without disruption regardless of circumstances. Thank you for all you do to keep our nation safe. Your tireless dedication does not go unnoticed.</td>
</tr>
</tbody>
</table>

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ANNEX R: REPORTING

This is a DHS Annex. The purpose of inserting it into the ICE PWPP is for quick reference concerning Department concerns regarding reporting.

The guidance below was provided by DHS Office of Policy.

PURPOSE
This annex provides reporting instructions on workplace controls, PPE, and MCM operations for all DHS Components and personnel covered under the PWPP.

REFERENCES
- DHS Pandemic Workforce Protection Plan (PWPP), 08 November 2013.
- Immediate Pandemic Influenza Distribution Plan, 17 January 2014.

BACKGROUND
On November 8, 2013, acting Secretary Beers signed the PWPP. The PWPP included placeholder language for required content regarding MCM, Workplace Controls, and PPE requests and usage information that had yet to be developed when the PWPP was approved.

The DHS National Capital Region Consolidated Pandemic Workforce Protection Plan for Select DHS Support Components (NCR PWP Plan) was developed in 2014 based on the guidance established in the PWPP, and it includes detailed coordination and reporting instructions developed specifically for the Components participating in that plan.

This annex applies the concepts and processes developed for the entire Department via the PWPP.

CONCEPT OF OPERATION

Reporting Instructions:
Steady-state reporting will follow established MCM, PPE, and operations reporting processes and the timelines associated with each group such as the Pandemic Working Group, MCM Working Group, Continuity Working Group, Safety Council, as well as any applicable coordination body developed in the future. OHA/Component MCM MOUs provide the required guidance applicable to MCM reporting.

During steady-state, PPE inventory management and consumption will be reported through the Department's Asset Management System, Sunflower or Consolidated Asset Portfolio & Sustainability Information System (CAPSIS) monthly. For more detailed information, reference the Management Directorate Standard Operating Procedure (SOP) document.
Crisis reporting will be unique to the type of report:

- The Enterprise Notification System may be the primary mode for crisis information conveyance. However, other modes are acceptable.
- MCM dispensing reports will be emailed by Component MCM program managers for the PODs serving facilities covered in this plan to the DHS/OHA MCM Program Manager and/or OHA NOC desk, depending on OHA guidance.
- During emerging infectious disease with pandemic potential or pandemic events, PPE inventory management and consumption will be reported through the use of the Department’s Asset Management System, Sunflower or Consolidated Asset Portfolio & Sustainability Information System (CAPSIS) weekly. For more detailed information, reference the Management Directorate Standard Operating Procedure (SOP) document.
- Each change in phase during an emerging infectious disease with pandemic potential or pandemic event will elicit further guidance regarding what information must be provided in that phase.
- Consolidated reports developed by OHA and MGMT will be posted to the HSIN Pandemic collaboration page for inclusion in National-level reports.

Storage Reporting Instructions:
Component sites that have medical oversight may be approved by OHA for medical storage and may request MCM for pre-positioning. DHS Components will be responsible for submitting Quarterly Inventory Reports to OHA observing established MCM Working Group procedures. These quarterly reports feature a range of data fields that OHA uses to manage this program. These fields include, for instance, key Component MCM personnel; the type of storage provided, storage temperature, and security accessibility information; number of PODs, dates when exercised; type and quantity of MCM and associated LOT numbers with expiration dates.

MCM/POD Reporting: During the period of MCM/POD activations, Component MCM program managers will provide daily, or as appropriate, status reporting, using the following link hosted on the DHS OHA Connect Site, which features a range of data fields gathered by OHA to manage this program in the event POD operations commence. The fields include: identification of Component/reporting employee/employee’s contact data; address/location/time date of POD activation; number and type medication dispensed if more than one medication provided; number persons receiving MCM vs number of persons POD intends to serve; any request for MCM resupply by type / quantity; and, if requested, a summary of any reports of serious, suspected adverse effects of administered /dispensed MCM containing no personally identifiable information (e.g. name or SSN).
http://dhsconnect.dhs.gov/org/comp/oha/whpomd/Pages/MedicalCounterMeasures.aspx.

1 Per DHS Delegation 5001 and DHS ASHA/CMO Delegation 5002, USCG will align to this Annex through its specific policy to provide for the protection of its workforce.
- The completed report will be submitted via email to the OHA Desk Officer (noc.oha@hq.dhs.gov) or calling 202-282-9262 located in the NOC and the DHS/OHA MCM Program Manager (MCMWorkingGroup@hq.dhs.gov).
- Further MCM/POD reporting guidance regarding recipients, timing and frequency will be provided in future updates and may be modified as required during an incident.

Workplace Controls/PPE: Reporting of Component workplace controls, including but not limited to PPE, will be conducted consistent with guidance provided by MGMT. During an emerging infectious disease or pandemic event, Component PPE Coordinators and safety officers will provide Situation Reports (SITREPs) to the MGMT Emergency Operations Center. Both MCM and Workplace Controls/PPE reporting will be posted to the HSIN Pandemic Page for situational awareness. Both MCM and Workplace Controls and PPE reporting will be posted to the HSIN Pandemic Page for further use.

Reporting Diagram: The reporting box in the diagram below depicts the pandemic reporting structure of PPE/WC and MCM/POD distribution and dispensing during emerging infectious disease with pandemic potential or pandemic event.

![Diagram](image)

Figure 1: Reporting Flow Chart

Homeland Security Information Network Instructions (HSIN):
HSIN is the national mechanism used by all DHS Components to share information. DHS personnel responsible for pandemic preparedness and response are required via the PWPP to maintain and receive training on HSIN.

New HSIN Users:
New users require nomination and acceptance into one or more HSIN Communities of Interest (COIs). Access can be acquired by sending an email to HSIN.Outreach@hq.dhs.gov including: full name, email address, physical address, phone number, employer information, supervisor, supervisor’s contact information, and COI access requests. The application will be reviewed by the sponsoring organization of the requested COI.
After HSIN access has been verified and the user is nominated and invited to join HSIN, they will be asked to complete their registration and the identity proofing process. Finally, the account information will be reviewed by a validator who will confirm access to HSIN and the requested COIs. The user will be notified via email when their account is approved.

**Current HSIN Users:**
Current HSIN user requesting access to additional COIs can visit the Site Directory located in the HSIN Toolbox found in the upper right-hand corner of any HSIN screen. The Site Directory lists all active COIs on HSIN including their requirements for access as well as a Request Access link. This is the easiest way for current HSIN users to request access to other COIs.

For assistance with accounts or HSIN training, please contact the HSIN Help Desk at (866) 430-0162 or HSIN.HelpDesk@hq.dhs.gov.
ANNEX T: Component Planning Checklist

This U.S. Immigration and Customs Enforcement (ICE) Pandemic Workforce Protection Plan (PWPP) Annex T: Component Planning Checklist will provide the confirmation that ICE has planned and prepared for a public health emergency due to an influenza pandemic or another significant viral outbreak.

PURPOSE
This annex provides the checklist with corresponding plan location reference and potential notes associated with each requirement.

Table 1: Component Planning Checklist

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Location of Requirement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component plans should prepare the component to respond to: RFIs that involve providing real-time medical and health information to DHS leaders; RFAs that generate technical assistance to operations.</td>
<td>3.b.2), 3.b.2).h) - i), 3.c.2).g) - h), 3.c.5).b), 3.c.6), 3.c.8).b), 3.c.8).f), 3.c.8).f), 5.b.10), and Annexes P and R</td>
<td>ICE uses a CAT structure during a significant incident. Processing RFIs is a common practice for CATs.</td>
</tr>
<tr>
<td>Component plans should have a mechanism to integrate lessons learned from previous exercises/training, responses, and recommendations from OIG reports.</td>
<td>3.b.3).d), 3.c.2).m), 3.c.3).e), and 5.b.6)</td>
<td></td>
</tr>
<tr>
<td>Component plans should include strategies and templates for: Scheduled/Situational Employee Messaging; Increased hygiene measures; Social Distancing measures; Expanded Telework Options; Disposition of people in DHS Custody; and MCM/PPE distribution</td>
<td>3.b.2).b), 3.b.2).i), 3.c.4).b), 3.c.5).b), 3.c.8).c)</td>
<td></td>
</tr>
<tr>
<td>Component plans should include steps to develop, consolidate, establish frequency, and manage pandemic reporting requirements based on formats and guidance established in Annex R, Reporting</td>
<td>3.b.2), and Annexes E, P and R</td>
<td>ICE uses a CAT structure during a significant incident. Processing RFIs is a common practice for CATs.</td>
</tr>
<tr>
<td>Component plans should include review of continuity plans' EFs and associated business processes, as appropriate and in coordination with the OPS Continuity Division</td>
<td>1.b.2) and 3.c.1).f</td>
<td>The Continuity plan is a separate plan, but also addresses how to manage continuity during a pandemic. The business process analysis is conducted for continuity planning.</td>
</tr>
<tr>
<td>Component plans should address formal procedures for redeployment, demobilization of assets, and integration of lessons learned</td>
<td>3.b.3)</td>
<td></td>
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<tr>
<td>Component plans are developed with readiness planning risk (based on an R2 influenza virus pandemic) for the workforce</td>
<td>1.f.6).a), 3.b.1).d), 3.b.2).k), and Annex E</td>
<td></td>
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<tr>
<td>Component plans should prepare estimates of daily PPE needs and submit them to MGMT initially and every 2 years unless directed otherwise</td>
<td>Annex E</td>
<td></td>
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<tr>
<td>Component plans should include strategies to integrate pandemic/emerging infectious disease into risk communications per DHS guidance - to include continuity readiness and coordination, as appropriate.</td>
<td>3.b.2) and Annex P</td>
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<tr>
<td>Component plans should include Business Continuity, training programs, and staffing plans to accommodate for absenteeism</td>
<td>1.a, 2, 3.a.4), 3.b.1).a), 3.b.1).b)</td>
<td>See also the ICE Continuity Plan</td>
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<tr>
<td>Component plans should provide specific guidance for working animals, if applicable and service animals, if appropriate or when present</td>
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<td>N/A</td>
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<tr>
<td>Component plans should enable internal operations centers and crisis action teams to integrate biological incidents (as covered by this Plan) into internal SOPs (to include structure to support long duration events)</td>
<td>1.b.2) and 3.b.2)</td>
<td>ICE uses a CAT structure during a significant incident. Processing RFIs is a common practice for CATs. See also the ICE continuity Plan.</td>
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<tr>
<td>Component plans adequately address all instructions in regards to continuity capabilities</td>
<td>1.b.2)</td>
<td>See ICE Continuity Plan ad ICE Crisis Action Plan.</td>
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<tr>
<td>Component plans describe internal process to receive technical guidance from MGMT regarding: Conducting risk assessments; Establishing and maintaining proper respiratory protection programs, including medical clearance, training, and fit-testing personnel!</td>
<td>1.f.6), 3.b.e), 3.c.4), 3.c.5), c–e), and Annex E</td>
<td>See the ICE Anthrax Operations Plan (OPLAN)</td>
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<tr>
<td>Component plans identify appropriate POD plans that are in place, which describe POD locations, POD staffing, and POD training</td>
<td>1.b.2), 1.f.e), 3.c.2), k), 3.c.3), and Annex D</td>
<td>See the ICE Anthrax OPLAN</td>
</tr>
<tr>
<td>Component plans identify approved and implemented plans to receive and dispense antivirals at Component sites or PODs in accordance with the PEIDWPP and with POD training materials provided by OHA</td>
<td>1.b.2), 1.f.e), 3.c.2), k), 3.c.3), and Annex D</td>
<td>See the ICE Anthrax OPLAN</td>
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<tr>
<td>Component plans assign and identify training for POD team member roles.</td>
<td>1.b.2), 1.f.e), 3.c.2), k), 3.c.3), and Annex D</td>
<td>See the ICE Anthrax OPLAN</td>
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<tr>
<td>Component plans indicate POD plan exercise schedules for each Component POD location at least annually</td>
<td>1.b.2), 1.f.e), 3.c.2), k), 3.c.3), and Annex D</td>
<td>See the ICE Anthrax OPLAN</td>
</tr>
<tr>
<td>Component plans establish and implement the means to track which employees have received MCM</td>
<td>1.b.2), 1.f.e), 3.c.2), k), 3.c.3), and Annex D</td>
<td>See the ICE Anthrax OPLAN</td>
</tr>
<tr>
<td>Component plans provide security procedures, physical address, POC, cell phone number, and secondary POC to receive MCM shipment.</td>
<td>1.b.2), 1.f.e), 3.c.2), k), 3.c.3), 4.a.3.a), and Annex D</td>
<td>See the ICE Anthrax OPLAN</td>
</tr>
<tr>
<td>Component plans identify sites that have medical oversight approved by OHA for medical storage and that are issued antivirals for prepositioning. Component plans identify responsibility for providing OHA with quarterly inventory reporting</td>
<td>First part N/A, and Annex D</td>
<td>ICE does not store antivirals at this time.</td>
</tr>
<tr>
<td>Component plans identify authorized Component personnel who will have 24/7 access to secured MCM in Component caches.</td>
<td>1.b.2), 1.f.e), 3.c.2), k), 3.c.3), and Annex D</td>
<td>See the ICE Anthrax OPLAN</td>
</tr>
<tr>
<td>Component plans detail how tracking inventory of Component-held MCM caches will be maintained using DHS systems and who will be the point of contact to work closely with the MCM Work Group Program Managers at OHA</td>
<td>1.b.2), 1.f.e), 3.c.2).k), 3.c.3), and Annex D</td>
<td>See the ICE Anthrax OPLAN</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Component plans assign roles and responsibilities to staff for PPE.</td>
<td>1.f.6), 3.b.2).k), 3.c.4), 3.c.5), 3.c.7).f), and Annex E</td>
<td></td>
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<tr>
<td>Component plans describe coordination the component Occupational Safety and Health (OSH) manager will take to ensure OSHA compliance.</td>
<td>Annex E</td>
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<tr>
<td>Component plans use PEIDP guidance to describe how to perform risk assessments.</td>
<td>Annex E</td>
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<tr>
<td>Component plans identify types and quantities of PPE needed, based on EFs.</td>
<td>Annex E</td>
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<tr>
<td>Component plans use mandatory DHS PPE Strategic Sourcing Contracts.</td>
<td>Annex E</td>
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<tr>
<td>Component plans describe how the component will develop, implement, and maintain a mechanism to obtain and distribute any additional PPE items not currently included as part of the mandatory DHS PPE Strategic Contracts.</td>
<td>Annex E</td>
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<tr>
<td>Component plans present a prepared and validated timeline for in-field availability of PPE.</td>
<td>Annex E</td>
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<tr>
<td>Component plans follow guidance from the DHS PPE ILSP for acquiring, storing, and distributing PPE.</td>
<td>Annex E</td>
<td></td>
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<tr>
<td>Component plans include procedures designed to enable personnel access to sufficient PPE to maintain EFs when PEIDP is activated</td>
<td>Annex E</td>
<td></td>
</tr>
<tr>
<td>Component plans describe, with respect to DHS personnel, how the component will maintain all OSHA-required records related to PPE use, medical clearance, training, and fit-testing as appropriate for the type of PPE.</td>
<td>Annex E</td>
<td></td>
</tr>
<tr>
<td>Component plans include a mechanism to make component plans and risk assessments available to MGMT for review and amendment, as appropriate, to address changes in hazard level, procedures, tasks, or exposure information.</td>
<td>Annex E</td>
<td></td>
</tr>
</tbody>
</table>
MEMORANDUM FOR: Daniel H. Ragsdale  
Deputy Director

FROM: Wayne Wills  
Acting Executive Associate Director  
Management and Administration

SUBJECT: Authorization to Evacuate

This memorandum seeks approval to authorize the evacuation of U.S. Immigration and Customs Enforcement (ICE) employees and his/her dependents impacted by an emergency for the purpose of ensuring their safety for a period of time not to exceed 180 days.

This authorization is effective on August 1, 2015, however, valid, allowable expenses incurred prior to this date related to an official evacuation of employees and their dependents from an area impacted by an emergency may be retroactively approved by an ICE Executive Associate Director/Assistant Director or designee consistent with established authorities.

The Deputy Assistant Director of the National Emergency Management Division or designee will obtain approval from the Deputy Director to invoke this Authorization to Evacuate.

Authorization to Evacuate

1. I hereby grant the authority, effective August 1, 2015, to authorize the departure of ICE employees and dependents (evacuees) from the areas impacted by an emergency where there is a threat to personnel and their dependents safety. This authorized departure is approved for a period not to exceed 180 days. The authority for this evacuation order and associated payments is found at 5 C.F.R. §§ 550.401-408. Additional guidance is contained in the ICE Policy on Emergency and Special Evacuation Allowances and the supporting procedures.

2. I hereby authorize ICE Executive Associate Directors/Assistant Directors or designee consistent with established authorities, effective August 1, 2015, to provide to evacuees advance payments, evacuation payments and special allowances including reimbursement for subsistence expenses, travel costs, and per diem for a period not to exceed 180 days.

3. I hereby authorize ICE managers to designate safe haven locations for all evacuees.
Authorization to Evacuate
Page 2

4. I hereby inform evacuees that they should not return to their permanent duty stations until ICE authorizes their return.

5. ICE employees in travel status or on leave from their duty stations as of August 1, 2015, must contact their supervisor for instructions as to whether to return to their permanent duty stations or proceed to a safe haven location.

6. All employees recently assigned to a new permanent duty station and who are in transit status must contact their supervisor for instructions as to whether to proceed to the duty station, report to an alternative duty station, or proceed to a safe haven location. The decision to proceed will be made on a case-by-case basis by the employee's respective chain of command.

7. For purposes of this evacuation order, the following definitions apply:
   a. Dependent: A relative of the employee residing with the employee and dependent on the employee for support.
   b. Safe Haven: A designated area to which an employee or dependent will be or has been evacuated.

Daniel H. Ragsdale
Deputy Director
U.S. Immigration and Customs Enforcement

FOR DISTRIBUTION TO ALL ICE PROGRAM HEADS
## DHS PREA Facility Annual Reports and Survey Tasking FY18-FY20

<table>
<thead>
<tr>
<th>DETLOC</th>
<th>Facility Name</th>
<th>AOR</th>
<th>DHS PREA Incorporation FY</th>
<th>FY18 Annual Report</th>
<th>FY19 Annual Report</th>
<th>FY20 Annual Report</th>
<th>Facility Survey of Improvements</th>
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FEDERAL REGISTER

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No. 45  March 7, 2014

Part II

Department of Homeland Security

6 CFR Part 115
Standards To Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities; Final Rule
DEPARTMENT OF HOMELAND SECURITY

6 CFR Part 115  
[ICEB–2012–0003]  
RIN 1653–A65

Standards To Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities

AGENCY: Department of Homeland Security.  
ACTION: Final rule.

SUMMARY: The Department of Homeland Security (DHS) is issuing regulations setting standards to prevent, detect, and respond to sexual abuse and assault in DHS confinement facilities.

DATES: This rule is effective May 6, 2014.

FOR FURTHER INFORMATION CONTACT: Alexander Y. Hartman, Office of Policy; U.S. Immigration and Customs Enforcement, Department of Homeland Security; Potomac Center North, 500 12th Street SW., Washington, DC 20536; Telephone: (202) 732–4292 (not a toll-free number).

SUPPLEMENTARY INFORMATION:

I. Abbreviations

ANPRM Advance Notice of Proposed Rulemaking  
ASR Administrative Stay of Removal  
BJS Bureau of Justice Statistics  
BOP Bureau of Prisons  
CBP U.S. Customs and Border Protection  
CDF Contract Detention Facility  
CFR Codes of Federal Regulations  
CMD Custody Management Division  
CRCL DHS Office for Civil Rights and Civil Liberties  
DHS Department of Homeland Security  
DOJ Department of Justice  
DSM Detention Service Manager  
ERO ICE Enforcement and Removal Operations  
FOD ICE Field Office Director  
FR Federal Register  
FOJC ICE Field Office Juvenile Coordinator  
FSA Flores v. Reno Settlement Agreement  
HHS Department of Health and Human Services  
HSI ICE Homeland Security Investigations  
ICE U.S. Immigration and Customs Enforcement  
IGA Intergovernmental Agreement  
IGSA Intergovernmental Service Agreement  
INA Immigration and Nationality Act  
IRFA Initial Regulatory Flexibility Analysis  
IRIA Initial Regulatory Impact Analysis  
JIC Joint Intake Center  
LFP Limited English Proficient/Proficiency  
LGBT Lesbian, Gay, Bisexual, Transgender, Intersex  
LGBTQNC Lesbian, Gay, Bisexual, Transgender, Intersex, Gender Non-conforming  
MOU Memorandum of Understanding  
NAICS North American Industry Classification System  
NDS National Detention Standards  
NPRE National Prison Rape Elimination Commission  
NPRL Notice of Proposed Rulemaking  
ODO ICE Office of Detention Oversight  
OIG DHS Office of the Inspector General  
OMB Office of Management and Budget  
OPR ICE Office of Professional Responsibility  
ORR HHS Office of Refugee Settlement  
PBNDPS Performance Based National Detention Standards  
PRA Paperwork Reduction Act of 1995  
PREA Prison Rape Elimination Act of 2003  
PSA Prevention of Sexual Assault  
QAT Quality Assurance Team  
RCA Risk Classification Assessment  
RFA Regulatory Flexibility Act  
RIA Regulatory Impact Analysis  
SAAPID Sexual Abuse and Assault Prevention and Intervention Directive  
SAFR Sexual Assault Forensic Examiner  
SANE Sexual Assault Nurse Examiner  
SBA Small Business Administration  
SII Special Immigrant Juvenile  
SPC Service Processing Center  
TVPRA Trafficking Victims Protection Reauthorization Act  
UMRA Unfunded Mandate Reform Act of 1995  
USCIS U.S. Citizenship and Immigration Services  
USMS U.S. Marshals Service  
VAWA Reauthorization Violence Against Women Reauthorization Act of 2013

II. Executive Summary

A. Purpose of the Regulatory Action

The purpose of this regulatory action is to set standards to prevent, detect, and respond to sexual abuse in Department of Homeland Security (DHS) confinement facilities. Sexual violence, against any victim, is an assault on human dignity and an affront to American values. Many victims report persistent, even lifelong mental and physical suffering. As the National Prison Rape Elimination Commission (NPREC) explained in its 2009 report:

Until recently . . . the public viewed sexual abuse as an inevitable feature of confinement. Even as courts and human rights standards increasingly confirmed that prisoners have the same fundamental rights to safety, dignity, and justice as individuals living at liberty in the community, vulnerable men, women, and children continued to be sexually victimized by other prisoners and corrections staff. Tolerance of sexual abuse of prisoners in the government’s custody is totally incompatible with American values.

DHS is committed to preventing, detecting, and responding to sexual abuse in facilities used to detain individuals for civil immigration purposes. Sexual abuse is not an inevitable feature of detention, and with DHS’s strong commitment, DHS immigration detention and holding facilities have a culture that promotes safety and refuses to tolerate abuse. DHS is fully committed to its zero-tolerance policy against sexual abuse in its confinement facilities, and these standards will strengthen that policy across DHS confinement facilities. DHS is also fully committed to the full implementation of the standards in DHS confinement facilities, and to robust oversight of these facilities to ensure this implementation.

The standards build on current U.S. Immigration and Customs Enforcement (ICE) Performance Based National Detention Standards (PBNDs) and other DHS detention policies. The standards also respond to the President’s May 17, 2012 Memorandum, “Implementing the Prison Rape Elimination Act,” which directs all agencies with Federal confinement facilities to work with the Attorney General to create rules or procedures setting standards to prevent, detect, and respond to sexual abuse in confinement facilities, and to the Violence Against Women Reauthorization Act of 2013 (VAWA Reauthorization), which directs DHS to publish a final rule adopting national standards for the detection, prevention, reduction, and punishment of rape and sexual assault in facilities that maintain custody of aliens detained for a violation of U.S. immigration laws. See Public Law 113–4 (Mar. 7, 2013).

B. Summary of the Provisions of the Regulatory Action

The DHS provisions span eleven categories that were originally used by the NPRPC to discuss and evaluate prison rape elimination standards: Prevention planning, responsive planning, training and education, assessment for risk of sexual victimization and abusiveness, reporting, official response following a detainee report, investigations, discipline, medical and mental care, data collection and review, and audits and compliance. Each provision under these categories reflects the context of DHS confinement of individuals and draws upon the particular experiences

1 As discussed in greater detail below, in this final rule, “sexual abuse” includes sexual abuse and assault of a detainee by other detainees, as well as sexual abuse and assault of a detainee by a staff member, contractor, or volunteer.


2022-ICLI-00045 4021
and requirements DHS faces in fulfilling its missions.

For example, DHS has broken down the standards to cover two distinct types of facilities: (1) Immigration detention facilities, which are overseen by ICE and used for longer-term detention of aliens in immigration proceedings or awaiting removal from the United States; and (2) holding facilities, which are used by ICE and U.S. Customs and Border Protection (CBP) for temporary administrative detention of individuals pending release from custody or transfer to a court, jail, prison, other agency or other unit of the facility or agency.

In addition, the standards reflect the characteristics of the population encountered by DHS in carrying out its border security and immigration enforcement missions by providing, for example, language assistance services for limited English proficient (LEP) detainees, safe detention of family units, and other provisions specific to DHS’s needs. A more detailed discussion of all of the provisions in the rulemaking is included below in Section V of this preamble, “Discussion of PREA Standards,” including a section-by-section analysis of the DHS rule.

In this final rule, DHS has modified the proposed regulatory text in multiple areas, including the following:

- In addition to implementing these standards at both DHS facilities and at non-DHS facilities whenever there is a new contract or contract renewal, DHS will also implement the standards at non-DHS facilities whenever there is a substantive contract modification.
- In addition to requiring that assessments for risk of victimization or abusiveness include an evaluation of whether the detainee has been incarcerated previously, DHS is now also requiring consideration of whether the detainee has been detained previously.
- DHS now requires immigration detention facilities to notify a regional ICE supervisor no later than 72 hours after the initial placement into administrative segregation whenever a detainee has been held in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Upon receipt of such notification, the official must conduct a review of the placement to consider whether continued segregation is warranted, whether any less restrictive housing or custodial alternatives may exist (such as placing the detainee in a less restrictive housing option at another facility or other appropriate custodial options), and whether the placement is only as a last resort and when no other viable housing options exist.

- DHS now requires immigration detention facilities to notify a regional ICE supervisor whenever a detainee victim has been held in administrative segregation for longer than 72 hours. Upon receipt of such notification, the official must conduct a review of the placement to consider whether placement is only as a last resort and when no other viable housing options exist, and, in cases where the detainee victim has been held in segregation for longer than five days, whether the placement is justified by extraordinary circumstances or is at the request of the detainee.

- DHS is now requiring immigration detention facilities to complete sexual abuse incident reviews within 30 days of the completion of the investigation, and is requiring that the review include consideration of whether the incident or allegation was motivated by, among other things, sexual orientation or gender identity.

- DHS is now requiring explicitly that facilities keep data collected on sexual abuse and assault incidents in a secure location.

- DHS is now requiring that the agency maintain sexual abuse data for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

DHS has also modified the regulatory text and clarified its interpretation of the rule in a number of ways, as explained more fully below.

C. Costs and Benefits

The anticipated costs of full nationwide compliance with the rule as well as the benefits of reducing the prevalence of sexual abuse in DHS immigration detention facilities and holding facilities, are discussed at length in section VI, entitled “Statutory and Regulatory Requirements—Executive Orders 12866 and 13563” and in the accompanying Regulatory Impact Analysis (RIA), which is found in the docket for this rulemaking.

As shown in the Summary Table below, DHS estimates that the full cost of compliance with these standards at all covered DHS confinement facilities would be approximately $57.4 million over the period 2013–2022, discounted at 7 percent, or $8.2 million per year when annualized at a 7 percent discount rate. This is the estimated cost of compliance if all facilities adopt and implement the standards within the first year after the rule is finalized. This is an accurate reflection of implementation of these standards in holding facilities, which are fully owned and operated by DHS agencies. However, the annual cost for implementation at immigration detention facilities, most of which are governed by a contract with another entity, will likely be less, because it depends on the pace of contract renewals and substantive modifications which are unlikely to be universally completed in the first year after the rule is finalized. DHS has not endeavored in the RIA to project the actual pace of implementation.

With respect to benefits, DHS conducts what is known as a “break even analysis,” by first estimating the monetary value of preventing various types of sexual abuse (incidents involving violence, inappropriate touching, or a range of other behaviors) and then, using those values, calculating the reduction in the annual number of victims that would need to occur for the benefits of the rule to equal the cost of compliance. This analysis begins by estimating the recent levels of sexual abuse in covered facilities using data from 2010, 2011, and 2012. In 2010, ICE had four substantiated sexual abuse allegations in immigration detention facilities, two in 2011, and one in 2012.

There were no substantiated allegations by individuals detained in a DHS holding facility. (This does not include allegations involved in still-open investigations or allegations outside the scope of these regulations.) In the RIA, DHS extrapolates the number of substantiated and unsubstantiated allegations at immigration detention facilities based on the premise that there may be additional detainees who may have experienced sexual abuse, but did not report it.

Next, DHS estimates how much monetary benefit (to the victim and to society) accrues from reducing the annual number of victims of sexual abuse. This is, of course, an imperfect endeavor, given the inherent difficulty in assigning a dollar figure to the cost of such an event. Executive Order 13563 recognizes that some benefits and costs are difficult to quantify, and directs agencies to use the best available techniques to quantify benefits and costs. Executive Order 13563 also states that agencies “may consider (and discuss qualitatively) values that are difficult or impossible to quantify, including equity, human dignity, fairness, and distributive impacts.” Each of these values is relevant here, including human dignity, which is offended by acts of sexual abuse.

DHS uses the Department of Justice (DOJ) estimates of unit avoidance values for sexual abuse, which DOJ extrapolated from the existing economic and criminological literature regarding
rape in the community. The RIA concludes that when all facilities and costs are phased into the rulemaking, the break-even point would be reached if the standards reduced the annual number of incidents of sexual abuse by 122 from the estimated benchmark levels, which is 147 percent of the total number of assumed incidents in ICE confinement facilities, including an estimated number of those who may not have reported an incident.5

There are additional benefits of the rule that DHS is unable to monetize or quantify. Not only will victims benefit from a potential reduction in sexual abuse in facilities, so too will DHS agencies and staff, other detainees, and society as a whole. As noted by Congress, sexual abuse increases the levels of violence within facilities. Both staff and other detainees will benefit from a potential reduction in levels of violence and other negative factors. 42 U.S.C. 15601(14). This will improve the safety of the environment for other detainees and workplace for facility staff. In addition, long-term trauma from sexual abuse in confinement may diminish a victim’s ability to reenter society resulting in unstable employment. Preventing these incidents will decrease the cost of health care, spread of disease, and the amount of public assistance benefits required for victims upon reentry into society, whether such reentry is in the United States or a detainee’s home country.

Chapter 3 of the RIA presents detailed descriptions of the monetized benefits and break-even results. The Summary Table, below, presents a summary of the benefits and costs of the final rule. The costs are discounted at seven percent.

**SUMMARY TABLE—ESTIMATED COSTS AND BENEFITS OF FINAL RULE**

<table>
<thead>
<tr>
<th>Immigration detention facilities</th>
<th>Holding facilities</th>
<th>Total DHS PREA ruling</th>
<th>$Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Year Cost Annualized at 7% Discount Rate</td>
<td>$4.9</td>
<td>$3.3</td>
<td>$8.2</td>
</tr>
<tr>
<td>% Reduction of Sexual Abuse Victims to Break Even With Monetized Costs</td>
<td>N/A</td>
<td>N/A</td>
<td>*147%</td>
</tr>
<tr>
<td>Non-monetized Benefits</td>
<td>An increase in the general wellbeing and morale of detainees and staff, the value of equity, human dignity, and fairness for detainees in DHS custody.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Benefits</td>
<td>As explained above, we did not estimate the number of incidents or victims of sexual abuse this rule would prevent. Instead, we conducted a break-even analysis. Therefore, we did not estimate the net benefits of this rule.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* For ICE confinement facilities.

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III. Background

Rape is violent, destructive, and a crime, no matter where it takes place. In response to concerns related to incidents of rape of prisoners in Federal, State, and local prisons and jails, as well as the lack of data available about such incidents, the Prison Rape Elimination Act (PREA) was enacted in September 2003. See Public Law 108–79 (Sept. 4, 2003). Some of the key purposes of the statute were to “develop and implement national standards for the detection, prevention, reduction, and punishment of prison rape,” and to “increase the available data and information on the incidence of prison rape.” 42 U.S.C. 15602(3), (4).

To accomplish these ends, PREA established the National Prison Rape Elimination Commission (NPREC) to conduct a “comprehensive legal and factual study of the penological, physical, medical, medical, social, and economic impacts of prison rape in the United States,” and to recommend national standards for the reduction of prison rape. 42 U.S.C. 15606(d). PREA charged the Attorney General, within one year of NPREC issuing its report, to “publish a final rule adopting national standards for the detection, prevention, reduction, and punishment of prison rape... based upon the independent judgment of the Attorney General, after giving due consideration to the recommended national standards provided by [NPREC]... and being informed by such data, opinions, and proposals that the Attorney General determines to be appropriate to consider.” 42 U.S.C. 15607(a)(1)–(2).

The NPREC released its findings and recommended national standards in a report (the NPREC report) dated June 23, 2009. The report is available at http://www.ncjrs.gov/pdfiles1/226680.pdf. In that report, NPREC set forth four sets of recommended national standards for eliminating prison rape and other forms of sexual abuse. Each set was applicable to one of four confinement settings: (1) Adult prisons and jails; (2) lockups; (3) juvenile facilities; and (4) community corrections facilities. NPREC report at 215–235. The NPREC report recommends supplemental standards for facilities with immigration detainees. Id. at 219–220. Specifically, and of particular interest to DHS, the NPREC made eleven recommendations for supplemental standards for facilities with immigration detainees and four recommendations for supplemental standards for family facilities. NPREC asserted that standards for facilities with immigrant detainees must be enforced in any facility that is run by ICE or through an ICE contract.

A. Department of Justice Rulemaking

In response to the NPREC report, a DOJ PREA Working Group reviewed the NPREC’s proposed standards to assist in the rulemaking process. DOJ published an advance notice of proposed rulemaking (ANPRM) on March 10, 2010 (75 FR 11077). Commenters on the ANPRM generally supported the broad goals of PREA and the overall intent of the NPREC’s recommendations, with some division over the merits of a number of the NPREC’s recommended national standards.

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4 Department of Justice, National Standards to Prevent, Detect, and Respond to Prison Rape, Final Rule, Final Regulatory Impact Analysis, Docket No.

5 As discussed in Chapter 1, and shown in Table 17 of the RIA, the benchmark level of sexual abuse includes all types of sexual abuse, including offensive touching (for instance, during a pat-down search), voyeurism, harassment, and verbal abuse.
DOJ then issued a notice of proposed rulemaking (NPRM) on February 3, 2011, proposing national PREA standards. 76 FR 6248 (Feb. 3, 2011). In response to the NPRM, DOJ received over 1,300 comments that provided general assessments of DOJ’s efforts as well as specific and detailed recommendations regarding each standard. Pertinent to DHS, there was specific concern expressed by the commenters with respect to NPRREC’s recommended supplemental standards for immigration detention number six, which proposed to mandate that immigration detainees be housed separately from criminal detainees. The DOJ NPRM noted that several comments to the DOJ ANPRM raised a concern that this requirement would impose a significant burden on jails and prisons, which often do not have the capacity to house immigration detainees and criminal detainees separately. Id. The DOJ NPRM also noted DOJ’s concern about other proposed supplemental standards, such as imposing separate training requirements and requiring agencies to attempt to enter into separate memoranda of understanding with immigration-specific community service providers. Id. Furthermore, comments to the DOJ NPRM addressed whether the proposed standards should cover immigration detention facilities, prompting DOJ to examine the application of PREA to other Federal confinement facilities, which is discussed further below.

Following the public comment period for its NPRM, DOJ issued a final rule setting a national framework of standards to prevent, detect, and respond to prison rape at DOJ confinement facilities, as well as State prisons and local jails. 77 FR 37106 (June 20, 2012).

B. Application of PREA Standards to Other Federal Confinement Facilities

DOJ’s NPRM interpreted PREA to bind only facilities operated by the Bureau of Prisons (BOP), and extended the standards to U.S. Marshals Service (USMS) facilities under other authorities of the Attorney General. 76 FR 6248, 6265. Numerous commentators criticized this interpretation of the statute. In light of those comments, DOJ re-examined whether PREA extends to Federal facilities beyond those operated by DOJ and concluded that PREA does, in fact, encompass any Federal confinement facility “whether administered by [the] government or by a private organization on behalf of such government.” 42 U.S.C. § 15606(7).

In its final rule, DOJ further concluded that, in general, each Federal department is accountable for, and has statutory authority to regulate, the operations of its own facilities and, therefore, is best positioned to determine how to implement the Federal laws and rules that govern its own operations, the conduct of its own employees, and the safety of persons in its custody. 77 FR 37106, 37113. In particular, DOJ noted that DHS possesses great knowledge and experience regarding the specific characteristics of its immigration facilities, which differ in certain respects from DOJ, State, and local facilities with regard to the manner in which they are operated and the composition of their populations. Thus, and given each department’s various statutory authorities to regulate conditions of detention, DOJ stated that Federal departments with confinement facilities, like DHS, would work with the Attorney General to issue rules or procedures consistent with PREA.

C. The Presidential Memorandum on Implementing the Prison Rape Elimination Act and the Violence Against Women Reauthorization Act of 2013

On May 17, 2012, the same day DOJ released its final rule, President Obama issued a Presidential Memorandum reiterating the goals of PREA and directing Federal agencies with confinement facilities that are not already subject to the DOJ final rule to propose rules or procedures necessary to satisfy the requirements of PREA within 120 days of the Memorandum. In the Memorandum, the President firmly establishes that sexual violence, against any victim, is an assault on human dignity and an affront to American values, and that PREA established a “zero-tolerance standard” for rape in prisons in the United States. The Memorandum further expresses the Administration’s conclusion that PREA encompasses all Federal confinement facilities, including those operated by executive departments and agencies other than DOJ, whether administered by the Federal Government or by an organization on behalf of the Federal Government, and that each agency is responsible for, and must be accountable for, the operations of its own confinement facilities. The President charged each agency, within the agency’s own expertise, to determine how to implement the Federal laws and rules that govern its own operations, but to ensure that all agencies that operate confinement facilities adopt high standards to prevent, detect, and respond to sexual abuse. The President directed all agencies with Federal confinement facilities that are not already subject to the DOJ final rule, such as DHS, to work with the Attorney General to propose rules or procedures that will satisfy the requirements of PREA.

Additionally, on March 7, 2013, the VAWA Reauthorization was enacted, which included a section addressing sexual abuse in custodial settings. See Public Law 113–4 (Mar. 7, 2013). Among requirements addressing certain Federal agencies, the law directs DHS to publish a final rule adopting national standards for the detection, prevention, reduction, and punishment of rape and sexual assault in facilities that maintain custody of aliens detained for a violation of U.S. immigration laws. Id. The standards are to apply to DHS-operated detention facilities and to detention facilities operated under contract with DHS, including contract detention facilities (CDFs) and detention facilities operated through an intergovernmental service agreement (IGSA) with DHS. Id. The statute requires that the DHS standards give due consideration to the recommended national standards provided by NPRREC. Id.

Sexual abuse in custodial environments is a serious concern with dire consequences for victims. DHS is firmly committed to protecting detainees from all forms of sexual abuse. By this regulation, DHS responds to and fulfills the President’s directive and the requirements of the VAWA Reauthorization by creating comprehensive, national regulations for the detection, prevention, and reduction of sexual abuse at DHS immigration detention facilities and at DHS holding facilities that maintain custody of aliens detained for violating U.S. immigration laws.

D. DHS Proposed Rule and Public Comments

On December 19, 2012, DHS published an NPRM entitled Standards To Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities; Proposed Rule. 77 FR 75300. On January 2, 2013 DHS published an Initial Regulatory Impact Analysis (IRIA), which presented a comprehensive assessment of the benefits and costs of DHS’s proposed standards in both quantitative and qualitative terms. The IRIA was summarized in the proposed rule and was published in full in the docket (ICEB–2012–003) on the regulations.gov Web site. The public comment period on the NPRM originally was scheduled to end on February 19, 2013. Due to scheduled maintenance to the Federal
Section 115.5 defines an immigration detention facility as a "confinement facility" contract with state or local governments and ICE that routinely holds persons for over 24 hours pending resolution or completion of immigration removal operations or processes, including facilities that are operated by ICE, facilities that provide detention services under a contract awarded by ICE, or facilities used by ICE pursuant to an Intergovernmental Service Agreement. These facilities are designed for long-term detention (more than 24 hours) and house the largest number of DHS detainees. ICE is the only DHS component agency with immigration detention facilities, and it has several types of such facilities: Service processing center (SPC) facilities are ICE-owned facilities staffed by a combination of Federal employees and contract staff; CDFs are owned by private companies and contracted directly with ICE; and detention services at IGSA facilities are provided to ICE by States or local governments through agreements and may be owned by the State or local government, or a private entity. There are two types of IGSA facilities: Dedicated IGSA facilities, which house detained aliens only, and nondedicated (i.e., shared) IGSA facilities, which may house a variety of detainees and inmates.

The standards set forth in Subpart A of these proposed regulations are meant ultimately to apply to all of these various types of immigration detention facilities—but not, notably, to facilities authorized for use by ICE pursuant to agreements with BOP or pursuant to agreements between DOJ and state or local governments or private entities (e.g., USMS IGSA facilities). These facilities and certain immigration detainees are covered by the DOJ PREA standards and not the provisions within Subpart A of these proposed rules.

These regulations do not apply to CDF and IGSA facilities directly; rather, standards for these facilities will be phased in through new contracts, contract renewals, or substantive contract modifications. Specifically, the regulations require that when contracting for the confinement of detainees in immigration detention facilities operated by non-DHS public agencies or other entities, DHS component agencies include in any new contracts, contract renewals, or substantive contract modifications the obligation to adopt and comply with these standards. (Covered substantive contract modifications would include, for example, changes to the bed/day rate or the implementation of stricter standards, but not the designation of a new Contracting Officer.) In other words, DHS intends to enforce the standards though terms in its contracts with facilities.

Section 115.5 defines a holding facility similarly to DOJ's definition of "lockup." A "holding facility" is a facility that contains holding cells, cell blocks, or other secure enclosures that are: (1) Under the control of the agency; and (2) primarily used for short-term confinement of individuals who have been detained pending release or transfer to or from a court, jail, prison, or other agency. These facilities, which are operated by ICE, CBP, or other DHS components, are designed for confinement that is short-term in nature, but are permanent structures intended primarily for the purpose of such confinement. Temporary-use hold rooms and other types of short-term confinement areas not primarily used for confinement are not amenable to compliance with these standards, but are covered by other DHS policies and procedures. We discuss the distinctions between these facilities in more detail later in this rule.

1. ICE Detention Facilities

As stated above, the NPRC report contained eleven recommended standards for facilities with immigration detainees and four recommended standards specifically addressing family facilities. ICE oversees immigration detention facilities nationwide. The vast majority of facilities are operated through government contracts, State and local entities, private entities, or other Federal agencies. ICE Enforcement and Removal Operations (ERO) is the program within ICE that manages ICE operations related to the immigration detention system.

ERO is responsible for providing adequate and appropriate custody management to support the immigration removal process. This includes providing traditional and alternative custody arrangements for those in removal proceedings, providing aliens access to legal resources and representatives of advocacy groups, and facilitating the appearance of detained aliens at immigration court hearings.
strong safeguards against all sexual abuse of individuals within its custody, consistent with the goals of PREA.

ICE’s PBND 2011 standard on “Sexual Abuse and Assault Prevention and Intervention” was developed in order to enhance protections for immigration detainees as well as ensure a swift and effective response to allegations of sexual abuse. This standard derived in significant part from earlier policies contained in ICE’s PBNDs 2008, promulgated in response to the passage of PREA, and took into consideration the subsequently released recommendations of the NPREC (including those for facilities housing immigration detainees) in June 2009 and ensuing draft standards later issued by DOJ in its ANPRM in March 2010. In drafting the PBNDs 2011, ICE also incorporated the input of the DHS Office for Civil Rights and Civil Liberties (CRCL), local and national advocacy organizations, and representatives of DOJ (including correctional experts from BOP) on methods for accomplishing the objectives laid out in ICE’s operational context, and closely consulted information and best practices reflected in policies of international corrections systems, statistical data on sexual violence collected by the DOJ Bureau of Justice Statistics (BJS), and reports published by the United Nations High Commissioner for Refugees and the Inter-American Commission on Human Rights of the Organization of American States regarding sexual abuse and other issues affecting vulnerable populations in U.S. correctional systems. The PBNDs 2011 transferred responsibilities of all immigration detention facility staff with respect to preventative measures such as screening, staff training, and detainee education, as well as effective response to all incidents of sexual abuse, including timely reporting and notification, protection of victims, provision of medical and mental health care, investigation, and monitoring of incident data.

The PBNDs 2008 standard on Sexual Abuse and Assault Prevention and Intervention and the Family Residential Standards also contain robust safeguards against sexual abuse of ICE detainees, establishing similar requirements with respect to each of the issues covered by the PBNDs 2011 Sexual Abuse standard. In addition, ICE has made great strides in incorporating standards specific to sexual abuse and assault in NDS facilities. In fact, since the publication of the NPREM a substantial number of NDS facilities with which ICE maintains IGSA have agreed to implement the PBNDs 2011’s Sexual Abuse and Assault Prevention and Intervention standard. Existing third-party detainees who are housed in DOJ-contracted facilities (and are therefore covered by the DOJ rule), as of July 2013 approximately 94% of ICE detainees, on average, are housed in facilities that have adopted a sexual abuse and assault standard under PBNDs 2011, PBNDs 2008, or Family Residential Standards.

The 2012 ICE SAAIPD complements the requirements established by the detention standards by delineating ICE-wide policy and procedures and corresponding duties of employees for reporting, responding to, investigating, and monitoring incidents of sexual abuse. Regardless of the standards applicable to a particular facility, ICE personnel are required under this Directive to ensure that the substantive response requirements of PBNDs 2011 are met, and that incidents receive timely and coordinated agency follow-up. In conjunction with the PBNDs, the SAAIPD ensures an integrated and comprehensive system of preventing and responding to all incidents or allegations of sexual abuse of individuals in ICE custody.

On September 4, 2013, ICE issued a directive entitled “Review of the Use of Segregation for ICE Detainees.” The directive establishes policy and procedures for ICE review of detainees placed into segregated housing. It is intended to complement the requirements of the 2011 PBNDs, the 2008 PBNDs, NDS and other applicable policies. The directive states that placement in segregation should occur only when necessary and in compliance with applicable detention standards, and includes a notification requirement whenever a detainee has been held continuously in segregation for 14 days out of any 21 day period and a 72-hour notification requirement for detainees placed in segregation due to a special vulnerability, including for detainees susceptible to harm due to sexual orientation or gender identity, and detainees who have been victims—"
out of ICE custody—of sexual assault, torture, trafficking, or abuse.

ICB’s combined policies prescribe a comprehensive range of protections against sexual abuse, addressing prevention planning, reporting, response and intervention, investigation, and oversight, including:

Articulation of facility zero-tolerance policies; designation of facility and component sexual assault coordinators; screening and classification of detainees; staff training; detainee education; detainee reporting methods; staff reporting and notification; first responder duties following incidents or allegations of sexual abuse (including to protect victims and preserve evidence); emergency and ongoing medical and mental health services; investigation procedures and coordination; discipline of assailants; and sexual abuse incident data collection and review.

These policies are tailored to the particular operational and logistical circumstances encountered in the DHS confinement system in order to maximize the effective achievement of the goals of PREA within the immigration detention context. To further improve transparency and enforcement, DHS has decided to issue this regulation and adopt the overall structure of the DOJ standards, as well as the wholesale text of various individual DOJ standards where DHS has deemed them appropriate and efficacious, to meet the President’s goal of setting high standards, government-wide, consistent with the goals of PREA and Congress’s expressed intent that DHS adopt the national standards for the detection, prevention, reduction, and punishment of rape and sexual assault in immigration confinement settings. Where appropriate, DHS also has used the results of DOJ research and considered public comments submitted in response to the DOJ ANPRM and NPRM in formulating the DHS standards.

3. U.S. Customs and Border Protection Holding Facilities

CBP has a priority mission of keeping terrorists and their weapons out of the United States. CBP also is responsible for securing and facilitating trade and travel while enforcing hundreds of U.S. statutes and regulations, including immigration and drug laws. All persons, baggage, and other merchandise arriving in or leaving the United States are subject to inspection and search by CBP officials for a number of reasons relating to its immigration, customs, and other law enforcement activities.

CBP detains individuals in a wide range of facilities. CBP detains some individuals in secured detention areas, while others are detained in open seating areas where agents or officers interact with the detainee. CBP uses “hold rooms” in its facilities for case processing and to search, detain, or interview persons who are being processed. CBP does not currently contract for law enforcement staff within its holding facilities; CBP employees oversee detainees directly.

CBP generally detains individuals for only the short time necessary for inspection and processing, including pending release or transfer of custody to appropriate agencies. Some examples of situations in which CBP detains individuals prior to transferring them to other agencies are: (1) Persons processed for administrative immigration violations may, for example, be repatriated to a contiguous territory or transferred to ICE pending removal from the United States or removal proceedings with the Executive Office of Immigration Review; (2) unaccompanied alien children placed in removal proceedings under § 240 of the Immigration and Nationality Act (INA), 8 U.S.C. 1229a, are transferred, in coordination with ICE, to the Department of Health and Human Services (HHS), Office of Refugee Resettlement (ORR); and (3) persons detained for criminal prosecution are temporarily held pending case processing and transfer to other Federal, State, local or tribal law enforcement agencies. CBP policies and directives currently cover these and other detention scenarios.

4. CBP Detention Directives and Guidance

The various CBP policies and directives containing guidance on the topics addressed in these regulations include, but are not limited to: Personal Search Handbook, Office of Field Operations, CIS HB 3300–04B, July 2004—describes in detail the procedures for personal searches. The handbook further explains the procedures for transportation and detention of persons and reporting procedures for, persons detained for prolonged medical examinations as well as detentions lasting more than two hours. CBP Directive No. 3340–030B, Secure Detention, Transport and Escort Procedures at Ports of Entry—establishes CBP’s policy for the temporary detention, transport, and escort of persons by the Office of Field Operations. The policy also provides guidance on issues regarding the detention of juveniles, medical situations, meals, water, restrooms, phone notifications, sanitation of the hold room, restraining procedures, classification of detainees, transportation, emergency procedures, escort procedures, transfer procedures, and property disposition.

U.S. Border Patrol Policy No. 08–11267, Hold Rooms and Short-Term Custody—establishes national policy describing the responsibilities and procedures for the short-term custody of persons in Border Patrol hold rooms pending case disposition. The policy also contains requirements regarding the handling of juveniles in Border Patrol custody.

DHS referenced all of these policies in its consideration of DHS-wide standards to prevent, detect, and respond to sexual abuse in DHS confinement facilities. The policies are available, redacted as appropriate, in the docket for this rule at www.regulations.gov.

IV. Discussion of PREA Standards

A. DHS’s PREA Standards

With this final rule, DHS reiterates that sexual violence against any victim is an assault on human dignity. Such acts are particularly damaging in the detention environment, where the power dynamic is heavily skewed against victims and recourse is often limited. Until recently, however, this has been viewed by some as an inevitable aspect of detention within the United States. This view is not only incorrect but incompatible with American values.

As noted in the NPRM, DHS keeps records of any known or alleged sexual abuse incidents in its facilities. DHS reiterates that the allegations that have been tracked are unacceptable, both to DHS and the Administration, which has articulated a “zero-tolerance” standard for sexual abuse in confinement facilities. Accordingly, DHS continues to work to achieve its mandate to eliminate all such incidents.

With respect to this rule, DHS did not begin its work from a blank slate. Many correctional administrators have developed and implemented policies and practices to more effectively prevent and respond to sexual abuse in confinement facilities, including DHS confinement facilities. DHS applauds these efforts, and views them as an excellent first step. However, as noted in the NPRM, DHS has decided to promulgate regulations to meet PREA’s goals and comply with the President’s directive that can be applied effectively to all covered facilities in light of their particular physical characteristics, the nature of their diverse populations, and resource constraints.
DHS appreciates the considerable work DOI has done in this area, and also recognizes that each DHS component has extensive expertise regarding its own facilities, particularly those housing unique populations, and that each DHS component is best positioned to determine how to implement the Federal laws and rules that govern its own operations, the conduct of its own employees, and the safety of persons in its custody. Thus DHS, because of its own unique circumstances, has adopted the overall structure of DOI’s regulations and has used its content to inform the provisions of the NPRM and this final rule, but has tailored individual provisions to maximize their efficacy in DHS confinement facilities.

DHS also reemphasizes that these standards are not intended to establish a safe harbor for otherwise constitutionally-deficient conditions regarding detainee sexual abuse. Likewise, while the DHS standards aim to include a variety of best practices due to the need to adopt standards applicable to a wide range of facilities while accounting for the costs of implementation, the standards do not incorporate every promising avenue of combating sexual abuse. The standards represent policies and practices that are attainable by DHS components and their contractors, while recognizing that other DHS policies and procedures can, and in some cases currently do, exceed these standards in a variety of ways. DHS applauds such efforts, and encourages its components and contractors to further support the identification and adoption of additional innovative methods to protect detainees from sexual abuse.

B. Section by Section Analysis

The DHS rule follows the DOJ rule in devising separate sets of standards tailored to different types of confinement facilities utilized by DHS: Immigration detention facilities and holding facilities. Each set of standards consists of the same eleven categories used by the DOJ rule: Prevention planning, responsive planning, training and education, assessment for risk of sexual victimization and abusiveness, reporting, official response following a detainee report, investigations, discipline, medical and mental care, data collection and review, and audits and compliance. As in the DOJ rule, a General Definitions section applicable to both sets of standards is provided.

General Definitions (§ 115.5)

Sections 115.5 and 115.6 provide definitions for key terms used in the standards, including definitions related to sexual abuse. The definitions in this section largely mirror those used in the DOJ rule, with adjustments as necessary for DHS operational contexts. DHS has also largely relied on the NPRC’s definitions in the Glossary sections that accompanied the NPRC’s four sets of standards, but has made a variety of adjustments and has eliminated definitions for various terms that either do not appear in the DHS definitions or whose meaning is sufficiently clear so as not to need defining.

Facility, holding facility—transportation. Numerous commenters, including advocacy groups and former Commissioners of NPRC, questioned this definition of facility, noting that it did not extend to custodial transport, when detainees are in transit between facilities. An advocacy group stated that the transfer of detainees, either between facilities or to facilitate removal, is a common aspect of immigration detention, necessitating clear inclusion of PREA protections during these situations. Another advocacy group stated that detainees are vulnerable when being transported and that, unlike within the DOJ system, facility staff regularly transport immigration detainees. One organization stated that definitions for both facility and holding facility should explicitly include transportation settings to provide for zero tolerance of abuse in such situations, with some groups stating that such definitions should include the language in PBNDs § 1.3 that addresses transportation.

DHS has considered these comments and decided to adopt the scope of the proposed rule—immigration detention facilities and holding facilities. DHS notes that some standards indirectly cover custodial transport. For example, the DHS standards cover all staff conduct, including staff and employee conduct while transporting detainees. In addition, DHS has addressed custodial transport in numerous other contexts. The written zero tolerance policy applies to all forms of sexual abuse and assault by agency employees and contractors. This policy applies to transport of detainees in DHS custody to and from holding facilities and immigration detention facilities, between a holding facility and a detention facility, and to custodial transport for the purposes of removal. Moreover, the ICE SAAPID provides protection for all detainees when they are in ICE custody, including custodial transport. And whenever DHS is alerted to an alleged incident of sexual abuse and assault during DHS transport to or from a holding facility or immigration detention facility or during DHS custodial transport for the purposes of removal, such allegations are required to be documented and promptly reported to the Joint Interagency Center (JIC) and the PSA Coordinator, and will promptly receive appropriate follow-up, including a sexual abuse incident review at the conclusion of the investigation by the appropriate investigative authorities. In situations involving transportation between a holding facility maintained by one DHS component and an immigration detention facility maintained by another component, the Prevention of Sexual Assault (PSA) Coordinators at each component will be responsible for addressing the allegation in their respective annual reports.

By including explicit references to such custodial transportation in its policies, DHS reaffirms its commitment to preventing, detecting, and responding to sexual abuse and assault against individuals detained in DHS custody. Consistent with DOI’s approach, however, DHS declines to include additional separate standards on transportation.

An advocacy group, basing its comment on ICE standards under PBNDs, suggested a separate section in the final rule addressing transportation that would require that two transportation staff members be assigned to transport a single detainee, including at least one staff member of the same gender as the detainee, except in exigent circumstances. The suggested standards would specify similar requirements for multiple-detainee transit, provide detailed timekeeping accountability guidance, and, in exigent circumstances situations, provide documentation requirements when aberrations from the above suggestions occur, and provide separate rules for conduct and documentation requirements of pat-downs during transportation. The group also suggested the standards require minors to be separated from unrelated adults at all times during transport, seated in an area of the vehicle near officers, and remain under their close supervision. Additionally, the commenter suggested detainees of different genders be transported separately—or, if in one vehicle, in separately partitioned areas—with transgender detainees being transported in a manner corresponding to their gender identity.

As noted above, DHS recognizes the importance of protecting detainees in all custodial settings, including during transport. For this reason, and as noted by the commenters, ICE has promulgated, and is currently in the process of implementing, 2011 PBNDs, which provides greater protection for
detainees being transported while in ICE custody. These detention standards include a number of the protections recommended by the commenter, as do—to a lesser extent—the PBNDs 2008 and NDS. As noted above, detainees in ICE custody are also protected by DHS’s zero-tolerance policy, ICE’s zero-tolerance policy and ICE’s SAAIPID which prohibits sexual abuse and assault by any ICE employee in any custodial setting. CBP detainees are protected under DHS’s zero-tolerance policy and other policies, including CBP Directive No. 3340-8300, Secure Detention, Transport and Escort Procedures at Ports of Entry.

Following careful review, DHS determined that the combination of generally applicable provisions of this final rule and other existing policies address the commenters’ concerns in an effective and operationally practicable way. Therefore, DHS has decided not to add specific transportation standards to the regulation and instead, relies on existing policies and guidelines which provide for detainee protection. Temporary-use holding rooms. Former Commissioners of NPREC and some advocacy groups recommended that DHS extend the definition of holding facility to include temporary-use holding rooms not in immigration detention facilities or holding facilities, but in locations sporadically used to detain for short periods of time during other DHS operations, such as U.S. Coast Guard vessels, conference rooms, and hotel rooms. Groups urged DHS to include additional regulatory protections for this temporary type of confinement. Although such temporary-use facilities are covered by existing policy, the former Commissioners recommended that DHS memorialize such guidance in binding Federal standards.

DHS reiterates that its zero-tolerance policy applies to all of its detention settings, and additional existing policies also cover temporary-use holding rooms. Moreover, any allegation of sexual abuse and assault will be reported to the IJC promptly and will promptly receive appropriate follow-up, regardless of the particular setting within DHS control in which the allegation arises. As DHS noted in the proposed rule, this rulemaking defines facility and holding facility broadly, including a number of settings that, while built for the purpose of detaining individuals, are used infrequently. DHS declines to further extend the requirements of the rule to settings that are not built for the purposes of detaining individuals, as many of the provisions, including those pertaining to supervision and monitoring and upgrades to facilities and technologies, would be impracticable, inefficient, and at times impossible to apply outside of the contexts contemplated in the rule as drafted.

Former NPREC Commissioners commented that based on the proposed rule’s definition of facility, it is unclear whether external audit standards apply to contract facilities. To clarify, DHS notes that the external audit standards do apply to all facilities, including contract facilities, in which the standards have been adopted.

Existent circumstances. Multiple commenters objected to the definition of “existent circumstances” as too broad. The rule allows detainee pat-down and strip search searches to be conducted by staff of the opposite sex in existent circumstances. The former NPREC Commissioners commented that the definition might weaken the effect of the proposed standards by too readily allowing cross-gender searches. The Commissioners recommended that DHS replace “existent circumstances” with a more restrictive exception, such as “in case of emergency circumstances.”

Another group stated that many standards would not apply because existent circumstances exceptions could be continuously invoked and swallow the rule, suggesting instead that the definition specify that a threat must be of serious nature. One organization suggested replacing the word “unforeseen” in the definition with “unforeseeable.”

After considering these comments, DHS has determined to retain the definition in the final rule. The definition in §115.5 is properly tailored to ensure that standards are followed except in “temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility or a threat to the safety or security of any person.” It is necessary for operational purposes to carve out a limited exception to certain standards. For example, threats to the safety of a detainee or officer must be considered. In addition, a facility might have to adjust to the unforeseen absence of a staff member whose presence is typically necessary to carry out a specific standard.

Contractor. Multiple commenters suggested that DHS clarify the definition of contractor to include all employees and subcontractors of the person or entity referred to in the relevant provision. In response to these comments, DHS notes that it considers all facility employees and subcontractors of the agency or facility, including any entity that operates within the facility.”

Family unit. Multiple commenters recommended changing the requirement in the proposed rule that provided that to qualify as a family unit under Subpart A, none of the juvenile(s) or his/her/their parent(s) or legal guardian(s) may have a known history of criminal or delinquent activity. The commenters expressed concern that this could lead to the separation of a detained family where a member had a non-violent adjudication or committed a non-violent offense years ago, where a member committed an immigration-related crime, or where a juvenile was engaged in a delinquent activity. Some groups suggested that the qualifier “violent” be used to describe disqualifying criminal or delinquent activity and that only “violent criminal or delinquent activity, or... sexual abuse, violence or substance abuse that could reasonably put the safety or well-being of other family members or children at risk” should prevent an otherwise qualifying group from falling into the family unit definition. One group recommended that protection of the family unit be paramount, with exceptions being narrower than in the proposed rule. The former Commissioners also seemed to assert that the definition could exclude situations where juveniles are accompanied by non-parental family members or family friends, and further expressed concern that the definition was too narrow and could jeopardize keeping family unit intact. Advocacy groups stated the definition should better reflect “the child’s lived reality” and more closely comply with existing Federal standards.

While DHS must take steps to ensure the safety of minors in its custody, the agency also recognizes the important goal of keeping families intact. DHS has revised the “family unit” definition in the final rule to provide a more straightforward regulatory description in a manner that accords with current ICE policy and that recognizes the need for flexibility due to the operational realities of ensuring a safe detention environment. DHS’s revised definition states that family unit means a group of detainees that includes one or more

un-United States citizen juvenile(s) accompanied by his/her/their parent(s) or legal guardian(s), whom the agency will evaluate for safety purposes to protect juveniles from sexual abuse and violence. This modified definition ensures the necessary language to qualify as a “family unit” under the
Family Detention and Intake Guidance remains in the regulation text. The revised definition also permits the agency to maintain needed flexibility to ensure the safety of juveniles in DHS custody. Revising the “family unit” definition as applied in Subpart A to allow all individuals with a non-violent criminal history to stay with minors, and to expand the definition of family to include non-parental family members or family friends, as recommended by commenters, potentially could conflict with the intent behind ICE’s Family Detention and Intake Guidance, which seeks to protect children from abuse and human trafficking. DHS therefore declines to incorporate that specific recommendation into the revised definition.

One commenter suggested revising the definition of family unit to include not only non-U.S. citizen juvenile(s) accompanied by their parents or legal guardians, but also non-U.S. citizen juveniles accompanied by “a sponsor approved by” HHS/ORR. The commenter stated that “[i]n the context of apprehension and enforcement, a family unit should be broadened to include ORR-approved sponsors because they have the authority to release unaccompanied children to a ‘suitable family member’ per 8 U.S.C. 1232(c).”

The definition of “family unit” relates to placement in the ICE Family Residential Program. An unaccompanied alien child without a parent or legal guardian would not meet the criteria set forth in the definition of a “family unit” for these purposes. An unaccompanied alien child would not be accompanied by a sponsor approved by HHS/ORR until after they are transferred from DHS to HHS/ORR. Once an unaccompanied alien child is transferred to HHS/ORR, they are no longer within DHS’s jurisdiction. Furthermore, because the purpose of this final rule is to prevent, detect, and respond to sexual abuse and assault in confinement facilities, addressing the treatment of a family unit during apprehension and enforcement is outside the scope of this rule.

Gay, lesbian, bisexual. One immigration advocacy group requested that the final rule define these terms, in addition to already included definitions of transgender, intersex, and gender nonconforming. The group suggested first looking to the U.S. Citizenship and Immigration Services (USCIS) Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Asylum Module’s definitions regarding sexual orientation, gay, lesbian, heterosexual/straight, and bisexual.

After considering the comment to include these terms in the final rule, DHS decided not to add them to the definitions section for several reasons. First, DHS used the DOJ PREA final rule—which does not define gay, lesbian, and bisexual—as a general guide when determining which definitions should be included. Second, as a general matter, the regulation currently relies on self-identification for classification and protective purposes. Security staff, law enforcement, and detention staff: A collection of advocacy groups suggested that the proposed definitions’ distinction between security staff who operate at immigration detention facilities, and law enforcement staff who operate in a holding facility, should be eliminated and consolidated under one “security staff” definition so that security personnel at each type of facility are labeled in the same way. The groups contended that DHS does not need to differentiate like the DOJ standards within the definition of security staff. The commenter suggested adding “or holding facility” to the conclusion of the “security staff” definition.

DHS notes that under the final rule, there is a meaningful difference between security staff and law enforcement staff. Unlike holding facilities, which are staffed by law enforcement officers from either ICE or CBP, immigration detention facilities use a wide range of staffing, including personnel from private companies who are not law enforcement officers. The general definitions of “law enforcement staff” and “security staff” recognize this distinction and allow DHS to tailor its rule to the specific contexts at issue.

Definitions Related to Sexual Abuse and Assault (§ 115.6) Sexual abuse. One commenter stated that the current definition should include language from the definition implemented by DOJ, including unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures or actions of a derogatory or offensive sexual nature. The commenter encouraged DHS to add this language because the actions that are described in DOJ’s definition seem more likely to occur than the proposed rule’s description of sexual abuse. A number of advocacy groups commented that the part of the proposed sexual abuse definition addressing threats, intimidation, harassment, profane or abusive language, or other actions or communications coerced or pressuring into a sexual act, should include “requests” and should also encompass “encouraging” detainees to engage in such an act.

It appears that the commenters are comparing the DHS definition of sexual abuse to the definition of sexual harassment in DOJ’s standards. DHS has not added this language because the DHS standards already include a similar definition of sexual harassment within the current DHS definition of sexual abuse. Specifically, the DHS definition of sexual abuse in § 115.6 forbids “threats, intimidation, or other actions or communications by one or more detainees aimed at coercing, pressuring another detainee to engage in a sexual act.” DHS believes that this coverage under the definition of sexual abuse is sufficient and accomplishes the objective sought by the commenter. DHS also notes that the standards include sexual harassment in the definition of staff on detainee sexual abuse.

Regarding the proposed rule’s provision on inappropriate visual surveillance, certain advocacy groups requested that the standards specifically include within the definition of sexual abuse acts of voyeurism by staff members, contractors, or volunteers. The commenters suggested that explicitly incorporating voyeurism into the definition was necessary in order to capture the complete scope of prohibited behavior. The suggested more expansive definition would include unnecessary or inappropriate visual surveillance of a detainee, including requiring a detainee to expose his or her buttocks, genitals, or breasts, or unnecessarily viewing or taking images of all or part of a detainee’s naked body or of a detainee performing bodily functions.

DHS has considered this suggested addition to the standards and the DHS final rule now expressly includes voyeurism by a staff member, contractor, or volunteer as a type of sexual abuse. Voyeurism is defined as “inappropriate visual surveillance of a detainee for reasons unrelated to official duties. Where not conducted for reasons relating to official duties, the following are examples of voyeurism: Staring at a detainee who is using a toilet in his or her cell to perform bodily functions; requiring an inmate detainee to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a detainee’s naked body or of a detainee performing bodily functions.”

One commenter suggested that the sexual abuse definition account for a detainee child’s legal inability to consent to sex with an adult. DHS recognizes the extreme importance of protecting minors while in custody and remains fully committed to that end.
DHS notes that existing Federal and State laws legally preclude the possibility of consent by a detainee to sexual relations with a staff member while in custody, and moreover provides that any such sexual acts be criminalized, regardless of the age of the detainee. DHS considers the existence of these legal prohibitions outside the context of the regulation to authoritatively establish the legal inability of a child to consent to sex with an adult while in detention. For this reason, DHS declines to incorporate additional language to the regulation in response to the comment.

Coverage of DHS Immigration Detention Facilities (§ 115.10); Coverage of DHS Holding Facilities (§ 115.110)

Summary of Proposed Rule

The standards contained in the proposed rule clarified that ICE immigration detention facilities are governed by Subpart A of the rule. DHS holding facilities are governed by Subpart B. DHS recognizes that to effectively prevent, detect, and respond to sexual abuse in its facilities, DHS must have strong standards appropriate to each unique context. Immigration detention centers and holding facilities are different by nature and need to have a respectively different set of standards tailored to each of them for an effective outcome.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. Regarding coverage, one organization expressed concern that agency policies should include zero tolerance of sexual abuse during transportation of detainees in DHS custody, as well as in detention facilities. The group suggested stating in Subpart B’s coverage standard that the standard covers transportation to or from DHS holding facilities in addition to holding facilities themselves.

Response. Please see DHS’s response in the discussion of § 115.5 above.

Zero Tolerance; PSA Coordinator (§§ 115.11, 15.111)

Summary of Proposed Rule

The standards in the proposed rule required that each covered agency have a written zero-tolerance policy toward sexual abuse, outlining the agency’s approach to preventing, detecting, and responding to such conduct. DHS also proposed that each covered agency appoint an upper-level, agency-wide PSA Coordinator to oversee agency efforts to comply with the DHS standards and that each immigration detention facility covered by Subpart A have its own written zero-tolerance policy and appoint a Prevention of Sexual Assault (PSA) Compliance Manager to oversee facility efforts in this regard.

Changes in Final Rule

DHS is adopting the regulation as proposed, with one technical revision to the PSA Coordinator’s title.

Comments and Responses

Comment. The organization that suggested changes regarding covering transportation in § 115.110 also recommended revising paragraph (b) to include in the PSA Coordinator’s responsibilities for protecting detainees in the agency’s custody, including detainees being transported to or from its holding facilities while in DHS custody, in addition to those held in all of its holding facilities.

Response. As previously stated, DHS has zero tolerance for all forms of sexual abuse and assault of individuals in custody. This applies to DHS custodial transport to and from holding facilities and immigration detention facilities, between a holding facility and a detention facility, and for the purposes of removal. The PSA Coordinators will oversee all component efforts to comply with the standards, including zero tolerance. It is not necessary to revise the rule to include a reference to transportation.

Comment. Former NPRC Commissioners noted that under the proposed standards, facilities have considerable discretion to determine their sexual abuse policies; therefore, prior to permitting detainees to be confined in a facility, DHS should ensure its policies are consistent with PREA standards.

Response. DHS concurs that it is important to ensure that facility policies are consistent with PREA standards. Section 115.11(c) already requires DHS to review each facility’s sexual abuse and assault policy, as required by subsection (c). Therefore, no additional changes are required.

Comment. An advocacy group commented generally that DHS should allocate sufficient staff and provide them with the authority and time to continually monitor the policies enacted by the facilities to reflect the zero-tolerance goal.

Response. DHS recognizes the importance of dedicating personnel to implement, monitor, and oversee these efforts and has employed a full-time PSA Coordinator. Section 115.11(b) already provides that the PSA Coordinator shall have sufficient time and authority to monitor implementation.

Contracting With Non-DHS Entities for Confinement of Detainees (§§ 115.12, 115.112)

Summary of Proposed Rule

The standards contained in the proposed rule required that covered agencies that contract for the confinement of detainees include in new contracts or contract renewals the other party’s obligation to comply with the DHS sexual abuse standards.

Changes in Final Rule

DHS revised §§ 115.12 and 115.112 to require the agency to include the entity’s obligation to adopt and comply with these standards in all substantive contract modifications.

Comments and Responses

Comment. Multiple commenters suggested that contract facilities or IGSA facilities housing detainees should be required to adopt DHS sexual abuse standards within a specified timeframe, with some urging no delay in application and others urging compliance within 90 days or a year after the standards’ effective date. The commenters believe that without a specific timeframe, or compliance schedule similar to that applicable to DHS’s own facilities, contract facilities could delay implementing those standards. Commenters expressed concern over the potential lag between the standards’ effective date and their implementation at non-DHS facilities.

Among the commenters that recommended requiring adoption of the standards during any contract modification, some commenters suggested a set timeline of 90 days after the standards’ effective date for DHS to proactively initiate contract modification or modification-related negotiations with any existing non-DHS facility. One such commenter suggested eliminating “contact renewals” as a scenario for when compliance with the standards would be triggered. The commenters also proposed that any such negotiations conclude within 270 days of the standards’ effective date. Additionally the commenters, in paragraph (b), would also include “contract modifications” in the monitoring process, to allow DHS to monitor compliance for modified contracts. Commenters also recommended that DHS create a new requirement that any failure to adopt the changes via contract in the specified
timeframe would disqualify the facility from continuing to detain individuals until remedied. One group suggested that compliance with the proposed 90-day timeline be verified by an independent auditing process.

Response. Based on ICE’s past experience with the contract negotiation process, it can take one year or more to complete a contract renegotiation for a single detention facility. ICE cannot reasonably conduct such large numbers of contract negotiations simultaneously in such a short period of time. Given that there are 132 covered immigration detention facilities that would need to adopt the standards, without some additional appropriation to address these staffing and logistical challenges, bringing contract negotiations to conclusion within one year is not operationally feasible.

DHS remains committed to protecting its immigration detainees from incidents of sexual abuse and assault. With that goal in mind, DHS, through ICE, will endeavor to ensure that SPCs, CDFs, and dedicated IGSAs adopt the standards set forth in this regulation within 18 months of the effective date. These facilities currently hold more than half of the immigration detainees in ICE custody and therefore should be DHS’s highest priority.

DHS, through ICE, will also make serious efforts to initiate the renegotiation process with the remaining covered facilities as quickly as operational and budgetary constraints will allow. As a matter of policy, DHS will seek to prioritize implementation to reduce the most risk as early as possible, taking into consideration all relevant factors, including the resources necessary to reopen and negotiate contracts, the size and composition of each facility’s detainee population, the marginal cost of implementing the standards of each facility, the detention standards currently in effect at each facility, the prevalence of substantiated incidents of sexual abuse at each facility, and other available information related to the adequacy of each facility’s existing safeguards against sexual abuse and assault.

In further recognition of DHS’s pledge to abide by the principles set forth in this regulation, DHS has revised §§ 115.12 and 115.112 to require components to include these standards in contracts for facilities that undergo any substantive contract modification after the effective date. Under this provision, DHS would include the PREA standards in any contract modification that affects the substantive responsibilities of either party. (Covered substantive contract modifications would include, for example, changes to the bed/day rate or the implementation of stricter standards, but not the designation of a new Contracting Officer.) This change endeavors to ensure that facilities come into compliance with the regulation at a faster rate, but not in a manner that is operationally impossible for DHS.

Comment. Former Commissioners of NPREC raised an issue regarding applicability of DOJ and DHS standards. The former Commissioners recommended that DHS clarify which of the two sets of standards applies to immigration detainees held in state prisons or jails, lock-ups, or community residential settings. According to the comment, DOJ’s standards are “facility driven” as opposed to driven by sub-population of inmates. “If a facility meets one of the definitions for covered facility types under DOJ’s Standards, then the Standards apply to the entire facility.” The former Commissioners therefore urged that DHS clarify the application of DHS standards in facilities also covered by the DOJ standards.

The former Commissioners also recommended that DHS ensure that its detainees benefit from the most protective standards possible, regardless of whether their detainees happened to be placed in a DOJ-covered facility. To that end, the former Commissioners recommended that DHS avoid comingling DHS detainees with other populations. This would ease application of immigration standards to immigration detainees and provide them with the special protections they need, so—for facilities housing inmates and detainees—housing detainees separately throughout their time in custody is necessary.

Response. As noted above, DHS, through ICE, will endeavor to ensure that SPCs, CDFs, and dedicated IGSAs adopt the standards set forth in this regulation within 18 months of the effective date. These facilities currently hold more than half of the immigration detainees in ICE custody and therefore are appropriate to be prioritized. When DHS and a facility agree to incorporate these standards into a contract, such standards are binding on the facility with respect to DHS detainees, notwithstanding any separate obligations the facility might have under the DOJ rule. DHS’s standards, though not identical with DOJ’s standards, are not inconsistent with them either.

While some immigration detention facilities only house immigration detainees, for operational and financial reasons, ICE cannot rely solely on such facilities to meet the agency’s detention needs. As a result, some detainees are held in non-dedicated IGSAs and a significant number (approximately 20 percent of the average daily population of ICE detainees) are also held in BOP facilities or state, local, and private facilities operated under agreement between the servicing facility and a component of DOJ. Such agreements are often negotiated and executed by USMS. DHS components can benefit from such agreements as authorized users and via other indirect arrangements, which often do not afford DHS an opportunity to negotiate specific terms and conditions at length. For these facilities, DHS relies on DOJ’s national standards to provide a baseline of PREA protections.

In part because DHS does not currently maintain privity of contract with these facilities, however, DHS does not consider them to fall within the ambit of §§ 115.12 and 115.112. The standards set forth in Subpart A do not apply to facilities used by ICE pursuant to an agreement with a DOJ entity (e.g., BOP facilities) or between a DOJ entity (e.g., USMS) and a state or local government or private entity. These facilities are not immigration detention facilities as the term is defined in the regulation because they are not “operated by or pursuant to contract with U.S. Immigration and Customs Enforcement.” Instead, the servicing facility, including its immigration detainees, is covered by the DOJ PREA standards.

Similarly, holding facilities that are authorized for use by ICE, DHS, or a DOJ entity pursuant to an agreement between a DOJ entity and a state or local government or a private entity are not included in the definition of holding facility in § 115.5 or the scope provision in § 115.112 because DHS is not a party to the agreement with the servicing facility and these facilities are not under the control of the agency.

DHS recognizes that facilities might find it easier to comply with a single set of standards, rather than multiple standards simultaneously. DHS has attempted to strike a balance that covers as many detainees as possible, without imposing unnecessary burdens on facilities. DHS’s approach in this area is consistent with the Presidential Memorandum, which specifically directed Federal agencies with confinement facilities that are not already subject to the DOJ final rule to establish standards necessary to satisfy the requirements of PREA. The Memorandum stated clearly that each agency is responsible for, and must be accountable for, the operations of its own confinement facilities. VAWA 2013
confirmed this view, by requiring that DHS finalize standards for “detention facilities operated by the Department of Homeland Security and . . . detention facilities operated under contract with the Department.” The latter category “includes, but is not limited to contract detention facilities and detention facilities operated through an intergovernmental service agreement with the Department of Homeland Security.” 42 U.S.C. 15607.

In short, DHS believes that facilities will know which standards to apply based on their relationship with DHS and the agreements they have executed. DHS and DOJ are committed to ensuring smooth implementation of their respective standards. If implementation reveals that facilities would benefit from further guidance regarding the applicability of each agency’s standards, DHS and DOJ will work to provide such guidance. DHS makes no changes to the regulatory text as a result of this comment.

Comment. One commenter suggested that DHS further clarify more directly how the standards apply to private parties contracting with the government, noting concern about a possibility that contractual remedies will serve as insufficient deterrents against such private contractors who may potentially violate the standards.

Response. DHS recognizes the concern of commenters that private entities running detention facilities adequately comply with these standards. DHS currently enforces detention standards through contracts with facilities and believes that PREA will be effectively implemented through new contracts, contract renewals, and substantive contract modifications. DHS, through ICE, can transfer detainees from facilities that do not uphold PREA standards after adoption and it can terminate a facility’s contract, which ICE has done in the past and will continue to do if a facility is unable to provide adequate care for detainees.

Comment. A range of advocacy groups suggested adding a paragraph to § 113.12 that would mirror the provision in Subpart B’s similar proposed standard at § 115.112. The change would require all standards in Subpart A that apply to the government also apply to the contractor and all rules that apply to staff or employees also apply to contractor staff; the groups expressed concern that without this language, poorly performing contractors could attempt to excuse themselves when failing to fully comply with the standards.

Response. DHS declines to add paragraph (c) from § 115.112 to § 115.12 based on the inherent differences between the facilities covered by Subpart A and Subpart B, respectively. To the extent appropriate, Subpart A applies to DHS employees and contractors alike; as § 115.5 states, the term “staff” includes “employees or contractors of the agency or facility, including any entity that operates within the facility.”

DHS included § 115.112(c) in Subpart B because DHS rarely uses contractors to run holding facilities and would only need to use contractors on a short-term basis. In rare instances where DHS contracts for holding facility space, paragraph (c) provides an additional layer of protection; despite the short-term nature of the detention, contractors must be fully aware of the obligation to abide by the standards set forth in this rule.

Comment. Former NPDEC Commissioners suggested that the standard include a requirement that all contracts entered into between DHS and contracting facilities directly, through JIGAs, or through other arrangements include contract provisions requiring that the facilities abide by the applicable PREA standards. Some commenters suggested provisions regarding consequences for failure of contract facilities to comply with PREA, including taking away funding from noncompliant facilities, removing detainees, and closer monitoring or even criminal or civil sanctions for facilities that fail to comply repeatedly.

Response. As noted above, the final rule requires that the DHS include in new contracts, contract renewals, and substantive contract modifications the entity’s obligation to adopt and comply with the standards set forth in this regulation. DHS disagrees about the need to articulate punitive measures for noncompliant facilities that adhere to the regulation. DHS, through ICE, has longstanding and well-established procedures for sanctioning underperforming facilities that violate its detention standards, including by placing any detainee in danger. For example, if ICE determines that a facility is not compliant with relevant detention standards, it can reduce the number of detainees held by the facility or impose a corrective action plan on the facility. If ICE determines that detainees remain at risk, ICE will terminate the facility’s contract and remove all detainees from the facility.

Comment. One advocacy group suggested requiring robust oversight of the standards’ implementation in contract facilities, including descriptions of the manner in which contract monitoring will be conducted, the frequency of monitoring, and the party or parties responsible for monitoring.

Response. Once the standards set forth in this regulation are adopted by a facility, the facility will be expected to comply with them and will be subjected to DHS and ICE’s multi-layered inspection and oversight process which will include an evaluation of compliance with these standards.

Currently at ICE, ERO contracts for independent inspectors to review conditions of confinement at ICE facilities on an annual or biennial basis, with follow-up inspections scheduled as required. All ICE facilities with an average daily population of 50 or more detainees are inspected on an annual basis. In addition, ERO employs 40 on-site Federal Detention Service Managers (DSMs) at key ICE detention facilities to monitor and inspect components of facility operations for compliance with ICE detention standards. Currently, DSMs are assigned to 52 detention facilities, covering approximately 83 percent of ICE’s detained population. ERO also contracts for a Quality Assurance Team (QAT) comprised of three subject matter experts in the fields of corrections and detention. The QAT performs quality assurance reviews at the facilities that have assigned DSMs. The purpose of the QAT reviews is to ensure that DSMs are effectively monitoring the operations of the facility and addressing concerns.

The ICE Office of Detention Oversight (ODO), within the Office of Professional Responsibility (OPR), conducts compliance inspections at selected detention facilities where detainees are housed for periods in excess of 72 hours. ODO selects facilities to inspect based on a variety of considerations, including significant compliance issues or deficiencies identified during ERO inspections, concerns identified or raised by the DSMs, detainee complaints, and allegations reported or referred by the DHS Office of Inspector General (OIG) or the ICE JIC. ODO provides its compliance inspection reports, recommendations and identified best practices to ERO and ICE leadership who ensure appropriate corrective action plans are developed and put in place at detention facilities.

At the Department level, CRCL reviews allegations related to civil rights and civil liberties issues in immigration detention facilities. The OIG also may
respond to certain complaints by conducting investigations. The OIG will refer certain complaints to ERO.

**Detainee Supervision and Monitoring (§§ 115.13, 115.113)**

**Summary of Proposed Rule**

The standards contained in the proposed rule required the agency or the facility to make its own comprehensive assessment of adequate supervision levels, taking into account its use, if any, of video monitoring or other technology. The agency or facility must reassess such adequate supervision and monitoring at least annually and the assessment will include an examination of the adequacy of resources it has available to ensure adequate levels of detainee supervision and monitoring. Each immigration detention facility must also conduct frequent unannounced security inspections to identify and deter sexual abuse of detainees.

**Changes in Final Rule**

DHS added two factors for the facility to consider when determining adequate levels of detainee supervision and determining the need for video monitoring. These factors are (1) generally accepted detention and correctional practices and (2) any judicial findings of inadequacy.

DHS also made a minor change to § 115.13(d). Instead of prohibiting staff from alerting others that “supervisory rounds” are occurring, DHS prohibits staff from alerting others about the “security inspections.” The purpose of this change is to make the provision more consistent with the rest of the paragraph, which refers to such checks as security inspections rather than supervisory rounds.

**Comment and Responses**

**Comment.** A number of commentators requested generally that this section more closely resemble DOJ’s standards regarding supervision and monitoring. A human rights advocacy group requested that DOJ’s more specific list of factors in paragraph (a) be included. Under this approach, the rule would explicitly require facilities to consider, when determining adequate staffing levels, past findings of supervision inadequacies by courts or external oversight bodies. These considerations would be in addition to the considerations set forth in the proposed section’s paragraph (c), which provides that “the facility shall take into consideration the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in agency custody.”

**Response.** DHS respectfully disagrees with the notion that its supervision and monitoring provision must include the same enumerated factors included in DOJ’s regulation regarding facilities. DOJ’s rule is intended to cover a broad range of Federal and State facilities managed and overseen by a variety of different government organizations. By contrast, ICE oversees detainee supervision and monitoring at all immigration detention facilities. ICE uses its well-established detention standards to ensure that facilities are properly and effectively supervising detainees. DHS agrees, however, that a number of factors from DOJ’s regulation have application in the DHS context. DHS has therefore incorporated into its regulation the following two additional factors: (1) Generally accepted detention and correctional practices and (2) any judicial findings of inadequacy.

**Comment.** A number of comments addressed the requirements for security inspections. Regarding the standard in § 115.113 for holding facilities specifically, one organization suggested that DHS add a requirement that such facilities conduct periodic unannounced security inspections just as in Subpart A, stating that video monitoring is not a substitute for adequate staffing and also suggesting that the clauses in both proposed sections regarding video monitoring where applicable be struck from paragraph (a) and instead included in paragraph (b) as a part of the requirement to develop and document supervision guidelines.

**Response.** DHS defines a holding facility similarly to DOJ’s definition of “lockup.” The DOJ rule requires unannounced security inspections of adult prisons and jails, but not of lockups. Similarly, DHS provides for such inspections in its immigration detention facilities, but not in its holding facilities. This is because holding facilities, like lockups, generally provide detention for much shorter periods of time.

**Comment.** Commenters suggested adding another requirement for intermediate-level or higher-level supervisors to conduct more inspections.

**Response.** DHS notes that by focusing on having only mid- to high-level supervisors conduct inspections, the facilities would not be effectively accomplishing the main purpose of the provision, which is to deter sexual assault and abuse. DHS believes that facility staff are trained and qualified to conduct security inspections and that these inspections are an effective and efficient deterrent to sexual abuse and assault. Because deterrence is the primary purpose of this requirement, and because, in its experience, non-supervisory inspections are an effective deterrent, DHS declines to make the suggested revisions.

**Comment.** Another comment criticized § 115.13 generally for not articulating the frequency (e.g., regular inspections) or location of the inspections (e.g., throughout the facility). The commenter believed this would result in minimal deterrent effect and low likelihood of identifying misconduct as it occurs.

**Response.** DHS notes that paragraph (d) provides for unannounced security inspections, which may occur with varying frequency and in any part of a facility. These unannounced inspections are meant to act as a deterrent, and are not meant to catch detainees and/or staff in acts of sexual assault or abuse.

Unannounced security inspections are an effective tool used by facilities to deter a wide range of detainee and employee misconduct.

**Comment.** Multiple commenters suggested additional requirements for the proposed standards on developing and documenting comprehensive detainee supervision guidelines. One comment recommended that DHS require facility-specific development and implementation of the concrete staffing and monitoring plan, with a specific provision for adequate numbers of supervisors. Another comment recommended that DHS adopt an analogue to paragraph (b) of the DOJ standard, which requires that “the facility shall document and justify all deviations from the staffing plan.”

Comments also suggested that the agency also document any needed adjustments identified in the annual review, and that—when not in compliance with the staffing plan—a facility should be required to document and justify all deviations, for measuring and compliance during auditing and oversight.

**Response.** These standards require that each immigration detention facility develop and document comprehensive detainee supervision guidelines, to ensure that the facility maintains sufficient supervision of detainees to protect detainees against sexual abuse. As explained above, the sufficiency of supervision depends on a variety of factors, including, but not limited to, the physical layout of each facility, the

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composition of the detainee population, and each facility’s track record in detainee protection.

Currently, NDS relies on performance-based inspections to determine whether a facility has adequate supervision and monitoring. ICE’s 2008 PBNDS and 2011 PBNDS require that facility administrators determine the security needs based on a comprehensive staffing analysis and staffing plan that is reviewed and updated at least annually. Section 115.13 enhances ICE’s detention standards by requiring that facilities develop and document comprehensive detainee supervision guidelines which will be reviewed annually. Unlike the facilities that fall under DOJ’s final rule, ICE has direct oversight over immigration detention facilities and can, through its well-established inspection process, effectively determine whether a facility’s detainee supervision guidelines are adequate and whether a facility is not providing adequate supervision and monitoring.

Furthermore, requiring every facility to adopt specific staffing ratios under this regulation could significantly increase contract costs without commensurate benefits. In short, DHS has determined that it can make more effective use of limited resources by mandating comprehensive guidelines that each facility will review annually and auditors will examine on a regular basis.

DHS declines to require facilities to document deviations from supervision guidelines because we do not believe this additional documentation would materially assist ICE monitoring of conditions generally and compliance with the supervision guidelines in particular. Through its comprehensive facility oversight and inspection programs, ICE has sufficient tools to ensure that facilities effectively supervise detainees and comply with these regulations. And if ICE determines after an inspection that a facility has failed to meet the standards set forth in § 115.13 or failed adequately justify deviations from supervision guidelines, ICE has direct authority to remove detainees from that facility. DHS has therefore elected to proceed with the proposed rule’s approach.

Comment. One group suggested that, in regard to the standard on determining adequate levels of detainee supervision and video monitoring in paragraph (c), an annual review should assess effectiveness and identify changes that may be necessary to improve effectiveness and allow implementation.

Response. As discussed above, staffing levels, detainee supervision, and video monitoring are inspected on a regular basis. Once a facility adopts these standards, it also will be subject to regular auditing by an outside entity pursuant to the audit requirement in this regulation. Under section 115.203, such audits must include an evaluation of (1) whether facility policies and procedures comply with relevant detainee supervision and monitoring standards and (2) whether the facility’s implementation of such policies and procedures does not meet, meets, or exceeds the relevant standards. 6 CFR 115.203(b)-(c).

Juvenile and Family Detainees (§§ 115.14, 115.114)

Summary of Proposed Rule

The standards contained in the proposed rule required juveniles to be detained in the least restrictive setting appropriate to the juvenile. The Subpart A standard required detention facilities to hold juveniles apart from adult detainees, minimizing sight, sound, and physical contact, unless the juvenile is in the presence of an adult member of the family unit, and provided there are no safety or security concerns with the arrangement. That standard further required that facilities provide priority attention to unaccompanied alien children, as defined by 6 U.S.C. 279, who would be transferred to an HHS/ORR facility.

Changes in Final Rule

DHS made minor changes to § 115.14(a), (d), and (e) of the final rule. The “in general” and “should” language that was suggested in the NPRM was removed in paragraph (a) to ensure a clear requirement that juveniles shall be detained in the least restrictive setting appropriate to the juvenile’s age and special needs, provided that such setting is consistent with the need to protect the juvenile’s well-being and that of others, as well as with any other laws, regulations, or legal requirements. DHS made a technical change to paragraph (d) to maintain consistency between this regulation and the statutory provision at 8 U.S.C. 1232(h)(3). DHS clarified that paragraph (e) does not apply if the juvenile described in the paragraph is not also an unaccompanied alien child.

Regarding the Subpart B standard at § 115.114, DHS added the same change in paragraph [a] as in § 115.14(a) for consistency. DHS also added more specific language in paragraph (b) to require that unaccompanied juveniles generally be held separately from adult detainees. The final standard also clarifies that a juvenile may temporarily remain with a non-parental adult family member if the family relationship has been vetted to the extent feasible, and the agency determines that remaining with the non-parental adult family member is appropriate, under the totality of the circumstances.

Comment and Responses

Comment. Commenters expressed concern that the standards should not allow for housing of juveniles in adult facilities, particularly if not held with adult family members. One human rights advocacy group stated that as proposed, the standard on separating juveniles does not set forth specific steps to prevent unsupervised contact with adults.

Response. It is DHS policy to keep children separate from unrelated adults whenever possible. To take into account, in part, the resulting settlement agreement between the legacy INS and plaintiffs from class action litigation, known as the Flores v. Reno Settlement Agreement (FSAs), INS—and subsequently DHS—have put in place policies covering detention, release, and treatment of minors in the immigration system nationwide. Both the FSA and the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (TVPRRA) inform DHS policies regarding juveniles. There are sometimes instances in which ICE personnel reasonably believe the juvenile to be an adult because the juvenile has falsely represented himself or herself as an adult and there is no available contrary information or reason to question the representation. Under existing policy, ICE officers must base age determinations upon all available evidence regarding an alien’s age, including the statement of the alien.

In promulgating these PREA standards, DHS attempted to codify the fundamental features of its policy in regulation, while maintaining a certain amount of flexibility for situations such as brief confinement in temporary holding facilities. Additionally, DHS, through ICE, must and does enforce the juvenile Justice and Delinquency Prevention Act, which requires that alien juveniles not charged with any offense not be placed in secure detention facilities or secure correctional facilities and not be detained or confined in any institution in which they have contact with adult inmates. See 42 U.S.C. 5633.

Comment. Former Commissioners of NPRC and other groups recommended that both the Subpart A and B standards require all sight and sound separation from non-familial adults, as DOJ’s standard does. Some members of Congress commented generally that the
standards on housing of juveniles should be revised to be in line with DOJ’s standard. For the Subpart A standard, comments suggested more explicit language requiring facilities to separate juveniles by sight, sound, and physical contact to clarify the degree of separation required; they recommended that DHS eliminate the language of “minimizing” such situations.

Regarding the Subpart B standard, a commenter suggested physical contact, sight, and sound restrictions be in place particularly for shared dayrooms, common spaces, shower areas, and sleeping quarters. Similarly, one group comment suggested adding language to define the meaning of “separately” in Subpart B’s unaccompanied alien children provision to ensure placement outside of the sight and sound of, and to prevent physical contact with, adult detainees to the greatest degree possible.

Response. Regarding Subpart A, DHS does not believe the suggested changes are appropriate, as the DHS standard is tailored to the unique characteristics of immigration detention and the variances among confinement facilities for DHS detainees. With respect to the Subpart A standard for immigration detention facilities, juveniles are primarily held in such facilities under the family residential program. (Rarely, DHS must detain a minor who is not unaccompanied but who is, for example, a lawful permanent resident who has committed a serious crime. In this rare circumstance, DHS uses an appropriate juvenile detention facility which is subject to regular inspection by ICE.) Under the family residential program, juveniles are held with adult family members—not solely with other juveniles as would be the case in the context of DOJ’s traditional juvenile settings. Juveniles in the family residential setting for immigration detention may have some contact with adults; however, an adult family member will be present. Given the unique nature of the family detention setting, maintaining the standard’s language as proposed is the best and most straightforward way to meet PREA’s goals.

The burden of inserting additional specific restrictions would be particularly high because unaccompanied alien children are generally transferred to an HHS/ORR facility within a short period of time—72 hours at most—after determining that he or she is an unaccompanied alien child, except in exceptional circumstances.\(^1\) DHS does not believe the best approach is to wholly transfer DOJ’s standard, which fits the correctional system rather than immigration juvenile detention system, to the DHS context in the manner described by the commenters.

Regarding the Subpart B standard, DHS notes that its standard is consistent with, and in some ways more detailed than, the analogous DOJ standard. Finally, DHS intends that the word “separately” be understood according to the plain meaning of the word. To keep the standards straightforward and easily administrable, DHS declines to create a separate definition of the term for purposes of these standards.

Comment. One commenter suggested adding requirements for separation outside of housing units to mirror the DOJ standard’s requirement of sight and sound separation. The commenter also recommended adding requirements for direct staff supervision when not separated.

Response. Consistent with the reasoning above, DHS does not believe changes to conform with the DOJ standard in this manner are appropriate, as the DHS standard is tailored to the unique characteristics of immigration detention and the variances among confinement facilities for DHS detainees.

Comment. An immigration advocacy group commented that it had received preliminary data as a result of a request under the Freedom of Information Act, and that data show thousands of children, including many under the age of 14, have been housed in adult facilities. The commenter wrote that such a practice would violate the terms and conditions of the PSA, which sets forth a policy for the detention, release, and treatment of minors in the custody of then-INS and requires that unaccompanied minors be generally separated from unrelated adults. The commenter also wrote that PREA regulations that discourage but do not prohibit this practice are insufficient to protect this exceptionally vulnerable population from potential sexual abuse.

Response. DHS has examined available data on this subject, and determined that the commenter’s conclusions do not reflect ICE practices. DHS assures the commenter as follows:

- Any individual who claims to be a juvenile during processing or while in detention is immediately separated from the general adult population pending the results of an investigation into the claim;

- All unaccompanied alien children are required to be transferred to an HHS/ORR facility within 72 hours after determining that the child is an unaccompanied alien child, except in exceptional circumstances;

- As stated in §115.14(b), juveniles will be held with adult members of the family unit only when there are no safety or security concerns with the arrangement; and

- As indicated in §115.14, if juveniles are detained in holding facilities, they shall generally be held separately from adult detainees. Where, after vetting the familial relationship to the extent feasible, the agency determines it is appropriate, under the totality of the circumstances, the juvenile may temporarily remain with a non-parental family member.

Comment. Some commenters suggested that more explicit language be incorporated in the standards to prevent abusive use of restrictive confinement in all types of facilities. Multiple groups expressed concern that administrative segregation for juveniles is limited. One group stated that any separation of juveniles from adult facilities, which it supported, should not subject them to harmful segregation or solitary confinement. Others suggested strict limits, including for all forms of protective custody, with a collection of groups suggesting an explicit prohibition on administrative segregation and solitary confinement if needed to comply with the juvenile and family detainee requirements. The groups suggested removing the phrase ‘‘[in] general’’ in paragraph (a) of the Subpart A and B standards regarding making juvenile detention as least restrictive as possible. One organization suggested requirements for when isolation is necessary to protect a juvenile, including documenting the reason therefor, reviewing the need daily, and ensuring daily monitoring by a medical or mental health professional.

Response. Upon reconsideration based upon these comments, DHS has concluded that in the interest of clarity removing the introductory words ‘‘[in] general’’ from paragraph (a) is appropriate. However, DHS does not see a need for an explicit regulatory prohibition on administrative segregation, solitary confinement, and the like in this context; concerns about overly restrictive confinement for juveniles should be alleviated by the strong standards in both subparts—further strengthened in this final rule—requiring juveniles to be detained in the least restrictive setting appropriate to the juvenile’s age and special needs, taking into account safety concerns.
laws, regulations, and legal requirements. Administrative segregation and solitary confinement clearly do not comply with the requirement that juveniles be detained in the “least restrictive setting appropriate.”

Additionally, the TVPRA mandates that, except in exceptional circumstances, DHS turn over any unaccompanied child to HHS/ORR within 72 hours of determining that the child is an unaccompanied alien child and that ORR promptly place the child in the least restrictive setting that is in the child’s best interest. See 8 U.S.C. 1232(b)(3), (c)(2)(A). Therefore, the types of segregation described by the commenters are generally neither feasible nor permissible for such children.

These concerns appear even further diminished when taking into account that under ICE policy juveniles are to be supervised in an alternate setting which would generally not include administrative segregation. Because Subpart A of these standards implements safeguards that will allow a juvenile to be in the presence of an adult member of the family unit when no safety or security concerns exist, accompanied children remaining in immigration detention will not present situations of serious concern either. For these same reasons, DHS declines to adopt the additional suggested requirements regarding isolation.

Comment. Multiple commenters recommended that when possible and in the best interest of the juvenile, family units should remain intact during detention. Some commenters suggested that DHS include this principle in the regulation. Some commenters also recommended expanding the definition of family unit to account for more expansive understandings of parentage and guardianship in many countries of origin. They suggested that if there are concerns about a child’s safety with a family member, other than a parent or legal guardian, DHS assess the relationship and safety and make appropriate placements, including admitting such a family unit while providing separate housing for the child in the same facility.

Response. For immigration detention facilities, DHS has set a regulatory “floor” in § 115.14 and in the regulatory definition of family unit. This suite of requirements provide that facilities do not hold juveniles apart from adults if the adult is a member of the family unit, provided there are no safety or security concerns with the arrangement. DHS holds immigration detention facilities and holding facilities accountable for complying with a range of policy, and now regulatory, requirements.

With respect to the suggestion that DHS add regulatory language addressing intact family unit detention, DHS declines to adopt such a standard. ICE has found that the PREA standards’ definition of family unit and current ICE policy, specifically ICE’s Family Detention and Intake Guidance, has worked well, and to the extent that deficiencies might exist, DHS does not believe that addressing them in regulation would be beneficial to the affected population.

With respect to expanding the regulation’s treatment of the family unit beyond the parent or legal guardian, DHS declines to expand the “family unit” definition, given the legal requirement for DHS to transfer unaccompanied alien children to HHS, generally within 72 hours of determining that the child is an unaccompanied alien child. See 8 U.S.C. 1232(b)(3). Under the Homeland Security Act of 2002, adopted by the TVPRA, an “unaccompanied alien child” is defined, in part, as a child for whom “there is no parent or legal guardian” either in the United States or available in the United States to provide care and custody. 6 U.S.C. 279(g)(2); see also 8 U.S.C. 1232(g). DHS’s definition of “family unit” takes these provisions on unaccompanied alien children into account.

However, for Subpart B, as indicated above, DHS has revised § 115.114 to provide that where the agency determines that it is appropriate, under the totality of circumstances and after vetting the familial relationship to the extent feasible, the juvenile may temporarily remain with a non-parental adult family member.

Comment. One organization suggested a more bright line mandate regarding the proposed standard’s paragraph (d) by requiring the transfer of unaccompanied alien children to HHS/ORR within the timeframe proposed. Another advocacy group emphasized the importance of adequate training and procedures for meeting the timeframe for transfer.

Response. DHS has considered these comments; however, the standard as proposed, which mandates the transfer of unaccompanied alien children within the 72-hour timeframe except in exceptional circumstances, is consistent with the TVPRA requirements. DHS is confident that the transfer of unaccompanied children to ORR will continue to be carried forth expeditiously. DHS will strictly enforce this regulatory provision, as it will all PREA standards. With respect to the observation on the importance of adequate training and internal procedures to support timely transfer to ORR, DHS takes the comments under advisement for purposes of developing its training curriculum.
family detention in one section in order to account for current immigration detention and holding facility practice and policy. Under current practice and policy, a single facility might detain individuals as well as families. (In other words, families detained while travelling or living together may be detained together, even if the facility usually holds detainees as individuals only.)

Given this context, DHS believes that streamlining juvenile-specific regulatory standards in a single location strengthens protections, as responsible officials are able to refer to a “one-stop shop” in §§ 115.14 and 115.114. DHS believes that its decision to streamline the standards will not decrease the level of protection to young detainees. DHS will carefully monitor policies and the implementation of this approach and make future policy or regulatory changes if necessary.

With respect to the former NPREC Commissioners’ specific proposals for family unit detention and/or family facilities, ICE already has strong policies in place regarding these matters. These standards and ICE policies include detailed provisions on screening/eviction of immigration detainees, reporting of sexual abuse, investigations, and access to medical and mental health care.

Again, in addition to the PREA regulatory standards that address these topics generally for all detainees, the 2007 Residential Standard addressing Sexual Abuse and Assault Prevention and Intervention ensures that individuals in family and residential settings are protected by measures relating to these precise topics.

Comment. One commenter recommended that DHS promulgate a separate set of standards to prevent abuse in facilities that detain children. The group expressed that a significantly improved accounting for the needs of and special risks faced by such youth is necessary.

Response. DHS has considered this comment and, as a policy matter, declines to set forth differing abuse-prevention standards depending on whether a specific detainee population happens to be present at a specific point in time. Because DOJ’s standards address juvenile-only facilities through either the juvenile justice system or the criminal justice system, DOJ’s standards specifically included a definition of a juvenile facility. See 77 FR 37105, at 37115. But immigration detention facilities and temporary holding facilities are not so easily characterized. For example, family unit detention includes juveniles as well as adults. PREA protections apply to a family unit detention facility in the same manner that they apply to other immigration detention facilities. The potential benefits of creating a separate set of standards for this context are not apparent, especially in light of the fact that the applicable standards in Part A are robust.

With respect to juveniles detained outside of family units, as noted above, unaccompanied alien children are generally placed with ORR almost immediately; ORR is responsible for making decisions related to the care and custody of such children in their charge. For the 72-hour intervening period up to which DHS may generally maintain custody, concerns about abuse should be alleviated by the strong requirements in both subparts that generally prohibit juveniles from being held with adult detainees in non-familial situations. DHS believes that the final standards on juvenile and family detainees, with the revisions noted above, sufficiently protect juveniles in immigration detention and holding facilities. Due to these factors, DHS has declined to promulgate a wholly separate set of standards for facilities that house juveniles.

Comment. One comment suggested explicit requirements that, absent exigent circumstances, juveniles have access to daily outdoor recreation; a number of groups suggested the same standard for large muscle exercise, legally required special education services, and—to the extent possible—other programs.

Response. Except to the extent affected by standards designed to prevent, detect, and respond to sexual abuse and assault in detention facilities, access to activities and other services is outside the scope of this rulemaking. Therefore, it is not necessary to include a list of specific kinds of juvenile detainee activities and access in these standards.

Comment. One advocacy group suggested a requirement that children have meaningful access to their attorneys during interactions with DHS officials, including such interactions after transfer to HHS/ORR.

Response. This comment is outside the scope of this rulemaking. DHS therefore declines to address it here.

Limits to Cross-Gender Viewing and Searches (§§ 115.15, 115.115)

Summary of Proposed Rule

The standards contained in the proposed rule required policies and procedures that enable detainees to shower (where showers are available), perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or bowel movement under medical supervision. The standards also required that staff of the opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. The proposed rule prohibited cross-gender strip searches except in exigent circumstances, or when performed by medical practitioners and prohibits facility staff from conducting body cavity searches of juveniles, requiring instead that all body cavity searches of juveniles be referred to a medical practitioner.

In Subpart A, the proposed rule generally prohibited cross-gender pat-down searches of female detainees, unless in exigent circumstances. The proposed rule permitted cross-gender male detainee pat-down searches when, after reasonable diligence, staff of the same gender was not available at the time the search or in exigent circumstances. The proposed rule required that any cross-gender pat-down search conducted pursuant to these exceptions be documented. The proposed rule required these policies and procedures to be implemented at the same time as all other requirements placed on facilities resulting from this rulemaking. The proposed rule did not prohibit cross-gender pat-down searches in § 115.115 of Subpart B because of the exigencies encountered in the holding facility environment and the staffing and timing constraint of those small and short-term facilities.

In both immigration detention facilities and holding facilities the proposed rule prohibited examinations of detainees for the sole purpose of determining the detainee’s gender. The proposed rule further required that all security and law enforcement staff be trained in proper procedures for conducting all pat-down searches.

Changes in Final Rule

In paragraph (i) of § 115.15, DHS changed the text to prohibit a facility from searching or physically examining a detainee for the sole purpose of determining the detainee’s genital characteristics. The previous language used the phrase “gender” instead of “genital characteristics.” The final rule also revises paragraph (i) to allow a detainee’s gender to be determined as part of a standard medical examination that is routine for all detainees during intake or other processing procedures. The final rule also revises §§ 115.15(i)
and 115.115(f) to clarify that pat-down searches must be conducted consistent with all agency policy.

**Comments and Responses**

Comment. A number of commentators believed the same prohibition on cross-
gender pat-down searches should apply to all detainees. Two sets of advocacy
groups and another organization suggested eliminating paragraph (b),
which allows cross-gender searches of males in limited circumstances. A number
of these and other groups suggested changing paragraph (c) to
prohibit all cross-gender pat-down searches, not just for female detainees,
except in exigent circumstances; some members of Congress commented in
favor of doing so in order to meet “civil confinement standards.”

Multiple commenters, including the
NPREC Commissioners, criticized the
inclusion of “exigent circumstances” as
an exception to cross-gender searches.
These commenters perceived the
exception to be overly broad. One
commenter expressed dissatisfaction
with the term “reasonable diligence” for
similar reasons. The commenter
suggested a standard that would require
facilities to have sufficient male and
female staff to sharply limit cross-
gender pat-down searching of men.
Another commenter recommended
narrowing the circumstances under
which cross-gender pat downs of males
are permitted.

A number of advocacy groups
suggested explicitly requiring that
facilities cannot restrict a detainee’s
access to regularly available
programming or other opportunities in
order to comply with the restrictions on
cross-gender viewing and searches.
Response. DHS adopted a standard
that generally prohibits, with limited
exceptions, cross-gender pat-down
searches of female and male detainees
in order to further PREA’s mandate of
preventing sexual abuse without
promising security in detention, or
infringing impermissibly on the
employment rights of officers.

DHS declines to incorporate the
commenters’ suggestion to extend the
same coverage for both male and female
pat-down searches. Female detainees
are especially vulnerable to sexual
abuse during a pat-down search because of
the disproportionate likelihood of
having previously suffered abuse.
According to studies, women with
sexual abuse histories are particularly
traumatized by subsequent abuse. For

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Principles for Women Offenders, at 37, NIC (2003)

In addition, standard policies and procedures
in correctional settings can have profound effects on
women with histories of trauma and abuse, and
often act as triggers to retraumatize women who
have post-traumatic stress disorder (PTSD).

Danielle Dirks, Sexual Reactivation
and Re-traumatization of Women in Prison, 32 Women’s
Stud. Q. 102, 102 (2004) (“For women with
previous histories of abuse, prison life is apt to
stimulate the abuse dynamics already established in
these women’s lives, thus perpetuating women’s
further revictimization and retraumatization while
serving time.”).

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immigration detention facilities are
allowing detainees equal access to
programming without regard to detainee
gender or staffing limitations.

Comment. Multiple commenters and
other groups expressed concerns with
the phrase “incidental to routine cell
checks” and suggested it be removed as
an exception allowing cross-gender
viewing, a sentiment with which former
NPREC Commissioners commented they
agreed. One commenter suggested the
phrase could allow a facility to not take
needed steps and then simply claim
staff viewing is exempted as incidental.

Response. DHS respectfully disagrees
with the commenters that viewing
incidental to routine cell checks is a
gateway for abuse in detention. The
final rule provides adequate protection
by requiring each facility to have
policies and procedures that oblige staff
of the opposite gender to announce their
presence when entering an area where
detainees are likely to be showering,
performing bodily functions, or
changing clothing.

Comment. Two comments suggested
removing the provisions that allow
cross-gender searches when safety,
security, and related interests are at
stake, out of apparent concern that the
provision’s breadth would allow
facilities to “mask abusive use of
searches.”

Response. Maintaining safety, security
and other related interests in detention
in order to protect detainees, staff,
contractors, volunteers, and visitors is
the highest priority for DHS. Searches
are an effective and proven tool to
ensure the safety of every person in the
detention environment. As such, the
final standard maintains paragraph (a),
which explains why searches are a
necessary part of detention.

Comment. Two comments suggested
the provision in paragraph (i)
regarding preventing searches for the
sole purpose of determining “gender”
be revised to instead prevent searching
solely for determining “genital
characteristics.” In the following
sentence of the provision, the groups
also suggest that “genital status” replace
“gender” when employees can take
other steps to determine. Another
advocacy group suggested clear
standards for classifying as male or
female based on a range of issues
including self-identification and a
medical assessment, and not based
solely on external genitalia or identity
documents.

Regarding the same provision, another
commenter suggested removing “as part
of a broader medical examination
conducted in private, by a medical
practitioner” as a means for making

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determination, and instead replacing it with “through a routine medical examination that all detainees must undergo as part of intake or other processing procedure.”

Response. After considering the comments regarding paragraph (i), DHS has revised the language to prevent searches for the sole purpose of determining “a detainee’s genital characteristics” instead of “a detainee’s gender.” DHS also clarifies that while medical examinations may be done to determine gender, they must be part of a standard medical exam that is routine for all detainees during intake or other processing procedures. DHS believes that the final rule allows a range of issues to be considered for gender determination. In addition to medical examinations, the determination may be made during conversation and by reviewing medical records.

Comment. One advocacy group suggested that searches of transgender and intersex detainees should have clear standards and by default be conducted by female personnel, as the group contends risk of sexual abuse is generally lower when the search is conducted by females.

Two comments suggested adding a provision in paragraphs (j) and (l), for Subparts A and B, respectively, to require that same-gender searches for transgender and intersex detainees be conducted based on a detainee’s gender identity absent a safety-based objection by the detainee. One commenter also suggested that we replace the phrase “existing agency policy” with “these regulations and compatible agency policy” for clarity.

Response. DHS respectfully disagrees with the commenters about including specific provisions within this section describing how pat-down searches should be conducted for transgender and intersex detainees. While a facility can, on a case-by-case basis, adopt its own policies for pat-down searches of transgender or intersex detainees, the agency does not believe that an additional mandatory rule is necessary in this context. DHS believes pat-down searches must be conducted in a professional manner for all detainees and is reluctant to carve out unique pat-down search standards for transgender and intersex detainees. Additional standards may make the regulation more cumbersome to implement on a day-to-day basis.

DHS declines to change the wording of §§ 115.15(j) and 115.115(f) to “compatible agency policy,” because once a facility adopts the standards set forth in this regulation, the facility is expected to abide by the standards in cross-gender viewing and searches. Existing agency policy will not conflict with these standards. In consideration of the commenter’s concern, however, DHS has revised the final rule for clarity. The final rule now requires pat-down searches to be conducted “consistent with security needs and agency policy, including consideration of officer safety.”

Comment. Multiple comments dealt with juvenile pat-down searches. One group suggested that training for employees, contractors, and volunteers having contact with juveniles must include child-specific modules. Another commenter suggested that male juveniles only be subjected to cross-gender pat-down searches in exigent circumstances.

Response. In addition to the “floor” set by this regulation, DHS has established procedures for the custody and processing of juveniles for intake or transfer to ORR. DHS also provides training related to the treatment of juveniles in basic training and in follow-up training courses on a periodic basis. For example, ICE’s Family Residential Standards, applicable to juveniles in the immigration detention facility context, provide that a pat-down search shall only occur when reasonable and articulable suspicion can be documented. The standard on searches also provides a requirement for explicit authorization by the facility administrator or assistant administrator in order for a child resident fourteen years old or younger to be subject to a pat-down, requires facilities to have further written policy and procedures for such searches, and provides that such searches should be conducted by a staff member of the same gender as the detainee. The stated goal of the standard is to ensure that residential searches are conducted without unnecessary force and in ways that preserve the dignity of the individual being searched. All staff must receive initial and annual training on effective search techniques. Standards applicable to all minors held by ICE ensure that the least intrusive practical search method is employed and include similar pat-down parameters to those described above. These policies are the best practices for the agency and subsequent revisions to the final rule are unnecessary.

Comment. Regarding the Subpart B-specific paragraph (d), one collective group comment suggested provisions be added requiring agency policies addressing health, hygiene, and dignity in facilities, requiring replacement garments and access to showers when necessary, and allowing separate showering for transgender and intersex detainees.

Response. These issues are of great importance to DHS, but requiring such separate policies would be outside the scope of this rulemaking. Section 115.115(d) requires policies and procedures that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, with limited exceptions.

Given the limited infrastructure of holding facilities (most do not include showers), DHS does not believe that requiring separate showering for transgender and intersex detainees is an efficient use of limited resources.

Comment. One commenter suggested the standards should embody American Bar Association Standards on the Treatment of Prisoners. Those standards may provide strategies and devices to allow personnel of the opposite gender of a prisoner to supervise the prisoner without viewing the prisoner’s private bodily areas.

Response. DHS believes that the requirements set forth in §§ 115.15 and 115.115 establish sufficient safeguards to limit the cross-gender viewing of detainees by staff, and are fully consistent with the above-referenced standards.

Accommodating Detainees With Disabilities and Detainees With Limited English Proficiency (§§ 115.16, 115.116)

Summary of Proposed Rule

The standards in the proposed rule required each agency and immigration detention facility to develop methods to ensure that inmates who are LEP or disabled are able to report sexual abuse and assault to staff directly, and that facilities make accommodations to convey sexual abuse policies orally to inmates with limited reading skills or who are visually impaired. The proposed standards required each agency and immigration detention facility to provide in-person or telephonic interpretation services in matters relating to allegations of sexual abuse, unless the detainee expresses a preference for a detainee interpreter and the agency determines that is appropriate.

Changes in Final Rule

In response to a comment received regarding another section of the standards, DHS is modifying this language by clarifying that a detainee may use another detainee to provide interpretation where the agency determines that it is both appropriate and consistent with DHS policy.
**Comments and Responses**

**Comment.** One commenter expressed concern that further explanation, outside of "literature describing the protection" for detainees, is necessary.

**Response.** DHS recognizes the importance of ensuring that all detainees, regardless of disability or LEP status, can communicate effectively with staff without having to rely on detainee interpreters, in order to facilitate reporting of sexual abuse as accurately and discreetly as possible and to provide meaningful access to the agency’s sexual abuse and assault prevention efforts. As a result, this standard includes other methods of communication, aside from written materials, to ensure that every detainee is educated on all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse. Such methods include in-person, telephonic, or video interpretive services, as well as written materials that are provided in formats or through methods that ensure effective communication with detainees who may have disabilities that result in limited literate and vision abilities.

The final standard, in conjunction with Federal statutes and regulations protecting the rights of individuals with disabilities and LEP individuals, protects all inmates while providing agencies with discretion in how to provide requisite information and interpretation services. The final standard does not go beyond that which is required by statute, but clarifies the agencies’ specific responsibilities with regard to PREA related matters and individuals who are LEP or who have disabilities.

**Hiring and Promotion Decisions (§§ 115.17, 115.117)**

**Summary of Proposed Rule**

The standards in the proposed rule prohibited the hiring of an individual that may have contact with detainees and who previously engaged in sexual abuse in an institutional setting; who has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion; or who has been civilly or administratively adjudicated to have engaged in such activity. The standards also required that any substantiated allegation of sexual abuse made against staff be taken into consideration when making promotion decisions. The standards in the proposed rule also required a background investigation before the agency or facility hires employees, contractors, or staff who may have contact with detainees. The standards further required updated background investigations every five years for agency employees and for facility staff who may have contact with detainees and who work in immigration-only facilities.

**Changes in Final Rule**

DHS is adopting the regulation as proposed.

**Comments and Responses**

**Comment.** Commenters suggested changing the background investigation standard’s language to include making the investigation a requirement for staff that work in facilities that house a mix of residents, including non-immigration inmates, but may have contact with detainees. The commenters suggest separating this requirement out from the investigation requirement for all facility staff who work in immigration-only detention facilities for purposes of clarity.

**Response.** DHS recognizes the critical importance of performing thorough background investigations as part of the hiring and promotion process. DHS remains committed to ensuring such background investigations are conducted prior to hiring new staff that may have contact with detainees, or before enlisting the services of any contractor who may have contact with detainees. However, DHS declines to expand the requirement for background investigations to include staff that work in facilities with non-immigration inmates and do not have contact with detainees due to the lack of DHS authority.

**Comment.** Commenters suggested requiring that background investigations for all employees who may have contact with juveniles must include records related to child abuse, domestic violence registries and civil protection orders. One commenter also suggested the background requirements be explicit for all new staff that may have contact with female detainees.

**Response.** DHS agrees that criminal records related to allegations that a potential employee has engaged in child abuse, domestic violence registries and civil protection orders are an important component of the background investigation. The standard background investigation process for employees and staff already includes the search of such records. Therefore, no additional changes are required.

**Comment.** A commenter recommended that DHS investigate to discover if border officers themselves have been hurt as children or adults because of the commenter’s belief that if it is in their history, they will be more apt to abuse others.

**Response.** DHS declines to implement a per se rule that a past history as a victim of abuse will serve as an automatic disqualifier for employment. Past victimization is not necessarily a useful indicator of future likelihood to engage in abuse. Moreover, DHS believes that any blanket rule disqualifying past victims of abuse from employment would be discriminatory and cannot be accepted.

**Comment.** Regarding the Subpart A standard on hiring and promotion, a commenter stated that it is unclear why paragraph (g)—applying the requirements of the section otherwise applicable to the agency also to contract facilities and staff—only appears in this section on hiring and promotion issues, rather than in all standards.

**Response.** DHS included §115.17(g) to clarify that any standards applicable to the agency also extend to any contracted facilities and staff, as well. By its terms, much of the rest of the regulation also applies to non-DHS facilities, to the extent that they meet the definition of immigration detention facility under Subpart A. Although paragraph (g) may be redundant, DHS is retaining it for clarity nonetheless.

**Upgrades to Facilities and Technologies (§§ 115.18, 115.118)**

**Summary of Proposed Rule**

The standards in the proposed rule required agencies and facilities to take into account how best to combat sexual abuse when designing or expanding facilities and when installing or updating video monitoring systems or other technology.

**Changes in Final Rule**

DHS is adopting the regulation as proposed.

**Comments and Responses**

DHS did not receive any public comments on this provision during the public comment period.

**Evidence Protocols and Forensic Medical Examinations (§§ 115.21, 115.121)**

**Summary of Proposed Rule**

The standards contained in the proposed rule required agencies and facilities responsible for investigating allegations of sexual abuse to adopt a protocol for the preservation of usable physical evidence as well as to provide detainee victims access to a forensic medical examination at no cost to the detainee. The standard further required that such developed protocols be appropriate for juveniles, where applicable, and that outside victim
services be available after incidents of sexual abuse to the extent possible. In situations when the component agency or facility is not responsible for investigating alleged sexual abuse within their facilities, the proposed standards required them to request that the investigating entity follow the relevant investigatory requirements set out in the standard.

**Changes in Final Rule**

DHS made one change to this provision, providing that a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) should be used where practicable.

**Comments and Responses**

*Comment.* With respect to forensic medical examinations, some advocacy groups commented that before a child undergoes such an examination or interview, facility officials should contact and provide advance notice to the juvenile’s legal guardian or other appropriate person or entity. For unaccompanied alien children, the groups suggest requiring the agency to immediately notify and consult with HHS/ORR regarding the forensic examination and facilitate the immediate transfer upon request of ORR and the juvenile. One commenter suggested adding a provision in case a legal guardian is an alleged perpetrator, in which case the agency should be required to notify a designated state or local services agency under applicable mandatory reporting laws.

*Response.* DHS declines to make the suggested revisions because they would have no practical application in this context. First, it would not be appropriate to immediately transfer a juvenile who was sexually assaulted, even if requested by ORR and the juvenile, as the juvenile should first be referred to an appropriate medical care professional and local law enforcement agency, potentially in conjunction with the appropriate child welfare authority. Responsibility for determining who has legal authority to make decisions on behalf of the juvenile would lie with the investigating law enforcement agency and the medical provider because the juvenile would be a victim involved in a criminal investigation.

Second, juveniles in the family residential program would be present as a member of a family unit and therefore would be with an individual who possesses authority for making legal determinations for the juvenile present at the facility.

With respect to the comment about reporting abuse by a parent or guardian, DHS notes that agencies are already required by applicable state laws to report all incidents of child sexual abuse or assault, including incidents where the parent or legal guardian is the perpetrator, to designated law enforcement agencies. The law enforcement official responsible for ensuring that child welfare services are notified where appropriate. Therefore, the inclusion of this provision in these standards is not necessary.

*Comment.* One commenter recommended that DHS provide a means for protection from removal—including withholding of removal, prosecutorial discretion, or deferred action—while an investigation into a report of abuse is ongoing, and also require facilities to provide application information to detainee victims and, if applicable, parents, guardians, or legal representatives.

*Response.* DHS recognizes that in some cases, it may be appropriate for ICE to not remove certain detainee victims. However, DHS does not believe that every detainee who reports an allegation should necessarily receive some type of relief or stay of removal. OPR has the authority to approve deferred action for victimized detainees when it is legally appropriate.

As mandated in §§ 115.22(b) and 115.122(e), all alleged detainee victims of sexual abuse that is criminal in nature will be provided U nonimmigrant status (also known as “U visa”) information. OPR and Homeland Security Investigations (HSI) have the delegated authority for ICE to certify USCIS Form I–918, Supplement B for victims of qualifying criminal activity that ICE is investigating where the victim seeks to petition for U nonimmigrant status.

Because these are routine agency practices and subject to agency discretion, DHS has declined to make changes in the final rule to specifically address the various prosecutorial discretion methods that may be used. ICE can and will use these prosecutorial discretion methods for detainees with substantiated sexual abuse and assault claims.

*Comment.* One commenter recommended that facilities make updated lists of resources and referrals to appropriate professionals available if and when abuse happens.

*Response.* DHS declines to make this recommended edit to the current provision because it is outside the scope of the provision. Section 115.53 currently requires facilities to have access to detainees to current community resources and services and should satisfy the commenter’s request.

*Comment.* One collective comment from advocacy groups suggested a number of added provisions for proposed paragraph (c)’s forensic medical examination requirement. The groups suggested that the facility arrange for the examination “when developmentally appropriate” and that another requirement be added that the examination is performed by a SAFE or a SANE, with other qualified medical practitioners only being allowed to examine if a SAFE or SANE cannot be made available. The agency or facility would then have to document efforts to provide a SAFE or SANE. Regarding such examinations for juveniles, the groups suggested requiring that, except in exigent circumstances, the evaluations be conducted by a qualified professional with expertise in child forensic interviewing techniques.

*Response.* It is not necessary for a medical practitioner to be a SAFE or SANE to be qualified to perform a complete forensic examination. Many detention facilities are located in rural communities where there are healthcare professionals who are qualified to perform forensic exams, but may not have a SAFE or SANE designation. Adding a SAFE or SANE requirement to the provision could in some circumstances lead to delayed treatment, as there might not be a SAFE or SANE nearby to the facility. As a result, DHS declines to absolutely require use of a SAFE or SANE. DHS, however, has added to the standard that examinations should be performed by a SAFE or SANE where practicable. With respect to the comment about developmentally appropriate evaluations, DHS notes that under §§ 115.21(a) and 115.121(a), uniform evidence protocols must be developmentally appropriate.

**Policies To Ensure Investigation of Allegations and Appropriate Agency Oversight (§§ 115.22, 115.122)**

**Summary of Proposed Rule**

The standards contained in the proposed rule mandated that each allegation of sexual abuse have a
completed investigation by the appropriate investigative authority. Each agency and immigration detention facility would establish and publish a protocol for investigation for investigating or referring allegations of sexual abuse. All allegations received by the facility would be promptly referred to the agency and, unless the allegation did not involve potential criminal behavior, promptly referred for investigation to an appropriate law enforcement agency. Finally, when an allegation of detainee abuse that is criminal in nature is being investigated, each agency would ensure that any alleged detainee victim of criminal abuse is provided access to relevant information regarding the U nonimmigrant visa process.

Changes in Final Rule

DHS made one clarification to both subparts, in paragraphs (h) and (e), respectively, that replaces the term “U nonimmigrant visa information” with “U nonimmigrant status information.” This change is consistent with the term used in the Form I–918 (Petition for U Nonimmigrant Status). DHS also changed both paragraphs to make clear its intention that the information be timely provided.

Comments and Responses

Comment. In connection with the proposed requirement that each facility ensure allegations are reported to an appropriate law enforcement agency for criminal investigation, several commenters recommended that DHS remove the exception for allegations that do not involve potentially criminal behavior. One group stated that any allegation of sexual abuse as defined in proposed §115.6 is potentially criminal.

Response. DHS agrees with the commenter that both appropriate agency oversight and criminal referrals are essential components of DHS efforts in this context. DHS is therefore implementing standards that require strong and transparent agency and facility protocols for reporting and referring allegations of sexual abuse. Under the regulation, covered agencies and facilities must promptly report all sexual abuse allegations to the appropriate administrative offices, without exception. Also under the regulation, covered agencies and facilities must promptly refer all potentially criminal sexual abuse allegations to a law enforcement agency with the legal authority to conduct criminal investigations.

DHS agrees that acts of sexual abuse, as defined in this regulation, most often involve “potentially criminal behavior.” DHS anticipates, however, that covered agencies and facilities may at times receive complaints that are framed as sexual abuse allegations, but do not rise to the level of potentially criminal behavior. For consistency with the DOJ standards, and to ensure that mandatory referrals do not deplete scarce criminal investigative resources, DHS declines to require referral to a criminal investigative entity in all cases.

Comment. Commenters also recommended that DHS insert a requirement that the facility head or an assignee must request the law enforcement investigation, and that the facility’s own investigation must not supplant or impede a criminal one.

Response. DHS declines to require the facility head to request the law enforcement investigation and declines to incorporate a requirement that the facility’s own investigation must not supplant or impede a criminal one. These revisions are not necessary because under this regulation, PBNDs 2011, and the SAAIPD, all investigations into alleged sexual assault must be prompt, thorough, objective, fair, and conducted by qualified investigators. Furthermore, facilities are required to coordinate and assist outside law enforcement agencies during their investigations and therefore not impede those investigations. DHS declines to add the suggested language because it does not strengthen the investigative mandates that are currently in place.

Comment. A commenter suggested, regarding the requirement that the facility ensure incidents are promptly reported to the JIC, ICE’s OPR, or the DHS OIG, as well as the appropriate ICE Field Office Director (FOD), that the language “ensure that the incident is promptly reported” be replaced with “report.”

Response. In some cases, the incident will be reported by an ERO officer and not an employee of the facility or the facility administrator. In such cases, the facility will have met the standards of the provision by ensuring that the incident was reported while not doing the reporting itself. Therefore, DHS declines making this addition as it does not believe this change will make the provision more effective.

Comment. Multiple commenters suggested a requirement that the detainee victim not be removed while an investigation is pending, unless the detainee victim specifically and expressly waives this prohibition in writing. In the case of a family unit, the recommendation would require that no non-abuser family members be removed during the pending investigation. The groups also suggested the standard prevent the victim from being transferred to another facility in a way that materially interferes with the investigation of the allegation unless essential to the protection of the victim, in which case the agency must ensure that the victim continues to be available to cooperate with the investigation.

Several advocacy groups, including a number of collective advocate comments, suggested a further provision be added to require that the agency ensure the victim is not removed from the United States if the victim indicates a wish to petition for U nonimmigrant status and moves to file such a petition within a reasonable period, so long as the victim cooperates with the investigation and the allegations are not found to be unfounded. In such a case, one group suggested the agency should be required to ensure the victim is not removed before obtaining necessary certified documents to apply for such status; others suggested a bar on removal unless the U nonimmigrant petition is denied by USCIS.

Response. DHS recognizes that in some cases, it may be appropriate for ICE not to remove certain detainee victims. However, DHS does not believe that every detainee who reports an allegation should receive some type of stay of removal. OPR has the authority to approve deferred action for victims of victimized detainees when it is legally appropriate. As mandated in §§115.22 (h) and 115.122 (e), all alleged detainee victims of sexual abuse that is criminal in nature will be provided a U nonimmigrant status information. OPR and HSI have the delegated authority for ICE to certify USCIS Form I–918, Supplement B for victims of qualifying criminal activity that ICE is investigating where the victim seeks to petition for U nonimmigrant status. Because these are routine agency practices and subject to agency discretion, DHS has declined to make changes in the final rule to specifically address the various prosecutorial discretion methods that may be used. ICE can and will use these prosecutorial discretion methods for detainees with...
substantiated sexual abuse and assault claims.
Furthermore, when a victimized detainee is petitioning for U
nonimmigrant status, appears to have been a victim of qualifying criminal activity, and appears to meet the
helpfulness requirement for the investigation or prosecution, prosecutorial discretion should be
utilized by ICE. To prevent unintended removals, OPR must sign off on any
ERO request to remove a victimized detainee when an investigation has been filed and is pending. DHS does not believe that adding the suggested
language substantially strengthens the current provision as it is current practice and therefore DHS declines the
recommendation.

Comment. Several commentators suggested that there be increased access
to existing types of legal status for abuse survivors.

Response. DHS is currently able to provide detainee victims with
information concerning U
nonimmigrant status when the sexual
abuse is criminal in nature. DHS may also effect deferred action or significant
public benefit parole when appropriate. DHS declines to make additional
changes in this rulemaking because any additional access to existing types of
legal status for abuse victims other than what is currently authorized would be
outside the scope of this rulemaking.

Comment. Several advocacy groups recommended the standards relating to
access to U nonimmigrant status information contain more detailed
requirements. A number of comments suggested expanding the provision to
ensure that the information include instructions on how to apply and
contact legal experts for information to assist with the process. Some of these
comments suggested specifically providing that the PSA Compliance Manager (or his or her assignee)—rather than the “agency”—should ensure the
alleged detainee victim be provided access to the information, in order to
clarify who has responsibility for
providing the U nonimmigrant status information. One group recommended that access to U nonimmigrant status information be provided not later than
two weeks following an incident.

Response. DHS agrees that these provisions should be more specific, and
therefore has clarified the regulatory text to make clear its intention that access
to the information should be provided in a timely manner—i.e.,
within a reasonable period of time, under the totality of the circumstances. This change is consistent with current ICE practice and responsive to the
concerns highlighted by the
commenters, and reserves appropriate
flexibility the agency to tailor its
practice to specific circumstances. DHS
notes that ICE already provides access to
approved informational materials or
appropriate national hotlines.

Given the potentially broad scope of
this provision (which applies to all
allegations of sexual assault), DHS
believes that additional changes would
be unnecessary and potentially
counterproductive to the goal of
providing timely, accurate, and useful
access to information. For instance, with
respect to the question of who ought to
provide U nonimmigrant status
information, DHS agrees with the
commenter that a facility’s PSA
Compliance Manager is one good option
for providing such information.
However, ICE OPR would also provide
such information pursuant to the
SAAPID, section 5.7, which states that
“in cases where the allegation involves
behavior that is criminal in nature, OPR,
in coordination with the FOD and/or
HSI SAC, as appropriate, will ensure
any alleged victim of sexual abuse or
assault who is an alien is provided
access to U non-immigrant visa
information. . . .”

DHS does not believe that including
these detailed requirements in a
regulatory provision or designating the
PSA Compliance Manager as the
individual responsible for providing the
information to qualifying detainees
would strengthen this provision or
provide more support to the detainee.
DHS notes that it also already provides
such information to the public on DHS
Web sites and through DHS’s Blue
Campaign to end human trafficking.

Comment. Several advocacy groups suggested the standard require the
facility head or his or her assignee to
make every effort to ensure that the
victim has legal counsel who can
provide advice on petitions for U
nonimmigrant status, unless law
enforcement investigators were to
determine the allegation to be
unfounded.

Response. DHS declines to add the
suggested language with respect to legal
counsel. Immigration detention facilities
already provide information about legal
services to detainees, consistent with
existing standards regarding access to
the law library and other information about legal services. Facilities also
facilitate access to legal counsel through
visitation and communication by
telephone. DHS notes that §115.53
requires facilities to ensure detainees
have access to current community
resources and services.

Comment. One group recommended that access to U nonimmigrant status
information be provided not later than
two weeks following an incident.

Response. ICE’s SAAPID, section 5.7,
sets forth the agency’s responsibilities
for providing U nonimmigrant status
information to sexual assault victims.
The Directive states that OPR, in
coordination with the FOD and/or HSI
SAC, will ensure alleged victims of
sexual abuse or assault who have made
allegations involving criminal behavior
will be provided access to U
nonimmigrant status information. DHS
believes that this policy ensures victims
will have timely access to the U
nonimmigrant status information.
Accordingly, DHS declines to
implement a two week regulatory
requirement.

Comment. Collective comments from advocates suggested a requirement that
the agency designate various qualified
staff members or DHS employees to
complete USCIS Form I–918,
Supplement B for any detainee victim of
sexual abuse who meets U
nonimmigrant status certification
requirements. A comment noted that this “is meant to prevent qualified agency personnel from declining to
assist a detainee with a U visa
application.” The same comment noted that in some cases, agencies do not
complete the Supplement B “because of
a lack of understanding [that]
completing Supplement B is not an
admission of liability on the part of the
agency but simply an acknowledgement that the detainee was or is likely to be
helpful in an investigation.”

Response. U nonimmigrant status is
available to victims of certain qualifying
crimes under U.S. laws who assist law enforcement in the investigation or
prosecution of the criminal activity. The only agencies that have authority to
certify the Form I–918, Supplement B are
those Federal, State, or local agencies with responsibility for the
investigation or prosecution of a
qualifying crime or criminal activity,
including agencies with criminal
investigative jurisdiction. See 8 CFR
214.14(a)(2). OPR and HSI have been
delegated the authority for ICE to
complete and certify the USCIS Form I–
918, Supplement B when they are the
investigating authority on a Federal case for victims of qualifying criminal
activity. ERO does not have this
delegated authority because ERO does
not have criminal investigative
jurisdiction.

In most instances where a detainee
would seek to petition for U
nonimmigrant status, the appropriate
investigative authority and therefore the
certifying agency would be local law enforcement. With respect to the specific request that DHS prevent qualified agency personnel from declining to assist a detainee with a U nonimmigrant petition, DHS decline to set such policy in this context. DHS has clearly delegated authority to select officers who may certify a U nonimmigrant petition. These officers receive appropriate training with regard to this process and must use their professional judgment when deciding whether to certify petitions. DHS does not believe it is necessary or appropriate to require additional involvement in the certification process for U nonimmigrant petitions.

Comment. One commenter suggested that DHS extend the visa information provisions to include a requirement that an alleged detainee victim of sexual abuse receive notification and assistance for Special Immigrant Juvenile status and T nonimmigrant status (commonly known as the "T visa").

Response. DHS decline to accept the suggested language, as T nonimmigrant status and Special Immigrant Juvenile (SIJ) status are outside the scope of this rulemaking. Whereas an alleged incident of sexual assault of a detainee may constitute a qualifying criminal activity for U nonimmigrant status, this rulemaking is not germane to T nonimmigrant status, which is for certain victims of a severe form of human trafficking. SIJ status is applicable to an alien child who must meet certain criteria including: (1) Having been declared dependent on a juvenile court or legally committed to or placed under the custody of a state agency, individual, or entity; (2) that the child cannot be reunified with a parent because of abuse, abandonment, neglect, or a similar reason under state law; and (3) that it is not within the best interest of the child to return to his/her home country. See 8 U.S.C. 1101(a)(27)(J). For those unaccompanied alien children who may seek SIJ status, DHS's custody of the unaccompanied alien child would generally be limited to 72 hours after determining that the child is an unaccompanied alien child, after which the child would be transferred from DHS custody to HHS/ORR custody. As a result, DHS would no longer have jurisdiction over the unaccompanied alien child, making notification and assistance for SIJ status outside the scope of this rule.

Comment. Two comments suggested standards be added—in accordance with what a comment described as standard child welfare practices when juveniles are survivors of sexual abuse—to require that if the alleged detainee victim is an "unaccompanied alien child in removal," the PSA Compliance Manager or his or her assignee notify ORR immediately and facilitate the immediate transfer of the juvenile to ORR, so long as the detainee victim wishes to remain in the United States while the investigation is pending. Additionally, the groups suggest that if the detainee victim is a juvenile in a family unit and the sole parent or legal guardian in that unit has allegedly victimized any juvenile, the PSA Compliance Manager or its assignee be required to consult with the designated state or local mandatory reporting agency regarding the release and placement of all juvenile(s) in the family unit with a state or local social services agency. The group suggests that if the state or local social services agency refrains from assuming custody but a criminal or administrative investigation results in "a finding," the juveniles must be deemed unaccompanied and ORR must be notified for the transfer.

Response. DHS decline to add the suggested language concerning this population. Unaccompanied alien children are generally transferred to an HHS/ORR facility within 72 hours. Moreover, taken together, various provisions in the regulations appropriately address the concern raised by the comment. Section 115.14 addresses issues relating to juvenile detainees. If an alleged victim is under the age of 18, §§ 115.61(d) and 115.161(d) require the agency to report the allegation to the designated state or local services agency under applicable mandatory reporting laws. Per §§ 115.64 and 115.116, upon learning of an allegation that a detainee was sexually abused, the first responder must separate the alleged victim and abuser. DHS believes the requirements in these referenced sections provide sufficient protections that adequately meet the goals of the comments' suggested changes.

Staff Training (§§ 115.31, 115.131)

Summary of Proposed Rule

The standards in the proposed rule required all employees that have contact with detainees as well as all facility staff receive training concerning sexual abuse, with refresher training provided as appropriate. The standards mandated that current staff complete the training within one year of the effective date of the standard for immigration detention facilities and within two years of the effective date of the standard for holding facilities.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. A number of advocacy group commenters objected to the timeframe for initial training. With respect to Subpart A's requirement that the agency train, or require the training of, all facility staff and agency employees who may have contact with immigration detention facility detainees within one year, one advocacy group suggested that the standard require training completion within a shorter time period of six months. With respect to Subpart B, commenters suggested that all training pertaining to holding facilities be completed within one year of this publication.

Response. DHS has considered these comments and determined that the proposed standard still provides the most aggressive timeframe appropriate for training in immigration detention facilities. DHS's timeframe is in line with the DOJ standard's one-year period for employees who may have contact with inmates. DHS declines to shorten the timeframe for training in holding facilities, in light of the large number of CBP personnel who will receive the training.

Comment. Commenters suggested that training be ongoing, with a number of groups suggesting adopting DOJ's language on mandatory refresher training every two years and refresher information on current sexual abuse and harassment policies in years when training is not required. According to some advocacy groups, the intent of the ongoing training rather than one-time training would be to ensure that staffs focus on zero tolerance and appreciation of an abuse-free environment, to allow staff to share experiences about implementation of the standards, and to increase the likelihood that training themes are internalized in daily staff-detainee interactions.

Response. With respect to Subpart A, the proposed rule stated that the agency or facility shall provide refresher information every two years. With respect to Subpart B, the proposed rule stated that the agency shall provide refresher information, as appropriate. DHS proposed these refresher requirements to foster a culture of awareness, without denying its component agencies the flexibility necessary to adjust refresher training requirements to respond to operational realities. Considerations include the time and cost of developing adequate training that is sufficiently tailored to...
the unique immigration detention population and the time and cost for staff to participate in such training.

With respect to Subpart A specifically, DHS, through CRCL and ICE, has developed a training module on “Preventing and Addressing Sexual Abuse and Assault in ICE Detention” which the ICE Director required in ICE’s 2012 SAAPIID to have been already completed for all ICE personnel who may have contact with individuals in ICE custody and which is also required for newly hired officers and agents. This module specifically addresses the zero-tolerance policy for sexual abuse and assault, among other issues. The training has recently been updated to incorporate certain terms and language from the proposed rule, and will be updated again following this final rule. ICE believes that this training module addresses the substantive concerns expressed by the commenters.

Comment. One commenter suggested that contractors be included in the training requirements along with current facility staff and agency employees. It should be specified that the training be by DHS or using DHS-approved materials, and that the agency documentation requirement in Subpart B be applicable to contractors and volunteers in addition to employees.

Response. Section 115.31, outlining training requirements for detention facility staff, embraces contractors who work and provide regularly recurring services in detention facilities. The rule’s definition of contractor excludes individuals, hired on an intermittent basis to provide services for the facility or the agency. These contractors, who do not provide services on a recurring basis pursuant to a contractual agreement, are covered under section 115.32 of these standards. These PREA standards are applicable within one year to the facilities required to implement them; PBNDs 2011 § 2.11, which is in the process of being implemented through modification agreements, which have already been implemented in a large number of over-72-hour facilities, also requires staff training on a facility’s sexual abuse or assault prevention and intervention program for employees, volunteers and contract personnel and in refresher training based on level of contact with detainees, among other criteria, with the zero-tolerance policy being a requirement for having any contact with detainees. Additionally, some facilities that have not yet agreed to modification agreements are operating under PBNDs 2006, which contains a substantially similar training requirement for employees, volunteers, and contract personnel on those standards’ Sexual Abuse and Assault Prevention and Intervention Program, with annual refresher training thereafter. Finally, DHS will endeavor to ensure that facilities are compliant with PREA standards as quickly as operational and budget constraints will allow, ensuring that SPCs, CDFs and dedicated IGSAs are compliant within 18 months of the effective date of this regulation. For these reasons, contractor and volunteer personnel will be adequately aware of the zero-tolerance policy.

Comment. Two advocacy groups suggested language be added to ensure that staff who may interact with detainees understand the training, either through a comprehension examination or through some form of verification of training.

Response. The mandatory training module mentioned above for ICE employees who have contact with detainees contains 10 pre-test questions and 10 post-test questions covering key teaching points. The learner must receive an 80% passing score on the post-test to receive verification of completing the training. The slides include the correct answers and additional explanation following each question. DHS is confident this training module serves the purposes of examination and verification. Once an immigration detention facility has adopted these standards, the agency will ensure pursuant to this section that all facility staff, including employees or contractors of the facility, complete the training. Subsection (c) already requires that the agency and each facility shall document that staff have completed applicable training.

Comment. One commenter stated that all components of the DOJ training standard should be incorporated into the DHS standard. Another commenter recommended generally that the standard on staff training should be revisited to be in line with DOJ’s standard. Similarly, the former N PREC Commissioners suggested adding the following training components from the Commission’s draft standards and DOJ’s final standards: The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; and how to detect and respond to signs of threatened and actual sexual abuse. The former Commissioners and other groups also expressed concern that the provision should include training on sensitivity to culturally diverse detainees, some of which may have different understandings of acceptable and unacceptable sexual behavior.

Response. The DHS provision regarding staff training provides detailed and comprehensive expectations for training. DHS rejects using the DOJ standard’s exact language because DHS’s standard provides the agency greater flexibility to ensure that the provision is consistent with existing detention standards. ICE’s current training curriculum focuses on promoting techniques of effective communication with detainees from all backgrounds and in a variety of settings. The curriculum is a skills-based approach that emphasizes the importance of interacting with all detainees in a culturally sensitive manner. ICE intends to continue to provide such training, and to modify it as necessary in the coming years. ICE does not believe, however, that an independent regulatory requirement to conduct such training would meaningfully enhance the experience of ICE detainees.

Comment. Some advocacy groups focused on need for specifically addressing training for juveniles for employees who may be in contact with them. A collection of groups suggested a training requirement in this area that would include factors making youth vulnerable to sexual abuse and sexual harassment; adolescent development for girls and boys, including normative behavior; the prevalence of trauma and abuse histories among youth in confinement facilities; statutory age of consent and mandatory reporting laws; and child-sensitive interviewing techniques.

Response. DHS appreciates the commenter’s input, and will consider including this information in future curricula. For purposes of this rulemaking, however, DHS is satisfied that the current list of training requirements in regulations is sufficiently detailed to accomplish the core goal, while leaving in the agency’s flexibility to prioritize and develop training on additional topics over time. As noted above, the current list of topics is consistent with existing detention standards (PBNDs 2011, PBNDs 2008, and FRS) covering approximately 94% of ICE detainees, on average, excluding those detainees who are held in DOJ facilities (and are therefore covered by the DOJ rule). Additionally, regarding training geared toward juveniles, all ICE Field Office Juvenile Coordinators (FOJCs) are required to attend training to fulfill their responsibilities to find suitable placement of juveniles in
facilities designated for juvenile occupancy, and all ERO officers undergo basic training that includes a juvenile component. FOJCs are trained in the demeanor, tone and simple type of language to use when speaking to all minors and on the importance of building rapport with them to reinforce a feeling of safety. Maintaining flexibility to adapt these training requirements through policy will ensure employees in contact with juveniles are trained based upon the most current developments relating to juvenile interaction and protection.

Comment. One group suggested adding a requirement that training be tailored to the gender of the detainees at the employee’s facility, with the employee receiving additional training if reassigned from a facility that houses detainees of only one sex to a facility housing only detainees of the opposite sex.

Response. As with the comment immediately above, DHS intends that all detainees be protected from sexual abuse and assault through implementation of comparable measures across the board for all detainees in covered facilities. Additionally, DHS has considered general concerns about employee transfer and is confident that the training standard’s requirement for refresher information, both in Subpart A and in Subpart B, will address the potential for any changes in training needs over time or between facilities.

Comment. An advocacy group expressed concern about the provision in paragraph (a)(8) regarding training on effectively and professionally communicating with detainees, including lesbian, gay, bisexual, transgender, intersex, and gender non-conforming (LGBTQI) detainees, stating that the standard should extend further to include sensitivity training. Another group suggested this provision also explicitly include detainees who do not speak English, and detainees who may have survived trauma in their countries of origin.

Response. DHS has considered these suggestions; however, the 2012 SAAPiD—which requires training for all ICE personnel who may have contact with individuals in ICE custody—provides for training on vulnerable populations, including ensuring professional, effective communication with LGBTQI detainees and other vulnerable individuals. The 2012 SAAPiD also includes training on accommodating LEP individuals. DHS believes these training requirements to be sufficient to address the concerns regarding sensitivity for LGBTQI, LEP, and trauma survivor detainees. For the same reasons expressed above, DHS declines to incorporate these requirements into the regulation.

Comment. One group suggested replacing the training provision in paragraph (a)(8) regarding procedures for reporting knowledge or suspicion of sexual abuse with training on “how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.”

Response. DHS believes it is not necessary to broaden proposed paragraph (a)(8) in this way. The intent of the enumerated requirements in paragraph (a) was to designate specific elements of sexual abuse training which are mandated for all employees who have contact with detainees and for all facility staff. Additionally, paragraph (a) of each provision already requires generally that training for facility staff as well as employees, contractors, and volunteers, respectively, address fulfilling the responsibilities under each Subpart’s standards. The proposed revision would be redundant and potentially confusing.

Comment. A group suggested adding a training provision on complying with relevant law related to mandatory reporting of sexual abuse to outside authorities.

Response. DHS has considered this comment and determined that proposed paragraphs (8) and (9) requiring training on various aspects of reporting sexual abuse or suspicion of abuse are sufficient to cover this and other aspects of reporting.

Other Training: Notification to Detainees of the Agency’s Zoro-Tolerance Policy (§§ 115.32, 115.132)

Summary of Proposed Rule

The standard in § 115.32 of the proposed rule required all volunteers and contractors at immigration detention facilities that have contact with detainees receive training concerning sexual abuse. The standard in § 115.132 of the proposed rule required the agency to make public its zero-tolerance policy regarding sexual abuse and ensure that key information regarding the policy is available for detainees.

Changes in Final Rule

DHS clarified that the training requirements in the Subpart A standard apply to contractors who provide services to the facility on a non-recurring basis. DHS also revised the title of the standard for clarity and consistency. As noted above, contractors who provide services to the facility on a recurring basis are covered by § 115.31.

DHS also removed the word “may” from paragraph (c) of the same standard, for consistency with paragraph (a). Prior to the change, the substantive training requirement in this section applied to those “who have contact with detainees,” but the documentation requirement applied to those “who may have contact with immigration detention facility detainees.”

Comments and Responses

Comment. One advocacy group was concerned that the training requirements applicable to contractors and volunteers should be the same as described in proposed § 115.31(a) for employees, with additional training being provided based on the services the individuals provide and level of contact they have with detainees.

Response. DHS has considered this suggestion; however, because immigration detention facilities host a wide range of volunteers and specialized contractors who provide valuable services to facilities and detainees, requiring the same training level for these individuals may result in a reduction or delay in services. The proposed separate unique standard in Subpart A allowing for areas of flexibility for volunteers and other contractors who provide services on a non-recurring basis was determined to be more sufficient to accomplish the core education goal without unintended impact. The standard sets a “floor” for basic training under the regulation, but also directs additional training for volunteers and other contractors based on the services they provide and level of contact they have with detainees.

Comment. A comment from an advocacy group raised the same concerns with this standard regarding the timeframe prior to initial training, the lack of mandatory refresher training, and lack of an examination to test each trainee’s comprehension.

Response. DHS declines to make any changes to § 115.32 for the same reasons described regarding these suggested changes to §§ 115.31 and 115.131.

Comment. Some commenters were concerned that there should be a requirement that these types of facility workers receive comprehensive training, including LGBTQI-related training. An advocacy group suggested training for volunteers and contractors include child-specific modules and prevent re-victimization of children who are victims of sexual abuse.

Response. DHS appreciates the commenter’s input, and will consider
including this information in future curricula. For purposes of this rulemaking, however, DHS is satisfied that the current list of training requirements in regulation is sufficiently detailed to accomplish the core goal, while leaving the agency flexibility to prioritize and develop training on additional topics over time. As noted above, the current list of topics is consistent with existing detention standards.

Comment. A group suggested the standard should include a time limit in which volunteers or contractors must be trained to prevent ambiguity over the timing for those types of individuals to come into compliance before contact with detainees would be forbidden.

Response. The final rule is effective May 6, 2014. Covered facilities must meet the requirements of § 115.32 by the date that any new contract, contract renewal, or substantive contract modification takes effect.

Comment. One advocacy group suggested that DHS develop comprehensive training materials, including information about conducting appropriate, culturally-sensitive communication with immigration detainees and how staff can fulfill their responsibilities under the PREA standards.

Response. DHS agrees with this suggestion, but does not believe additional rule revisions are necessary. Paragraph (a) of the Subpart A standard already requires a facility to ensure that all volunteers and contractors who have contact with detainees have been trained on their responsibilities under the agency’s and the facility’s sexual abuse prevention, detection, intervention and response policies and procedures. DHS will take reasonable steps to ensure that staff, contractors, and volunteers are familiar with and comfortable using appropriate terms and concepts when discussing sexual abuse with a diverse population, and equipped to interact with immigration detainees who may have experienced trauma.

Detainee Education (§ 115.33)

Summary of Proposed Rule

The standard in the proposed rule mandated that upon custody intake, each facility provide detainees information about the agency’s and the facility’s zero-tolerance policies with respect to all forms of sexual abuse, including instruction on a number of specified topics.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. One commenter stated that the standards should contain additional explanation to detainees regarding the PREA standards beyond the explanations, information, notification, and orientation descriptions in the proposed standard. The commenter was concerned that detainees fear reporting seemingly based on potential retaliation.

Response. Paragraph (a) of the proposed standard already required that, at a minimum, the intake process at orientation contain instruction on, among other areas, “Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee’s immigration proceedings.” DHS believes this explicitly enumerated content requirement, along with the other five minimum requirements, are sufficient to address the commenter’s concern.

Comment. One advocacy group expressed concerns that the proposed standard failed to address the education of current detainees who will not receive the information at the time of their intake; the commenting group suggested such detainees be required to complete the education within a relatively short specified period of the effective date of the DHS standards, such as one month.

Some commenters expressed concerns over the potentially overwhelming nature of the amount of information contained in an up-front education requirement and the possibility that detainees may not fully understand DHS’s multi-faceted initiative upon intake, a potentially stressful time.

A number of advocacy groups suggested adding a 30-day time period following intake for completion of instruction on all the areas that were to be addressed upon intake in the proposed standard; within this period, the agency would provide comprehensive education to detainees either in person or through video.

One group suggested requiring facilities to repeat PREA education programs every 30 days, of which the detainee could opt out.

Response. The average length of stay in immigration detention facilities is approximately 30 days, and the median length of stay is shorter still—8 days. Thus it is common that a detainee will be confined in a facility for less than one month, and it would not be practical or effective to place a one-month-from-effective date requirement for education for those detainees who have already gone through intake prior to the effective date of the final rule.

Likewise, there would not be a practical need to provide refresher education after 30 days from intake; this negates the need for any opting-out of such refresher education. Providing the information up-front to detainees is not only the most practical solution given the nature of immigration detention, but also ensures the detainee is informed at the earliest point possible to maximize prevention of sexual abuse and assault.

After the intake education and in cases where intake has taken place prior to the effective date of this final rule, detainees can refer back to aids such as the Detainee Handbook and posters with sexual abuse prevention information, as needed.

Comment. Some commenters suggested that additional information should be conveyed to detainees, including information regarding their legal rights. One advocacy group suggested revising the provision on the Detainee Handbook to require that the Handbook contain more comprehensive information, including detainees’ rights and responsibilities related to sexual abuse, how to contact the DHS OIG and CRCL, the zero-tolerance policy, and other policies related to sexual abuse prevention and response.

Response. DHS agrees that the information described is important for protecting detainees. Accordingly, DHS has already required public posting and distribution of similar information under paragraphs (d) and (e) of the proposed standard. ICE’s Detainee Handbook contains detailed information about sexual abuse and assault, including definitions for detainee-on-detainee and staff-on-detainee sexual abuse and assault; information about prohibited acts and confidentiality; instructions on how to report assaults to the facility, the FOD, DHS, or ICE; next steps after a sexual assault is reported; what to expect in a medical exam; understanding the investigative process; and the emotional consequences of sexual assault. DHS believes that in addition to the paragraphs (d) and (e), the information provided in the Detainee Handbook provides sufficient protection to address the commenters’ concerns. ICE will review and update the Detainee Handbook as necessary or useful.

Comment. One group suggested requiring that upon a detainee’s transfer to another facility, the detainee receive a refresher of the facility’s sexual abuse prevention, detection, and response standards.

Response. A general orientation process that includes the information
described in this standard is a requirement each time a detainee enters a new facility, including when transferred from another facility; therefore, it is not necessary to create a separate standard regarding refresher information upon an immigration detainee’s transfer.

Comment. Regarding the proposed standard to ensure education materials are accessible to all detainees, one advocacy group suggests adding a requirement that if a detainee cannot read or does not understand the language of the orientation and/or Handout, the facility administrator would provide the material using audio or video recordings in a language the detainee understands, arrange for the orientation materials to be read to the detainee, or provide a translator or interpreter within seven days.

Response. DHS understands the concern expressed by this comment; however, the standards found in §§115.16 and 115.116 regarding accommodating LEIP detainees are adequate to address any problems with accessibility with respect to orientation materials. Under those provisions, the agency and each facility must ensure meaningful access to all aspects of the agency’s and facility’s efforts to prevent, detect, and respond to sexual abuse—which would include the education requirements at orientation. Moreover, DHS policy addresses DHS-wide efforts to provide meaningful access to people with limited English proficiency.

Information regarding these efforts is publicly available at the following link: http://www.dhs.gov/department-homeland-security-language-access-plan. To further strengthen §§115.16 and 115.116, DHS revised the language to require the component and each facility to provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy.

Comment. Some members of Congress commented generally that the standard regarding detainee education should be revised to be in line with DOJ’s standard.

Response. DHS’s detainee education provision is detailed and comprehensive. It is also tailored to the unique characteristics of immigration detention and the variances among confinement facilities for DHS detainees. DHS believes that merely repeating the DOJ standard would be inappropriate in this context. The major difference between the two Departments’ standards is that DOJ is responsible for ensuring that current inmates receive the PREA education within one year of the rule’s implementation. DHS’s detainee population has an average length of stay of 30 days, resulting in a much more transient population. To ensure that all current detainees receive the PREA-related information, DHS relies on several material sources posted throughout the facilities, such as handbooks, pamphlets, notices, local organization information, PSA Compliance Manager information, etc. For those detainees that are LEIP, visually impaired, or otherwise disabled, DHS provides the necessary resources, such as interpreters, for those detainees to still obtain the knowledge that is provided by the posted visuals.

Specialized Training: Investigations (§§115.34, 115.134)

Summary of Proposed Rule

The standards in the proposed rule required that the agency or facility provide specialized training to investigators that conduct investigations into allegations of sexual abuse at confinement facilities and that all such investigations be conducted by qualified investigators.

Changes in Final Rule

DHS is adopting the regulation as proposed, with a minor technical change clarifying the scope of the documentation requirement.

Comments and Responses

Comment. Some commenters suggested additional details of the specialized investigative training be expressly required by the standard, including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence necessary for administrative action or prosecution referral. One group suggested the standard expressly require this specialized training to be separate from staff training.

Response. DOJ’s final rule regarding specialized training standardizes training for a broad spectrum of federal, state and local investigators. DHS is not faced with the same challenges and maintains direct control over investigators and their training. DHS believes that its current policies and procedures effectively govern specialized training for investigators. General training on investigation techniques is included in OPR Special Agent Training and is covered in OPR’s Investigative Guidebook and other internal policies and training. In addition, ICE’s 2012 SAAIPD prescribes more detailed requirements for the content of specialized investigator training, requiring that such training for agency investigators cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. DHS believes that this standard maintains a proper focus on PREA implementation—training tailored for sexual abuse detection and response through the investigative process.

DHS declines to require the specialized training provision to state that such training be provided separately from staff training. The fact that the PREA standards differentiate between staff training and specialized training and specifically denote the types of agency employees and facility staff who must participate demonstrate DHS’s commitment to ensuring that additional higher-level training will be provided to those who require it.

Comment. One group requested clarification in the standard as to whether DHS intends the specialized training apply to persons responsible for investigations in state, local, or private facilities, in addition to training for ICE and CBP personnel.

Response. To clarify, while the agency is responsible for and will be directly training its own personnel in this manner, the standard also requires each facility to train their own personnel that will be working on the investigations addressed in the standard. Any criminal investigations will continue to be handled by the relevant outside law enforcement personnel.

Comment. One group suggested a provision be added expressly requiring that investigators receive the training mandated for employees and for contractors and volunteers under §§115.31 and 115.32, respectively.

Response. Paragraph (a) of this section makes clear that investigators must receive the general training mandated for employees and facility staff under §115.31, in addition to the specialized training outlined by §115.34.
Specialized Training: Medical and Mental Health Care (§ 115.35)

Summary of Proposed Rule

The standard in the proposed rule required that the agency provide specialized training to DHS employees who serve as medical and mental health practitioners in immigration detention facilities where such care is provided.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. Commenters suggested that the standard be expanded for medical and mental health practitioners. These commenters made the following recommendations:

1. Practitioners who are not DHS or agency employees but who work in the facilities should receive similar specialized training, and any facility that does not use DHS medical practitioners should provide training for its own medical providers;

2. Such practitioners should receive the training mandated for employees and for contractors and volunteers under §§ 115.31 and 115.32, respectively, depending upon the practitioner’s status at the agency;

3. The agency should maintain documentation that medical and mental health practitioners have received and understand the training, either from the agency or elsewhere;

4. The practitioners should receive special training for sensitivity to culturally diverse populations, including appropriate terms and concepts to use when discussing sex and sexual abuse, and sensitivity and awareness regarding past trauma that may have been experienced by immigration detainees;

5. The training be universally implemented and ingrained into the work of all employees, contractors, and volunteers coming into detainee contact; and

6. A number of groups suggested that the standard contain training specifically on LGBTI issues, including training to ensure competent, appropriate communications with LGBTI detainees.

Response. With respect to the first recommendation, DHS believes that adding standards requiring facility medical staff to receive training to ensure that victims of sexual abuse are examined and treated thoroughly and effectively is redundant. The staff are already receiving the necessary training provided through § 115.35(c). Adding more specific criteria in this section concerning specialized training to medical providers would make the regulations redundant and cumbersome. DHS declines to make this revision.

With respect to the second and third recommendations, DHS believes that adding standards mandating that practitioners receive the training under §§ 115.31 and 115.32, respectively, would also be redundant. The medical and mental health practitioners would already be obligated to receive the training required under §§ 115.31 and 115.32, as the positions fall under the definitions of staff, contractor, and volunteer listed in § 115.5 of this final rule. Under §§ 115.31 and 115.32 the training the practitioners receive would then be documented; as such DHS declines to make this revision.

With respect to the fourth recommendation, DHS believes that adding standards for sensitivity to culturally diverse populations, including appropriate terms and concepts to use when discussing sex and sexual abuse, and sensitivity awareness regarding past trauma that may have been experienced by immigration detainees, would be superfluous and potentially beyond DHS’s relative expertise when compared to the extensive training on medical and mental health care already received by certified medical health care professionals. Furthermore, any new or additional terms or concepts will likely be taught during the required training described in § 115.35(c). Adding this specific requirement to this standard would also be redundant and therefore, not add to the goal or integrity of the rule, DHS declines to make this revision.

With respect to the fifth recommendation, DHS believes that additional revisions are unnecessary to ensure that training is universally implemented and ingrained into the work of all employees, contractors, and volunteers coming into detainee contact. The portions of this regulation on training and education are designed to ensure that all employees, contractors, and volunteers are trained and educated to prevent, detect and respond to sexual abuse of detainees while in DHS custody. Inserting additional explicit requirements would be redundant. DHS therefore declines to revise the proposed rule in response to this comment.

With respect to the sixth recommendation, DHS believes that adding a standard requiring training specifically on LGBTI issues, including training to ensure competent, appropriate communications with LGBTI detainees, would be redundant to current ICE practice and policy, as well as provisions of the proposed rule. The 2012 SAAPID—required to have been already completed for all ICE personnel who may have contact with individuals in ICE custody and required for newly hired officers and agents—provides training on vulnerable populations, including ensuring professional, effective communication with LGBTI detainees. Furthermore, under §§ 115.31 and 115.131, practitioners will already be required to receive training relating to this population of detainees. Section 115.32 requires practitioner volunteers and contractors to receive similar training as well, due to their close level of contact to most if not all detainees. DHS therefore declines to revise the proposed rule in response to this comment.

Comment. One advocacy group suggested that in paragraph (a), the basic specialized training provision of the standard, the qualifier “where medical and mental health care is provided” be removed to clarify in the agency’s detention standard that all immigration detention facilities should provide access to medical and mental health care.

Response. Views on the general structure of immigration detention facility medical and mental care are outside the scope of this rulemaking.

Assessment of Risk of Victimization and Abusiveness (§§ 115.41, 115.141)

Summary of Proposed Rule

The standards in the proposed rule mandated that the facility assess all detainees on intake to identify those likely to be sexual aggressors or sexual victims and required that the detainees be housed to prevent potential sexual abuse. The standard for immigration detention facilities further required that the facility reassess each detainee’s risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment as well as any other time when warranted to avoid incidents of abuse or victimization.

Changes in Final Rule

Sections 115.41 and 115.141 of the final rule have been revised to require that assessments for risk of victimization or abusiveness include an evaluation of whether the detainee has been previously detained in addition to previously incarcerated. A technical revision also is incorporated into § 115.41(a) to clarify that the victims that the provision describes are sexual abuse victims.

Comments and Responses

Comment. A number of advocacy groups suggested that among the risk
factors listed in the standard, DHS should also require the facility to consider whether a detainee is “perceived” to be LGBTI/TNC. (The proposed rule focused on whether the detainee “has self-identified” as LGBTI/TNC.) Commenters argued that the risk of sexual victimization for those who are perceived as LGBTI/TNC is similar to the risk of sexual victimization for those who self-identify as LGBTI/TNC.

Response. DHS disagrees with the addition of “perceived” LGBTI/TNC status to the criteria which facilities must consider in assessing detainees for risk of sexual victimization would assist in accurate identification of likely victims. Unlike self-identification as LGBTI/TNC (currently included in paragraph (c)(7) of the standard), a detainee’s “perceived” LGBTI/TNC status cannot be reliably ascertained by facility staff as it will vary based on individual perceptions and cannot be standardized. In addition, a requirement for facility staff to make subjective determinations regarding an individual’s LGBTI/TNC status may lead to potentially discriminatory decisions by staff.

Comment. Some commenters and advocacy groups encouraged DHS to consider options other than detention for vulnerable populations. For example, some commenters suggested requiring that vulnerable individuals—including LGBT and mentally ill detainees—be detained in only extraordinary circumstances or be candidates for alternatives to detention under the standards, including humanitarian parole, bond release, in-person and telephonic check-ins, or electronic monitoring. Others suggested that LGBT individuals or sexual abuse victims who cannot be safely housed by the government be released or granted prosecutorial discretion rather than be detained.

Response. DHS believes that existing ICE screening methods and practices sufficiently address the concern expressed by these commenters. The agency’s Risk Classification Assessment (RCA) instrument evaluates the potential vulnerability of all individuals apprehended by ICE to determine whether detention is appropriate, or whether some form of release under supervision or alternatives to detention may be preferable. RCA screenings consider a wide range of factors that may represent a special vulnerability in the custody context, including physical or mental illness or disability, sexual orientation/gender identity, and prior history of abuse or victimization, among others.

Comment. A collection of advocacy groups suggested adding the word “abuse” to paragraph (a) when describing intake identification of potential victims, which would seemingly more fully describe the kind of potential sexual victimization.

Response. DHS agrees with the concern expressed in this comment and has made the recommended change.

Comment. Two collective comments from many groups also suggested explicitly requiring that the vulnerability assessments be conducted using an objective screening instrument, to ensure useful assessments and avoid any confusion.

Response. DHS believes that §§ 115.41 and 115.141 as currently written clearly set forth the factors that a facility must consider to adequately assess detainees for risk of sexual victimization. With respect to Subpart A, ICE’s current screening methods for assigning detainees to a particular security level employ the standardized RCA instrument to guide decision making using objective criteria and a uniform scoring system; in addition, the specific criteria in the regulation complement already existing classification requirements in ICE’s detention standards that are designed for the purpose of assigning detainees to the least restrictive housing consistent with safety and security. If DHS were to require the use of an objective screening instrument in all immigration detention facilities, the cost of developing and implementing such an instrument in all covered facilities would be prohibitive for ICE.

Comment. With respect to paragraph (c), which sets forth additional considerations for the assessment for risk of victimization, commenters suggested adding a provision that the facility consider information made available by the detainee through the assessment process. Additionally, they suggest revising the “previous incarceration” factor to also include previous detention.

Response. The proposed and final rule maintains that information made available by the detainee through the assessment process be considered as part of the screening, through the requirement at paragraph (c)(9) that facilities consider “the detainee’s own concerns about his or her physical safety.” DHS accepts the proposed revision to paragraph (c)(4) to require that previous detention history, as well as previous incarceration history, be considered.

Comment. One commenter suggested a requirement that female detainees and minors be screened, assessed, and provided with treatment during confinement.

Response. The proposed and final rules clearly require that female detainees and minors be afforded each of the protections outlined by the standards, including with regard to screening, assessment, and treatment.

Comment. A commenter suggested adding a specific requirement for assessment with respect to juvenile detainees (including juvenile overnight detainees in the holding facility context). The comment suggested that qualified professionals conduct such assessments out of sight and sound of any adult detainees outside of the family unit, and that if a family unit member is suspected of posing a danger to the health or well-being of the juvenile, qualified professionals conduct such assessments out of sight and sound of all adult detainees.

Response. Juveniles in custody as part of the Family Residential Program pursuant to § 115.14 are accompanied by an adult family member who would be present during any questioning unless the presence of the adult would pose a risk to the juvenile.

Moreover, DHS believes that §§ 115.14 and 115.141, in conjunction with §§ 115.41 and 115.141, provide sufficient, comprehensive protection to juvenile detainees in immigration detention and holding facility settings. The §§ 115.14 and 115.141 standards ensure that the need to protect the juvenile’s well-being (and that of others) is observed, while providing that the juvenile be detained in the least restrictive setting appropriate to the juvenile’s age and special needs. They also reinforce the importance of any other applicable laws, regulations, or legal requirements.

Sections 115.41(a) and 115.141(b) are intended to ensure the safety of all detainees (including juveniles) who may be held overnight in holding facilities with other detainees. Paragraph (c) in both sections also makes certain that the agency considers the age of the detainee as a criterion in assessing the detainee’s risk for sexual victimization. This standard, as proposed and in final form, is consistent with DOJ’s standards and—in conjunction with §§ 115.14 and 115.141—will protect juveniles in holding facilities.

The DHS standard provides more detailed protection than the DOJ standard by stating explicitly that staff must ask each detainee about his or her own concerns regarding physical safety. Moreover, DHS notes that it is impractical to require, in the context of holding facilities, that all conversations with juveniles take place “out of sight
and sound.” Given the many facilities that fall within the definition of holding facilities, separate spaces are not always available. Finally, DHS notes that unaccompanied alien children, as defined by 6 U.S.C. 279, are generally transferred to an HHS/ORR facility within 72 hours.

Use of Assessment Information ($115.42)

**Summary of Proposed Rule**

The standard in the proposed rule required the facilities to use the information obtained in the risk assessment process to separate detainees who are at risk of abuse from those at risk of being sexually abusive. The proposed standard provided that facilities shall make individualized determinations about how to ensure the safety of each detainee, and required that, in placing transgender or intersex detainees, the agency consider on a case-by-case basis whether a placement would ensure the detainee’s health and safety, and whether the placement would present management or security problems. The proposed standard also provided that transgender and intersex detainee placement be reassessed at least twice each year, and that such detainee’s own views as to their safety be given serious consideration.

**Changes in Final Rule**

DHS is adopting the regulation as proposed.

**Comments and Responses**

**Comment.** One advocacy group and some commenters suggested that the rule allow the agency to place LGBTI detainees with other LGBTI detainees on a voluntary basis, for the purpose of protecting such detainees. Similarly, commenters suggested provisions—described as being partly based on DOJ standards both regarding adult confinement facilities and civil juvenile detention facilities—that would prohibit LGBTI unit assignment solely on the basis of identification or status, but which would allow for such detainees to agree to be assigned to an LGBTI housing area, so long as detainees in any such facility, unit, or wing have access to programs, privileges, education, and work opportunities to the same extent as other detainees. Some members of Congress commented generally that the standard regarding housing of LGBTI detainees should be revisited to be in line with DOJ’s standard.

**Response.** As DHS noted in the proposed rule, the proposal does not include a ban on assigning detainees to particular units solely on the basis of sexual orientation or gender identity, but requires that the facility consider detainees’ gender self-identification and make an individualized assessment of the effects of placement on detainee mental health and well-being. DHS believes that retaining some flexibility will allow facilities to employ a variety of options tailored to the needs of detainees with a goal of offering the least restrictive and safest environment for individuals. DHS acknowledges that placement of detainees in special housing for any reason is a serious step that requires careful consideration of alternatives. In consideration of the risks associated with special housing, DHS takes great care to ensure that detainees who are placed in any type of special housing receive access to the same programs and services available to detainees in the general population.

**Comment.** One advocacy group suggested modifying paragraph (b) to provide that in addition to considering gender self-identification in making placement decisions, the facility should also consider sexual orientation and gender identity.

**Response.** The protections outlined in paragraph (b) of this standard are intended to address issues and concerns unique to transgender and intersex detainees, including the use of physical anatomical traits and medical assessments to appropriately classify and house individuals. DHS believes that safety and welfare concerns related to screening of gay, lesbian, bisexual, and other gender non-conforming individuals are adequately addressed by the requirements of §§ 115.41 and 115.42.

**Comment.** Regarding the same paragraph, commenters suggested that the first sentence be clarified to state more specifically that “[i]n deciding whether to assign a transgender or intersex inmate to a facility for male or female detainees, and in making other housing and programming assignments, the agency or facility” is to consider the issues included in the proposed provision. The stated purpose of this change is to “put[ting] facility staff on clear notice that transgender detainees can be housed based on their gender identity.”

**Response.** As recommended by the commenters, the proposed and final rules prohibit facilities from making placement decisions for transgender or intersex detainees solely on the basis of identity documents or physical anatomy. Covered facilities making assessment and housing decisions for a transgender or intersex detainee must consider a variety of factors, including the detainee’s gender self-identification and health and safety needs, the detainee’s self-assessed safety needs, and the advice of a medical or mental health practitioner.

DHS declines to incorporate the additional specific reference to single-gender facilities, to maintain flexibility to address these issues through guidance, on case-by-case basis, and consistent with developing case law.

**Comment.** One comment suggested applying the rest of the paragraph to the “agency” as well as facilities. This change would require the agency to consider the relevant factors not only once the detainee has arrived at a given facility, but before sending the detainee to that facility. This could eliminate the need to transfer a transgender or intersex detainee from one single-gender facility to another.

**Response.** DHS declines to make the additional suggested changes. Although the PREA standards do not specifically state that the agency consider enumerated factors for transgender and intersex detainee placement, they do provide effective guidelines for assessing risk for all detainees pursuant to §115.41. This section mandates that the facility use the risk assessment information to inform assignment of detainees to housing, recreation, and other activities, and volunteer work. This section also describes additional factors for the facility to use in its assessment of transgender and intersex detainees in particular and requires the agency to make individualized determinations to ensure the safety of each detainee. Because DHS, unlike DOJ, has more direct oversight regarding the treatment of all detainees in immigration detention facilities, DHS determined that requiring the agency to also use the risk assessment information would not provide additional protections for transgender and intersex detainees, and could cause operational confusion about the facility’s responsibilities under this section.

**Comment.** Commenters suggested adding a prohibition on any facilities, for the purpose of preventing sexual abuse, adopting restrictions on detainees’ access to medical or mental health care, or on manner of dress or grooming traditionally associated with one gender or another. One comment suggested there could be constitutional concerns if such access were to be restricted.

**Response.** DHS has determined that an explicit prohibition against restrictions on access to medical or mental health care is unnecessary. Access to medical or mental health care that is medically necessary and appropriate may not be limited under ICE’s detention standards. In addition,
grooming and dress requirements are generally outside the scope of this rule. Neither the NPRC Commission Report nor the DOJ final rule included standards on this issue, and DHS did not raise this issue for comment in its NPRM. Although DHS declines to include in this final rule a provision on this issue, we note that as a matter of practice, ICE generally does not accept or have dress or appearance restrictions based on gender. NDS and PBND 2008 and 2011 reaffirm detainees’ right to nondiscrimination based on gender and sexual orientation.

Comment. In paragraph (c), two comments suggested that the qualifying phrase “when operationally feasible” be removed to ensure that facilities always provide transgender and intersex detainees with the ability to shower privately.

Response. DHS declines to make the proposed change, based on infrastructural limitations of housing and showering capacities at many facilities. While some immigration detention facilities may have the infrastructural capacity to permit transgender and intersex detainees to shower privately, this cannot be guaranteed at all facilities. DHS therefore requires the flexibility in § 115.42 to accommodate facilities where only open shower areas exist for detainee use.

Comment. One commenter suggested that detainees with no criminal record should not be housed alongside criminal detainees.

Response. DHS believes that existing ICE classification processes and related requirements for detention facilities sufficiently address this concern, ensuring that housing decisions are based on an objective and standardized assessment of each detainee’s criminal background and likely security risks.

Comment. A human rights advocacy group and former Commissioners of NPREC recommended that immigration detainees be housed separately from inmates; the advocacy group suggested that if cohabitation is in fact necessary, the detainees should be assigned to cells or areas that allow for no unsupervised contact between detainees and inmates. The former Commissioners stated there should be heightened protection for those immigration detainees identified as abuse-vulnerable during the screening process.

Response. ICE contracts with detention facilities generally require that immigration detainees be housed separately from any criminal inmates that may also be present at the facility. DHS notes that a categorical prohibition on mingling of immigration and criminal detainees may not yield sufficient benefits to justify the cost, because detention facilities generally use a classification system, like the system employed by ICE, to govern the housing and programming activities of its inmates to ensure safety.

Protective Custody (§ 115.43)

Summary of Proposed Rule

The proposed standard provided that vulnerable detainees may be placed in involuntary segregated housing only after an assessment of all available alternatives has been made—and only until an alternative housing arrangement can be implemented. The standard also provided that segregation shall not ordinarily exceed 30 days. In addition, the proposed standard provided that, to the extent possible, involuntary protective custody should not limit access to programming.

Changes in Final Rule

The final standard adds a requirement for facilities to notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault.

Upon receiving such notification, the ICE FOD must review the placement to consider its continued necessity, whether any less restrictive housing or custodial alternatives may be appropriate and available, and whether the placement is only as a last resort and when no other viable housing options exist.

The final standard clarifies that it applies to administrative segregation of vulnerable detainees for a reason connected to sexual abuse or assault. As noted below, ICE has issued a segregation review policy directive which establishes policy and procedures for ICE review and oversight of segregated housing decisions. The final standard also makes technical changes in paragraphs (a) and (b) for the purpose of clarity.

Comments and Responses

Comment. Numerous groups, including a collection of advocacy groups and former Commissioners of NPREC, criticized the language regarding the “ordinarily” 30-day limit on protective housing as providing too much leeway for facilities to maintain that no better alternatives were available. The groups suggested restricting more narrowly any extensions, with some groups stating there should be no exceptions to the 30-day limit, instead substituting either release and potential alternatives to detention thereafter if the detainee cannot be safely housed in a detention facility, or more appropriate housing away from the problematic facility.

Another human rights group suggested requiring any facility housing detainees in administrative segregation for more than 30 days to notify the appropriate agency supervisor, to conduct a prompt review of the continuing necessity for the segregation—also recommended by the former Commissioners—and to work with the facility to establish an alternative housing situation. Some other groups suggested specific processes regarding notification of the FOD after various periods of days of administrative segregation, with one group suggesting further official notification and consideration of detainee transfer to general population in an alternate facility or placement in an alternative to the detention program.

Some groups suggested DHS consider altogether releasing victim-detainees anytime a facility cannot safely separate them without resorting to protective custody, with such custody being reserved for only limited, emergency, or exigent situations.

Response. A categorical 30-day limitation on the use of administrative segregation to protect detainees may not be possible depending on available alternative housing and custodial options for ensuring the safe placement of vulnerable detainees. However, DHS agrees that agency oversight over cases of administrative segregation would assist in effectuating the spirit of the standard, and has amended the standard to require agency review of such cases in order to ensure the continued appropriateness of segregation and to evaluate whether any less restrictive custodial alternatives may be appropriate and available.

Furthermore, ICE has finalized a segregation review policy directive which establishes policy and procedures for ICE review and oversight of segregated housing decisions. The ICE segregation review directive is intended to complement the requirements of PBND 2011, PBND 2008, NDS, and other applicable ICE policies. Proceeding by policy in this area is consistent with § 115.95 of the regulation, which authorizes both agencies and facilities to implement policies that include additional requirements. The directive would also be consistent with § 115.43(e) of the final rule, which requires facilities to notify the appropriate FOD no later than 72 hours after initial placement into segregation whenever a detainee has
been placed administrative segregation on the basis of a vulnerability to sexual abuse or assault.

Comment. With respect to supervisory staff review during administrative segregation periods, one commenter suggested that the facility administration be required to notify the FOD when a detainee has been held in segregation for 20 days. The comment also suggested the review occur each week after seven days “for the remaining 20 days,” rather than every week for the first 30 days and every 10 days thereafter.

Response. The final rule includes a change that requires facilities to notify the local ICE FOD no later than 72 hours after initial placement into segregation if a detainee has been held in administrative segregation on the basis of a vulnerability to sexual abuse or assault. The final rule also retains the other extensive review requirements contained in the proposed rule, because facility staff review of ongoing segregation placement is an effective tool. As noted above, ICE has finalized a directive for ICE to review and provide oversight of a facility’s decision to place detainees in segregated housing.

Comment. Former Commissioners of NPREC additionally found the term “reasonable efforts” problematic for imprecision, stating that its interpretation could vary among facilities.

Response. DHS believes that “reasonable efforts” to provide appropriate housing for vulnerable detainees will necessarily vary across facilities, depending on available resources and the circumstances of individual cases, and cannot be defined with precision ex ante.

Comment. Regarding protective custody for juvenile detainees, one commenter suggested a maximum limit of two days. Another suggested language that would require facilities to make best efforts to avoid placing juveniles in isolation, and that would prohibit—absent exigent circumstances—agencies from denying juveniles daily large muscle exercise and legally required education services, along with other programs and work opportunities to the extent possible. This group recommended that when isolation is necessary to protect a juvenile, the facility must document the reason it is necessary, review the need at least daily, and ensure daily monitoring by a medical or mental health professional.

Response. DHS has determined such a provision to be unnecessary, since unaccompanied juveniles are generally not detained in ICE’s detention system for longer than 72 hours, during which time they would not be placed in protective custody. In addition, DHS notes that access to activities and other services is outside the scope of this rulemaking, except to the extent affected by standards designed to prevent, detect, and respond to sexual abuse and assault in detention facilities.

Comment. One advocacy group suggested a provision be added to the standard to require facilities to submit a quarterly report to ICE ERO containing statistics and reasons regarding protective custody. The provision would, as required by ICE’s detention standards, suffice to facilitate effective agency oversight of these cases. As noted above, ICE has finalized a directive for ICE to review and provide oversight of a facility’s decision to place detainees in segregated housing, and this directive includes additional reporting requirements.

Response. ICE believes that current facility reports to ICE regarding individual instances of protective custody or detention standards, suffice to facilitate effective agency oversight of these cases. As noted above, ICE has finalized a directive for ICE to review and provide oversight of a facility’s decision to place detainees in segregated housing, and this directive includes additional reporting requirements.

Comment. Some advocate comments, including one from former Commissioners of NPREC, suggested further oversight or record-keeping similar to DOJ’s requirements for facilities where protective custody or administrative segregation are implemented. A number of these groups, including two collective group comments, suggested that proposed paragraph (a) be modified or a new paragraph be created to ensure “detailed documentation” of the reasons for placing an individual in administrative segregation and also include “the reason why no alternative means of separation from likely abusers can be arranged.” The same groups also suggested similar changes to line with DOJ’s standards to proposed paragraph (c), including documenting duration of protective custody and requiring reasonable steps to remedy conditions that limit access, including a prohibition on denial of access to telephones and counsel. In a similar vein, one group suggested the agency be informed each time a suspected victim is placed in custody.

Response. Existing ICE detention standards address in detail the minimum programs, services, and privileges to which detainees in segregation must be afforded access.
including recreation, visitation, legal counsel and materials, health services, meals, correspondence, religious services, and personal hygiene items, among others. DHS does not believe that this level of specificity is necessary to additionally include in this regulation.

**Detainee Reporting (§§ 115.51, 115.151)**

**Summary of Proposed Rule**

Sections 115.51 and 115.151 of the proposed rule require agencies to enable detainees to privately report sexual abuse, prohibit retaliation for reporting the abuse, and related misconduct. The proposed standards required DHS to provide instruction to detainees on how to confidentially report such misconduct. The proposed standards also required that DHS provide and facilities inform detainees of at least one way to report sexual abuse to an outside public or private entity that is not affiliated with the agency, and that is able to receive and immediately forward the detainee's reports of sexual abuse to agency officials, while allowing the detainee to remain anonymous, upon request.

**Changes in Final Rule**

DHS is adopting the regulation as proposed.

**Comments and Responses**

**Comment.** Commenters expressed general concern regarding the manner in which reporting opportunities may be available. One advocacy group suggested that allowing posting of information regarding consular notification as a means to satisfy the requirement that detainees have at least one way to report sexual abuse outside the agency is inadequate because cultural or other concerns may prevent victims from being able or willing to inform an official of their government. The group also expressed concern that other avenues be available to the detainee regardless of whether detained in a holding facility. Former Commissioners of NPREC stressed the need for detainees to have the ability to report sexual abuse to non-staff outside the agency or facility, while another commenter suggested these be either a separate entity or an assigned trustworthy officer to whom a detainee could report an incident. One organization stated that the standard should require proactive notification to detainees of opportunities to report crimes confidentially, one-on-one, to an auditor.

**Response.** DHS believes that these provisions adequately address the important need for detainees to have multiple methods of reporting sexual assault and abuse. This key protection requirement reflects the standard and in current agency practices. With regard to immigration detention facilities, detainees can report incidents in several ways, including by calling the JIC or the point of contact listed on the sexual abuse and assault posters. Detainees may also call the OIC, the Community and Detainee Helpline, or report incidents to CRCL. The Detainee Handbook and posters provide contact information to detainees and also note that detainee reports are confidential. With respect to holding facilities, detainees are provided with multiple ways to privately report sexual abuse, including reporting to the DHS OIC.

**Comment.** The former Commissioners suggested including volunteers and medical and mental health practitioners in the standard due to their unique situation of common contact with detainees.

**Response.** The purpose of this provision is to ensure that the agency and facilities create effective procedures for detainee incident reporting. Although the provision does not explicitly address reporting to volunteers or healthcare practitioners, nothing in this standard prohibits such reporting. In this connection, DHS notes that volunteers and healthcare practitioners will receive specialized training regarding how to recognize and handle detainees who have been sexually abused or assaulted and how to respond to detainee allegations. DHS believes that volunteers and healthcare practitioners will be a valuable resource for detainees but declines to add specific regulatory provisions for individual avenues of reporting, beyond those already identified in the regulation.

**Comment.** Some members of Congress commented generally that the standard regarding abuse reports and responses to reports of abuse should be revisited to be in line with DOJ's standard.

**Response.** DHS respectfully notes that with regard to detainee reporting, the final standards are closely aligned with DOJ's inmate reporting provisions. The final standard allows for multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities.

**Comment.** One organization suggested that any translations of a detainee's complaints should be provided by a "neutral" translation company at no cost to the detainee.

**Response.** DHS routinely uses translation services during interviews and when taking complaints. When staff members or employees do not speak the same language as the detainee, they may use a third party translation service that is under contract with the agency. The translation service fees are not charged to the detainee and although the fees are paid by DHS, the translation companies are not otherwise affiliated with the agency.

**Comment.** An organization stated that the standard should include a provision allowing staff to report sexual abuse anonymously.

**Response.** Under the final standard, staff are required to report incidents of sexual abuse, and may fulfill that obligation by reporting outside the chain of command. Separate and apart from this obligation, staff may call the JIC and OIG with anonymous reports of sexual abuse and assault. Therefore, DHS declines to add a specific regulatory provision allowing staff to report abuse anonymously.

**Comment.** The former Commissioners suggested including an explicit provision in this standard and in §115.52 prohibiting any report by a detainee regarding sexual abuse from being referred to a staff member who is the subject of the complaint.

**Response.** DHS recognizes the importance of ensuring that alleged abusers are not involved in any way with a detainee who lodges a complaint, and agrees that referral to the subject of a complaint would be inappropriate. Accordingly, multiple provisions of this regulation separate the detainee victim from the subject of a complaint, including a requirement that the agency review and approve facility policies and procedures for staff reporting. Moreover, the regulation requires such procedures to include a method by which staff can report outside of the chain of command. More comprehensive, appropriately tailored rules will be contained therein.

Similarly, §115.66 requires that volunteers, staff, and contractors who are suspected of perpetrating sexual abuse be removed from duties requiring detainee contact, and §115.166 requires agency management to take appropriate action when an allegation has been made. Further, §§115.64 and 115.164 require covered entities, upon learning of an allegation that a detainee was sexually abused, to separate the alleged victim and abuser. Current policy would prevent an individual who is the subject of an allegation from being responsible for investigating the allegation. Taken together, these factors sufficiently address the concern that underlies the comment, and DHS declines to amend the regulatory text to further address the issue.
Comment. A human rights advocacy group suggested that the standard specify that detainees are able to make free, preprogrammed calls to the OIG and CRCL, and that facilities must provide access to telephones, along with contact information to reach consular officials.

Response. Under current agency practice, all calls made by a detainee to the OIG and the JIC are preprogrammed and free of charge. CRCL is unable to handle a large volume of calls from detainees and is not staffed outside of business hours, but detainees may send written complaints to CRCL, including by email. The standard already requires that facilities provide instructions on how detainees may contact their consular official.

Comment. An advocacy group and former Commissioners of NPRA recommended including a provision that DHS will not remove from the country or transfer to another facility detainees who report or make a grievance regarding sexual abuse before the investigation of the abuse is complete, except at the detainee’s request.

Response. DHS routinely considers whether detainees are suitable candidates for alternatives to detention or prosecutorial discretion. Certainly, DHS through ICE evaluates the detention status and removal proceedings for any sexual abuse victim to determine whether the detainee should be placed on an order of supervision, released on bond, or whether she or he is eligible for a form of prosecutorial discretion such as deferred action or parole. ICE’s OPR has the authority to approve deferred action for victimized detainees on a case-by-case basis where appropriate. As mandated in §§ 115.22(h) and 115.122(e), all alleged detainee victims of sexual abuse that is criminal in nature will be provided U nonimmigrant status information. OPR and HSI have the delegated authority to certify USCIS Form I–918, Supplement B for victims of qualifying criminal activity that ICE is investigating where the victim seeks to petition for U nonimmigrant status. Because these are routine agency practices and subject to agency discretion, DHS has declined to make changes in the final rule to specifically address the various methods that could be used to release a detainee victim from detention. The agency, through ICE, can and will use these methods for detainees with substantiated sexual abuse and assault claims. DHS does not believe that a uniform stay of removal for all aliens who lodge complaints is warranted.

With regard to transfers, ICE policy 11022.11, entitled Detainee Transfers, governs the transfer of aliens in ICE custody. Pursuant to the policy, transfers are discouraged unless a FOD or his or her designee deems the transfer necessary for the following reasons: (a) To provide appropriate medical or mental health care; (b) to fulfill an approved transfer request by the detainee; (c) for the safety and security of the detainee, other detainees, detention personnel, or any ICE employee; (d) at ICE’s discretion, for the convenience of the agency when the venue of DOJ Executive Office for Immigration Review proceedings is different than the venue in which the alien is detained; (e) to transfer to a more appropriate facility based on the detainee’s individual circumstances and risk factors; (f) upon termination of facility use; or (g) to relieve or prevent facility overcrowding. ICE’s transfer policy is designed to limit transfers for all aliens and provides adequate protection for aliens who have sexual abuse complaints or grievances.

Comment. One group suggested that the standard provide for young survivors of sexual abuse to have the option of release on their own recognizance and to remain lawfully in the United States during the investigation. Another organization and a collective comment of advocacy groups stated that the standard should provide for an assessment of any alleged victim who has reported abuse to determine if he or she would be safer under alternatives to detention.

Response. DHS routinely considers whether detainees are suitable candidates for alternatives to detention. Certainly, DHS through ICE evaluates the detention status of any sexual abuse victim to determine whether the detainee should be placed on an order of supervision, released on bond, or granted parole or deferred action. Because these are routine agency practices and subject to agency discretion, DHS has declined to make changes in the final rule to specifically address the various methods that could be used to release a detainee victim from detention.

Comment. Some commenters expressed concern in regard to both this reporting standard and other of the proposed standards that detainees may fear speaking up due to retaliation or are unlikely to report incidences of sexual abuse to officers.

Response. DHS acknowledges that some detainees may fear reporting sexual abuse. As such, the final standard includes §§ 115.67 and 115.167 which protect detainees from retaliation. Also, the standard as well as current practices provide multiple ways a detainee may report sexual abuse that do not involve confronting an officer or staff member.

Comment. One collective comment from advocacy groups suggested that DHS make explicit in paragraph (a) that the policies and procedures to be developed by the agency to ensure multiple ways of private detainee reporting are to be available while in custody and after release or removal.

Response. The agency recognizes the benefit to detainees of reporting incidents of sexual abuse or assault to a private entity. Detainees in immigration facilities already have access to phone numbers for many private organizations that provide assistance in response to a wide range of complaints or inquiries.

Once a detainee has been removed or is otherwise no longer in agency custody, the agency is not obligated to provide reporting procedures. However, it is available to former detainees to contact the OIG, the JIC, CRCL or a private entity to report any incidents even after they are no longer in agency custody.

Grievances (§ 115.52)

Summary of Proposed Rule

The standard contained in the proposed rule prohibited the facility from imposing any deadline on the submission of a grievance regarding sexual abuse incidents. The standard mandated that facilities or detainees to file a formal grievance at any time before, during, after, or in lieu of lodging an informal complaint related to sexual abuse. The standard further required the facility to issue a decision on the grievance within five days of receipt.

Changes in Final Rule

DHS is modifying paragraph (e) by adding a requirement that the facility respond to an appeal of the grievance decision within 30 days and by requiring facilities to send all grievances related to sexual abuse to the appropriate ICE Field Office Director at the end of the grievance process.

Comments and Responses

Comment. Some commenters suggested that DHS provide additional processes and procedures for emergency grievances. One advocacy group suggested that proposed paragraph (c)’s requirement for protocol on time-sensitive, immediate-threat grievances is too open-ended, as it should set out criteria or guidance as to what facilities’
procedures should accomplish and require agency approval of the procedures. Another organization stated the filing process itself for an emergency at-risk grievance should be explicitly included in the standard, for when a detainee alleges he or she is subject to a substantial risk or imminent sexual abuse.

Response. The final standard is meant to enhance existing agency policies and detention standards that seek to prevent, detect, and respond to sexual abuse incidents by establishing general regulatory requirements for immigration detention facilities. ICE’s detention standards provides detailed grievance procedures, including requirements for individual facility emergency grievance processes. Common elements of these procedures have been included in the regulatory language. However, the agency believes that its longstanding grievance procedures are comprehensive and adequately address the public’s concerns. Furthermore, each facility’s grievance procedures are inspected to ensure that they are being properly executed.

Comment. An advocacy group suggested that proposed paragraph (a)’s grievance-response timeframe should also include a provision adding a 30-day maximum time limit for the agency’s response to an appeal of an agency’s decision on a grievance.

Response. DHS accepts the suggested revision to the grievance appeal process described in paragraph (e) by including a requirement to respond to an appeal of the grievance decision within 30 days.

Comment. Regarding the substance of the grievance itself, a group suggested that the standard should require that no sexual abuse-related grievance should be denied based upon any detainee failure to properly fill out and submit a formal grievance; the substance of the grievance should be sufficient to trigger the facility’s response on the merits.

Response. Any allegation of sexual assault is thoroughly investigated by the agency or by local law enforcement, if appropriate. The fact that a grievance form was not properly filled out or submitted would never be grounds to not investigate a detainee’s abuse claim.

Comment. A commenter expressed concern that the standard should require facilities to provide DHS with a copy of each grievance and disposition so DHS can effectively monitor the facilities.

Response. DHS has revised the regulatory text to require facilities to send all grievances related to sexual abuse and the facility’s decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. In addition, facilities are required under §115.89 and 115.189 to keep all grievances on file. Each facility is inspected under §§115.88 and 115.188 to ensure that it is following the grievance process and handling each grievance properly.

Detainee Access to Outside Confidential Support Services (§ 115.53)

Summary of Proposed Rule

The standard contained in the proposed rule required agencies to provide detainees with access to outside confidential support services and that the information about these services will be provided to them. The standard further required that detainees and these confidential support services will have reasonable communication in as private a manner as possible.

Changes in Final Rule

DHS is adding paragraph (d) requiring facilities to inform detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Comments and Responses

Comment. One commenter suggested that when an assault occurs, facilities should make available to detainees updated lists of resources and referrals to professionals.

Response. DHS agrees that detainees should have access to resources and referrals to professionals when appropriate. The final standards adequately address these needs in this section and also in §§115.21, 115.81–83. This section provides that each facility use available community resources and services to provide support to detainees. In addition, §115.53 requires facilities to maintain or attempt to enter into agreements with community service providers or national organizations that provide legal advocacy and emotional support. Section 115.33 also requires facilities to provide detainees with information about local organizations that can assist detainees. A detainee does not have to wait for his or her allegation to be substantiated before being able to use these services; the facility must make the services available much earlier.

Section 115.21, which covers forensic medical examinations, requires facilities to make use of outside victim services following sexual abuse incidents. These services include rape crisis centers.

Information, a qualified staff member from a community-based organization, or a qualified agency staff member. Section 115.21 also provides that a forensic medical examination shall be arranged when appropriate for medical or evidentiary reasons and at no cost to the detainee.

Sections 115.81–115.83 require referrals for medical follow-up, unimpeded access to emergency medical treatment and crisis intervention services, medical and mental health evaluations, and follow-up services.

Comment. Commenters expressed concerns over confidentiality provisions in this standard. Regarding the outside support services, an advocacy group stated that all communications between detainees—particularly LGBTI detainees—and such organizations should remain confidential, with a detainee being notified when confidentiality of a communication is not guaranteed. Two collections of advocacy groups expressed similar concern, calling for replacing “in as confidential a manner as possible” with complete confidentiality, and adding requirements for an exception that—when such confidentiality is not possible—the facility document the reason(s) therefor and inform the detainee of the extent of monitoring and the extent of any forwarding of reports of abuse to authorities under mandatory reporting laws. Some members of Congress also stated that full confidentiality is necessary in communications with service providers like rape crisis centers. Another advocacy group as well as a collection of youth, immigration and disability groups and a human rights group focused, respectively, on the specific needs for confidentiality in regard to medical and mental health care records and also trauma and support services.

Response. DHS agrees that it is important for all victims, regardless of their sexual orientation, to have access to confidential services. The standard requires agencies to “enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible.” Unfortunately, DHS cannot guarantee complete confidentiality in all situations, because it may be difficult for agencies to ensure complete confidentiality with all forms of communication due to factors such as the physical layout of the facility or the use of automatic phone monitoring systems, which may be difficult to suspend for support calls without requiring the detainee to make a specific request. As a result of confidentiality
concerns, DHS added paragraph (d), which will require facilities to inform detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

As ICE’s Detainee Handbook explains, communications between detainees and investigators are private and detainees’ medical and administrative files are locked in secure areas to ensure confidentiality.

DHS encourages facilities to establish multiple procedures for detainee victims of sexual abuse to contact external advocacy and support groups. While not ensuring ideal privacy, phones may provide the best opportunity for detainees to ask for assistance in a timely manner. Privacy concerns may be addressed through other means of contacting outside organizations, such as allowing confidential correspondence, opportunities for phone contact in more private settings, or the ability of the detainee to make a request to contact an outside advocate through a chaplain, clinician, or other service provider.

Third-Party Reporting (§§ 115.54, 115.154)

Summary of Proposed Rule

Standards 115.54 and 115.154 in the proposed rule require facilities to establish a method to receive third-party reports of sexual abuse and publicly distribute information on how to report such abuse on behalf of a detainee.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

DHS did not receive any public comments on this provision during the public comment period.

Staff Reporting Duties (§§ 115.61, 115.161)

Summary of Proposed Rule

The standards in the proposed rule require that staff immediately report: (1) Any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility; (2) retaliation against detainees or staff who reported such an incident; and (3) any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The proposed standards prohibited the agency from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make medical treatment, investigation, law enforcement, and other security and management decisions.

Changes in Final Rule

DHS now explicitly requires covered staff to report retaliation against detainees or staff who participated in an investigation of an incident of sexual abuse that occurred in a facility. Previously, the reporting requirement in these standards did not explicitly cover such retaliation (although it did cover retaliation against detainees or staff who reported an incident of sexual abuse). Otherwise, DHS is adopting the regulation as proposed.

Comments and Responses

Comment. A commenter suggested expanding paragraph (a) to require staff to report not only “any knowledge, suspicion, or information regarding . . . retaliation against detainees or staff who reported” an incident of sexual abuse, but also any knowledge, suspicion, or information regarding retaliation against detainees or staff that provided information pertaining to such an incident.

Response. DHS agrees that anti-retaliation measures are of paramount importance in this context, and has therefore included a range of measures, including §§ 115.67 and 115.167, intended to deter retaliatory conduct. Under these provisions, agency employees (and others) may not retaliate against any person, including a detainee, for, inter alia, reporting, complaining about, or participating in an investigation into an allegation of sexual abuse.

With respect to staff reporting specifically and in response to the comment, DHS revised §§ 115.61(a) and 115.161(a) to require all staff to immediately report retaliation against detainees or staff who reported or participated in an investigation about sexual abuse incidents. Prior to this revision, the reporting requirement did require reporting about retaliation against detainees or staff who reported an incident of sexual abuse, but did not explicitly cover reports of retaliation against individuals who participated in investigations.

Comment. An advocacy group suggested adding language to paragraph (a) that would allow staff to anonymously report sexual abuse and harassment of detainees.

Response. DHS agrees that it is essential for staff to have anonymous methods of reporting sexual abuse and assault incidents. Under 2008 agency policy and the SAAPID, agency staff is required to ensure immediate reporting of any incident of sexual abuse or assault by the facility to the local ICE personnel, who must then notify the ICE JOC telephonically within two hours and in writing within 24 hours. Reporting directly to the JIC allows staff to report incidents anonymously without having to report up through their chain of command. DHS believes that the allowance of anonymous reporting is adequately addressed between these policies and paragraph (a) of this standard which allows for “methods by which staff can report outside of the chain of command.” Because an express regulatory provision would be redundant to a number of measures that are currently in place, and because DHS believes that the anonymous reporting option must be carefully controlled to ensure that staff also meet their mandatory reporting duties properly and effectively, DHS does not believe that the recommended added language is necessary.

Protection Duties (§§ 115.62, 115.162)

Summary of Proposed Rule

The standards contained in the proposed rule required that when an agency employee or facility staff has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she must take immediate action to protect the detainee.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

DHS did not receive any public comments on this provision during the public comment period.

Reporting to Other Confinement Facilities (§§ 115.63, 115.163)

Summary of Proposed Rule

The standards contained in the proposed rule mandated that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility receiving the allegation must (1) notify the appropriate office of the facility where the sexual abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the allegation; and (2) document the efforts taken under this section. The agency office that receives such notification, to the extent covered by the regulation, must ensure the allegation is referred for investigation.
Changes in Final Rule

DHS is modifying the notification language in paragraph (a) for both § 116.63 and § 115.163 to require agencies and facilities that receive allegations of abuse at a different facility to notify the appropriate office of the agency or the administrator of the facility where the alleged abuse occurred.

Comments and Responses

Comment. The former Commissioners of NPREC recommended that DHS define who specifically in the agency or facility is required to notify another facility, upon receiving an allegation of detainee sexual abuse in another facility. The group suggested following the DOJ PREA final rule by using the term “facility head.”

Response. DHS understands the concern of confusion as to who is responsible for reporting allegations to other confinement facilities and has subsequently revised § 115.63. With regard to Subpart A, the SAAPID requires that when an alleged assault is reported at another facility, the facility receiving the allegation report it to the administrator of the facility where the alleged sexual abuse or assault occurred. DHS revised § 115.63, which complements the SAAPID, and also revised § 115.63 to now require notification to “the appropriate office of the agency or the administrator of the facility where the alleged abuse occurred.” The provision allows notification to the appropriate office of the agency because in some cases the allegations may concern ICE or CBP holding facilities for which notification to the JIC would be more appropriate, for any of a range of reasons. Under the DHS standard as well as the DOJ standard, if a covered facility learns of sexual abuse in another facility, the covered facility will notify the other facility, and document such notification in writing. DHS believes that as currently written the provision satisfies the concern for facility to facility reporting and does not believe that adding “facility head” will strengthen the provision as currently written.

For Subpart B facilities, where detention is relatively brief, and in order to minimize delay, the agency official responsible for notifying another confinement facility of an allegation of sexual abuse will depend on which office receives the allegation. DHS believes that specifying “facility head” within this section will limit which office can either notify or be notified and may therefore postpose the communication between facilities which would not be in the best interest of the victim. For this reason, DHS believes that the provision will be most effective as currently written and declines to adopt the “facility head” language.

Responder Duties (§§ 115.64, 115.164)

Summary of Proposed Rule

The standards contained in the proposed rule required that the first employee or staff member that responds to the sexual abuse report separate the alleged victim and abuser and preserve and protect the crime scene until evidence can be collected.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. Some commenters suggested that as with immigration detention facilities, holding facilities that have staff, contractors, or volunteers that are suspected of sexual abuse should remove such persons from all duties requiring detainee contact pending the outcome of an investigation. They believe that requiring removal is important for the protection of the victim as well as others in the facilities. An advocacy group commented that leaving § 115.166(a) unrevise will leave open the possibility for a perpetrator to continue to have access to the detainees during the reporting and investigating processes.

Response. DHS believes that the language used in § 115.166 is the appropriate approach to protect detainees while an investigation is pending in a holding facility. DHS recognizes the desire for consistency between Subpart A and Subpart B of the regulation. However, DHS believes that § 115.166, as proposed and in final form, appropriately addresses the unique needs associated with holding facilities, including limited staffing resources. Furthermore, § 115.166 requires supervisors to affirmatively consider removing staff pending the completion of an investigation, and to remove them if the seriousness and plausibility of the allegation make such removal appropriate (as opposed to automatically placing employees on administrative duties even where, for example, the allegations are not plausible because the subject of the allegation was not on duty at the time of the alleged incident).

With respect to ICE holding facilities, the SAAPID reinforces the regulation by requiring the removal of an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault to be removed from all duties requiring detainee contact pending the outcome of an investigation. The term “suspected of” is intended to allow the agency or facility a modest exercise of discretion with respect to whether any suspicion exists. By requiring that the individual be “suspected of” perpetrating sexual abuse and assault, DHS intends to
ensure that staff, contractors, and volunteers are not removed for plainly implausible or plainly erroneous allegations (e.g., a detainee may claim that a specific staff member assault him when, in fact, that staff member was not at the facility during the alleged incident).

DHS believes that by assigning staff, contractors, and volunteers to duties away from detainees when necessary, DHS will provide sufficient protection to detainees.

Comment. Some commenters suggested adding the same language that is currently in DOJ’s PREA final rule concerning collective bargaining agreements. The DOJ standard prevents an agency or governmental entity responsible for collective bargaining on the agency’s behalf from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove staff suspected of perpetuating sexual abuse from contact with any inmates pending the outcome of an investigation. The commenters believe that this adjustment will prevent DHS from entering into collective bargaining agreements that frustrate the objective of the standard.

Response. DHS respectfully declines to add the language concerning collective bargaining agreements. DHS believes adding the language suggested by the commenters is unnecessary. The DHS rule requires affirmative steps in response to an allegation of sexual abuse. Removal from detainee interaction during the investigation process is required for staff, contractors, and volunteers suspected of perpetrating sexual abuse in immigration detention facilities. In response to an allegation of sexual abuse in a holding facility, agency management shall remove any staff, contractor, or volunteer from duties requiring detainee contact pending the outcome of an investigation, where the seriousness and plausibility of the allegation make removal appropriate. This provides a greater level of protection and requires more significant affirmative action than a limitation on collective bargaining agreements.

Comment. Some commenters suggested changing §115.66 to apply not to staff, contractors, or volunteers that are “suspected of perpetrating” sexual abuse, but to staff, contractors, or volunteers that are “alleged to have perpetrated” sexual abuse.

Response. PBNDs 2011 uses the term, “suspected of perpetrating.” The use of conflicting terms could pose bargaining issues. “Suspected of perpetrating” allows for a modest exercise of discretion to determine whether an allegation has any reasonable basis in fact. DHS believes that the use of the term “suspected of perpetrating” as opposed to “alleged to have perpetrated” will adequately ensure the safety and security of detainees.

Agency Protection Against Retaliation (§§115.67, 115.167)

Summary of Proposed Rule

The standards contained in the proposed rule required that agency and facility staff and employees not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force.

Changes in Final Rule

DHS added a new paragraph (b) to Subpart A of the final rule which requires the agency or facility to “employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff that feel retaliation for reporting sexual abuse or for cooperating with investigations.”

Comments and Responses

Comment. Many commenters suggested adding language that will protect from retaliatory deportation any detainees who report, complain about, or participate in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force.

Response. DHS agrees that removal should never be used solely to retaliate against a detainee who reports sexual abuse. To address this concern, §§115.67 and 115.167 explicitly prohibit any retaliatory behavior, which is a broader form of protection and is therefore adequate to address this risk.

Comment. Multiple commenters suggested that the standards in §§115.67 and 115.167 should be replaced with the corresponding DOJ PREA standards. Some members of Congress commented generally that the retaliation standard should be revisited to be in line with DOJ’s standard. One commenter notes that the DOJ PREA standards detail specific protection measures that the agency must take to ensure retaliation does not occur.

Response. In response to comments about aligning DHS’s §115.67 standards with DOJ’s, DHS again reviewed the DOJ final rule and added a new paragraph to Subpart A of the final rule, which requires the agency to use multiple measures to protect detainees who fear reporting sexual abuse or fear cooperating with investigations.

DHS did not incorporate the language used in DOJ’s paragraph (a) because DHS’s language provides greater protection by prohibiting retaliation immediately, instead of relying on a policy to be drafted in the future. Given ICE’s more direct oversight over its immigration detention facilities, the agency is in a better position to prohibit and take action against acts of retaliation by detainees or staff. DOJ’s paragraph (d) was not incorporated for the same reason, and because status checks are redundant—for 90 days following a report of sexual abuse, the agency or facility must monitor to see if there are facts that may suggest possible retaliation by detainees or staff, and shall act promptly to remedy any such retaliation. DHS believes that its final rule is tailored effectively to immigration detention and therefore, does not need to mirror the DOJ rule to provide adequate protection to detainees.

DHS chose not to include proposed language about employing multiple protection measures in Subpart B. Given the relatively short time of detention in holding facilities, housing assignments are not applicable. Section 115.164, Responder Duties, includes a requirement to separate the alleged victim and abuser. With respect to the comment regarding providing emotional support services to staff, note that CBP offers a full range of assistance to agency employees through the WorkLifeYou Program and the Employee Assistance Program.

Comment. One commenter suggested the addition of a paragraph in §115.67 that would require the facility’s PSA Compliance Manager, or assignee, to make sure the mandates of §115.22 are fulfilled.

Response. Sections 115.11(d) and 115.111(d) already serve this function by ensuring the PSA Compliance Manager has “sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.”

Comment. One commenter suggested that this standard explicitly address transferring victims as a form of retaliation or as a means of protection from alleged perpetrators.

Response. DHS recognizes the need to eliminate unnecessary detainee transfers. Eliminating unwarranted transfers of sexual assault victims for retaliatory reasons are a high priority for the agency. ICE Policy 11022.11.
entitled Detainee Transfers, was developed and implemented to reduce detainee transfers and specifically notes that transfers should not be conducted unless certain articulated factors are considered by the FOD or his or her designee. DHS believes that the protections afforded by ICE’s transfer policy apply to all detainees, not just those who have made sexual assault allegations or those participating in investigations. Section 115.67 of these standards also includes an explicit prohibition against any form of agency retaliation against victims of sexual abuse or assault, including retaliatory housing changes.

Post-Allegation Protective Custody (§ 115.68)

Summary of Proposed Rule

The standard contained in the proposed rule required the facility to place detainee victims of sexual abuse in a supportive environment that is the least restrictive housing option possible. The standard provided that detainee victims shall not be returned to the general population until proper re-assessment is completed. The standard further required that detainee victims are not to be held for longer than five days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee.

Changes in Final Rule

The final rule adds a requirement for facilities to notify the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. Upon receipt of such notification, the final rule also requires that the ICE FOD conduct a review of the placement to consider whether the placement is only as a last resort and when no other viable housing options exist, and whether—in the case of a detainee victim held in administrative segregation for longer than five days—whether the placement is justified by extraordinary circumstances or is at the detainee’s request.

Comments and Responses

Comment. One advocacy group suggested adding a statement in paragraph (b) requiring the facility to report to the agency within 24 hours the placement of suspected sexual abuse victims in protective custody.

Response. As noted above, the final rule adds a requirement for facilities to notify the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. ICE notes that it has also chosen to proceed by policy in this area, as noted above in the discussion relating to § 115.43.

Comment. Some commenters suggested further defining the term “unusual circumstances” in paragraph (b) to include the actual circumstances in which prolonged protective custody might be warranted. Commenters wrote that vulnerable detainees may request protective custody for a prolonged period of time because they are unaware of their rights.

An advocacy group suggested that the agency supervisor not be notified when a detainee is placed in administrative custody for more than five days. Once the agency supervisor is notified, this person should be tasked with conducting a review of the segregation as well as looking for other placements for the detainee as long as the detainee is not subject to mandatory detention.

Response. The final standard includes new requirements for agency notification whenever an individual has been held in administrative segregation for 72 hours, and agency review of such cases to determine whether the placement is only as a last resort and when no other viable housing options exist. Where a detainee victim has been held in administrative segregation for longer than five days, the agency must also review whether the placement is justified by extraordinary circumstances, or is at the detainee’s own request. DHS does not believe that further definition of the term “unusual circumstances” is necessary based on any concerns that detainees’ lack of awareness of their rights would lead them to request prolonged protective custody. In ICE’s experience, detainees are not likely to affirmatively request continued protective custody unless they desire to remain segregated. This final rule includes strong provisions on detainee education in this context.

Comment. One commenter stated that protective custody should only be used as a last resort.

Response. Section 115.68 has been revised to require the FOD to determine whether the placement in segregation is used only as a last resort and when no other viable housing options exist.

Comment. One commenter recommended that paragraph (c) have a defined timeline for reassessments.

Response. Paragraph (b) of this standard imposes a 5-day limitation on the continuous segregation of detainee victims in protective custody, inclusive of any time necessary to complete a reassessment. The final rule also requires facilities to notify the ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours.

Comment. Multiple commenters suggested that, for alleged victims who have been placed in post-allegation protective custody, DHS should incorporate a strong presumption of full release from custody, potentially under programs that provide alternatives to detention.

Response. Under the regulation, the facility shall place detainee victims of sexual abuse in a supportive environment that is the least restrictive housing option possible. A detainee who is in post-allegation protective custody shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. In light of the strong protections required under this standard, and because alternatives to detention programs continue to be available under the regulation, DHS declines to incorporate a presumption in favor of release. In addition to the detainee’s personal vulnerability, DHS will continue to make release decisions based upon other generally applicable factors, including, inter alia, individual security considerations, applicable statutory detention mandates, and available custodial options in each case.

Criminal and Administrative Investigations (§§ 115.71, 115.171)

Summary of Proposed Rule

The standards contained in the proposed rule required investigations by the agency or the facility with the responsibility for investigating the allegation(s) of sexual abuse be prompt, thorough, objective, and conducted by specially trained, qualified investigators. The proposed standard also required agencies and facilities to conduct an administrative investigation of (1) any substantiated allegation and (2) any unsubstantiated allegation that, upon review, the agency deems appropriate for further administrative investigation.

Changes in Final Rule

DHS made minor revisions to the Subpart B provision, to clarify that responsibility for conducting criminal and administrative investigations or referring allegations to the appropriate investigative authorities ultimately lies with the agency, and not the facility. Otherwise, DHS is adopting the regulation as proposed.

Comments and Responses

Comment. Commenters suggested that all allegations of sexual abuse be
investigated, including third party and anonymous reports. There was a recommendation that DHS cross-reference this standard with § 115.34 with regard to the requisite qualifications of the investigator.

Response. Section 115.22 requires that all allegations of sexual abuse be investigated. The purpose of § 115.71(a) is to clarify investigative responsibility (e.g., the division of responsibility between the agency/facility/state/local law enforcement) and to require that investigators be properly trained and qualified. Allegations may be made directly by a detainee or by a third party such as an attorney, a family member, another detainee, a staff member, or an anonymous party. The source of the allegation does not affect the requirement that all allegations of sexual abuse be investigated. DHS clarifies here that specialized training for investigators is addressed in § 115.34.

Comment. There were several advocacy groups that suggested that prosecutorial discretion be exercised with regard to victims and witnesses of sexual abuse and assault, especially young survivors of sexual abuse and assault. Other commenters suggested that victims be given the option of release on their own recognizance during the investigation process with the understanding that they would remain in the United States lawfully. A similar suggestion was made by another commenter in that victims should be given the ability to be released on their own recognizance, on bond, or through an alternative detention program and the ability to stay in the United States while the investigation is carried out.

Response. Tools for prosecutorial discretion already are available for victims of sexual abuse and assault. Deferred action refers to the decision-making authority of ICE, among other entities, to allocate resources in the best possible manner to focus on high priority cases, potentially deferring action on cases with a lower priority. Deferred action can be used by ICE for any alien victim, including a victim in detention, due to the victim’s status as an important witness in an ongoing investigation or prosecution.

Administrative Stay of Removal (ASR) is another discretionary tool that permits ICE to temporarily delay the removal of an alien. Any alien, or law enforcement agency on behalf of an alien, who is the subject of a final order of removal may request ASR from ICE. An ASR may be granted after the completion of removal proceedings up to the moment of physical removal. Longer term immigration relief may be available, including in the form of U nonimmigrant status. U nonimmigrant status protects victims of qualifying crimes (including sexual assault and felonious assault) who have suffered substantial mental or physical abuse as a result of the crime and are willing to assist law enforcement authorities in the investigation or prosecution of the criminal activity. U nonimmigrant status is self-petitioning and requires a law enforcement certification. DHS also routinely considers whether detainees may be suitable candidates for release on their own recognizance or on bond, or participation in an alternative to detention program.

Evidentiary Standard for Administrative Investigations (§§ 115.72, 115.172)

Summary of Proposed Rule

The standards contained in the proposed rule required that agencies not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

DHS did not receive any public comments on this provision during the public comment period.

Reporting to Detainees (§ 115.73)

Summary of Proposed Rule

The standard found in § 115.73 in the proposed rule required the agency to notify the detainee of the result of the investigation when the detainee is still in immigration detention, as well as where otherwise feasible.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. One advocacy group suggested that holding facilities have a comparable provision with what is currently proposed for immigration detention facilities. They further suggested that there be an attempt for DHS to forward the outcome of the investigation to the detainee, especially when the detainee is still in detention due to their belief that if there is a lack of incident follow-up there will be a lack of accountability within the holding facility.

Response. DHS notes that DOJ did not apply its standards regarding reporting to inmates in the context of lockups, due to the short-term nature of lockup detention. Similarly, due to the short-term nature of detention in holding facilities, DHS declines to accept the suggestion to include a provision on detainee notification of investigative outcomes for allegations made in holding facilities.

Comment. Some commenters suggested that DHS’s proposed standard should follow the DOJ standard. The DOJ standard describes what type of notification will be delivered to the inmate concerning their abuser and the investigation, that such notifications will be documented, and that notifications will no longer be required when the inmate/victim is released from custody. A commenter wrote that failure to provide updates on the agency’s response to an allegation of sexual abuse increases the survivor’s anxiety about future abuse and decreases the survivor’s belief that his or her report is being taken seriously.

Response. DHS does not believe it is necessary to adopt the DOJ standard on notifications. ICE already has the responsibility to inform detainees of the outcome of any investigation as well as any responsive action taken. In instances in which the detainee has been moved to another facility, coordination between facilities is required, in part to ensure that the investigative outcome can be shared with the detainee.

With regard to notifying the detainee of actions taken against an employee, DHS agrees that agency follow-up can be of great importance to victims, and therefore requires the agency to notify the detainee as to the result of the investigation and any responsive action taken. In the immigration detention facility context, DHS has also undertaken to perform this follow-up whenever feasible, even after the detainee has been released from custody. As DHS noted in its proposal, DHS believes that its approach strikes the proper balance between staff members’ privacy and the detainee’s right to know the outcome of the investigation.

In light of the breadth of the DHS provision, DHS notes that in its experience, state privacy laws and union guidelines may prohibit sharing certain information about disciplinary actions taken against employees. Releasing details about an employee’s punishment could be in violation of these privacy laws or policies. DHS cannot require that specific information about sanctions taken against an
employee be included in post-investigation follow-up with the detainee. However, consistent with the regulatory text, where the information is available to the agency and can be provided in accordance with law, it will be provided.

Disciplinary Sanctions for Staff (§§ 115.76, 115.176)

Summary of Proposed Rule

The standards contained in the proposed rule provided that staff shall be subject to disciplinary actions up to and including termination for violating agency sexual abuse policies, and that termination shall be the presumptive disciplinary sanction for staff that engaged in or threatened to engage in sexual abuse, as defined in the regulation. The proposed standards further provided that if a staff member is terminated for violating such policies, or if a staff member resigns in lieu of termination, a report must be made to law enforcement agencies (unless the activity was not criminal) and to any relevant licensing bodies, to the extent known.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. One commenter suggested that repeat offenders should be subjected to criminal and civil sanctions, and facilities that have recurrences of sexual abuse and assault claims (paying specific attention to juvenile facilities) should be penalized and closely monitored. Another commenter suggested that if multiple substantiated cases of sexual abuse have been found in a facility, the facility should be closed or lose its contract with DHS.

Response. DHS declines to make the requested revision to the standard. DHS does not have criminal prosecution authority. Furthermore, the PREA statute itself does not provide for civil penalties, as suggested by the comment. DHS takes extremely seriously any allegations or substantiated incidents of sexual abuse. All facilities will be closely monitored for how they respond to sexual abuse and assault reports; address safety, medical, and victim services issues; and coordinate criminal and administrative investigative efforts. While monitoring is recognized as a crucial element, DHS does not concur with the suggestion that facilities with recurring allegations or a higher number of allegations should always be penalized, as the subsequent investigation may or may not substantiate an allegation. In addition, detainee population size must be taken into account when assessing the number of allegations at a given facility over a period of time. However, when investigations or audits reveal a policy, procedural, or systemic issue at the facility that has contributed to sexual abuse or assault, DHS will use its authority to ensure that corrective actions are promptly taken. DHS emphasizes the importance of working with the facility to take corrective and preventive action as the appropriate response.

DHS recognizes that detainees who are minors have special vulnerabilities. With the exception of juveniles in the Family Residential Program, and rare cases where minors with criminal records are held in juvenile detention facilities, most juveniles are in the care and custody of HHS/RRR, other than the brief period of time that such unaccompanied juveniles are in ICE custody prior to transfer to ORR. The monitoring of those facilities is within the purview of HHS and outside the scope of DHS authority.

Comment. One commenter recommended that any person(s) regardless of whether they are staff, contractors, or volunteers, and regardless of whether they work in a DHS facility or contract facility, should be removed from their position at a detention facility for violating agency sexual abuse or sexual harassment policies.

Response. DHS agrees that violation of agency sexual abuse and assault policies merits discipline of employees and contractors, up to and including removal. However, DHS does not have authority to require contract facilities to remove employees from employment entirely, but only to require reassignment to a position where there will not be contact with detainees. As such, the comment cannot be implemented as recommended.

Corrective Action for Contractors and Volunteers (§§ 115.77, 115.177)

Summary of Proposed Rule

The standards contained in the proposed rule required that any contractor or volunteer who has engaged in sexual abuse be prohibited from contact with detainees. The proposed rule further required that reasonable efforts be made to report to any licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. One commenter suggested that entities that have repeat offenses be subject to both criminal and civil sanctions by the agency. The commenter further suggested that contracted parties be subject to the same standards as non-contracted parties and should have further repercussions for their actions other than employee dismissal. The commenter suggested that a facility found to have repeat incidents should be subject to harsher penalties and be monitored more closely.

Response. Similar to the response regarding §§ 115.76 and 115.176, DHS believes that a change is not warranted or appropriate to prescribe both criminal and civil sanctions. DHS does not have criminal prosecution authority and the PREA statute similarly does not provide for civil penalties. Nevertheless, DHS takes extremely seriously any allegations or substantiated incidents of sexual abuse.

Contract employees are subject to the same standards as agency employees and investigations into allegations made against contractors are no less thorough than those made against agency employees. All facilities will be closely monitored for how they respond to sexual abuse and assault reports; address safety, medical, and victim services issues; and coordinate criminal and administrative investigative efforts. DHS believes that the best approach to remedy a situation of recurring sexual abuse and assault claims varies with the circumstances, and may include disciplining or removing individual employees involved in the abuse, working with the facility to take corrective and preventive action, regular facility monitoring, as well as terminating a contract with a facility in its entirety.

Comment. One commenter recommended that any person(s) violating agency sexual abuse or sexual harassment policies be removed from their position at the detention facility regardless of whether the employee is staff, a contractor, or a volunteer and regardless of whether the person works in a DHS facility or contract facility.

Response. As discussed above in response to the comment received on §§ 115.76 and 115.176, DHS agrees that violation of agency sexual abuse and assault policies merits discipline of employees and contractors, up to and including removal. However, DHS does not have authority to require contract
facilities to remove employees from employment entirely, but only to require reassignment to a position where there will not be contact with detainees. Accordingly, the comment cannot be implemented as recommended.

Disciplinary Sanctions for Detainees ($115.78)

Summary of Proposed Rule

The standard contained in the proposed rule mandated that detainees be subject to disciplinary sanctions after they have been found to have engaged in sexual abuse. The standard mandates that discipline be commensurate with the severity of the committed prohibited act and pursuant to a formal process that considers the detainee’s mental disabilities or mental illness, if any, when subjecting the detainee to disciplinary actions.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. One commenter suggested that paragraph (a) specify that detainees will only face disciplinary action for detainee-on-detainee sexual abuse because the language in paragraph (e). Paragraph (e) prohibits the facility from disciplining a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact.

Response. DHS declines to make the proposed change to paragraph (a) because this modification would preclude DHS from disciplining a detainee found to have engaged in sexual contact with a non-consenting staff member (pursuant to paragraph (e) of this standard). DHS believes it is important to retain the authority to discipline a detainee for engaging in sexual abuse of a staff member.

Comment. One commenter suggested that two provisions from the DOJ PREA standard be adopted by DHS. One provision in the DOJ rule allows for the facility to intervene in patient’s behavior and make it participate in mental health interventions as a condition of access to programming or other benefits. The other provision in the DOJ rule allows for an agency to prohibit, in its discretion, all sexual activity between inmates and if such activity occurs, the agency may discipline the inmate for this activity. It further specifies that the agency is not able to deem such activity to be sexual abuse if it determines that the activity is not coerced.

Response. DHS declines to accept either of the proposed changes from this comment. Whereas the purpose of incarceration by DOJ includes punishment and rehabilitation—thus making therapy and counseling more widely appropriate—the purpose of immigration detention is to facilitate appearance at immigration proceedings and removal. Accordingly, mandating therapy or counseling as a condition of access to programming or other benefits would not be appropriate in this context.

DHS notes, however, that §115.83 of the regulation includes provisions for voluntary access to ongoing medical and mental health care for sexual abuse victims and abusers, when deemed appropriate by mental health practitioners. With regard to the second proposal, DHS also rejects the recommendation to prohibit a finding of sexual abuse when there is no element of coercion in sexual activity between detainees. This clarification is unnecessary as the standards define detainee-on-detainee sexual abuse to exclude incidents of consensual sexual conduct between detainees. A provision explicitly prohibiting the agency to prohibit all sexual activity between detainees (including consensual sexual activity) is similarly unnecessary, as ICE’s detention standards already contain such a prohibition.

Comment. A few advocacy groups suggested specifying in paragraph (b) that the circumstances of the prohibited act, the detainee’s disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories should be taken into consideration when determining the appropriate disciplinary action.

Response. These advocacy groups stated that it is important that the sanctions against detainees be appropriate and fair for the offense. One commenter stated that adding this additional language will help prevent the misuse of the regulations to inappropriately punish LGBT detainees.

Medical and Mental Health Assessments: History of Sexual Abuse ($115.81)

Summary of Proposed Rule

The standard contained in the proposed rule required that pursuant to the assessment for risk of victimization and abusiveness in §115.41, facility staff will ensure immediate referral to a qualified medical or mental health practitioner, as appropriate, for detainees found to have experienced prior sexual victimization or perpetrated sexual abuse. For medical referrals, the medical professional was required to provide a follow-up health evaluation within two working days from the date of the initial assessment. For mental health referrals, the mental health professional was required to provide a follow-up mental health evaluation within 72 hours from the date of the referral.

Changes in Final Rule

The final rule includes minor changes to paragraph (a). The phrase “subject to
the circumstances surrounding the indication’’ was removed and the term ‘‘as appropriate’’ was moved within the paragraph.

Comments and Responses

Comment. One commenter suggested that there should be specific provisions within the standard concerning the follow-up mental health services after the initial evaluation.

Response. Section 115.81 requires that detainees who have experienced prior sexual victimization or perpetrated sexual abuse receive referrals for follow-up medical and/or mental health care as appropriate. In addition, ICE’s detention standards provide comprehensive requirements for the mental health care of all detainees, including follow-up mental health evaluations as appropriate, and referral to external specialized providers as necessary. Because ICE detention standards outline these requirements, adding a provision specifically targeted to sexual abuse and assault in this context is unnecessary.

Comment. A human rights group suggested that paragraph (a) be written more clearly and specifically about what the circumstances might be concerning when a staff member would make a referral for a detainee to seek a follow-up with a medical or mental health practitioner. The commenter suggested that if DHS does not choose to clarify this language, DHS should remove the language altogether.

Response. DHS agrees with the comment. Upon consideration, DHS decided to strike the phrase ‘‘subject to the circumstances surrounding the indication’’ from §115.81(a).

Comment. Multiple commenters suggested adding the confidentiality provision that is currently in the DOJ PREA rule. The statement would ensure that the information relating to a sexual abuse or assault incident will remain limited to medical and mental health practitioners and other staff, as necessary. Access to information would be as necessary to inform treatment plans and security and management decisions, such as housing, bed replacement, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Response. Section 115.61 of the standards requires that information related to a sexual abuse incident be limited to those needed to protect the safety of the victim, provide medical treatment, investigate the incident, or make other pertinent security and management decisions. DHS believes that this provision adequately addresses the concern expressed by these commenters.

Comment. An advocacy group recommended adding a statement that is in the DOJ final rule concerning detainee consent. The DOJ rule states that if a detainee confirms prior sexual victimization, unless the detainee is less than 18 years of age, the medical and mental health practitioners must obtain consent from the detainee before reporting the information.

Response. Again, §115.61 of the standards requires that information related to a sexual abuse incident be limited to the information needed to protect the safety of the victim, provide medical treatment, investigate the incident, or make other pertinent security and management decisions. DHS believes that this provision adequately addresses the concern expressed by these commenters.

Comment. A commenter suggested that a provision be added for women and girls to be screened, assessed, and provided with treatment during confinement. The commenter urged for this provision to be mandated for minors.

Response. The proposed and final rules clearly require that female detainees and minors be afforded each of the protections outlined by the standards, including with regard to screening, assessment, and treatment.

Access to Emergency Medical and Mental Health Services (§§ 115.82, 115.182)

Summary of Proposed Rule

The standards in the proposed rule required detainee victims of sexual abuse to have timely, unimpeded access to emergency medical treatment at no financial cost to them.

Changes in Final Rule

DHS made a minor change to the final rule by deleting the phrase ‘‘where appropriate under medical or mental health professional standards’’ in §115.82(a) because the phrase was superfluous. DHS revised §115.182 to clarify that for holding facilities as well as immigration detention facilities, emergency medical treatment and crisis intervention services will be provided in accordance with professionally accepted standards of care. The relevant portion of §115.182 now mirrors the language in §115.82. DHS also deleted the phrases ‘‘in immigration detention facilities’’ and ‘‘in holding facilities’’ from §115.82(a) and §115.182(a) respectively, to clarify the scope of the provision.

Comments and Responses

Comment. Multiple commenters suggested that DHS include in §115.182 specific provisions concerning the types of treatment available to detainees from emergency medical providers. Under §115.82, these treatments include emergency contraception and sexually transmitted infections prophylaxis, which are particularly time-sensitive. One of the legal associations further suggested that §115.182 also contain a provision that would allow for referrals for follow-up services and continued care by the agency or facility for detainees to continue treatment upon transfer to another facility or release from custody.

Response. DHS has considered the comments, and has revised §115.182 to mirror §115.82 by adding that detainee victims of sexual abuse in holding facilities shall have timely access not only to emergency medical treatment, but also to crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. DHS disagrees that detainee victims in holding facilities should receive referrals for follow-up care because the short-term nature of the detention makes this impracticable.

Comment. Multiple commenters suggested that this section be modified to ensure that victimized detainees receive expedited access to emergency contraception. This access should be provided as quickly as possible after the incident. The commenters believe this is an appropriate provision to include because emergency contraception can prevent pregnancy within five days of intercourse but is not effective if it is taken within three days.

Response. The final rule clearly states that victims of sexual abuse ‘‘shall have timely unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception . . . in accordance with professionally accepted standards of care.’’ The medical professionals who provide care to detainees are in the best position to administer emergency contraception. Mandating a specific timeframe is not appropriate for this regulation. DHS believes that the final rule, as written, will ensure that victims have timely access to emergency contraception.

Comment. Multiple commenters expressed concern about the lack of correct information and education about transmission of sexually transmitted diseases and infections. Commenters suggested expanding relevant provisions in this section to explicitly refer to all forms of sexual abuse. The language proposed would specifically include victims of oral, anal, or vaginal sexual
abuse due to non-consensual oral, anal, and vaginal touching or penetration. One of these commenters also suggested the removal of the phrase “where appropriate under medical or mental health professional standards,” written in paragraph [a] of this section.

Response. The final rule contains a thorough definition of sexual abuse and assault in §115.6, which includes the specific areas of abuse as noted by the commenters. DHS declines to add to the definition of sexual abuse in this provision because it would be redundant and could potentially conflict with the final rule’s definition of sexual abuse and assault.

After considering the comments to §115.82(a), DHS decided not to include the phrase “where appropriate under medical or mental health standards” in the final rule.

Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (§115.83)

Summary of Proposed Rule

The standard in the proposed rule required that victims of sexual abuse in detention receive access to ongoing medical and mental health care as necessary without financial cost to the victim. The standard also requires that this care be consistent with the community level of care for as long as such care is needed.

Changes in Final Rule

DHS made one minor change to the final rule by replacing the word “incarcerated” with “detained” in §115.83(d).

Comments and Responses

Comments. A commenter had concerns about the medical and mental health care being age appropriate for all detainees, specifically citing children and adolescents. The commenter suggested adding the phrase “age appropriate” when referring to the medical and mental health evaluations and treatments discussed in paragraph [a].

Response. DHS recognizes the importance of detainees received “age appropriate” care. However, because medical personnel are expected and obligated to provide age appropriate care as a duty under the medical standard of care, adding this language would be superfluous.

Comment. A commenter expressed concern about victims of various forms of sexual abuse, which includes oral, anal, and vaginal abuse, receiving access to ongoing medical and mental health care services due to the misinformation about the different ways sexually transmitted diseases can be spread. Therefore, the commenter suggests revising the language to specify the different types of sexual abuse that detainees may encounter.

Response. Sexual abuse and assault is thoroughly defined in §115.6. The specific types of abuse set forth in the Definitions section apply to the final rule in its entirety.

Comment. A commenter suggested guaranteeing the confidentiality of medical and mental health records because confidential trauma counseling and medical and mental health care are essential to recovery.

Response. Maintaining the confidentiality of medical records is a DHS priority for every detainee. As such, ICE’s detention standards contain explicit requirements for ensuring this confidentiality in all circumstances. Given the overarching confidentiality concern, DHS does not believe that revising this section provides greater protection to detainees than that which is already contained in the proposed and final rules.

Comment. Commenters suggested the provision be edited to explicitly state the full range of services and information that should be made available to victims of sexual abuse. One commenter suggested that DHS align the final rule’s provision on pregnancy-related services with PBNDS. The commenter noted that under ICE PBNDS provide that when a detainee decides to terminate her pregnancy, ICE must arrange for transportation at no cost to the detainee. The commenter also noted that ICE PBNDS provide that ICE will assume all costs associated with the detainee’s abortion when the pregnancy results from rape or incest or when continuing the pregnancy will endanger the life of the woman. The commenter recommended that DHS include those provisions in paragraph (d) to build upon best practices and have consistent regulatory and sub-regulatory guidance.

Response. DHS agrees that women who become pregnant after being sexually abused in detention must receive comprehensive information about and meaningful access to all lawful pregnancy-related medical services at no financial cost. The final standard includes language that requires victim to receive timely and comprehensive information about all lawful pregnancy-related medical services, and that access to pregnancy-related medical services must be timely. Also, facilities are required to provide information about and access to all lawful pregnancy-related medical services. These requirements include by implication the additional 2011 PBNDS provisions referenced above.

Comment. Commenters also suggested that DHS clarify that detention facilities must provide detainees medically accurate and unbiased information about pregnancy-related services, including abortion. The commenter stated that this is particularly relevant where the detention facility uses religiously affiliated institutions to provide care to inmates. The commenter stated that a woman should always be able to have accurate information about all of her options; information should never be provided with the intent to coerce, shame, or judge.

Response. DHS clarifies that the standard requires that covered detainee victims receive medically accurate and unbiased information, including information about abortion. This is part of the requirement that facilities provide “comprehensive” information about all lawful pregnancy-related medical services.

Comment. Commenters also suggested adding language clarifying that transportation services would be given to victims needing medical services when the detention facility is unable to provide such services in a timely manner.

Response. Additional guidance on transportation is unnecessary given the requirement that victims be provided “timely access” to all lawful pregnancy-related medical services—which, when necessary, includes transportation.

Comment. Commenters suggested that DHS remove the phrase “vaginal penetration” in paragraph (d) because pregnancy can occur without penetration.

Response. DHS does not believe that §115.83(d) should be revised to include a broader definition of penetration. Paragraph (d) applies to a limited set of circumstances in which a female victim becomes pregnant after sexual abuse. Some sort of penetration pursuant to the definition in §115.6 must occur in order for the victim to become pregnant. The phrase “vaginal penetration” provides a clear guideline to the agency or facility about when it is appropriate to administer pregnancy tests.

Comment. Commenters suggested that DHS remove the phrase “by a male abuser” because detainees could also be abused by females. The commenters expressed concern that if the language is retained, the victims of female abusers will not receive critical health care services.

Response. DHS declines to make the suggested revision, because the phrase “by a male abuser” in §115.83(d) relates to the possibility of pregnancy, and in
no way mitigates a female victim’s right to care if the abuser is female. The remaining provisions in §115.83 apply to all inmates, including detainees, and are not limited by gender.

Comment. A commenter suggested that full confidential rape counseling or mental health care be provided to a sexual abuse victim. Another commenter suggested that the language be improved to include unmonitored telephone calls from detainees to non-governmental organizations or rape crisis organizations as opposed to the OIG or other offices affiliated with ICE or DHS. This commenter also stated that detainees do not always have phone access to call the JIC because some facilities may have the number blocked on their telephone system.

Response. While DHS appreciates the commenters’ concern about the benefits of confidential rape counseling, mental health care, and unmonitored phone calls to lodge complaints or seek help, DHS believes that provisions relating to access to outside confidential support services set forth in §115.53 are adequate to address these concerns.

Comment. Multiple commenters suggested that DHS clarify the regulations to include treatment for sexually transmitted infections, including HIV-related post-exposure prophylaxis for victims of sexual abuse. Commenters observed that paragraph (e) calls for access to testing, but not treatment. Commenters expressed concern that without treatment, sexually transmitted infections can lead to more serious and possibly permanent complications. They suggested that the regulation state explicitly that victims will receive ongoing regular treatment.

Response. DHS recognizes the importance of providing testing for sexually transmitted infections, and included paragraph (e) in the proposed rule which requires facilities to offer such tests, as medically appropriate to victims of sexual abuse while detained. DHS clarifies that paragraph (a) requires that all detainees who have been victimized by sexual abuse have access to treatment. Paragraph (b) requires that the evaluation and treatment include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following the detainee’s release from custody. DHS trusts that medical practitioners administering such tests will adhere to professionally accepted standards for pre- and post-test counseling and treatment.

Sexual Abuse Incident Reviews (§§ 115.86, 115.186)

Summary of Proposed Rule

The standards in the proposed rule set forth requirements for sexual abuse incident reviews, including when reviews should take place and who should participate. The standards also required the facility to forward all reports and responses to the agency PSA Coordinator. The proposed rule further required an annual review of all sexual abuse investigations, in order to assess and improve sexual abuse intervention, prevention, and response efforts.

Changes in Final Rule

Section 115.86(a) now includes a requirement that facilities must conduct incident reviews within 30 days of the completion of the investigation. Section 115.186(a) now includes a requirement that the agency review shall ordinarily occur within 30 days of the agency receiving the investigation results from the investigative authority. The slightly different formulation for Subpart B reflects the fact that frequently the agency that oversees a holding facility is not the investigative authority.

Section 115.86(b) now requires facility incident review teams to (1) consider whether the incident or allegation was motivated by race, ethnicity, gender identity, or lesbian, gay, bisexual, transgender, or intersex identification status (or perceived status); and (2) consider whether the incident or allegation was motivated by gang affiliation or other group affiliation. Section 115.186(c) now requires facility incident review teams to prepare a report of their findings and any recommendations for improvement and submit such report to the facility administrator, the FOD or his or her designee, and the agency PSA Coordinator. If no allegations were made at a facility during the annual reporting period, a negative report is required.

Comments and Responses

Comment. One comment suggested that DHS track whether the victims are LGBTI/GNC. A commenter suggested that this would be a way to track whether the regulations are effective.

Response. DHS does not fully concur with the commenter’s suggestion to track LGBTI/GNC status in the incident review context. Many detainees choose to not disclose to staff or others in the detention setting that they identify as lesbian, gay, bisexual, transgender, or intersex. In the event that a detainee does not affirmatively disclose this information in the context of making a report or otherwise, DHS believes it would be inappropriate to require staff to question the detainee about his or her sexual orientation and gender identity for these purposes. DHS believes that this could constitute a breach of detainees’ privacy, especially detainees who prefer to not share this information openly.

DHS agrees, however, that LGBTI/GNC status can contribute to vulnerability. DHS is therefore revising the Subpart A standard to require facilities to take into account whether the incident or allegation was motivated by race, ethnicity, gender identity, or lesbian, gay, bisexual, transgender, or intersex identification status (or perceived status); or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. In practice, this requires the facility to affirmatively consider the possibility that these factors motivated the incident or allegation, and to record this information if known. It does not, however, require facilities to affirmatively inquire as to the victim’s sexual orientation and gender identity. DHS also is adding a requirement to §§115.87(d)(2) and 115.187(b)(2) that the agency PSA Coordinator must aggregate information regarding whether the victim or perpetrator has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

Comment. Multiple commenters suggested matching DHS’s proposed §§115.86 and 115.186 to DOJ’s corresponding sections in their PREA rule. The relevant provisions of DOJ’s rule include the following:

1. The review must be concluded within 30 days of the conclusion of the investigation.
2. The review team must include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
3. The review team must consider whether the incident or allegation was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
4. The review team must examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
5. The review team must assess the adequacy of staffing levels in that area during different shifts.

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6. The review team must assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.  

7. The review team must submit its report to both the facility head and the agency PREA compliance manager. The commenters stated that the additional language would better protect detainees and encourage the overall goal of eliminating sexual abuse in facilities by helping facilities identify and fill gaps in current policies and procedures. Response. DHS has considered each of these recommendations carefully, and has revised its proposal to incorporate provisions implementing items 1 and 3, as noted above. DHS understands the importance of reviewing reported incidents to better protect detainees and help facilities identify and fill gaps in current policies and procedures. To achieve this, §§ 115.87 and 115.187 require the collection of all case records associated with claims of sexual abuse, including incident reports. The data collected is required to be shared with the PSA Compliance Manager and DHS entities, including ICE leadership and, upon request, CRCL. 

Under § 115.88, after this data is reviewed by agency leadership, the agency will issue a report that will identify problem areas and patterns to be improved upon, potentially including items 4–6 in the list above. In short, DHS believes that the final regulation sufficiently accounts for the considerations raised by the commenters. 

Comment. One commenter suggested that DHS require that the PSA Compliance Manager be an upper-level facility official. Response. DHS rejects the suggestion to require that the PSA Compliance Manager be an upper-level facility official, as facilities should have some discretion about whom they choose for this role. Smaller facilities may not always have an upper-level official available to fulfill the role of PSA Compliance Manager. 

Comment. Commenters suggested that DHS require that all incident reviews be conducted by a team of upper-level management officials. Response. DHS does not concur with the suggestion to require that all incident reviews be conducted by a team of upper-level officials as smaller facilities may not have the staffing resources and may elect to have an individual, the PSA Compliance Manager, conduct the review. 

Comment. One commenter suggested that a paragraph be added stating that if a facility’s annual review finds that there has been no report of sexual abuse or assault then the report should reflect that information. Another commenter suggested that each facility’s annual reviews be available to the public on their Web site as well as the agency’s Web site. Response. DHS agrees with the suggestion to require that facilities that do not have any sexual abuse or assault allegations in the reporting period still be required to submit a negative report. Facilities are required to provide results and findings of the annual review to the agency PSA coordinator. The PSA coordinator will use these reviews to develop the agency’s annual report, which will be made available to the public through the agency’s Web site. DHS does not believe, however, it is appropriate or necessary to mandate individual facilities post the annual review on their Web site, as the reviews can be accessed more easily through the single portal of the agency Web site. 

Comment. A commenter suggested that DHS require all immigration detention facilities to comply with this standard immediately. Response. DHS does not concur with the suggestion to add a different implementation timeline for incident reviews than the rest of the standards. 

Data Collection (§§ 115.87, 115.187) 

Summary of Proposed Rule 

The standards contained in the proposed rule required the facility (in Subpart A) or agency (in Subpart B) to maintain case records associated with claims of sexual abuse. The standards required the agency to aggregate the incident-based data at least annually. The standards further mandated that upon request the agency would be required to provide all such data from the previous calendar year to CRCL. 

Changes in Final Rule 

Sections 115.87(a) and 115.187(a) now include a requirement that facilities keep data collected on sexual abuse and assault incidents in a secure location. Sections 115.87(d)(2) and 115.187(b)(2) have been revised to also require the PSA Coordinator to aggregate information about whether the victim or perpetrator has self-identified as LGBTI/GNC. The requirement under Subpart B for the agency to provide all data collected under § 115.187 to the PSA Coordinator was removed in order to ensure that the requirements in both subparts were consistent. Such a requirement is not necessary and was not originally included under Subpart A because the PSA Coordinator has been designated as the agency point of contact to aggregate relevant data pursuant to this regulation. 

Comments and Responses 

Comment. One commenter suggested that the data collected be kept in a secure area to which unauthorized individuals would not have access. Response. DHS concurs with this concern and accepts the change suggested by the commenter. 

Comment. One commenter suggested that paragraph (a) take effect immediately and require all facilities to begin acquiring and maintaining the necessary data. Response. Currently all facilities report all allegations through the agency Field Office, which is responsible for issuing a Significant Incident Report. The PSA Coordinator has access to all Significant Incident Reports as well as the electronic investigative case files of ICE’s OPR. Therefore, it is not necessary to make the provision applicable immediately as a process is already in place. In any case, DHS does not concur with the suggestion to add a different implementation timeline for data collection than the rest of the standards. 

Comment. A few commenters suggested that data be collected, analyzed, and maintained for all facilities, including contract facilities. Response. The standard applies to all facilities, including contract facilities. Therefore the requirements in these sections regarding data collection also apply to all facilities. 

Data Review for Corrective Action (§§ 115.88, 118.188) 

Summary of Proposed Rule 

The standards contained in the proposed rule described how the collected data would be analyzed and reported. The standards mandated that agencies use the data to identify problem areas, take ongoing corrective action, and prepare an annual report for each facility as well as the agency as a whole, including a comparison with data from previous years. The standards mandated that this report be made public through the agency’s Web site or other means to help promote agency accountability. 

Changes in Final Rule 

DHS is adopting the regulation as proposed. 

Comments and Responses 

Comment. An advocacy group suggested that data be reviewed from all facilities in which immigration detainees are confined. Response. The standard, including data review, applies to all facilities.
Comment. An advocacy group suggested that the reports that are published on the public website be updated at least annually.

Response. Annual reports will include assessments and information about progress and corrective actions from prior years.

Data Storage, Publication, and Destruction (§§ 115.89, 115.189)

Summary of Proposed Rule

The standards in the proposed rule described how to store, publish, and retain data collected pursuant to §§ 115.87 and 115.187. The standard required that the agency make the aggregated data publicly available at least annually on its website and shall remove all personal identifiers.

Changes in Final Rule

The final rule adds a requirement in both subparts that the agency maintain sexual abuse data collected pursuant to the above-described standard on data collection (§§ 115.87 and 115.187) for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Comments and Responses

Comment. Multiple commenters suggested that data be securely retained under agency record retention policies and procedures, including a requirement to retain the collected data for a minimum period of time, preferably 10 years as contained in the DOJ standard.

Response. DHS has considered this comment and concurs that data collected must be retained for an adequate length of time. Given the interests involved and the possibility for legal action based on an incident, a longer period—such as 10 years—would more appropriately align with such interests. DHS agrees with the commenters, and the final rule adds a paragraph requiring the agency to maintain the collected data for a minimum of 10 years after the date of initial collection, unless otherwise prohibited by law.

Comment. A commenter suggested that data from state and local public facilities in which immigration detainees are confined should also be made publicly available.

Response. The data retention requirement applies to all data collected by facilities covered by the standards or by the agency. All facilities are required to provide sexual abuse and assault data to the agency’s PSA coordinator. The PSA coordinator will use this data to develop the agency’s annual report, which will be made available to the public through the agency’s website.

Comment. One commenter suggested replacing the Subpart B provision with materially identical language, except that the commenter removed a federal cross-reference.

Response. DHS declines to incorporate this revision, in the interest of ensuring clarity and consistency purposes with the parallel provision in Subpart A.

Audits of Standards (§§ 115.93, 115.193)

Summary of Proposed Rule

The proposed rule mandated that audits under these sections shall be conducted pursuant to §§ 115.201 through 115.205 of Subpart C. In Subpart A, the standard requires audits of each immigration detention facility at least once every three years. The proposed rule allowed for expedited audits if the agency has reason to believe that a particular facility is experiencing problems related to sexual abuse. The Subpart B standard requires, within three years, an initial round of audits of each holding facility that houses detainees overnight. Following the initial audit, the Subpart B standard required follow-up audits every five years for low-risk facilities and every three years for facilities not identified as low risk. All audits were required to be coordinated by the agency with CRCL.

Changes in Final Rule

Section 115.93 previously required the agency to ensure that “each of its immigration detention facilities” is audited at least once during the initial three-year period. Due to confusion expressed by some commenters, DHS now requires the agency to ensure that “each immigration detention facility” is audited at least once during the initial three-year period. In the interest of clarity, DHS modified § 115.93(b) to allow the agency to “require” rather than “request” an expedited audit and allows the agency to provide resource referrals to facilities to assist with PREA-related issues. DHS also revised §§ 115.93 and 115.193 to allow CRCL to request expedited audits if it has reason to believe that such an audit is appropriate.

Comments and Responses

Comment. Some commenters, including advocacy groups, expressed concern regarding whether contract facilities would be subject to auditing. Commenters advised clarifying that audit standards in their entirety would be a requirement for all facilities, including facilities run by non-DHS private or public entities, and that they would be audited on the same timeframe. One advocacy group suggested adding clarifying language that describes auditing of “each facility operated by the agency, or by a private organization on behalf of the agency.” It was also recommended that the standards clarify the point at which the audit requirement is triggered based upon the standards, particularly with regard to contract facilities. Former NPRE Commissioner also recommended the standards clarify that it is prohibited to hold detainees in any custodial setting where external audits are not applicable.

Response. Under the standards as proposed and in final form, DHS must ensure that each covered immigration detention facility and holding facility, as defined in §§ 115.5, 115.12, and 115.112, undergoes an audit. DHS has revised § 115.93(a) as indicated above for clarity.

Regarding the timeframe for implementation of audits, both subparts include a clear standard that for covered facilities established prior to July 6, 2015, ICE and CBP coordinate audits within the timeframe specified. Additionally, under § 115.193, CBP will ensure hosting facilities that hold detainees overnight and established after July 6, 2015 are audited within three years.

DHS clarifies that in the immigration detention facility context, a facility will not be audited until it has adopted the PREA standards. However, DHS notes that immigration detention facilities are subject to regular inspections under current contracts and detention standards regardless of whether they are considered a covered facility pursuant to this regulation or whether they have adopted the PREA standards. DHS, through ICE, is committed to endeavoring to ensure that SPCs, CDFs, and dedicated IGSAs that adopt the standards set forth in this final rule within 18 months of the effective date. Additionally, DHS, through ICE, will make every effort to initiate the renegotiation process so the remaining covered facilities adopt the standards and become subject to auditing as quickly as operational and budgetary constraints will allow. As noted previously, ICE can remove detainees from facilities that do not uphold adopted sexual abuse and assault practices.

Comment. Commenters suggested that a paragraph be added to the Subpart A standard requiring CRCL to create a process by which a member of the public is able to recommend an
expedited audit of any facility if he or she believes that the facility may be experiencing sexual abuse problems. The collection of groups also recommended allowing the agency to order such an expedited audit of a DHS-run facility and to request the expedited audit of a contract facility for such problems. These groups believe that this modification to the section is necessary for clarification purposes.

Response. DHS has considered these comments, but does not believe that any benefit of standing up such a formal process justifies the potential resource and logistical difficulties involved, especially given the many ways in which the public can already raise such issues with DHS. Members of the public always have the ability to reach out to CRCL regarding any matter of interest or potentially problematic aspect with regard to DHS’s programs and mission, through CRCL’s complaint form or simply in writing. Additionally, as noted previously regarding immigration detention facilities, detainees themselves are able to report sexual abuse allegations in several ways, including by calling the JIC or the point of contact listed on the sexual abuse and assault posters. Detainees or members of the public may also call the JIC and the OIG or report incidents to CRCL. The Detainee Handbook and posters provide contact information to detainees and also note that detainee reports are confidential. Regarding agency ability to request audits, §115.93(b) was revised in order to clarify that the agency can request an expedited audit if the agency has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. Section 115.193 instructs the agency to prioritize audits based on whether a facility has previously failed to meet the standards.

Comment. Some commenters suggested that holding facilities have an audit cycle of three years as opposed to its proposed audit cycle of five years. Commenters wrote that five years is an inadequate period of time as compared to the DOJ standards. The former NPREC Commissioners wrote that in all of its research on the issue of prison rape, NPREC did not find that that size, physical structure or passing an audit eliminated the need for oversight of a facility or agency. NPREC wrote that many facilities that were classified as having “low” incidents of sexual abuse by the data collected by BJS were often facilities where there were leadership and culture issues, lack of reporting, lack of access to medical and mental health, and notoriously poor investigative structures.

Response. ICE has 149 holding facilities and CBP has 768 holding facilities, for a total of 917 holding facilities. In considering the appropriate audit cycle for holding facilities, DHS took into account the extremely high number of facilities, as well as the unique elements of holding facilities and the variances between holding facilities. For example, some holding facilities are used for detention on a handful of occasions per year, or less, and some holding facilities are in public view (for example, in the airport context). Requiring more frequent audits in those situations is neither operationally practical nor the most efficient use of resources.

With this in mind, DHS proposed that all holding facilities that house detainees overnight would be audited within three years of the final rule’s effective date. Thereafter, holding facilities would be placed into two categories: (1) Facilities that an independent auditor has designated as low risk, based on its physical characteristics and passing its most recent audit; and (2) facilities that an independent auditor has not designated as low risk. Facilities that are determined to be low risk will adhere to the three year audit cycle recommended by commenters. Facilities that are determined to be low risk will follow a five year audit cycle. In making its proposal and considering the comments received, DHS carefully considered the appropriate allocation of resources to ensure an appropriate audit strategy that allocates the greatest portion of limited resources to areas that are potentially higher risk. DHS also took into account the variety of holding facilities. For example, not all holding facilities are consistently used; some may be used to house detainees overnight only a handful of times per year, and some may generally be used to house only one detainee at a time.

With respect to the concerns raised by the former Commissioners of NPREC, DHS agrees that size, physical structure, and past audit history should not eliminate the need for oversight of a facility or agency. Accordingly, DHS is requiring regular, independent, rigorous oversight of all immigration detention facilities and immigration holding facilities, regardless of each facility’s size, physical structure, and past audit history. DHS also agrees with the former Commissioners that facilities with apparently “low” incidence of sexual abuse still require careful scrutiny, not least because of the possibility of under-reporting, poor investigative structures, and other factors cited by the former Commissioners. Upon consideration, however, DHS has determined that rather than leading to the conclusion that all facilities must be audited every three years, these factors lead to the conclusion that DHS ought to implement robust standards across the board.

Upon consideration, DHS believes its audit program is comprehensive, robust, and cost-efficient. DHS therefore maintains this program in the final rule.

Additional Provisions in Agency Policies (§ 115.95, 115.195)

Summary of Proposed Rule

The standards in the proposed rule provided that the regulations in both Subparts A and B establish minimum requirements for agencies and facilities. Additional requirements from the agencies and facilities may be included.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

DHS did not receive any public comments on this provision during the public comment period.

Scope of Audits (§ 115.201)

Summary of Proposed Rule

The standard contained in the proposed rule mandated the coordination with CRCL on the conduct and contents of the audit as well as how the audits are to be conducted.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

Comment. A commenter suggested that an audit committee make appropriate recommendations to Congress, which the commenter believes would ensure PREA compliance.

Response. DHS has considered this comment but believes sufficient protections are in place under the auditing standards and other standards to reasonably ensure sexual abuse prevention is maximized. Recommendations from audits are best addressed by the agency and the facility in coordination. Furthermore, because DHS is accountable to Congress and the public, the agency will provide information about audits as required by Congressional and/or FOIA requests, as well as pursuant to the proactive disclosure requirement of 115.203(f).

Comment. A commenter recommended that facility audit
mechanisms currently in place incorporate questions and checklists relating to compliance with the PREA standards. Some examples of current mechanisms that the commenter provided were detention service monitors, external facility audits, and CRCL investigations.

Response. Due to implementation of these PREA standards, external auditing will be required for all confined confinement settings, to be carried out in the manner in which the auditing requirements are most effectively and functionally implemented. DHS declines to prescribe in regulations a specific form or process for this independent oversight.

Comment. A commenter suggested that ICE and contract employee “whistleblowers” should be protected, encouraged, and should have direct access to auditors.

Response. DHS agrees that reporting any information concerning a sexual abuse or assault incident occurring in a detention or holding facility is vital in the fight against sexual abuse and assault in DHS confinement facilities. This reporting includes whistleblowing on any corruption or wrongdoing in an agency or facility setting. DHS believes that this concern is addressed through the ICE Sexual Assault training and by the publication of this regulation in that both of these mechanisms will encourage whistleblowing by anyone with sexual abuse or assault incident information.

Auditor Qualifications (§ 115.202)

Summary of Proposed Rule

The standard in the proposed rule requires an auditor to obtain specific qualifications before being eligible for employment by the agency to perform the required audits.

Changes in Final Rule

DHS revised the auditor certification provision in paragraph (b), to make explicit agencies’ responsibility to certify auditors in coordination with DHS. Otherwise, DHS is adopting the regulation as proposed.

Comments and Responses

Comment. A commenter recommended that the auditor be given authority to transfer an alleged victimized detainee during the investigation process.

Response. The ICE policy on Detainee Transfers, referred to previously as governing the transfer of all aliens in ICE custody, discourages transfers unless a FOD or his or her designee deems the transfer necessary for the reasons previously enumerated. ICE’s transfer policy is designed to limit transfers for all aliens and provides adequate protection for aliens who have sexual abuse complaints or grievances. Providing regulatory authority for outside auditors lacking direct accountability to the ICE policy in place to protect detainees would not be appropriate. All auditors will have the ability, however, to make such recommendations to the FOD or his or her designee.

Comment. A commenter suggested that the auditor’s standards and contact information be provided to every detainee and for the detainee to have the ability to confidentially contact the auditor for free.

Response. DHS agrees that detainees must have access to multiple ways to report abuse. This regulation includes multiple standards that ensure such access. In this case, however, DHS has determined that it is more appropriate to provide an auditor with discretion to conduct each investigation as it best sees fit, within the bounds of the PREA standards and consistent with other DHS policies. Additionally, paragraphs (i) and (j) of § 115.201 should provide reasonably sufficient avenues for detainee-auditor interaction by, respectively, requiring the agency and facilities to allow the auditor to conduct private interviews with detainees, and allowing detainees to send confidential information or correspondence to the auditor.

Audit Corrective Action Plan (§ 115.204)

Summary of Proposed Rule

The standard contained in the proposed rule required that when a facility “Does Not Meet Standard” after an audit, a 180-day corrective action plan is to be developed and implemented.

Changes in Final Rule

The final rule revises paragraph (b)’s description of the roles of the various entities regarding development of the corrective action plan in order to more clearly delineate responsibilities and to ensure the independence of the auditor is not compromised.

Comments and Responses

Comment. An advocacy group suggested the removal of the phrase “if practicable” written in paragraph (b). This change would require that in all cases the auditor, agency, and the facility jointly develop a corrective action plan to achieve compliance.

Response. DHS has considered the comment and agrees with the concerns expressed. By removing the notion that the facility need not be involved in development of the corrective action plan if impracticable, DHS clarifies in the final rule that the agency and the facility must develop the plan jointly. Additionally, DHS has determined that including the auditor as a party responsible for jointly developing the plan with the agency and the facility is not appropriate. Because of the auditor’s unique role as an outside, independent analyst, and because the auditor may have further involvement in ensuring the agency and facility meets the standards in the future, removing the auditor from development of the corrective action plan ensures that the auditor’s independent judgment is not compromised at any point. Under the final rule, the agency and the facility (if the facility is not operated by the agency) will develop the plan. The auditor can then effectively and independently make the determination as to whether the agency and facility have achieved compliance after the plan is implemented.

Comment. Several commenters suggested stating specific criteria that a facility must meet following a finding of “Does Not Meet Standard.” One group suggested creating a remediation plan for these facilities and another advocacy group suggested providing a specified period of time (suggested 180 days) for facilities to meet the requirements in the plan. One commenter suggested a similar 6-month probationary period. If
after this given period of time the facility does not meet the requirements given in the remediation plan, the facility would be terminated for an extended period of time (one commenter suggested three years) from housing any DHS detainees. One commenter suggested that this termination clause should also be listed in the agency/facility contract. An advocacy group generally suggested that DHS adopt a standard to prevent the housing of detainees in facilities that do not comply with the majority of the PREA standards and that fail to successfully implement a corrective action plan for those standards.

Response. The standards in the final rule and other DHS policies have been developed to ensure that noncompliance is not tolerated. Even prior to establishing these standards, ICE could withhold paying a contract facility’s invoice or could remove detainees from a noncomplying facility. FACility contracts have already included and will continue to include the option to terminate or discontinue holding detainees if the facility does not meet standards after periods of remediation.

With respect to the specific proposals at issue, DHS has concerns that the suggested 180-day period of time to meet the requirements of a corrective action plan and similar 6-month probationary period may not be sufficiently long for many corrective actions, including, for example, actions that require construction or other physical renovation. Corrective action plans themselves are intended to create a process that will lead to full compliance. Therefore, DHS does not believe it is necessary to make changes to this standard.

Audit Appeals (§ 115.205)

Summary of Proposed Rule

The standard contained in the proposed rule allowed facilities to appeal the findings from an audit.

Changes in Final Rule

DHS is adopting the regulation as proposed.

Comments and Responses

DHS did not receive any public comments on this provision during the public comment period.

Additional Comments and Responses

The proposed rule posed several questions specifically regarding audits. The following contains a summary of comments received regarding the questions addressing these standards and the DHS response.

Question 1: Would external audits of immigration detention facilities and/or holding facilities conducted through random sampling be sufficient to assess the scope of compliance with the standards of the proposed rule?

Commenters were nearly unanimous that auditing through random sampling would not be sufficient. A collective comment of advocacy groups stated that random sampling requires some consistency among facilities in the broader sample; because of the variety of facilities at issue, sampling could not be conducted accurately. Commenters also pointed out that the degree of discretion vested in individual facility heads, the differences among the populations being held, and the differences in physical layout make use of random sampling insufficient for measuring compliance across facilities.

Former NPRE Commissioner stated that no rational basis for random sampling existed, as the only way to ensure detainees’ safety from abuse is regular audits of all facilities without exception, citing DOJ final rule findings in support of a triennial cycle.

One human rights advocacy group found audits for cause acceptable, but only if in addition to regular, periodic audits, with auditing every three years being sufficient. The group stated that random audits or audits only for cause would not meet objectives such as providing oversight, transparency, accountability, and feedback in every facility. The group agreed with requiring every agency to have a full audit within the first three years after PREA’s implementation, and if a facility receives an extremely high audit score, such as 90%, then the standard could allow a subsequent audit three years later to be a more streamlined version. The group expressed concerns with audits based on cause only, because it was unclear who would determine whether cause existed and when and on what basis that decision would be made.

Response. DHS agrees with the commenters that external audits of immigration detention facilities and holding facilities should not be conducted through random sampling. Audits selected by random sampling would not sufficiently assess the scope of compliance with PREA standards. Therefore, the agency maintains the final rule language in §§ 115.93 and 115.193 setting forth the definitive audit schedule for immigration detention facilities and holding facilities.

Question 2: Once a holding facility is designated as low risk, would it be a more cost effective yet still sufficient approach to furthering compliance with the standards to externally audit a random selection of such facilities instead of re-auditing each such facility once every five years?

DHS received conflicting comments in response to this question. A collection of various advocacy groups responded negatively to the idea of auditing a random selection of low-risk holding facilities instead of re-auditing each periodically. The groups, rejecting any use of random sampling, stated that any designation of a facility as low risk would be a mistake that does not account for the scope of the culture of change necessary to end the crisis of sexual abuse in confinement facilities.

Response. DHS agrees with the commenters that audits of immigration detention facilities and holding facilities should not be conducted through random sampling. Audits selected by random sampling would not sufficiently assess the scope of compliance with PREA standards. Therefore, the agency maintains the final rule language in §§ 115.93 and 115.193 setting forth the definitive audit schedule for immigration detention facilities and holding facilities.

Question 3: Would the potential benefits associated with requiring external audits outweigh the potential costs?

A commenter agreed that the benefits would outweigh the costs, stating that a realistic, cost-effective monitoring system is critical to the standards’ overall effectiveness and impact. Commenters suggested that the external scrutiny, oversight, transparency, accountability, and credible assessment of safety that a qualified independent entity would bring are vitally important for confinement facilities, could identify systemic problems and could offer solutions. Commenters believed that thorough audits will help prevent abuse, improve facility safety, lead to more effective management, and, ultimately, lower fiscal and human costs to the community.

The groups also noted that it seemed DHS cost projections did not account for contract facilities already auditing under DOJ PREA standards, but that— as a cost-related measure—the two audits could be conducted simultaneously if the auditor were properly trained in differences between the standards and wrote separate, but related, reports for each set of standards. The group suggested that DHS consider
offering an abbreviated auditor training and certification process for auditors already certified by DOJ, focusing on the differences between the two sets of standards, the principles of civil confinement, and the unique features of DHS detainees.

Response. After reviewing the comments regarding Question 3, DHS decided to maintain the audit provisions set forth in Subpart C despite the fact that external auditing does incur financial costs to the agency. DHS agrees that external audits will be a valuable tool in assessing the standards’ overall effectiveness and impact as well as help to prevent abuse, improve facility safety, and lead to more effective detention and custody management.

While DHS appreciates that some commenters acknowledged that external audits are required by both DO and DHS and that the agencies could be seen as conducting and financing redundant external audits, DHS believes that the unique detention missions of each agency warrant a separate audit process. If in the future DHS finds that an expedited certification process is preferable, DHS can implement such a process under § 115.202(b).

Question 4: Is there a better approach to external audits other than the approaches discussed in the proposed rule?

A commenter stated affirmatively that a better approach may exist, acknowledging it may include additional but reasonable costs. The groups expressed the following various changes that they believe would be improvements: (1) Audits could be conducted on an unannounced basis to ensure they are reviewing typical conditions; (2) facilities which have been required to take corrective action after an initial audit could be required to undergo a follow-up audit 18 months later to assess improvement; (3) auditors could be required to work in teams that include advocates and/or former detainees to increase the comprehensiveness of inspection; (4) such teams could be required to meet with a certain percentage of current and former detainees and employees, contractors, and volunteers to accrue information; and (5) DHS could require that all facilities submit to expedited audits when requested by CRCL.

The collection of groups expressed that they believed DHS could amend its PREA auditing standards at a later date if, for example, after two complete three-year audit cycles under the groups’ suggested standard, DHS could then better determine which facilities could appropriately be audited on a less-frequent basis; the data from the two cycles could also allow advocates to have concrete data to comment on such a revised plan.

Response. DHS appreciates the constructive comments provided by advocacy groups regarding the audit process. DHS is not substantively revising the audit provision in the final rule because the agency believes that the final rule provides an effective and efficient framework for external audits.

In response to the specific comments, DHS notes that unannounced audits would be overly burdensome for the facility and for agency personnel. Section 115.204 requires facilities with a finding of “Does Not Meet Standards” with one or more standards have 180 days to develop a corrective action plan. After the 180-day corrective action period, the auditor will issue a final determination as to whether the facility has achieved compliance. The agency will use this assessment to determine what steps are necessary to bring the facility into compliance or to determine that the facility is not safe for detainees and therefore, whether detainees must be transferred to other facilities. This process is an effective safeguard and therefore, an automatic 18-month follow-up audit is not necessary. DHS does not mandate the exact composition of the audit team, but rather requires that the audit be conducted by entities or individuals outside of the agency that have relevant audit experience. Paragraph (g) of § 115.201 already requires that the auditor interview a representative sample of detainees and staff. Finally, the agency does not believe that the agency’s resources would be maximized if CRCL could automatically trigger expedited audits. CRCL already has the authority to conduct reviews related to civil rights and civil liberties issues at any facility that houses detainees. However, DHS acknowledges that CRCL will play an important role in developing audit procedures and guidelines. In light of this, §§ 115.93 and 115.193 have been revised to allow CRCL to request expedited audits if it has reason to believe that such an audit is appropriate.

Question 5: In an external auditing process, what types of entities or individuals should qualify as external auditors?

Some commenters described specific types of individuals who would or would not qualify as external auditors, while one set of advocates described typical characteristics contributing to a quality auditor. One commenter stated that such external auditors should consist of members of non-governmental organizations, attorneys, community members, media, and former detainees. Another organization stated that auditors should simply not be employees of DHS or for detention centers, seemingly meaning the facility being audited; yet another set of groups stated that prior corrections or detention official experience alone would not suffice. Another commenter suggested that auditing requires a well-founded individual or team with prior expertise and/or training in both sexual violence dynamics and detention environments, with state certification in rape crisis counseling being a strongly-preferred qualification. Commenters wrote that requirements must include demonstrable skills in gathering information from traumatized individuals and ability to ascertain clues of possible concerns that detainees and others may not feel comfortable sharing.

Response. The agency in conjunction with CRCL is required by this rule to develop and issue guidance on the conduct of and contents of the audit. The agency must also certify all auditors and develop and issue procedures regarding the certification process, which must include training requirements. Finally, DHS received a number of generalized comments relevant to the rulemaking but which did not specifically fall within any particular standard as embodied in the proposed rule.

Comment. Numerous comments were supportive of the standards, stating it is a good idea to promulgate a rule to prevent such assault and abuse.

Response. DHS agrees that this rule is an important tool for the agency to prevent, detect, and respond to sexual abuse and assault in confinement facilities.

Comment. Former Commissioners of NPREC suggested that DHS engage BJS to work to collect data on the prevalence of sexual abuse in DHS facilities, with the results of such surveys being available to the public. The former Commissioners believed the data to be necessary both for DHS and for the public to be able to understand the scope of abuse and to monitor the impact and success of the standards.

Response. DHS has considered the suggested approach in this comment; however, given the current budgetary environment, DHS does not have the resources to expend personnel and/or funds to develop and execute a separate additional survey and accompanying interagency agreement at this time. DHS
notes that BJS recently conducted a survey that included ICE facilities. In addition, the need for such a survey is negated by the fact that DHS itself, through ICE, has conducted surveys of the detainee population. The surveys have focused on conditions of detention, including the grievance process, staff retaliation, intake education—including regarding how to contact ICE personnel—posting of legal assistance information, and the Detainee Handbook, with space to add other information that the detainee may wish to share. DHS may consider conducting similar surveys in the future for comparison purposes.

Several commenters generally suggested that various standards should include “critical protections” for LGBTI detainees, in addition to the specific areas where LGBTI-related comments are listed above. Areas where commenters believed these protections are needed include in §§ 115.15, 115.115, Limits to cross-gender viewing and searches; § 115.42, Use of assessment information; § 115.43, Protective custody; §§ 115.62, 115.162, (Agency) Protection duties; § 115.53, Detainee access to outside confidential support services; and § 115.78, Disciplinary sanctions for detainees. 

Response. As noted elsewhere that the issue has specifically arisen, DHS generally provides safety and security measures for all populations, including all those that may be vulnerable; DHS declines to make specific changes for the standards referred to in these comments, as the standards are intended to be flexible enough to fit many situations.

V. Regulatory Analysis

We developed this rule after considering numerous statutes and executive orders related to rulemaking. Below we summarize our analyses based on a number of these statutes or executive orders.

A. Executive Orders 12866 and 13563

Executive Orders 13563 and 12866 direct agencies to assess the costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). Executive Order 13563 emphasizes the importance of quantifying both the costs and benefits of reducing costs of harmonizing rules, and of promoting flexibility. This rule is a “significant regulatory action,” although not an economically significant regulatory action, under § 3(f) of Executive Order 12866. Accordingly, the Office of Management and Budget (OMB) has reviewed this regulation.

1. Synopsis

Sexual violence against any victim is an assault on human dignity and an affront to American values. Many victims report persistent, even lifelong mental and physical suffering. As the National Prison Rape Elimination Commission (NPRSC) explained in its 2009 report:

Until recently . . . the public viewed sexual abuse as an inevitable feature of confinement. Even as courts and human rights standards increasingly confirmed that prisoners have the same fundamental rights to safety, dignity, and justice as individuals living at liberty in the community, vulnerable men, women, and children continued to be sexually victimized by other prisoners and corrections staff. Tolerance of sexual abuse of prisoners in the government’s custody is totally incompatible with American values.¹⁷

As discussed in the accompanying RIA, ICE keeps records of any sexual abuse allegation made by detainees at all facilities in which it holds detainees in its Joint Integrity Case Management System (JICMS). In estimating the current level of sexual abuse for purposes of this analysis, DHS relies on facility-reported data in ICE’s JICMS database. In 2010, ICE had four substantiated sexual abuse allegations in immigration detention facilities, two in 2011, and one in 2012. There were no substantiated allegations by individuals detained in a DHS holding facility.¹⁸ In the RIA, DHS extrapolates the number of substantiated and unsubstantiated allegations at immigration detention facilities based on the premise that there may be additional detainees who may have experienced sexual abuse but did not report it. Table 1 below summarizes the estimated number of sexual abuse allegations at ICE confinement facilities.

<table>
<thead>
<tr>
<th>Class code</th>
<th>Subject</th>
<th>Lower bound approach</th>
<th>Primary</th>
<th>Adjusted approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Nonconsensual Acts—High</td>
<td>Detainee-on-Detainee</td>
<td>0.0</td>
<td>4.9</td>
<td>9.9</td>
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<tr>
<td></td>
<td>Staff-on-Detainee</td>
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<td>3.8</td>
<td>7.7</td>
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<tr>
<td>Subtotal</td>
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<td>8.8</td>
<td>17.6</td>
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<tr>
<td>2: Nonconsensual Acts—Low</td>
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<td>4.9</td>
<td>9.9</td>
</tr>
<tr>
<td></td>
<td>Staff-on-Detainee</td>
<td>1.8</td>
<td>5.7</td>
<td>9.6</td>
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<td>0.8</td>
<td>1.6</td>
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<tr>
<td>Subtotal</td>
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<td>10.6</td>
<td>19.5</td>
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<td>3: “Willing” Sex with Staff</td>
<td>Detainee-on-Detainee</td>
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</tr>
<tr>
<td></td>
<td>Staff-on-Detainee</td>
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<td>1.0</td>
<td>1.9</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Subtotal</td>
<td></td>
<td>0.0</td>
<td>1.0</td>
<td>1.9</td>
</tr>
</tbody>
</table>


¹⁸This does not include allegations involved in still-open investigations or allegations outside the scope of these regulations.
TABLE 1—ESTIMATED BENCHMARK LEVEL OF ADULT SEXUAL ABUSE AT ICE CONFINEMENT FACILITIES, BY APPROACH AND TYPE OF ALLEGATION—Continued

<table>
<thead>
<tr>
<th>Class code</th>
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<th>Primary</th>
<th>Adjusted approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>4: Abusive Sexual Contacts—High</td>
<td>Detainee-on-Detainee</td>
<td>2.6</td>
<td>5.5</td>
<td>8.4</td>
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<td></td>
<td>Staff-on-Detainee</td>
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<td>0.0</td>
<td>0.0</td>
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<tr>
<td></td>
<td>Unknown</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Subtotal</td>
<td>2.6</td>
<td>5.5</td>
<td>8.4</td>
</tr>
<tr>
<td>5: Abusive Sexual Contacts—Low</td>
<td>Detainee-on-Detainee</td>
<td>2.6</td>
<td>18.2</td>
<td>33.8</td>
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<tr>
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<td>Staff-on-Detainee</td>
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<td>0.0</td>
</tr>
<tr>
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<td>Unknown</td>
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<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Subtotal</td>
<td>2.6</td>
<td>18.2</td>
<td>33.8</td>
</tr>
<tr>
<td>6: Staff Sexual Misconduct Touching Only</td>
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<td>0.0</td>
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</tr>
<tr>
<td></td>
<td>Staff-on-Detainee</td>
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<td>20.2</td>
<td>40.4</td>
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<td></td>
<td>Subtotal</td>
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<td>20.2</td>
<td>40.4</td>
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<tr>
<td>Sexual Harassment Not Involving Touching</td>
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<tr>
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<td>34.4</td>
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<tr>
<td>Total</td>
<td></td>
<td>10.4</td>
<td>83.2</td>
<td>156.0</td>
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</table>

Note: Details may not sum to total due to rounding for shown values.

In order to address the allegations of sexual abuse at DHS immigration detention and holding facilities, the final rule sets minimum requirements for the prevention, detection, and response to sexual abuse. Specifically, the rule establishes standards for prevention planning; prompt and coordinated response and intervention; training and education of staff, contractors, volunteers, and detainees; proper treatment for victims; procedures for investigation, discipline and prosecution of perpetrators; data collection and review for corrective action; and audits for compliance with the standards. DHS estimates that the full cost of compliance with these standards at all covered DHS confinement facilities will be approximately $57.4 million over the period 2013–2022, discounted at 7 percent, or $8.2 million per year when annualized at a 7 percent discount rate.

With respect to benefits, DHS conducts what is known as a "break even analysis," by first estimating the monetary value of preventing various types of sexual abuse (incidents involving violence, inappropriate touching, or a range of other behaviors) and then, using those values, calculating the reduction in the annual number of victims that would need to occur for the benefits of the rule to equal the cost of compliance. When all facilities and costs are phased into the rulemaking, the break even point would be reached if the standards reduced the annual number of incidents of sexual abuse by 122 from the estimated benchmark levels, which is 147 percent of the total number of assumed incidents in ICE confinement facilities, including an estimated number of those who may not have reported an incident.19

There are additional benefits of the rule that DHS is unable to monetize or quantify. Not only will victims benefit from a potential reduction in sexual abuse in facilities, so too will DHS agencies and staff, other detainees, and society as a whole. As noted by Congress, sexual abuse increases the levels of violence within facilities. Both staff and other detainees will benefit from a potential reduction in levels of violence and other negative factors. 42 U.S.C. 15601(14). This will improve the safety of the environment for other detainees and workplace for facility staff. In addition, long-term trauma from sexual abuse in confinement may diminish a victim's ability to reenter society resulting in unstable employment. Preventing these incidents will decrease the cost of health care, spread of disease, and the amount of public assistance benefits required for victims upon reentry into society, whether such reentry is in the United States or a detainee’s home country.

Table 2, below, presents a summary of the benefits and costs of the final rule. The costs are discounted at seven percent.

TABLE 2—ESTIMATED COSTS AND BENEFITS OF FINAL RULE

<table>
<thead>
<tr>
<th></th>
<th>[millions]</th>
<th>Immigration detention facilities</th>
<th>Holding facilities</th>
<th>Total DHS PREA rulemaking</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Year Cost Annualized at 7% Discount Rate</td>
<td></td>
<td>$4.9</td>
<td>$3.3</td>
<td>$8.2</td>
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19 As discussed in Chapter 1, and shown in Table 17 of the accompanying RIA, the benchmark level of sexual assaults includes all types of sexual assaults.
2. Summary of Affected Population

This rule covers two types of confinement facilities: (1) Immigration detention facilities, and (2) holding facilities. Immigration detention facilities, which are operated or supervised by ICE, routinely hold persons for over 24 hours pending resolution or completion of immigration removal or processing. Holding facilities, used and maintained by DHS components including ICE and CBP, tend to be short-term. The analysis below presents immigration detention facilities and holding facilities separately.

This rule directly regulates the Federal Government, notably any DHS agency with immigration detention facilities or holding facilities. This rule also affects private and public entities that operate confinement facilities under contracts or agreements with DHS. The sections below describe and quantify, where possible, the number of affected immigration detention facilities and holding facilities.

a. Subpart A—Immigration Detention Facilities

ICE is the only DHS component with immigration detention facilities. ICE holds detainees during proceedings to determine whether they will be removed from the United States, and pending their removal, in ICE-owned facilities or in facilities contracting with ICE. Therefore, though this rule directly regulates the Federal Government, it requires that its standards ultimately apply to some State and local governments as well as private entities through contracts with DHS. The types of authorized ICE immigration detention facilities are as follows:

- Service Processing Center (SPC)—full service immigration facilities owned by the government and staffed by a combination of Federal and contract staff;
- Contract Detention Facility (CDF)—owned by a private company and contracted directly with the government; and
- Intergovernmental Service Agreement Facility (IGSA)—facilities at which detention services are provided to ICE by State or local government(s) through agreements with ICE and which may fall under public or private ownership and may be fully dedicated immigration facilities (housing detained aliens only) or non-dedicated facilities (housing various detainees).

ICE enters into IGSA with States and counties across the country to use space in jails and prisons for civil immigration detention purposes. Some of these facilities are governed by IGSA that limit the length of an immigration detainee’s stay to less than 72 hours. Some of these facilities have limited bed space that precludes longer stays by detainees. Others are used primarily under special circumstances such as housing a detainee temporarily to facilitate detainee transfers or to hold a detainee for court appearances in a different jurisdiction. In some circumstances the under-72-hour facilities house immigration detainees only occasionally.

ICE owns or has contracts with approximately 158 authorized immigration detention facilities that hold detainees for more than 72 hours. 20 The 158 facilities consist of 6 SPCs, 7 CDFs, 9 dedicated IGSA facilities, and 136 non-dedicated IGSA facilities. Sixty four of the non-dedicated IGSA facilities are covered by the DOJ PREA, not this rule, because they are USMS IGA facilities. As the USMS IGA facilities are not within the scope of this rulemaking, this analysis covers the 94 authorized SPC, CDF, dedicated IGSA, and non-dedicated IGSA immigration detention facilities that hold detainees for more than 72 hours.

ICE additionally has 91 authorized immigration detention facilities that are contracted to hold detainees for less than 72 hours. 21 All 91 facilities are non-dedicated IGSA facilities, but 55 of them are covered by the DOJ PREA rule, not this rule, because they are USMS IGA facilities. Again, ICE excludes the USMS IGA facilities from the scope of this rulemaking and analysis; the analysis covers the 36 authorized non-dedicated IGSA immigration detention facilities that hold detainees for under 72 hours. Facilities that are labeled by ICE as “under 72-hour” still meet the definition of immigration detention facilities, because they process detainees for detention intake. Detainees housed in these facilities are processed into the facility just as they would be in a long-term detention facility.

Furthermore, ICE also has two authorized family residential centers. These are IGSA facilities that house only ICE detainees. One of the facilities accommodates families subject to mandatory detention and the other is a dedicated female facility. ICE family residential centers are subject to the immigration detention facility standards proposed in Subpart A. The table below to which facilities were held accountable or planned to be held accountable at that time, serve as the baseline for the cost estimates for this rulemaking.

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20 As noted above, facilities ICE used as of spring 2012, and the sexual abuse and assault standards to which facilities were held accountable or planned to be held accountable at that time, serve as the baseline for the cost estimates for this rulemaking.

21 As noted above, facilities ICE used as of spring 2012, and the sexual abuse and assault standards
summarizes the facilities included in this analysis.

### Table 1—Summary of ICE Authorized Immigration Detention Facilities

<table>
<thead>
<tr>
<th>Facility</th>
<th>Over 72 hours</th>
<th>Under 72 hours</th>
<th>Family residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Dedicated IGSA</td>
<td>74</td>
<td>36</td>
<td>0</td>
</tr>
<tr>
<td>SPC</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDF</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dedicated IGSA</td>
<td>7</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Covered by Rule</strong></td>
<td><strong>94</strong></td>
<td><strong>36</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td>USMS IGA&lt;sup&gt;a&lt;/sup&gt;</td>
<td>64</td>
<td>55</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Authorized Facilities</strong></td>
<td><strong>158</strong></td>
<td><strong>91</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

<sup>a</sup> Not within the scope of the rulemaking. USMS confinement facilities are covered by DOJ’s PREA regulations.

### Table 3—Estimated Population Summary for Rule

<table>
<thead>
<tr>
<th>Year</th>
<th>Immigration detention facilities</th>
<th>Holding facilities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ICE</td>
<td>CBP</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>132</td>
<td>149</td>
<td>768</td>
</tr>
<tr>
<td>2</td>
<td>134</td>
<td>149</td>
<td>768</td>
</tr>
<tr>
<td>3</td>
<td>136</td>
<td>149</td>
<td>768</td>
</tr>
<tr>
<td>4</td>
<td>138</td>
<td>149</td>
<td>768</td>
</tr>
<tr>
<td>5</td>
<td>140</td>
<td>149</td>
<td>768</td>
</tr>
<tr>
<td>6</td>
<td>142</td>
<td>149</td>
<td>768</td>
</tr>
<tr>
<td>7</td>
<td>144</td>
<td>149</td>
<td>768</td>
</tr>
<tr>
<td>8</td>
<td>146</td>
<td>149</td>
<td>768</td>
</tr>
<tr>
<td>9</td>
<td>148</td>
<td>149</td>
<td>768</td>
</tr>
<tr>
<td>10</td>
<td>150</td>
<td>149</td>
<td>768</td>
</tr>
</tbody>
</table>

The cost estimates set forth in this analysis represent the costs of compliance with, and implementation of, the standards in facilities within the scope of the rulemaking. This final rule implements many of the proposed implementing sexual abuse and assault standards in facilities. As a result, the baseline of the rule from which the costs and benefits of the rulemaking were estimated, differ from the current sexual abuse and assault standards at some facilities.
The total cost, discounted at 7 percent, consists of $34.1 million for immigration detention facilities under Subpart A, and $23.2 million for holding facilities under Subpart B. The largest costs for immigration detention facilities are for staff training, documentation of cross-gender pat downs, duties for the PSA Compliance Manager, and audit requirements. DHS estimates zero compliance costs for ICE holding facilities under this rule as the requirements of ICE’s SAAPID and other ICE policies are commensurate with the requirements of the rule. The largest costs for CBP holding facilities are staff training, audits, and facility design modifications and monitoring technology upgrades.

4. Benefits of the Rule

DHS has not estimated the anticipated monetized benefits of this rule or how many incidents or victims of sexual abuse DHS anticipates will be avoided by this rule. Instead, DHS conducts what is known as a “break even analysis,” by first estimating the monetary value of preventing victims of various types of sexual abuse (from incidents involving violence to inappropriate touching) and then, using those values, calculating the reduction in the annual number of victims that would need to occur for the benefits of the rule to equal the cost of compliance. The NPRM estimated the benefits based on sexual abuse data from 2011, the most recent full year of data at that time. DHS has included sexual abuse data from 2010, 2011, and 2012 in this final analysis. In addition, since the publication of the NPRM, ICE’s PSA Coordinator has reviewed the individual reports and data from these years and assigned a level of sexual victimization to each based on the levels used in the DOJ PREA RIA. This has allowed DHS to provide a more comprehensive assessment of sexual abuse in ICE confinement facilities, and the estimated avoidance value of preventing such abuse. The DHS RIA concludes that when all facilities and costs are phased into the rulemaking, the breakeven point will be reached if the standards reduced the annual number of incidents of sexual abuse by 122 from the estimated benchmark level, which is 147 percent of the total number of assumed incidents in ICE confinement facilities, including those who may not have reported an incident.

There are additional benefits of the rule that DHS is unable to monetize or quantify. Not only will victims benefit from a potential reduction in sexual abuse in facilities, so too will DHS agencies and staff, other detainees, and society as a whole. As noted by Congress, sexual abuse increases the levels of violence within facilities. Both staff and other detainees will benefit from a potential reduction in levels of violence and other negative factors. 42 U.S.C. 15601(14). This will improve the safety of the environment for other detainees and workplace for facility staff. In addition, long-term trauma from sexual abuse in confinement may diminish a victim’s ability to reenter society resulting in unstable...
employment. Preventing these incidents will decrease the cost of health care, spread of disease, and the amount of public assistance benefits required for victims upon reentry into society, whether such reentry is in the United States or a detainee’s home country.

5. Alternatives

As alternatives to the regulatory regime discussed in this rule, DHS examined three other options. The first is taking no regulatory action. For over 72-hour immigration detention facilities, the 2011 PBNDs sexual abuse standards might reach all facilities over time as the new version of the standards are implemented at facilities as planned. However, in the absence of regulatory action, sexual abuse standards for ICE’s

under 72-hour immigration detention facilities and DHS’s holding facilities would remain largely the same.

DHS also considered requiring the ICE immigration detention facilities that are only authorized to hold detainees for under 72 hours to meet the standards for holding facilities under Subpart B, rather than the standards for immigration detention in Subpart A, as discussed in the final rule. The standards in Subpart B are somewhat less stringent than those for immigration detention facilities, as appropriate for facilities holding detainees for a much shorter time and with an augmented level of direct supervision.

Finally, DHS considered changing the audit requirements under §§ 115.93 and 115.193. Immigration detention facilities currently undergo several layers of inspections for compliance with ICE’s detention standards. This alternative would allow ICE to incorporate the audit requirements for the standards into current inspection procedures. However, it would require outside auditors for all immigration detention facilities. For holding facilities that hold detainees overnight, it would require 10 internal audits, 10 external audits, and three audits by CRCRC be conducted annually. The following table presents the 10-year costs of the alternatives compared to the costs of the final rule. These costs of these alternatives are discussed in detail in Chapter 2 of the Final RIA.

<table>
<thead>
<tr>
<th>Table 5—Cost Comparison of Regulatory Alternatives to the Final Rule [millions]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10-Year total costs by alternative</strong></td>
</tr>
<tr>
<td>Alternative 1—No Action</td>
</tr>
<tr>
<td>Alternative 2—Under 72-Hour</td>
</tr>
<tr>
<td>Alternative 3—Final Rule</td>
</tr>
<tr>
<td>Alternative 4—Audit Requirements</td>
</tr>
</tbody>
</table>

B. Executive Order 13132—Federalism

This final rule does not have substantial direct effects on the States, on the relationship between the national government and the States, or on distribution of power and responsibilities among the various levels of government. This rule implements the Presidential Memorandum of May 17, 2012 “Implementing the Prison Rape Elimination Act” and the requirements found in the recently enacted VAWA Reauthorization (Mar. 7, 2013) by setting forth national DHS standards for the detection, prevention, reduction, and punishment of sexual abuse in DHS immigration detention and holding facilities. In drafting the standards, DHS was mindful of its obligation to meet the President’s objectives and Congress’s intent while also minimizing conflicts between State law and Federal interests.

Insofar, however, as the rule sets forth standards that might apply to immigration detention facilities and holding facilities operated by State and local governments and private entities, this rule has the potential to affect the States, the relationship between the Federal government and the States, and the distribution of power and responsibilities among the various levels of government and private entities. With respect to the State and local agencies, as well as the private entities, that own and operate these facilities across the country, the Presidential Memorandum provides DHS with no direct authority to mandate binding standards for their facilities. However, in line with Congress’s and the President’s statutory direction in the VAWA Reauthorization that the standards are to apply to DHS-operated detention facilities and to detention facilities operated under contract with DHS, including CDFs and detention facilities operated through an IGSA with DHS, these standards impact State, local, and private entities to the extent that such entities make voluntary decisions to contract with DHS for the confinement of immigration detainees or that such entities and DHS agree to enter into a modification or renewal of such contracts. This approach is fully consistent with DHS’s historical relationship to State and local agencies in this context. Therefore, in accordance with Executive Order 13132, DHS has determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Notwithstanding the determination that the formal consultation process described in Executive Order 13132 is not required for this rule, DHS welcomed consultation with representatives of State and local prisons and jails, juvenile facilities, community corrections programs, and lockups—among other individuals and groups—during the course of this rulemaking.

C. Executive Order 12988—Civil Justice Reform

This rule regulation meets the applicable standards set forth in § 3(a) and 3(b)(2) of Executive Order 12988.

D. Unfunded Mandates Reform Act of 1995

Section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) (Pub. L. 104–4, 109 Stat. 48, 2 U.S.C. 1532) generally requires agencies to prepare a statement before submitting any rule that may result in an annual expenditure of $100 million or more (adjusted annually for inflation) by State, local, or tribal governments, or by the private sector. DHS has assessed the probable impact of these regulations and believes those regulations may result in an aggregate expenditure by State and local governments of approximately $4.3 million in the first year.

However, DHS believes the requirements of the UMRA do not apply to these regulations because UMRA excludes from its definition of “Federal intergovernmental mandate” those regulations imposing an enforceable duty on other levels of government which are “a condition of Federal
assistance.” 2 U.S.C. 658(5)(A)(i)(I). Compliance with these standards would be a condition of ongoing Federal assistance through implementation of the standards in new contracts and contract renewals. While DHS does not believe that a formal statement pursuant to the UMRA is required, it has, for the convenience of the public, summarized as follows various matters discussed at greater length elsewhere in this rulemaking which would have been included in a UMRA statement should that have been required:

- These standards are being issued pursuant to the Presidential Memorandum of May 17, 2012, section 1101 of the VAWA Reauthorization, and DHS detention authorities.
- A qualitative and quantitative assessment of the anticipated costs and benefits of these standards appears below in the Regulatory Flexibility Act (RFA) section;
- DHS does not believe that these standards will have an effect on the national economy, such as an effect on productivity, economic growth, full employment, creation of productive jobs, or international competitiveness of United States goods and services;
- Before it issued these final regulations DHS:
  1. Provided notice of these requirements to potentially affected small governments by publishing the NPRM, and by other activities;
  2. Enabled officials of affected small governments to provide meaningful and timely input, via the methods listed above; and
  3. Worked to inform, educate, and advise small governments on compliance with the requirements.
- As discussed above in the RIA summary, DHS has considered a reasonable number of regulatory alternatives and from those alternatives has attempted to select the least costly, most cost effective, or least burdensome alternative that achieves DHS’s objectives.

E. Small Business Regulatory Enforcement Fairness Act of 1996

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996, Public Law 104–121, DHS wants to assist small entities in understanding this rule so that they can better evaluate its effects on them and participate in the rulemaking. If the rule would affect your small business, organization, or governmental jurisdiction and you have questions concerning its provisions or options for compliance, please contact DHS via the address or phone number provided in the FOR FURTHER INFORMATION CONTACT section above. DHS will not retaliate against small entities that question that question or complain about this rule or about any policy or action by DHS related to this rule.

F. Regulatory Flexibility Act

DHS drafted this final rule so as to minimize its impact on small entities, in accordance with the RFA, 5 U.S.C. 601–612, while meeting its intended objectives. The term “small entities” comprises small business, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000. Based on presently available information, DHS is unable to state with certainty that the rule will not have any effect on small entities of the type described in 5 U.S.C. 601(3). Accordingly, DHS has prepared a Final Regulatory Flexibility Impact Analysis in accordance with 5 U.S.C. 604.

1. A Statement of the Need for, and Objectives of, the Rule

In 2003 Congress enacted PREA, Public Law 108–79 (Sept. 4, 2003). PREA directs the Attorney General to promulgate national standards for enhancing the prevention, detection, reduction, and punishment of prison rape. On May 17, 2012, DOJ released a final rule setting national standards to prevent, detect, and respond to prison rape for facilities operated by BOP and USMS. The final rule was published in the Federal Register on June 20, 2012, 77 FR 37106 (June 20, 2012). In its final rule, DOJ concluded that PREA “encompass(es) any Federal confinement facility ‘whether administered by [the] government or by a private organization on behalf of such government.’” 42 U.S.C. 15609(7). DOJ recognized, however, that, in general, each Federal agency is accountable for, and has statutory authority to regulate the operations of its own facilities and is best positioned to determine how to implement Federal laws and rules that govern its own operations, staff, and persons in custody. Id. The same day that DOJ released its final rule, President Obama issued a Presidential Memorandum directing Federal agencies with confinement facilities to issue regulations or procedures within 120 days of his Memorandum to satisfy the requirements of PREA. On March 7, 2013, Congress enacted a statutory mandate in the VAWA Reauthorization directing DHS to publish, within 180 days of enactment, a final rule adopting national standards for the detection, prevention, reduction, and punishment of rape and sexual assault in immigration confinement settings. See Public Law 113–4 (Mar. 7, 2013). This regulation responds to and fulfills the President’s direction and the VAWA Reauthorization statutory mandate by creating comprehensive, national regulations for the detection, prevention, and reduction of prison rape at DHS confinement facilities.

DHS uses a variety of legal authorities, which are listed below in the “Authority” provision preceding the regulatory text, to detain individuals in confinement facilities. Most individuals detained by DHS are detained in the immigration removal process, and normally DHS derives its detention authority for these actions from 8 U.S.C. 1226(a), which provides the authority to arrest and detain an alien pending a decision on whether the alien is to be removed from the United States, and § 241(a)(2) of the INA, 8 U.S.C. 1231(a)(2), which provides the authority to detain an alien during the period following the issuance of an order of removal. DHS components, however, use many other legal authorities to meet their statutory mandates and to detain individuals during the course of executing DHS missions.

The objective of the rule is to create minimum requirements for DHS immigration detention and holding facilities for the prevention, detection, and response to sexual abuse. The rule will ensure prompt and coordinated response and intervention, proper treatment for victims, discipline and prosecution of perpetrators, and effective oversight and monitoring to prevent and deter sexual abuse.

2. A Statement of the Significant Issues

Raised by the Public Comments in Response to the Initial Regulatory Flexibility Analysis (IRFA), a Statement of the Assessment of the Agency of Such Issues, and a Statement of Any Changes Made in the Proposed Rule as a Result of Such Comments

DHS did not receive any public comments in response to the initial regulatory flexibility analysis.

3. The Response of the Agency to Any Comments Filed by the Chief Counsel for Advocacy of the Small Business Administration (SBA) in Response to the Proposed Rule, and a Detailed Statement of Any Change Made to the Proposed Rule in the Final Rule as a Result of the Comments

DHS did not receive comments from the Chief Counsel for Advocacy of the
Small Business Administration in response to the proposed rule.

4. A Description of and an Estimate of the Number of Small Entities To Which the Rule Will Apply or an Explanation of Why No Such Estimate Is Available

This rule will affect owners of DHS confinement facilities, including private owners, State and local governments, and the Federal government. DHS has two types of confinement facilities: (1) Immigration detention facilities, and (2) holding facilities. Holding facilities tend to be short-term in nature. ICE, in particular, is charged with administration of the immigration detention facilities while CBP and ICE each have many holding facilities under their detention authority. The analysis below addresses immigration detention facilities and holding facilities separately.

i. Immigration Detention Facilities

ICE divides its detention facilities into two groups. There are 158 for use over 72 hours, and 91 that typically hold detainees for more than 24 hours and less than 72 hours. These are treated separately, below. Further, there are several types of immigration detention facilities. SPC facilities are ICE-owned facilities and staffed by a combination of Federal and contract staff. CDFs are owned by a private company and contracted directly with ICE. Detention services at IGSF facilities are provided to ICE by State or local governments through agreements with ICE and may be owned by the State or local government, or by a private entity. Finally, there are two types of IGSF facilities: dedicated and non-dedicated. Dedicated IGSF facilities hold only detained aliens whereas non-dedicated facilities hold a mixture of detained aliens and inmates. ICE does not include USMS IGA facilities used by ICE under intergovernmental agreements in the scope of this rulemaking. Those facilities would be covered by the DOJ PREA standards. Any references to authorized immigration detention facilities are exclusive of these 119 USMS IGA facilities.

Of the current 158 ICE detention facilities that are for use over 72 hours, 6 are owned by the Federal government and are not subject to the RFA. An additional 64 are covered by this rule but by the DOJ PREA rule, as USMS IGA facilities. Of the 88 facilities subject to the RFA, there are 79 distinct entities. DHS uses ICE information and public databases such as Manta.com and data from the U.S. Census Bureau to search for entity type (public, private, parent, subsidiary, etc.), primary line of business, employee size, revenue, population, and any other necessary information. This information is used to determine if an entity is considered small by the SBA size standards, within its primary line of business.

Of the 79 entities owning immigration detention facilities and subject to the RFA, the search returned 75 entities for which sufficient data are available to determine if they are small entities, as defined by the RFA. The table below shows the North American Industry Classification System (NAICS) codes corresponding with the number of facilities for which data are available. There are 27 small governmental jurisdictions, one small business, and one small not-for-profit. In order to ensure that the interests of small entities are adequately considered, DHS assumes that all entities without available ownership, NAICS, revenue, or employment data are small entities. Therefore, DHS estimates there are 33 small entities to which this rule applies. The table below shows the number of small entities by type for which data are available.

<table>
<thead>
<tr>
<th>Type</th>
<th>Entities found</th>
<th>SBA Size standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Governmental Jurisdiction</td>
<td>27</td>
<td>Population less than 50,000</td>
</tr>
<tr>
<td>Small Business</td>
<td>1</td>
<td>$7 million (NAICS 488999); $30 million (NAICS 488119)</td>
</tr>
<tr>
<td>Small Organization</td>
<td>1</td>
<td>Independently owned and operated not-for-profit not dominant in its field.</td>
</tr>
<tr>
<td>Subtotal</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Entities without Information</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Total Small Entities</td>
<td>33</td>
<td></td>
</tr>
</tbody>
</table>

ICE also has shorter-term immigration detention facilities, for several reasons: Some of ICE's immigration detention facilities are governed by IGSA s that limit the length of an immigration detainees stay to less than 72 hours for various reasons. Some of these facilities have limited bed space that precludes longer stays by detainees. Others are used primarily under special circumstances such as housing a detainee temporarily to facilitate detainee transfers or to hold a detainee for court appearances in a different jurisdiction. In some circumstances the under 72-hour facilities are located in rural areas that only occasionally have immigration detainees.

At the time of writing, ICE has 91 immigration detention facilities which are used to detain individuals for less than 72 hours. Of those, three are owned by the Federal or State government and are not subject to the RFA. An additional 55 are covered by this rule but by the DOJ PREA rule, as USMS IGA facilities. Of the 33 facilities subject to the RFA, all are owned by distinct entities. Again, DHS uses public databases such as Manta.com and U.S. Census Bureau to search for entity type, primary line of business, employee size, revenue, population, and any other necessary information needed to determine if an entity is considered small by SBA size standards.

Of the 33 entities owning immigration detention facilities and subject to the RFA, all have sufficient data available to determine if they are small entities as defined by the RFA. The table below shows the NAICS codes corresponding with the number of facilities for which data are available. DHS determines there are 10 small governmental jurisdictions, 0 small businesses, and 0 small organizations. The table below shows

At the time of writing, ICE has two immigration detention facilities that are considered family residential facilities. Both are owned by counties. Again, DHS uses public databases such as Manta.com and U.S. Census Bureau to search for entity type, primary line of business, employee size, revenue, population, and any other necessary information needed to determine if an entity is considered small by SBA size standards. DHS was able to obtain sufficient data to determine if they are small entities. Based on the size of the counties, DHS determines neither are considered small governmental jurisdictions as defined by the RFA.

In summary, DHS estimates the number of small entities covered by this rulemaking is 33 over 72-hour immigration detention facilities, 10 under 72-hour facilities, and 2 family residential facilities, for a total of 45 small entities.

ii. Holding Facilities

**U.S. Customs and Border Protection.** CBP operates 768 facilities with holding facilities. Of the 768, 364 are owned by private sector entities. CBP is responsible for funding any facility modifications once CBP has begun operations at the location. As such, any modifications at these facilities as a result of this rule will have no direct impact on facilities.

**U.S. Immigration and Customs Enforcement.** Most ICE hold rooms are in ICE field offices and satellite offices. ICE estimates it has 149 holding facilities that are covered under the rule. None of these facilities are considered small entities under the RFA.

5. A Description of the Projected Reporting, Recordkeeping, and Other Compliance Requirements of the Rule, Including an Estimate of the Classes of Small Entities Which Will Be Subject to the Requirement and the Types of Professional Skills Necessary for Preparation of the Report or Record

With regard to non-DHS facilities, the requirements of the rule are applicable only to new detention contracts with the Federal Government, and to contract renewals. To the extent this rule increases costs to any detainment facilities, which may be small entities, it may be reflected in the cost paid by the Federal Government for the contract. Costs associated with implementing the rule paid by the Federal Government to small entities are transferred payments ultimately borne by the Federal Government. However, DHS cannot say with certainty how much, if any, of these costs will be paid in the form of increased bed rates for facilities. Therefore, for the purposes of this analysis, DHS assumes all costs associated with the rule will be borne by the facility. Of the 45 small entities, 37 operate under the NDS. The following discussion addresses the standards that may create implementation costs for facilities that are currently operating under the ICE NDS.

i. Contracting With Other Non-DHS Entities for the Confinement of Detainees, § 115.12

The rule requires that any new contracts or contract renewals comply with the rule and provide for agency contract monitoring to ensure that the contractor is complying with these standards. Therefore, DHS adds a 20-hour opportunity cost of time for the contractor to read and process the modification, determine if a request for a rate increase is necessary, and have discussions with the government if needed. DHS estimates this standard may cost a facility approximately $1,488 (20 hours × $74.41) in the first year.25

The rule requires immigration detention facilities to have a written zero-tolerance policy for sexual abuse and establish a PSA Compliance Manager at each facility. ICE is not requiring facilities to hire any new staff for these responsibilities; rather ICE believes the necessary PSA Compliance Manager duties can be collateral duties for a current staff member. For some of the standards in this rulemaking, the actual effort required to comply with the standard will presumably be undertaken by the PSA Compliance Manager. The costs of compliance with those standards are thus essentially subsumed within the cost of this standard. For this reason, and to avoid double counting, many standards are assessed as having minimal to zero cost even though they will require some resources to ensure compliance; this is because the cost of those resources is assigned to this standard to the extent DHS assumes the primary responsibility for complying with the standard will lie with the PSA Compliance Manager. The table below presents the standards and requirements DHS assumes are the responsibility of the PSA Compliance Manager, and are included in the costs estimated for this standard.

**Table 7—Assumed PSA Compliance Manager Duties—Immigration Detention Facilities**

<table>
<thead>
<tr>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>115.11 Zero tolerance of sexual abuse.</td>
</tr>
<tr>
<td>115.21 Evidence protocols and forensic medical examinations.</td>
</tr>
<tr>
<td>115.31 Staff training.</td>
</tr>
<tr>
<td>115.32 Volunteer and contractor training.</td>
</tr>
<tr>
<td>115.34 Specialized training: Investigations.</td>
</tr>
<tr>
<td>115.63* Reporting to other confinement facilities.</td>
</tr>
<tr>
<td>115.65 Coordinated response.</td>
</tr>
<tr>
<td>115.67 Agency protection against retaliation.</td>
</tr>
<tr>
<td>115.86 Sexual abuse incident reviews.</td>
</tr>
<tr>
<td>115.87 Data collection.</td>
</tr>
</tbody>
</table>
TABLE 7—ASSUMED PSA COMPLIANCE MANAGER DUTIES—IMMIGRATION DETENTION FACILITIES—Continued

<table>
<thead>
<tr>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>115.93* Audits.</td>
</tr>
</tbody>
</table>

*Indicates new requirement for facilities under 2011 PBNDs or Family Residential Standards.

DHS spoke with some SPs and CDs who had Sexual Abuse and Assault Prevention Intervention Coordinators required under the 2008 PBNDs. Based on these discussions, DHS estimates a PSA Compliance Manager will spend, on average, 114 hours in the first year and 78 hours thereafter, which includes writing/revising policies related to sexual abuse and working with auditors. DHS estimates this standard may cost a facility approximately $5,330 (114 hours × $46.75) in the first year.26

iii. Limits to Cross-Gender Viewing and Searches, § 115.15

The requirement prohibits cross-gender pat-down searches unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required (for male detainees), or in exigent circumstances (for female and male detainees alike). In addition, it bans cross-gender strip or body cavity searches except in exigent circumstances; requires documentation of all strip and body cavity searches and cross-gender pat-down searches; prohibits physical examinations for the sole purpose of determining genital characteristics; requires training of law enforcement staff on proper procedures for conducting pat-down searches, including transgender and intersex detainees; and, implements policies on staff viewing of showering, performing bodily functions, and changing clothes.

The restrictions placed on cross-gender pat-down searches will be a new requirement for facilities operating under the NDS or 2008 PBNDs, and a modified requirement for facilities operating under the 2011 PBNDs.27 ICE’s detention population is 10 percent female, and 90 percent male. In comparison, 13 percent of correctional officers at Federal penitentiary facilities 28 and 28 percent at jails are female.29 Though there may be disproportionate gender ratios of staff to detainees at some individual facilities, the overall national statistics do not indicate that there will be a significant problem with compliance. Facilities are allowed to conduct cross-gender pat-down searches on male detainees when, after reasonable diligence by the facility, a member of the same gender is not available at the time. The pat-down restrictions for female detainees are more stringent. Female detainees only comprise 10 percent of the overall population, and one to five percent are held at ICE’s dedicated female facility, the Family Residential Standards, under which the dedicated female facility operates, already prohibit cross-gender pat-downs.30

DHS does not expect any facilities to hire new staff or lay off any staff specifically to meet the requirement. Instead, DHS expects that facilities which may have an unbalanced gender ratio take this requirement into consideration during hiring decisions resulting from normal attrition and staff turnover. In the IRFA, DHS requested comments from facilities on this conclusion. No comments were received in response to this request. DHS includes a cost for facilities to examine their staff rosters, gender ratios, and staffing plans for all shifts for maximum compliance with cross-gender pat-downs. The length of time it takes for facilities to adjust staffing plans, strategies, and schedules for gender balance while ensuring there is adequate detainee supervision and monitoring pursuant to § 115.13 will vary with the size of the facility. DHS estimates this may take a supervisor 12 hours initially. DHS anticipates facilities will be able to incorporate these considerations into regular staffing decisions in the future. DHS estimates the restrictions on cross-gender pat-downs may cost a facility approximately $561 (12 hours × $46.75) in the first year.

The requirement for documentation of cross-gender pat-down searches is new for all facilities, regardless of the version of the detention standards under which the facility operates. Presumably, cross-gender pat-down searches of female detainees will occur rarely, as the rule allows them in exigent circumstances only. However, cross-gender pat-down searches of male detainees may happen more frequently. DHS believes this requirement may be a notable burden on facilities both for the process of documenting the pat-down, but also keeping these records administratively. Therefore, as we discuss below, DHS estimates an opportunity cost for this provision. ICE does not currently track the number of cross-gender pat-down searches, or any pat-down searches conducted. In the IRFA DHS requested comment from facilities on the number of cross-gender pat-down searches conducted. No comments were received in response to this request.

Because DHS believes this may be a noticeable burden on facilities, DHS includes a rough estimate using assumptions. DHS also requested comment on these assumptions in the IRFA. No comments were received in response to this request. Detainees may receive a pat-down for a number of reasons. All detainees receive a pat-down upon intake at the facility, detainees may receive a pat-down after visitation, before visiting the attorney room, if visiting medical, if in segregation, etc. Therefore, DHS assumes that in any given day, approximately 50 percent of detainees may receive a pat-down. DHS uses the ratio of male guards to male detainees and female guards to female detainees as a proxy for the percentage of these pat-downs that will be cross-gender, realizing that this may not be representative of every facility, the circumstances at the time a pat-down is required, nor the gender of the staff realignment previously discussed. As referenced previously, between 72 and 87 percent of guards are male and 90 percent of detainees are male. Therefore, to estimate a rough order of magnitude, DHS assumes between 3 and 18 percent of pat-downs of male detainees may be cross-gender, with a primary estimate of 10 percent.

DHS finds the total average daily population of male detainees at the 43 facilities classified as small entities and takes the average to determine an average daily population of 93 for a facility classified as a small entity (4,457 × 90% + 43). Then DHS applies the methodology described above to estimate that approximately 2,000 cross gender pat-downs may be conducted at an average small entity annually (93 male ADP × 50% receive pat-down daily × 365 days × 10% cross-gender), which is rounded to the nearest thousand due to uncertainty. DHS estimates it will require an average of five minutes of staff for documentation. DHS estimates
this standard may cost a facility approximately $5,435 (5 minutes × $32.61 per hour) annually.

The total estimate per small entity for § 115.15 is $5,996 ($561 for staff realignment + $5,435 for cross-gender pat-down documentation).

iv. Evidence Protocols and Forensic Medical Examinations, § 115.21

The rule requires ICE and any of its immigration detention facilities to establish procedures for the investigation of allegations of sexual abuse or the referral of allegations to investigators. In addition, where appropriate, at no cost to the detainee, a forensic medical exam should be offered and an outside victim advocate shall be made available for support if requested.

DHS includes a cost for facilities to enter into a memorandum of understanding (MOU) with entities that provide victim advocate services, such as rape crisis centers. DHS estimates it will require approximately 20 hours of staff time to negotiate and settle on each MOU. DHS estimates this standard may cost a facility approximately $1,488 (20 hours × $74.41).

v. Staff Training, § 115.31

Under § 115.31 the rule requires that any facility staff who may have contact with immigration detention facilities have training on specific items related to prevention, detection, and response to sexual abuse. It also requires facilities to maintain documentation that all staff have completed the training requirements. Staff includes any employees or contractors of the agency or facility, including any entity that operates within the facility. Contractor means a person who or entity that provides services on a recurring basis pursuant to a contractual agreement with the agency or facility. DHS uses the National Institute of Corrections Information Center 2-hour training timeframe as an approximation for the length of the training course to fulfill the proposed requirements. DHS estimates this standard may cost a facility approximately $18,914 (2 hours × 290 staff × $32.61), annually.30,31

vi. Other Training, § 115.32

In the NPRM, § 115.32 required that any volunteers and contractors who may have contact with immigration detention facilities provide training on specific items related to prevention, detection, and response to sexual abuse. In the final rule this was changed to volunteers and other contractors. Other contractors are those that do not have training requirements under § 115.31, but who have contact with detainees and provide services on a non-recurring basis to the facility pursuant to a contractual agreement. The standard also requires the agency or facility to maintain documentation that all volunteers and other contractors have completed that training requirement.

The provisions in this standard allow the level and type of training required of volunteers and other contractors to be based upon the services they provide and the level of contact they have with detainees, but sets a minimum level requiring notification of the zero-tolerance policy and reporting responsibilities and procedures. Because of the regular nature of volunteers and the types of duties they perform, DHS uses the same assumptions for frequency and hours of training required of volunteers. DHS estimates this standard for volunteers may cost approximately $2,008 per facility (2 hours × 30 volunteers × $33.47).32,33

To provide flexibility to facilities to determine the appropriate level of training necessary, the NPRM included training for contractors under § 115.31 and § 115.32 recognizing there are different types of contractors ranging from guards to those that come weekly to service vending machines. In this final rule, DHS proposes to address this flexibility in a different manner. DHS has removed from § 115.32 contractors, as defined under § 115.5 as a “person or entity that provides services on a recurring basis pursuant to a contractual agreement with the agency or facility.” The final rule includes these types of recurring contractors solely under the training requirements of § 115.31. In recognition that there may be other non-recurring contractors with access to detainees, DHS has included a requirement for those other contractors to also undergo training appropriate for the services they provide and level of contact they have with detainees, under § 115.32. This expands the training requirements to a population that was not previously covered under the NPRM. DHS estimates this standard for other contractors may cost approximately $121 per facility (15 minutes × 20 other contractors × $24.24).34

The total estimated cost per facility for volunteer and other contractor training is $2,129 ($2,008 for volunteers + $121 for other contractors).

vii. Specialized Training, Investigations, §§ 115.34, 115.39

The rule requires the agency or facility to provide specialized training on sexual abuse and effective cross-agency coordination to agency or facility investigators, respectively, who conduct investigations into alleged sexual abuse at immigration detention facilities. DHS conducts investigations of all allegations of detainee sexual abuse in detention facilities. The 2012 ICE SAAPID mandates that ICE’s OPR provide specialized training to OPR investigators and other ICE staff. Facilities may also conduct their own investigations. However, because ICE conducts investigations into the allegations, training for facility investigators will likely be less specialized than required of ICE investigators. DHS includes a cost for the time required for training investigators. DHS estimates the training may take approximately one hour. DHS estimates this standard may cost a facility approximately $468 ($1 hour × 10 investigators × $46.75).35,36

30 ICE does not keep record of the number of staff at facility.
31 Though there may be other types of staff that will require this training, such as medical practitioners or administrative staff, DHS assumes correctional officers and their supervisors comprise the majority of staff with detainee contact.
32 ICE does not keep record of the number of volunteers at facilities. The estimates represent the results from a small sample, stratified by facility type. ICE estimates approximately 290 volunteers per facility.
34 ICE does not keep record of the number of investigators at facilities. The estimates represent the results from a small sample, stratified by facility type. ICE estimates 10 investigators per facility.
viii. Specialized Training: Medical and Mental Health Care, § 115.35

The rule requires specialized training to DHS medical and mental health care staff. In addition, it requires all facilities to have policies and procedures to ensure that the facility trains or certifies all full- or part-time facility medical and mental health care staff in procedures for treating victims of sexual abuse, in facilities where medical or mental health staff may be assigned these activities.37

DHS searched for continuing medical education courses that focused on the evaluation and treatment for victims of sexual assault. Based on the results, DHS estimates an average course will be one hour in length and cost between $10 and $25 and can be completed online. Also, DHS estimates this standard may cost a facility approximately $1,957 (30 medical and mental health care practitioners × ($10.23 × 1 hr + $15)).38

ix. Detainee Access to Outside Confidential Support Services, § 115.53

The rule requires facilities to maintain or attempt to enter into MOUs with organizations that provide legal advocacy and confidential emotional support services for victims of sexual abuse. It also requires notices of these services be made available to detainees, as appropriate.

DHS includes a cost for facilities to enter into a MOU with entities that provide legal advocacy and confidential support services, such as services provided by a rape crisis center. DHS estimates it will require approximately 20 hours of staff time to negotiate and settle on each MOU. DHS estimates this standard may cost a facility approximately $1,488 (20 hours × $74.41).

x. Audits, § 115.93

Facilities may also incur costs for re-audits. Re-audits can be requested in the event that the facility does not achieve compliance with each standard or if the facility files an appeal with the agency regarding any specific finding that it believes to be incorrect. Costs for these audits will be borne by the facility: however, the request for these re-audits is at the discretion of the facility.

xi. Additional Implementation Costs

Facilities contracting with DHS agencies may incur organizational costs related to proper planning and overall execution of the rulemaking, in addition to the specific implementation costs facilities are estimated to incur for each of the requirements. The burden resulting from the time required to read the rulemaking, research how it might impact facility operations, procedures, and budget, as well as consideration of how best to execute the rulemaking requirements or other costs of overall execution. This is exclusive of the time required under § 115.12 to determine and agree upon the new terms of the contract and the specific requirements expected to be performed by the facility. PSA Compliance Manager under § 115.11.

To account for these costs, DHS adds an additional category of implementation costs for immigration detention facilities. Implementation costs will vary by the size of the facility, a facility's current practices, and other facility-specific factors. DHS assumes the costs any additional implementation costs might occur as a result of the standards with start-up costs, such as entering into MOUs, rather than standards with action or on-going costs, such as training. DHS estimates additional implementation costs as 10 percent of the total costs of standards with a start-up cost. DHS requests comment on this assumption. The tables below present the estimates for additional implementation costs. DHS estimates this standard may cost a facility approximately $1,579 in the first year (10% × ($1,488 for § 115.12 + $5,330 for § 115.11 + $5,996 for § 115.15 + $1,488 for § 115.21 + $1,488 for § 115.93)).

xii. Total Cost per Facility

DHS estimates the total cost per immigration detention facility under the NDS for compliance with the standards is approximately $40,837 for the first year. In subsequent years, DHS estimates the costs drop to approximately $31,033. The following table summarizes the preceding discussion.

| TABLE 8—ESTIMATED COST PER SMALL ENTITY UNDER NDS—IMMIGRATION DETENTION FACILITIES |
|-----------------------------------|-----------------|-----------------|
| Standard                          | Cost in year 1  | On-going cost   |
| 115.12  Consulting with non-DHS entities for the confinement of detainees | $1,488          | $0              |
| 115.11  Zero tolerance of sexual abuse; PSA Coordinator * | 5,330           | 3,647           |
| 115.15  Limits to cross-gender viewing and searches * | 5,996           | 5,435           |
| 115.21  Evidence protocols and forensic medical examinations | 1,488           | 0               |
| 115.31  Staff training * | 18,914          | 18,914          |
| 115.32  Other training * | 2,129           | 2,129           |
| 115.34  Specialized training: Investigations | 468             | 0               |
| 115.35  Specialized training: Medical and mental health care | 1,957           | 0               |
| 115.53  Detainee access to outside confidential support Services | 1,488           | 0               |
| Additional Implementation Costs* | 1,579           | 998             |
| Total | 40,837 | 31,033 |

* Standards for which DHS estimates there may be on-going costs.

37 ICE does not keep record of the number of medical and mental health care providers at contract facilities. The estimate represent the results from a small sample, stratified by facility type. ICE estimates 30 medical and mental health care providers per new facility.

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6. A Description of the Steps the Agency Has Taken to Minimize Any Significant Economic Impact on Small Entities Consistent With the Stated Objectives of Applicable Statutes, Including A Statement of the Factual, Policy, and Legal Reasons for Selecting the Alternative Adopted in the Final Rule, and Why Each One of the Other Significant Alternatives to the Rule Considered by the Agency Which Affected the Impact on Small Entities Was Rejected

DHS considered a longer phase-in period for small entities subject to the rulemaking. A longer period would reduce immediate burden on small entities with current contracts. The current requirements require that facilities comply with the standards upon renewal of a contract or exercising a contract option. Essentially, this would phase-in all authorized immigration detention facilities within a year of the effective date of the final rule. DHS is willing to work with small facilities upon contract renewal in implementing these standards.

DHS also considered requiring lesser standards, such as those under the NDS or the 2008 PBNDs for small entities. However, DHS rejected this alternative because DHS believes in the importance of protecting detainees from, and providing treatment after, instances of sexual abuse, regardless of a facility’s size. In the IRFA, DHS requested comment on additional alternatives that might help reduce the impact on small entities. No comments were received in response to this request.

G. Paperwork Reduction Act

DHS is setting standards for the prevention, detection, and response to sexual abuse in its confinement facilities. For DHS facilities and as incorporated in DHS contracts, these standards require covered facilities to retain and report to the agency certain specified information relating to sexual abuse prevention planning, responsive planning, education and training, and investigations, as well as to collect, retain, and report to the agency certain specified information relating to allegations of sexual abuse within the covered facility. As stated in the NPRM, DHS believes that most of the information collection requirements placed on facilities are already requirements derived from existing contracts with immigration detention facilities. However, DHS included these requirements as part of an information collection request associated with the proposed rule, pursuant to the Paperwork Reduction Act of 1995 (PRA), so as to ensure clarity of requirements associated with this rulemaking.

This final rule contains a new collection of information covered by the PRA. The information collection described by DHS in the proposed rule garnered no comments from the public, and thus no changes were necessitated based upon any comments pertaining to the PRA aspects of the rule. However, changes to the PREA standards made in response to substantive comments on the NPRM and due to additional analysis resulted in the total PRA burden hours being greater than those estimated in DHS’s initial information collection request.

DHS has submitted a revised information collection request to OMB for review and clearance in accordance with the review procedures of the PRA.

List of Subjects in 6 CFR Part 115

Administrative practice and procedure, Aliens, Immigration, Reporting and recordkeeping requirements.

Accordingly, Part 115 of Title 6 of the Code of Federal Regulations is added to read as follows:

PART 115—SEXUAL ABUSE AND ASSAULT PREVENTION STANDARDS

Sec. 115.5 General definitions.
115.6 Definitions related to sexual abuse and assault.

Subpart A—Standards for Immigration Detention Facilities

Coverage
115.10 Coverage of DHS immigration detention facilities.

Prevention Planning
115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
115.12 Contracting with non-DHS entities for the confinement of detainees.
115.13 Detainee supervision and monitoring.
115.14 Juvenile and family detainees.
115.15 Limits to cross-gender viewing and searches.
115.16 Accommodating detainees with disabilities and detainees who are limited English proficient.
115.17 Hiring and promotion decisions.
115.18 Upgrades to facilities and technologies.

Responsive Planning
115.21 Evidence protocols and forensic medical examinations.
115.22 Policies to ensure investigation of allegations and appropriate agency oversight.

Training and Education
115.31 Staff training.

115.32 Other training.
115.33 Detainee education.
115.34 Specialized training: Investigations.
115.35 Specialized training: Medical and mental health care.

Assessment for Risk of Sexual victimization and Abusiveness
115.41 Assessment for risk of victimization and abusiveness.
115.42 Use of assessment information.
115.43 Protective custody.

Reporting
115.51 Detainee reporting.
115.52 Grievances.
115.53 Detainee access to outside confidential support services.
115.54 Third-party reporting.

Official Response Following a Detainee Report
115.61 Staff reporting duties.
115.62 Protection duties.
115.63 Reporting to other confinement facilities.
115.64 Responder duties.
115.65 Coordinated response.
115.66 Protection of detainees from contact with alleged abusers.
115.67 Agency protection against retaliation.
115.68 Post-allegation protective custody.

Investigations
115.71 Criminal and administrative investigations.
115.72 Evidentiary standard for administrative investigations.
115.73 Reporting to detainees.

Discipline
115.74 Disciplinary sanctions for staff.
115.75 Corrective action for contractors and volunteers.
115.78 Disciplinary sanctions for detainees.

Medical and Mental Care
115.81 Medical and mental health assessments; history of sexual abuse.
115.82 Access to emergency medical and mental health services.
115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

Data Collection and Review
115.86 Sexual abuse incident reviews.
115.87 Data collection.
115.88 Data review for corrective action.
115.89 Data storage, publication, and destruction.

Audits and Compliance
115.93 Audits of standards.

Additional Provisions in Agency Policies
115.95 Additional provisions in agency policies.

Subpart B—Standards for DHS Holding Facilities

Coverage
115.10 Coverage of DHS holding facilities.
Prevention Planning

115.111 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
115.112 Contracting with non-DHS entities for the confinement of detainees.
115.113 Detainee supervision and monitoring.
115.114 Juvenile and family detainees.
115.115 Limits to cross-gender viewing and searches.
115.116 Accommodating detainees with disabilities and detainees who are limited English proficient.
115.117 Hiring and promotion decisions.
115.118 Upgrades to facilities and technologies.

Responsive Planning

115.121 Evidence protocols and forensic medical examinations.
115.122 Policies to ensure investigation of allegations and appropriate agency oversight.

Training and Education

115.131 Employee, contractor, and volunteer training.
115.132 Notification to detainees of the agency’s zero-tolerance policy.
115.133 [Reserved]
115.134 Specialized training: Investigations.

Assessment for Risk of Sexual Victimization and Abusiveness

115.141 Assessment for risk of victimization and abusiveness.

Reporting

115.151 Detainee reporting.
115.152–115.153 [Reserved]
115.154 Third-party reporting.

Official Response Following a Detainee Report

115.161 Staff reporting duties.
115.162 Agency protection duties.
115.163 Reporting to other confinement facilities.
115.164 Responder duties.
115.165 Coordinated response.
115.166 Protection of detainees from contact with alleged abusers.
115.167 Agency protection against retaliation.

Investigations

115.171 Criminal and administrative investigations.
115.172 Evidentiary standard for administrative investigations.

Discipline

115.176 Disciplinary sanctions for staff.
115.177 Corrective action for contractors and volunteers.

Medical and Mental Care

115.181 [Reserved]
115.182 Access to emergency medical services.

Data Collection and Review

115.186 Sexual abuse incident reviews.
115.187 Data collection.
115.188 Data review for corrective action.
115.189 Data storage, publication, and destruction.

Audits and Compliance

115.193 Audits of standards.

Additional Provisions in Agency Policies

115.195 Additional provisions in agency policies.

Subpart C—External Auditing and Corrective Action

115.201 Scope of audits.
115.202 Auditor qualifications.
115.203 Audit contents and findings.
115.204 Audit corrective action plan.
115.205 Audit appeals.


§115.5 General definitions.

For purposes of this part, the term—

Agency means the unit or component of DHS responsible for operating or supervising any facility, or part of a facility, that confines detainees.

Agency head means the principal official of an agency.

Contractor means a person who or entity that provides services on a recurring basis pursuant to a contractual agreement with the agency or facility.

Detainee means any person detained in an immigration detention facility or holding facility.

Employee means a person who works directly for the agency.

Exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility or a threat to the safety or security of any person.

Facility means a place, building (or part thereof), set of buildings, structure, or area (whether or not enclosing a building or set of buildings) that was built or retrofitted for the purpose of detaining individuals and is routinely used by the agency to detain individuals in its custody. References to requirements placed on facilities extend to the entity responsible for the direct operation of the facility.

Facility head means the principal official responsible for a facility.

Family unit means a group of detainees that includes one or more non-United States citizen juvenile(s) accompanied by his/her/their parent(s) or legal guardian(s), whom the agency will evaluate for safety purposes to protect juveniles from sexual abuse and violence.

Gender nonconforming means having an appearance or manner that does not conform to traditional societal gender expectations.

Holding facility means a facility that contains holding cells, cell blocks, or other secure enclosures that are:

1) Under the control of the agency; and
2) Primarily used for the short-term confinement of individuals who have recently been detained, or are being transferred to or from a court, jail, prison, other agency, or other unit of the facility or agency.

Immigration detention facility means a confinement facility operated by or pursuant to contract with U.S. Immigration and Customs Enforcement (ICE) that routinely holds persons for over 24 hours pending resolution or completion of immigration removal operations or processes, including facilities that are operated by ICE, facilities that provide detention services under a contract awarded by ICE, and facilities used by ICE pursuant to an Intergovernmental Service Agreement.

Intersex means 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.

Juvenile means any person under the age of 18.

Law enforcement staff means officers or agents of the agency or facility that are responsible for the supervision and control of detainees in a holding facility.

Medical practitioner means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental health practitioner means a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified mental health practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Pat-down search means a sliding or patting of the hands over the clothed body of a detainee by staff to determine whether the individual possesses contraband.

Security staff means employees primarily responsible for the supervision and control of detainees in housing units, recreational areas, dining
January 30, 2023

Rebecca Sheff
ACLU of New Mexico
P.O. Box 566
Albuquerque, NM 87103
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RE: Innovation Law Lab v. ICE
ICE FOIA Case Number 2022-ICLI-00045
Seventh Interim Response

Dear Ms. Sheff:

This is the Seventh interim response to your client’s Freedom of Information Act (FOIA) request to U.S. Immigration and Customs Enforcement (ICE) dated June 13, 2022. Your FOIA request sought various categories of records related to Torrance County Detention Facility (“TCDF”).

ICE has considered your request under the FOIA, 5 U.S.C. § 552, and processed 1500 pages of potentially responsive documents that were located by ICE’s Enforcement and Removal Operations (ERO) and the ICE Office of the Principal Legal Advisor (OPLA). ICE determined that 30 pages are non-responsive, and 599 pages were found to be duplicative, 424 pages are being released in full and 447 pages are being released in part. These pages have been Bates numbered 2022-ICLI-00045 5339 through 2022-ICLI-00045 6209. ICE has applied FOIA Exemptions (b)(5) (b)(6), (b)(7)(C), and (b)(7)(E) to portions of these pages as described below.

**FOIA Exemption 5** protects inter-agency or intra-agency memorandums or letters which not be available by law to a party other than an agency in litigation with the agency. The deliberative process privilege protects the integrity of the deliberative or decision-making processes within the agency by exempting from mandatory disclosure opinions, conclusions, and recommendations included within inter-agency or intra-agency memoranda or letters. The release of this internal information would discourage the expression of candid opinions and inhibit the free and frank exchange of information among agency personnel. The attorney work-product privilege protects documents and other memoranda prepared by an attorney in contemplation of litigation. The attorney-client privilege protects confidential communications between an attorney and his client relating to a legal matter for which the client has sought professional advice. It applies to facts divulged by a client to his attorney, and encompasses any opinions given by an attorney to his client based upon, and thus reflecting, those facts, as well as communications between attorneys that reflect client-supplied information. The attorney-client privilege is not limited to the context of litigation.
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.

**FOIA Exemption 6** exempts from disclosure information in 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 when production of such 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 interests in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate.

ICE has applied FOIA Exemption 7(E) to protect from disclosure internal agency case numbers and other law enforcement sensitive information contained within the documents.

**FOIA Exemption 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. ICE has 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 Assistant United States Attorney Manny Lucero at manny.lucero@usdoj.gov.

Sincerely,

Meronica D. Stoney  
(A) Deputy FOIA Officer

Enclosure(s): 871 pages  
cc: AUSA Manny Lucero
December 29, 2022

Rebecca Sheff
ACLU of New Mexico
P.O. Box 566
Albuquerque, NM 87103
rsheff@aclu-nm.org

RE: Innovation Law Lab v. ICE
ICE FOIA Case Number 2022-ICLI-00045
Sixth Interim Response

Dear Ms. Sheff:

This is the Sixth interim response to your client’s Freedom of Information Act (FOIA) request to U.S. Immigration and Customs Enforcement (ICE) dated June 13, 2022. Your FOIA request sought various categories of records related to Torrance County Detention Facility (“TCDF”).

ICE has considered your request under the FOIA, 5 U.S.C. § 552, and processed 1500 pages of potentially responsive documents that were located by ICE’s Enforcement and Removal Operations (ERO) and the ICE Office of the Principal Legal Advisor (OPLA). ICE determined that 1169 pages were found to be duplicative, 19 pages are being released in full and 312 pages are being released in part. These pages have been Bates numbered 2022-ICLI-00045 5007 through 2022-ICLI-00045 5337. ICE has applied FOIA Exemptions (b)(5) (b)(6), (b)(7)(C), and (b)(7)(E) to portions of these pages as described below.

**FOIA Exemption 5** protects inter-agency or intra-agency memorandums or letters which not be available by law to a party other than an agency in litigation with the agency. The deliberative process privilege protects the integrity of the deliberative or decision-making processes within the agency by exempting from mandatory disclosure opinions, conclusions, and recommendations included within inter-agency or intra-agency memoranda or letters. The release of this internal information would discourage the expression of candid opinions and inhibit the free and frank exchange of information among agency personnel. The attorney work-product privilege protects documents and other memoranda prepared by an attorney in contemplation of litigation. The attorney-client privilege protects confidential communications between an attorney and his client relating to a legal matter for which the client has sought professional advice. It applies to facts divulged by a client to his attorney, and encompasses any opinions given by an attorney to his client based upon, and thus reflecting, those facts, as well as communications between attorneys that reflect client-supplied information. The attorney-client privilege is not limited to the context of litigation.
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.

**FOIA Exemption 6** exempts from disclosure information in 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 when production of such 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 interests in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate.

ICE has applied FOIA Exemption 7(E) to protect from disclosure internal agency case numbers and other law enforcement sensitive information contained within the documents.

**FOIA Exemption 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 circumvent the law. ICE has 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 Assistant United States Attorney Manny Lucero at manny.lucero@usdoj.gov.

Sincerely,

Marcus Francis
Supervisory Paralegal Specialist

Enclosure(s): 331 pages

cc: AUSA Manny Lucero
September 29, 2022

Rebecca Sheff
ACLU of New Mexico
P.O. Box 566
Albuquerque, NM 87103
rsheff@aclu-nm.org

RE: Innovation Law Lab v. ICE
ICE FOIA Case Number 2022-ICLI-00045
Third Interim Response

Dear Ms. Sheff:

This is the third interim response to your client’s Freedom of Information Act (FOIA) request to U.S. Immigration and Customs Enforcement (ICE) dated June 13, 2022. Your FOIA request sought various categories of records related to Torrance County Detention Facility (“TCDF”).

ICE has considered your request under the FOIA, 5 U.S.C. § 552, and processed 1500 pages of potentially responsive documents that were located by ICE’s Enforcement and Removal Operations (ERO) and the ICE Office of the Principal Legal Advisor (OPLA). ICE determined that 148 pages are non-responsive, 3 pages were found to be duplicative and 13 pages are being sent for submitter notice. 1,044 pages are being released in full, 284 pages are being released in part, and 8 pages are being withheld in full. These pages have been Bates numbered 2022-ICLI-00045 1770 through 2022-ICLI-00045 3105. ICE has applied FOIA Exemptions (b)(5) (b)(6), (b)(7)(C), and (b)(7)(E) to portions of these pages as described below.

**FOIA Exemption 5** protects inter-agency or intra-agency memorandums or letters which not be available by law to a party other than an agency in litigation with the agency. The deliberative process privilege protects the integrity of the deliberative or decision-making processes within the agency by exempting from mandatory disclosure opinions, conclusions, and recommendations included within inter-agency or intra-agency memoranda or letters. The release of this internal information would discourage the expression of candid opinions and inhibit the free and frank exchange of information among agency personnel. The attorney work-product privilege protects documents and other memoranda prepared by an attorney in contemplation of litigation. The attorney-client privilege protects confidential communications between an attorney and his client relating to a legal matter for which the client has sought professional advice. It applies to facts divulged by a client to his attorney, and encompasses any opinions given by an attorney to his client based upon, and thus reflecting, those facts, as well as communications between attorneys that reflect client-supplied information. The attorney-client privilege is not limited to the context of litigation.
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.

**FOIA Exemption 6** exempts from disclosure information in 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 when production of such 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 interests in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate.

ICE has applied FOIA Exemption 7(E) to protect from disclosure internal agency case numbers and other law enforcement sensitive information contained within the documents.

**FOIA Exemption 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. ICE has 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 Assistant United States Attorney Manny Lucero at manny.lucero@usdoj.gov.

Sincerely,

Marcus Francis
Supervisory Paralegal speciallist

Enclosure(s): 1336 pages

cc: AUSA Manny Lucero
Jason P Houser
(202) 295-4000

From: (b)(6); (b)(7)(C)
To: (b)(6); (b)(7)(C)
Subject: FW: 2-1-2022 Migrant Surge Mitigation Effort Report
Date: Tuesday, February 1, 2022 7:40 PM
Attachments: 2-1-2022 Migrant Surge Mitigation Effort Report.docx
image001.png
image002.png

Sent with BlackBerry Work
(www.blackberry.com)
## DECOMPRESSION EFFORTS SNAPSHOT
**02/01/2022**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movements</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>Transferred to ERSC</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>HLG - Rio Grande Valley</td>
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<td>SNA - Del Rio</td>
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<td>PHO - Yuma</td>
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<tr>
<td>SND - San Diego</td>
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</tr>
</tbody>
</table>

**Daily Total: 02/01/2022**


**Current Status: 02/01/2022 @ 16:00**

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today 15\(\frac{7}{16}\) noncitizens were moved out of El Paso Sector custody. Among the noncitizens, 2\(\frac{2}{3}\)SA(s) and 14 family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. 1\(\frac{2}{3}\) were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**
- 3\(\frac{1}{2}\) family unit noncitizens (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD
- 2\(\frac{1}{2}\) SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

**Detention:**

**Referred for ICE Custody/Detention:**
- 3\(\frac{1}{2}\) Male(s) accepted
- 2\(\frac{1}{2}\) Female(s) accepted
Available intake bed space AOR wide = [6]
- El Paso Processing Center (EPC) = [3]
- Otero County Processing Center (OCPC) = [2]
- Torrance County Detention Facility (TCDF) = [7]
- Cibola County Correctional Center (CCCC) = [C]

Total Releases (* Please note that all releases are referred to ELP for ATD) = [2]
- El Paso Processing Center
  - Male(s) = [3]
  - Female(s) = [E]
- Otero County Processing Center
  - Male(s) = [7]
- Torrance County Detention Facility
  - Male(s) = [7]
- Cibola County Correctional Center
  - Male(s) = [7]

ATD: [Technology Metrics for 01/31/2022 (Previous Day)]

GPS

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Enrollments</th>
<th>Delivered</th>
<th>Device(s) inoperable</th>
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</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>[7]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staffing:

Detailed Personnel AOR-Wide [7] (total)

El Paso BP Station Embeds & Sector/EOC Attachments
- [7](E) ARFDs
- [7] SDOS
- [7] DOs

El Paso BP Station Embeds
- [7] SDOS
- [7] DOs

TRO ET Paso Field Office
- [7] SDDO
- [7] DOs
Organic Otero ERO El Paso Sub-Office Personnel \[ \text{total} \]
- \( \text{AFOD} \)
- \( \text{SDDO}s \)
- \( \text{DOs} \)
- \( \text{ERAs} \)

Organic ERO El Paso Field Office Personnel \[ \text{total} \]
- \( \text{Operations DFOD} \)
- \( \text{AFODs} \)
- From ATD unit, \( \text{SDDO}s, \text{DOs and ERAs} \)
- From FOJC/FAMU unit, \( \text{SDDO}s, \text{DOs and ERAs} \)
- From MCAT, \( \text{SDDO and DOs} \)
- From FOT, \( \text{SDDO and DOs} \)
- From CAP/LEAR, \( \text{DOs} \)

Organic Albuquerque ERO El Paso Sub-Office Personnel \[ \text{total} \]
- \( \text{AFOD} \)
- \( \text{SDDO}s \)
- \( \text{DOs} \)

**TOTAL Personnel** \[ \text{total} \]

**NOTE**
## ERO El Paso Ground Transportation Schedule

<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>FAMU</td>
<td>Bus</td>
<td>GPS</td>
<td></td>
<td></td>
<td></td>
<td>El Paso NGO</td>
<td>P</td>
<td>(b)(7)(E)</td>
<td>After enrollment in ATD. The non-citizens we released to local NGO</td>
</tr>
<tr>
<td>SA</td>
<td>Van</td>
<td>BP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EL Paso NGO</td>
<td>P</td>
<td></td>
<td>After enrollment in ATD. The non-citizens we released to local NGO</td>
</tr>
<tr>
<td>SA</td>
<td>Bus</td>
<td>BP</td>
<td></td>
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<td></td>
<td></td>
<td>Otero</td>
<td>P</td>
<td></td>
<td>Interior Detention</td>
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<td>After enrollment in ATD. The non-citizens we released to local NGO n</td>
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<td></td>
<td>Released to NGO</td>
</tr>
</tbody>
</table>

2022-ICLI-00045-005
## EL PASO EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TO T</th>
<th>Destination</th>
<th>Processing Disp</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.01.22</td>
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### Hours

<table>
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<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TO T</th>
<th>Destination</th>
<th>Processing Disp</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.01.22</td>
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</table>

### Issues Affecting Operations:

- {0}(5), {0}(7)E
- 
- 

2022-ICLI-00045-006
**ERO Harlingen – [RGV] Migrant Surge Mitigation Effort Report**

**Current Status: 02/01/2022 @ 4:00 p.m.**

The information in this report reflects the status of operations as of 4:00 p.m. CST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

**REFERRALS:**

Today 29 non-citizens were moved out of BP Sector custody, of which were turned over to the NGOs after either enrollment on ATD, issuance of NTA/OR, or OSUP. 13 were transferred to Laredo Border Patrol for processing and release.

- 24 FAMU, total were released on an NTA/OR from the Donna CPC to local NGO’s. (Included are 24 FAMU total on swing shift after submission of the 1/31 report)
- 5 FAMU total paroled and released from the Donna CPC to the local NGOs. (Included are 5 FAMU total on swing shift after submission of the 1/31 report)
- 1 processed non-citizen females (mixed nationality) were processed for direct release on 02/01/2022.
- 2 processed non-citizen male (mixed nationality) was reviewed and accepted for transfer to PIDC on 02/01/2022 for detention.
- 7 cases were submitted by the USBP for review into the Case Acceptance System (CAS). cases were referred to the Non-Detained Unit (NDU). 7 cases were sent back for corrections.
- 4 ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases. ERO officers vetted files processed by Border Patrol.
- 1 SA males, 1 SA females released NTA/OR, or released OSUP from ERO McAllen to the local NGO in Brownsville.

**DETECTION:**

- Local bed space at PIDC (male beds) are currently available, not fulfilled.
- Local bed space at El Valle Detention Facility (male beds, (female beds) are currently available, not filled.

**ATD:**

- ERO released NTA/ORs directly from McAllen Border Station to the Brownsville Bus Station (01/31/2022).
- were successfully enrolled in ATD with GPS (01/31/2022).
- were successfully enrolled in ATD with SmartLink (01/31/2022).
- NTA released with no tech initial ATD enrollment (01/31/2022).
- Alternatives to Detention enrollment is limited to Alternatives to Detention declinations with a few exceptions (Reinstatements) enrollments in Total Access issued MASON phone. No declinations.
- Remaining Global Positioning System “XT”
- Remaining Global Positioning System “Loc8”
- Remaining Phones Inventory “Mason-Smart Link”

STAFFING:

- deportation officers and SDDO’s TDY to Donna CPC currently:
  - to day shift - SDDO’s
  - to swing shift - SDDO’s
  - to mid-shift (strictly for eCAS on nights)
- On site leaders will designate shifts of TDY personnel due to mission requirements.
- Donna CPC: No issues on processing releases referred by USBP; currently no backlog.
- officers on overtime at PIDC to assist with the Nica/Vene/Cuba decompression initiative.
- officers embedded at the Weslaco Border Patrol Station vetting processed cases.
- TDY officers SDDOs and DOs are assigned to the McAllen Border Patrol Station.
- SDDO and DOs are assigned to the Harlingen Field Office ATD unit.
- TDY officers dedicated to ATD and TDY SDDO supporting FRAI/HAT release operations at the ERO HLG McAllen sub-office.

ISSUES AFFECTING SMOOTH OPERATIONS

- (5) (7) (E)

Current Status: 2/1/2022 @ 4:00 p.m.

REFERRALS:

Today noncitizens were moved out of Laredo Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. FAMUs were transferred to EFSC. Haitian SA males/females and FAMU’s removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) -
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) -
- Remaining Phones Inventory “Mason-Smart Link”: Laredo Hotel S-Site (CFSC) -

STAFFING:

TDY officers assigned to multiple shifts at the Laredo CPC

ISSUES AFFECTING SMOOTH OPERATIONS
ERO SNA - Del Rio Migrant Surge Mitigation Effort Report

Current Status: 2/1/2022 @ 16:00
The following information reflects the status of operations as of 16:00 CST.

Referrals: Today noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination were taken into ERO detention/custody. FAMUs were transferred to EFSC.

- FAMU, total released on parole/ATD from the Del Rio Station to local NGO.
- FAMUs, total released on parole/ATD from the Eagle Pass CPC to local NGO.
- FAMUs, single paroled and transferred from the Eagle Pass CPC to EFSC.
- single adults transferred to ERO SNA detention for placement.
- single adults released on NTA/OR/ATD due to age and medical from the Del Rio Station to a local NGO.
- single adult released on NTA/OR/ATD due to medical from the Eagle Pass CPC to a local NGO.
- non-citizens in USBP Del Rio custody per the Unified Immigration Portal.

Detention:

- Scheduled movements from the Del Rio Border Patrol Sector Stations:
  - 2/2/22- single adults to ERO Dallas at Prairieland Detention Center.
  - 2/2/22- single adults to ERO New Orleans at Richwood and Winn Correctional Centers.
  - 2/2/22- single adults to Karnes County Family Staging Center.
  - 2/2/22- single adults to South Texas ICE Processing Center.
  - single adults to South Texas Family Staging Center.

Alternatives to Detention:

- Remaining Global Positioning System “XT” inventory.
- Remaining Phones Inventory “Mason-Smart Link” inventory.
-        

Staffing:

- Eagle Pass CPC currently has TDY employees:
  - AFOD
  - SDDOs
  - DOs
ERAs
- DDO
- Del Rio Border Patrol Station currently has TDY employees:
  - SDDOs
  - DOs

Issues affecting smooth operations:
- (b)(5), (b)(7)(E)
- 
- 

**ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector**

**Current Status: 02/01/2022 @ 16:00**

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next day’s report.

**Referrals:** Today noncitizens were moved out of Yuma Sector custody. Among the noncitizens, SA(s) and family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**
- Family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD
- SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been referred for onward ATD enrollment

**Detention:**

Referred for ICE Custody/Detention:
- Male(s) accepted
- Male(s) denied due to medical/Fraihat concerns
Available intake bed space AOR wide = [Total]
- La Palma Correctional Center = [Total] (low male and [Total] high male)
- Eloy Detention Center = [Total] (low male and [Total] high females)
- Florence Detention Center = [Total]
- Central Arizona Florence Correctional Complex = [Total]

Total Releases (* Please note that all releases are referred to PHO for ATD) = [Total]
- La Palma Correctional Center
  - Male(s)
- Eloy Detention Center
  - Male(s)
  - Female(s)
- Florence Detention Center
  - Male(s)
- Central Arizona Florence Correctional Complex
  - Male(s)
  - Female(s)

**ATD: [Technology Metrics for 01/31/2022 (Previous Day)]**

**GPS**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) inoperable</th>
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<td>Tucson</td>
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<tr>
<td>Yuma</td>
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</table>

**SMARTLink**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
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</thead>
<tbody>
<tr>
<td>Yuma</td>
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</tr>
<tr>
<td>Tucson</td>
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<tr>
<td>Phoenix</td>
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</tbody>
</table>

**Staffing:**

- Detailed Personnel AOR-Wide = [Total]

**Yuma BP Station Embeds & Sector/EOC Attachments**
- [Total] AFODs
Tucson BP Station Embeds

**organic yuma ero sub-office personnel**

**Cap dos**

**organic Phoenix Field Office Personnel**

**operations dfod**

*afods*

*from ATD unit, SDD Os, dos, and ERAs*

*from FOJC/FAMU unit, SDD Os, dos, and ERAs*

*from MCAT, SDD Os and dos*

*from FOT, SDD Os and dos*

*from CAP/LEAR, dos*

**organic Tucson sub-office Personnel**

**afod**

**SDD Os**

**TOTAL Personnel**

**Please Note:**

*Yuma Daily Movement Coordination (02/01/2022 as of 1400 hrs)
## ERO Phoenix Ground Transportation Schedule

<table>
<thead>
<tr>
<th>Scheduled Arrival in Yuma</th>
<th>PAX Capacity</th>
<th>Demographic</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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<tr>
<td>(d)(7)(E)</td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>AUS Phoenix</td>
<td>(b)(7)(E)</td>
<td>2035</td>
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</tbody>
</table>

Comments:
- Noncitizens for enrollment into ATD and release to NGO (NTA/ OR processing pathway and/or parole cases)
- Noncitizens for enrollment into ATD and release to NGO (NTA/ OR processing pathway and/or parole cases)
- Noncitizens for enrollment into ATD and release to NGO (NTA/ OR processing pathway and/or parole cases)
### YUM EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TO T</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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**Issues Affecting Operations:**

- N/A

Current Status: February 1, 2021 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWR reports.

REFERRALS:
Today [b](7) individuals, noncitizens were referred from CBP, in both San Diego and El Centro locations. [b] were referred by OFO, and [b](7) were referred by USBP.

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<td>Single Cases Referred*</td>
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<td>(b)(7)(E)</td>
<td>BP</td>
<td>Total</td>
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</tbody>
</table>

*OFO and USBP cases referred to ERO via ERO SharePoint, for ERO case review.

OFO SA Releases:

1) [b](7) Individuals/cases - accepted and released ATD
2) [b](7) Individuals/cases - accepted and released OREC
   Individuals were released to NGO after processing. Of these, [b][b] were ATD releases and [b][b] were OR releases.
   • [b] individuals were released by OFO to the street after processing. Of these, [b][b] were ATD releases and [b][b] were OREC releases.

OFO SA Detention:

1) [b](7) Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) [b] Individuals accepted for non-local ERO Bedspace (DOCC)

Other OFO SA:

1) [b] cases were returned to OFO for corrections.
2) [b] cases were rejected or denied (Medical / Fraihat, etc.)
3) [b] cases OFO cases are pending initial ERO review
Totals for OFO SA:

1) Today, a total of OFO SA cases were released
2) Today, a total of OFO SA cases were accepted for ERO detention (local/non-local)

USBP SA Releases:

1) Individuals/cases - accepted and individuals released ATD
2) Individuals/cases - accepted and released NTA/OR
   - Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - Individuals were released by CBP to the street after processing. Of these, were ATD releases and were OR releases.

USBP SA Detention

1) Individuals/cases – accepted for local bed space
2) Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:

1) cases were returned to USBP for corrections.
2) cases were rejected or denied (Medical/Frailty, etc.)
3) cases USBP cases are pending initial ERO review

Totals for USBP SA:

1) Today, a total of USBP SA cases were released
2) Today, a total of USBP SA cases were accepted for ERO detention (local/non-local)

OFO FAMU Releases:

1) Individuals (FAMU) - accepted and released ATD
2) Individuals (FAMU) - accepted and released OREC
   - Individuals (FAMU) were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - Individuals (FAMU) were released by OFO to the street after processing. Of these, were ATD releases and were OREC releases.

OFO FAMU Housing:

1) Individuals accepted for ERO Bedspace
   - Today, individuals (FAMU) were transferred from OFO to the (Facility/AOR)

Other OFO FAMU
1) cases were returned to OFO for corrections.
2) cases were rejected or denied
3) cases are pending initial ERO review

Totals for OFO FAMU:

1) Today, a total of of OFO individuals were released to NGO.
2) Today, a total of of OFO individuals were accepted for ERO housing.

USBP FAMU Releases:

1) Individuals - accepted and released ATD
2) Individuals - accepted and released OREC
   - Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - Individuals were released by USBP to the street after processing. Of these, were ATD releases and were OREC releases.

USBP FAMU Housing:

1) Individuals accepted for non-local ERO Bedspace
   - Today, individuals were transferred from USBP to the Facility/AOR

Other USBP FAMU

1) Individuals were processed for FAMU Dedicated Docket
2) cases were returned to USBP for corrections.
3) cases were rejected or denied
4) cases are pending initial ERO review

Totals for USBP FAMU:

3) Today, a total of USBP individuals were released.
4) Today, a total of USBP individuals were accepted for ERO housing.

Today’s Movement:

OMDC:

No movement today.

IRDF:
No movement

Anticipated Movement:

OMDC:

- 02/07/2022 Low Levels from USBP & CBP 75% males, 25% females from SND USBP and 100% males, 0% females from SND OFO) to NOL on 02/03/22.

IRDF:

No anticipated movement.

ECAS Dates Provided:

- 02/07/2022 ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted files processed by USBP.
- 02/07/2022 ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

DETENTION:

- Total Daily Population at OMDC is 45%
  - Available bed space at OMDC is 0 beds due to cohort status (COVID), after today’s direct books.
- Total Daily Population at IRDF is 45%
  - Available bed space at IRDF is 0 beds due to cohort status (COVID), after today’s direct books.
- Total Daily Population at SLRDC is 45%
  - Available bed space at SLDC is 0 beds.

ATD:

IMPV:

- Remaining Global Positioning System “XT” / “Loc8” 15%
- Remaining Phones Inventory “Mason-Smart Link” 4%

SND:

2022-ICLI-00045-021
• Remaining Global Positioning System “XT” / “Loc8 [b/(7)[E]”
• Remaining Phones Inventory “Mason-Smart Link” [b/(7)[E]

TDY STAFFING:

• [b/(7)[E] TDY DOs [b/(7)[E] SDDO; [b/(7)[E] DOs are assigned to ERO San Diego at the San Diego main office location, ATD S-Site unit on midnight shift (2200-0600).

ISSUES AFFECTING SMOOTH OPERATIONS

• [b/(5), [b/(7)[E]
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movements</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>Transferred to EFSC</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
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Daily Total: 2/01/2022

2022-ICLI-00045-023
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<th>LOCATION</th>
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<th>Single Adults to NGOs</th>
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Daily Total: 1/31/2022

2022-ICLI-00045-024
Good evening,

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Jan 31, 2022.
Solid movement today.

Jason P Houser
(Acting) Chief of Staff
Immigration & Customs Enforcement (ICE)

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

(202) 295-3717 (Cell)
(202) 732-3720 (Office)

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Sent with BlackBerry Work
(www.blackberry.com)
DECOMPRESSION EFFORTS SNAPSHOT
02/02/2022

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<th>LOCATION</th>
<th>Total ERO Movements</th>
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Daily Total: 2/02/2022


**Current Status: 02/02/2022 @ 16:00**

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today 9 noncitizens were moved out of El Paso Sector custody. Among the noncitizens, 3 SA(s) and 6 family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. 7 were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**
- 3 family unit noncitizens (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD
- 3 SA(s) identified as having medical issues and/or Faihat implications who was/were released to NGO(s) after having been enrolled into ATD

**Detention:**

Referred for ICE Custody/Detention:
- Male(s) accepted
- Female(s) accepted

Available intake bed space AOR wide =
- El Paso Processing Center (EPC) =
- Otero County Processing Center (OCPC) =
- Torrance County Detention Facility (TCDF) =
- Cibola County Correctional Center (CCCC) =

Total Releases (* Please note that all releases are referred to ELP for ATD) =
- El Paso Processing Center
  - Male(s)
  - Female(s)
- Otero County Processing Center
  - Male(s)
- Torrance County Detention Facility
  - Male(s)
- Cibola County Correctional Center
  - Male(s)

ATD: [Technology Metrics for 02/01/2022 (Previous Day)]

GPS

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Staffing:

Detailed Personnel AOR-Wide total

El Paso BP Station Embeds & Sector/EOC Attachments
- AFODs
- SDDOs
- DOs

El Paso BP Station Embeds
- SDDOs
- DOs

ERO El Paso Field Office
- SDDO
- DOs
Organic Otero ERO El Paso Sub-Office Personnel (total)
- (b)(7)(E) AFOD
- SDDOs
- DOs
- ERAs

Organic ERO El Paso Field Office Personnel (b)(7)(E) total)
- (b)(7)(E) Operations DFOD
- APODs
- From ATD unit, (b)(7)(E) SDDO, (b)(7)(F) DOs and (b)(7)(F) ERAs
- From FOJC/FAMU unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From MCAT, (b)(7)(E) SDDO and (b)(7)(E) DOs
- From FOT, (b)(7)(E) SDDO and (b)(7)(E) DOs
- From CAP/LEAR, (b)(7)(E) DOs

Organic Albuquerque ERO El Paso Sub-Office Personnel (b)(7)(E) total)
- (b)(7)(E) AFOD
- SDDOs
- DOs

TOTAL Personnel = (b)(7)(E)

** NOTE ** (b)(7)(E)
(b)(7)(E)
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<th>Demo</th>
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<td>GPS</td>
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## EL PASO EOC Daily Movement Coordination Tracker

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<th>Comment(s)</th>
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## Issues Affecting Operations:

- (b)(5), (D)(7)(E)

Current Status: 02/02/2022 @ 4:00 p.m.
The information in this report reflects the status of operations as of 4:00 p.m. CST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today [8] non-citizens were moved out of BP Sector custody, of which were turned over to the NGOs after either enrollment on ATD, issuance of NTA/OR, or OSUP. [8] were transferred to Laredo Border Patrol for processing and release.

- [8] FAMU, total were released on an NTA/OR from the Donna CPC to local NGO’s. (Included are [8] FAMU, total on swing shift after submission of the 02/01 report)
- [8] FAMU, total paroled and released from the Donna CPC to the local NGOs. (Included are [8] FAMU, total on swing shift after submission of the 02/01 report)
- Donna CPC reports no issues on processing for release from USBP referrals; USBP transportation is running on a loop to NGO’s.
- [8] processed non-citizens (mixed nationality) were processed for direct release on 02/02/2022.
- [8] processed non-citizen females (mixed nationality) were reviewed and accepted for transfer from ERO Harlingen to ERO Philadelphia on 02/02/2022.
- [8] processed non-citizen males (mixed nationality) were reviewed and accepted for transfer to PIDC on 02/02/2022.
- [8] processed non-citizen females (mixed nationality) were reviewed and accepted to for transfer to EVDF on 02/02/2022.
- [8] cases were submitted by the USBP for review into the Case Acceptance System (CAS). [8] cases were referred to the Non-Detained Unit. [8] cases were returned to USBP for corrections.
- [8] ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases. ERO officers vetted [8] files processed by Border Patrol.

DETENTION:

- Local bed space at PIDC [10] male beds) are currently available, not fulfilled.
ATD:

- ERO released NTA/ORs directly from McAllen Border Station to the Brownsville Bus Station (02/01/2022).
- [D] were successfully enrolled in ATD with GPS (02/01/2022).
- [D][7] were successfully enrolled in ATD with SmartLink (02/01/2022).
- NTA released with no tech initial ATD enrollment (02/01/2022).
- Alternatives to Detention enrollment is limited to Alternatives to Detention declinations with a few exceptions (Reinstatements). [D][K] enrollments in Total Access. [D][K] issued MASON phone. [D][K] declinations.
- Remaining Global Positioning System “XT” – [D][K]
- Remaining Global Positioning System “Loc8” – [D][K]
- Remaining Phones Inventory “Mason-Smart Link” – [D][7][K]

STAFFING:

- [B][K] deportation officers and [SDDO’s TDY to Donna CPC currently:
  - [D] to day shift – [SDDO’s
  - [C] to swing shift – [SDDO’s
  - [C] to mid-shift (strictly for eCAS on nights)
- On site leaders will designate shifts of TDY personnel due to mission requirements.
- Donna CPC: No issues on processing releases referred by USBP; currently no backlog.
- [K] officers on overtime at PIDC to assist with the Nica/Vene/Cuba decompression initiative.
- [D][C] officers embedded at the Weslaco Border Patrol Station vetting processed cases.
- [D][K] TDY officers (SDDO’s; DOs) assigned to the McAllen Border Patrol Station.
- [K] SDDO and DOs are assigned to the Harlingen Field Office ATD unit.
- [D][C] TDY officers (dedicated to ATD) and [D][C] TDY SDDO supporting FRAHAT release operations at the ERO HLG McAllen sub-office.

ISSUES AFFECTING SMOOTH OPERATIONS

- [D][5]. [D][7][E]
ER0 Harlingen – [Laredo] Migrant Surge Mitigation Effort Report

Current Status: 2/2/2022 @ 4:00 p.m.

REFERRALS:

Today [D7] noncitizens were moved out of Laredo Sector custody. Among the noncitizens, [D7] SA(s) and [D7] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [D7] were taken into ERO detention/custody. [D7] FAMUs were transferred to EFSC. [D7] Haitian SA males/females and FAMU’s removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [D7], Laredo CPC - [D7]
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [D7], Laredo CPC - [D7]
- Remaining Phones Inventory “Mason-Smart Link”: Laredo Hotel S-Site (CFSC) - [D7], Laredo CPC - [D7]

STAFFING:

[D7] TDY officers assigned to multiple shifts at the Laredo CPC

ISSUES AFFECTING SMOOTH OPERATIONS

[D7]
ER0 SNA - Del Rio Migrant Surge Mitigation Effort Report

Current Status: 2/2/2022 @ 16:00

The following information reflects the status of operations as of 16:00 CST.

Referrals: Today 2022-ICLI-00045-035 noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, 8 SAs and 3 family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination 2 were taken into ERO detention/custody. 11 FAMUs were transferred to EFSC.

- 1 FAMU, 1 total released on parole/ATD from the Del Rio Station to local NGO.
- 8 FAMUs, 1 total released on parole/ATD from the Eagle Pass CPC to local NGO.
- 3 FAMUs, 1 total released on NTA/OR/ATD from the Eagle Pass CPC to local NGO.
- 12 FAMUs, 1 total paroled and transferred from the Eagle Pass CPC to EFSC.
- 2 single adults transferred to ERO SNA detention for placement.
- 1 single adult transferred to ERO Dallas detention for placement.
- 1 single adult transferred to ERO New Orleans detention for placement.
- 1 single adults released on NTA/OR/ATD due to age and medical from the Del Rio Station to a local NGO.
- 1 single adult released on NTA/OR/ATD due to medical from the Eagle Pass CPC to a local NGO.
- 22 non-citizens in USBP Del Rio custody per the Unified Immigration Portal.

Detention:

- Scheduled movements from the Del Rio Border Patrol Sector Stations:
  - 2/3/22: 10 single adults to Karnes County Family Staging Center.

Alternatives to Detention:

- Remaining Global Positioning System “XT” inventory.
- Remaining Phones Inventory “Mason-Smart Link” inventory.
- 20 global positioning system “XT” inventory.

Staffing:

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has 20 AFOD TDY employees:
  - 5 AFOD
  - 5 SDDOs
  - 10 DOs
  - 0 ERA3

2022-ICLI-00045-035
Issues affecting smooth operations:

ERRO PHO – Unified ERO Support Effort for the Yuma USBP Sector

Current Status: 02/02/2022 @ 16:00

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today [D]77 noncitizens were moved out of Yuma Sector custody. Among the noncitizens, [D]74 SA(s) and [D]77 family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [D] were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:
- [D]77 family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- [D]77 family unit noncitizens, were released to NGO(s) after the HoH was referred for onward ATD enrollment
- [D]74 SA(s) identified as having medical issues and/or Faihat implications who was/were released to NGO(s) after having been enrolled into ATD
- [D]74 SA(s) identified as having medical issues and/or Faihat implications who was/were released to NGO(s) after having been referred for onward ATD enrollment

Detention:

Referred for ICE Custody/Detention:
- [D] Male(s) accepted
- [D] Female(s) accepted
Available intake bed space AOR wide = \( \text{b}(7X) \)
- La Palma Correctional Center = \( \text{b}(7X) \) low male and \( \text{b}(7X) \) high male
- Eloy Detention Center = \( \text{b}(7X) \) low male, \( \text{b}(7X) \) high male \( \text{b}(7X) \) low female and \( \text{b}(7X) \) high female
- Florence Detention Center = \( \text{b}(7X) \)
- Central Arizona Florence Correctional Complex = \( \text{b}(7X) \)

Total Releases (* Please note that all releases are referred to PHO for ATD) = \( \text{b}(7X) \)
- La Palma Correctional Center
  \( \text{b}(7X) \) Male(s)
- Eloy Detention Center
  \( \text{b}(7X) \) Male(s)
  \( \text{b}(7X) \) Female(s)
- Florence Detention Center
  \( \text{b}(7X) \) Male(s)
- Central Arizona Florence Correctional Complex
  \( \text{b}(7X) \) Male(s)
  \( \text{b}(7X) \) Female(s)

ATD: [Technology Metrics for 02/01/2022 (Previous Day)]

GPS

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SMARTLink

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Staffing:

Detailed Personnel AOR-Wide \( \text{b}(7X) \) total
Yuma BP Station Embeds & Sector/EOC Attachments

AFODs
SDDOs
DOs

Tucson BP Station Embeds

SDDOs
DOs

Phoenix Field Office

SDDO
DOs

Organic Yuma ERO sub-office Personnel \[ \square \text{(total)} \]

CAP DOs

Organic Phoenix Field Office Personnel \[ \square \text{(total)} \]

Operations DFOD
AFODs
From ATD unit, SDDO, DOs and ERAs
From FOJC/FAMU unit, SDDO, DOs and ERAs
From MCAT, SDDO and DOs
From FOT, SDDO and DOs
From CAP/LEAR, DOs

Organic Tucson sub-office Personnel \[ \square \text{(total)} \]

AFOD
SDDO
DOs

TOTAL Personnel \[ \square \text{(total)} \]

** PLEASE Note: \[ \square \text{} \] **
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**Issues Affecting Operations:**

- N/A
**ERO San Diego – [SND] Migrant Surge Mitigation Effort Report**

**Current Status: February 02, 2022 @ 4:00 p.m.**

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

**REFERRALS:**

Today 7 individuals, noncitizens were referred from CBP, in both San Diego and El Centro locations. 7 were referred by OFO, and 4 were referred by USBP.

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<td><strong>Single Cases Referred</strong>*</td>
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*OFO and USBP cases referred to ERO via ERO SharePoint, for ERO case review.

**OFO SA Releases:**

1) Individuals/cases - accepted and released ATD
2) Individuals/cases - accepted and released OREC
   - Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - Individuals were released by OFO to the street after processing. Of these, were ATD releases and were OREC releases.

**OFO SA Detention:**

1) Individuals accepted for local bed space (OMDC/IRDF/SRDC)
2) Individuals accepted for non-local ERO Bedspace (DOCC)

**Other OFO SA:**

1) cases were returned to OFO for corrections.
2) cases were rejected or denied (Medical / Fraihat, etc.)
3) cases OFO cases are pending initial ERO review
Totals for OFO SA:

1) Today, a total of \(\text{□}(\text{□})\) OFO SA cases were released
2) Today, a total of \(\text{□}(\text{□})\) OFO SA cases were accepted for ERO detention (local/non-local)

USBP SA Releases:

1) \(\text{□}(\text{□})\) Individuals/cases - accepted and individuals released ATD
2) \(\text{□}(\text{□})\) Individuals/cases - accepted and released NTA/OR (ATD Smart Link)
   - \(\text{□}(\text{□})\) Individuals were released to NGO after processing. Of these, \(\text{□}(\text{□})\) were ATD releases and \(\text{□}(\text{□})\) were OR releases (via ATD Smart Link).
   - \(\text{□}(\text{□})\) individuals were released by CBP to the street after processing. Of these, \(\text{□}(\text{□})\) were ATD releases and \(\text{□}(\text{□})\) were OR releases.

USBP SA Detention

1) \(\text{□}(\text{□})\) Individuals/cases – accepted for local bed space
2) \(\text{□}(\text{□})\) Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:

1) \(\text{□}(\text{□})\) cases were returned to USBP for corrections.
2) \(\text{□}\) cases were rejected or denied (Medical/Frailhat, etc.)
3) \(\text{□}\) cases USBP cases are pending initial ERO review

Totals for USBP SA:

1) Today, a total of \(\text{□}(\text{□})\) USBP SA cases were released
2) Today, a total of \(\text{□}(\text{□})\) USBP SA cases were accepted for ERO detention (local/non-local)

OFO FAMU Releases:

1) \(\text{□}(\text{□})\) Individuals \(\text{□}(\text{□})\) FAMU) - accepted and released ATD
2) \(\text{□}(\text{□})\) Individuals \(\text{□}(\text{□})\) FAMU) - accepted and released OREC
   - \(\text{□}(\text{□})\) Individuals \(\text{□}(\text{□})\) FAMU) were released to NGO after processing. Of these, \(\text{□}(\text{□})\) were ATD releases and \(\text{□}(\text{□})\) were OR releases.
   - \(\text{□}(\text{□})\) individuals \(\text{□}(\text{□})\) FAMU) were released by OFO to the street after processing. Of these, \(\text{□}(\text{□})\) were ATD releases and \(\text{□}(\text{□})\) were OREC releases.

OFO FAMU Housing:

1) \(\text{□}(\text{□})\) Individuals accepted for ERO Bedspace
   - Today, \(\text{□}(\text{□})\) individuals \(\text{□}(\text{□})\) FAMU) were transferred from OFO to the (Facility/AOR)

Other OFO FAMU
1) cases were returned to OFO for corrections.
2) cases were rejected or denied
3) cases are pending initial ERO review

Totals for OFO FAMU:

1) Today, a total of OFO individuals were released to NGO.
2) Today, a total of OFO individuals were accepted for ERO housing.

USBP FAMU Releases:

1) Individuals - accepted and released ATD
   2) Individuals - accepted and released OREC
      • Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases.
      • individuals were released by USBP to the street after processing. Of these, were ATD releases and were OREC releases.

USBP FAMU Housing:

1) Individuals accepted for non-local ERO Bedspace
   • Today, individuals were transferred from USBP to the Facility/AOR

Other USBP FAMU

1) Individuals were processed for FAMU Dedicated Docket
2) cases were returned to USBP for corrections.
3) cases were rejected or denied
4) cases are pending initial ERO review

Totals for USBP FAMU:

3) Today, a total of USBP individuals were released.
4) Today, a total of USBP individuals were accepted for ERO housing.

Today’s Movement:

OMDC:

• Low Level Males from USBP to ELY on 02/02/2022.
• Medium Level Male from ERO SND to OMDC on 02/02/2022
IRDF:

No movement

Anticipated Movement:

OMDC:

- Low Levels from USBP & CBP males females from SND USBP and males females from SND OFO to NOL on 02/03/22.
- Low Levels from USBP & CBP males females from SND USBP and males females from SND OFO to HOU on 02/04/22.

IRDF:

- SA scheduled for transfer from SLDC to ERO NOL on Sunday, February 6, 2022

ECAS Dates Provided:

- ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted files processed by USBP.
- ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

DETENTION:

- Total Daily Population at OMDC is:
  - Available bed space at OMDC is beds due to cohort status (COVID), after today’s direct books.
- Total Daily Population at IRDF is:
  - Available bed space at IRDF is bed space due to cohort status (COVID), after today’s direct books.
- Total Daily Population at SLRDC is:
  - Available bed space at SLRDC is

ATD:

IMPV:

- Remaining Global Positioning System “XT” / “Loc8”
- Remaining Phones Inventory “Mason-Smart Link”
SND:
- Remaining Global Positioning System “XT” / “Loc8” on hand (box of in route).
- Remaining Phones Inventory “Mason-Smart Link” on hand (box of in route).

TDY STAFFING:
- TDY DOs are assigned to ERO San Diego at the San Diego main office location, ATD S-Site unit on midnight shift (2200-0600).

ISSUES AFFECTING SMOOTH OPERATIONS
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<tr>
<th>LOCATION</th>
<th>Total ERO Movements</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>Transferred to EFSC</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
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2022-ICLI-00045-050
Attached for your review are the mitigation efforts reported by the SWB Field Offices on Feb 2, 2022.

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From: (b)(6); (b)(7)(C)  
Sent: Tuesday, February 1, 2022 7:39 PM  
To: (b)(6); (b)(7)(C)  
Subject: 21 2022 Migrant Surge Mitigation Effort Report

Good evening.

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Feb 1, 2022.

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From: (b)(6); (b)(7)(C)  
Sent: Monday, January 31, 2022 7:32 PM  
To: (b)(6); (b)(7)(C)  
Acosta, Juan L
Subject: 1-31-2022 Migrant Surge Mitigation Effort Report

Good evening,

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Jan 31, 2022.

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movements

Sent with BlackBerry Work (www.blackberry.com)

Good evening,

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Feb 1, 2022.

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Subject: 1-31-2022 Migrant Surge Mitigation Effort Report
DECOMPRESSION EFFORTS SNAPSHOT
02/01/2022

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**ERO El Paso – Unified ERO Support Effort for the El Paso USBP Sector.**

**Current Status: 02/01/2022 @ 16:00**

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today **67** noncitizens were moved out of El Paso Sector custody. Among the noncitizens, **2** SA(s) and **6** family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. **2** were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**
- **6** family unit noncitizens (*identified to be processed by ERO*), were released to NGO(s) after the HoH was enrolled into ATD
- **2** SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

**Detention:**

*Referred for ICE Custody/Detention:*
- **6** Male(s) accepted
- **2** Female(s) accepted
Available intake bed space AOR wide : [b]
- El Paso Processing Center (EPC) : [b]
- Otero County Processing Center (OCPC) : [b]
- Torrance County Detention Facility (TCDF) : [b]
- Cibola County Correctional Center (CCCC) : [b]

Total Releases (* Please note that all releases are referred to ELP for ATD) : [b]
- El Paso Processing Center
  - Male(s) : [b]
  - Female(s) : [b]
- Otero County Processing Center
  - Male(s) : [b]
- Torrance County Detention Facility
  - Male(s) : [b]
- Cibola County Correctional Center
  - Male(s) : [b]

ATD: [Technology Metrics for 01/31/2022 (Previous Day)]

GPS

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Staffing:

Detailed Personnel AOR-Wide : [b] (total)

El Paso BP Station Embeds & Sector/EOC Attachments
- [b] AFODs
- [b] SDDOs
- [b] DOs

El Paso BP Station Embeds
- [b] SDDOs
- [b] DOs

ERO El Paso Field Office
- [b] SDDO
- [b] DOs
Organic Otero ERO El Paso Sub-Office Personnel [b] total [c]
- [b](7)(E) AFOD
- [b](7)(E) SDDOs
- [b](7)(E) DOs
- [b](7)(E) ERAs

Organic ERO El Paso Field Office Personnel [b] total [c]
- [b](7)(E) Operations DFOD
- [b](7)(E) AFODs
- From ATD unit, [b](7)(E) SDDO, [b](7)(E) DOs and [b](7)(E) ERAs
- From FOJC/FAMU unit, [b](7)(E) SDDO, [b](7)(E) DOs and [b](7)(F) ERAs
- From MCAT, [b](7)(E) SDDO and [b](7)(E) DOs
- From FOT, [b](7)(E) SDDO and [b](7)(E) DOs
- From CAP/LEAR, [b](7)(E) DOs

Organic Albuquerque ERO El Paso Sub-Office Personnel [b] total [c]
- [b](7)(E) AFOD
- [b](7)(E) SDDOs
- [b](7)(E) DOs

TOTAL Personnel = [b](7)(E)

** NOTE **
[b](7)(E)

[b](7)(E)
## ERO El Paso Ground Transportation Schedule

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<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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<td>After enrollment in ATD. The non-citizens we released to local NGO</td>
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<td>After enrollment in ATD. The non-citizens we released to local NGO</td>
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2022-ICLI-00045-057
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<td>N/A</td>
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<td>N/A</td>
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<td>Hours</td>
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<td>P</td>
<td>Hours</td>
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**Issues Affecting Operations:**

- (b)(5), (b)(7)(E)

Current Status: 02/01/2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. CST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today [60] non-citizens were moved out of BP Sector custody; [30] of which were turned over to the NGOs after either enrollment on ATD, issuance of NTA/OR, or OSUP were transferred to Laredo Border Patrol for processing and release.

- [60] FAMU, [60] total were released on an NTA/OR from the Donna CPC to local NGO’s. (Included are [60] FAMU, [60] total on swing shift after submission of the 1/31 report)
- Donna CPC reports no issues on processing for release from USBP referrals; USBP transportation is running on a loop to NGO’s.
- [30] processed non-citizen females (mixed nationality) were processed for direct release on 02/01/2022.
- [30] processed non-citizen male (mixed nationality) was reviewed and accepted for transfer to PIDC on 02/01/2022 for detention.
- [30] cases were submitted by the USBP for review into the Case Acceptance System (CAS). [30] cases were referred to the Non-Detained Unit (NDU), [30] cases were sent back for corrections.
- [30] ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases. ERO officers vetted [30] files processed by Border Patrol.

DETENTION:

- Local bed space at PIDC [60] male beds) are currently available, not fulfilled.

ATD:

- ERO released [30] NTA/ORs directly from McAllen Border Station to the Brownsville Bus Station (01/31/2022).
- [28] were successfully enrolled in ATD with GPS (01/31/2022).
- [28] were successfully enrolled in ATD with SmartLink (01/31/2022).
- NTA released with no tech initial ATD enrollment (01/31/2022).
- Alternatives to Detention enrollment is limited to Alternatives to Detention declinations with a few exceptions (Reinstatements). enrollments in Total Access, issued MASON phone. No declinations.
- Remaining Global Positioning System “XT” – 
- Remaining Global Positioning System “Loc8”
- Remaining Phones Inventory “Mason-Smart Link” –

**STAFFING:**

- deportation officers and SDDO’s TDY to Donna CPC currently:
  - to day shift – SDDO’s
  - to swing shift – SDDO’s
  - to mid-shift (strictly for eCAS on nights)
- On site leaders will designate shifts of TDY personnel due to mission requirements.
- Donna CPC: No issues on processing releases referred by USBP; currently no backlog.
- officers on overtime at PIDC to assist with the Nica/Vene/Cuba decompression initiative.
- officers embedded at the Weslaco Border Patrol Station vetting processed cases.
- TDY officers (SDDOs; DOs) are assigned to the McAllen Border Patrol Station.
- SDDO and DOs are assigned to the Harlingen Field Office ATD unit.
- TDY officers (dedicated to ATD) and TDY SDDO supporting FRA/HAT release operations at the ERO HLG McAllen sub-office.

**ISSUES AFFECTING SMOOTH OPERATIONS**

- (5)
- (7)

Current Status: 2/1/2022 @ 4:00 p.m.

REFERRALS:

Today 9 noncitizens were moved out of Laredo Sector custody. Among the noncitizens, 9 family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. 9 were taken into ERO detention/custody. 9 FAMUs were transferred to EFSC. 9 Haitian SA males/females and FAMU’s removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - 9, Laredo CPC - 9
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - 9, Laredo CPC - 9
- Remaining Phones Inventory “Mason-Smart Link”: Laredo Hotel S-Site (CFSC) - 9, Laredo CPC - 9

STAFFING:

9 TDY officers assigned to multiple shifts at the Laredo CPC

ISSUES AFFECTING SMOOTH OPERATIONS

9, 9(E)
EROSNA - Del Rio Migrant Surge Mitigation Effort Report

Current Status: 2/1/2022 @ 16:00

The following information reflects the status of operations as of 16:00 CST.

Referrals: Today [b(7)] noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, [b(7)] SAs and [b(7)] family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination [b(7)] were taken into ERO detention/custody. [b(7)] FAMUs were transferred to EFSC.

- [b(7)] total released on parole/ATD from the Del Rio Station to local NGO.
- [b(7)] FAMUs, [b(7)] total released on parole/ATD from the Eagle Pass CPC to local NGO.
- [b(7)] single adults transferred to ERO SNA detention for placement.
- [b(7)] single adults released on NTA/OR/ATD due to age and medical from the Del Rio Station to a local NGO.
- [b(7)] single adult released on NTA/OR/ATD due to medical from the Eagle Pass CPC to a local NGO.
- [b(7)] non-citizens in USBP Del Rio custody per the Unified Immigration Portal.

Detention:

- Scheduled movements from the Del Rio Border Patrol Sector Stations:
  - 2/2/22 [b(7)] single adults to ERO Dallas at Prairieland Detention Center.
  - 2/2/22 [b(7)] single adults to ERO New Orleans at Richwood and Winn Correctional Centers.
  - 2/2/22 [b(7)] single adults to Karnes County Family Staging Center.
  - 2/2/22 [b(7)] single adults to South Texas ICE Processing Center.
  - 2/2/22 [b(7)] single adults to South Texas Family Staging Center.

Alternatives to Detention:

- Remaining Global Positioning System “XT” [b(7)] inventory.
- Remaining Phones Inventory “Mason-Smart Link” [b(7)] inventory.

Staffing:

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has [b(7)] TDY employees:
  - [b(7)] AFOD
  - [b(7)] SDDOs
  - [b(7)] DOs

2022-ICLI-00045-062
• ERAs
• DDO
- Del Rio Border Patrol Station currently has TDY employees:
  - SDDOs
  - DOs

Issues affecting smooth operations:

- (5)

ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector

Current Status: 02/01/2022 @ 16:00

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today noncitizens were moved out of Yuma Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:
- family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD
- SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been referred for onward ATD enrollment

Detention:

Referred for ICE Custody/Detention:
- Male(s) accepted
- Male(s) denied due to medical/Fraihat concerns
Available intake bed space AOR wide = \[\text{D}(\text{E})\]
- La Palma Correctional Center = \[\text{D}(\text{E})\]
  low male and \[\text{D}(\text{E})\]
  high male
- Eloy Detention Center = \[\text{D}(\text{E})\]
  low male and \[\text{D}(\text{E})\]
  high females
- Florence Detention Center = \[\text{D}(\text{E})\]
- Central Arizona Florence Correctional Complex = \[\text{D}(\text{E})\]

Total Releases (* Please note that all releases are referred to PHO for ATD) = \[\text{D}(\text{E})\]
- La Palma Correctional Center
  - Male(s)
- Eloy Detention Center
  - Male(s)
  - Female(s)
- Florence Detention Center
  - Male(s)
- Central Arizona Florence Correctional Complex
  - Male(s)
  - Female(s)

**ATD:** [Technology Metrics for 01/31/2022 (Previous Day)]

**GPS**

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<td>Yuma</td>
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**SMARTLink**

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<tr>
<td>Phoenix</td>
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</tr>
</tbody>
</table>

**Staffing:**

Detailed Personnel AOR-Wide \[\text{D}(\text{E})\] total

**Yuma BP Station Embeds & Sector/EOC Attachments**

\[\text{D}(\text{E})\] AFODs
Tucson BP Station Embeds

**Organic Yuma ERO sub-office Personnel** (total)

- SDDOs
- DOs

**Phoenix Field Office**

**Organic Phoenix Field Office Personnel** (total)

- SDDO
- DOs

**Operations DFOD**

- AFODs

From ATD unit, SDDO, DOs and ERAs
From FOJC/FAMU unit, SDDO, DOs and ERAs
From MCAT, SDDO and DOs
From FOT, SDDO and DOs
From CAP/LEAR, DOs

**Organic Tucson sub-office Personnel** (total)

- AFOD
- SDDO
- DOs

**TOTAL Personnel**

**PLEASE Note:**

Yuma Daily Movement Coordination (02/01/2022 as of 1400 hrs)
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<thead>
<tr>
<th>Scheduled Arrival in Yuma</th>
<th>PAX Capacity</th>
<th>Demographic</th>
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<th>Carrier</th>
<th>Departure Time</th>
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Comments:
Noncitizens for enrollment into ATD and release to NGO (NTA/OR processing pathway and or parole cases)
Noncitizens for enrollment into ATD and release to NGO (NTA/OR processing pathway and or parole cases)
Noncitizens for enrollment into ATD and release to NGO (NTA/OR processing pathway and or parole cases)

2022-ICLI-00045-066
# YUM EOC Daily Movement Coordination Tracker

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Noncitizens for enrollment into ATD and release to NGO (NTA/OR processing pathway and or parole cases)

Noncitizens for enrollment into ATD and release to NGO (NTA/OR processing pathway and or parole cases)
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</table>

**Issues Affecting Operations:**

- N/A

Current Status: February 1, 2021 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWR reports.

REFERRALS:
Today [X] individuals, noncitizens were referred from CBP, in both San Diego and El Centro locations. [X] were referred by OFO, and [X] were referred by USBP.

<table>
<thead>
<tr>
<th>ERO SAN DIEGO</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Cases Referred*</td>
<td>OFO</td>
<td>BP</td>
<td>Total</td>
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<tr>
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<td>BP</td>
<td>Total</td>
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*OFO and USBP cases referred to ERO via ERO SharePoint, for ERO case review.

OFO SA Releases:

1) [X] Individuals/cases - accepted and released ATD
2) [X] Individuals/cases - accepted and released OREC
   - Individuals were released to NGO after processing. Of these, [X] were ATD releases and [X] were OR releases.
   - [X] individuals were released by OFO to the street after processing. Of these [X] were ATD releases and [X] were OREC releases.

OFO SA Detention:

1) [X] Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) [X] Individuals accepted for non-local ERO Bedspace (DOCC)

Other OFO SA:

1) [X] cases were returned to OFO for corrections.
2) [X] cases were rejected or denied (Medical / Fraihat, etc.)
3) [X] cases OFO cases are pending initial ERO review
Totals for OFO SA:

1) Today, a total of \[ \text{of} \] OFO SA cases were released
2) Today, a total of \[ \text{of} \] OFO SA cases were accepted for ERO detention (local/non-local)

USBP SA Releases:

1) \[ \text{of} \] Individuals/cases - accepted and individuals released ATD
2) \[ \text{of} \] Individuals/cases - accepted and released NTA/OR
   - \[ \text{of} \] Individuals were released to NGO after processing. Of these, \[ \text{of} \] were ATD releases and \[ \text{of} \] were OR releases.
   - \[ \text{of} \] individuals were released by CBP to the street after processing. Of these \[ \text{of} \] were ATD releases and \[ \text{of} \] were OR releases.

USBP SA Detention

1) \[ \text{of} \] Individuals/cases – accepted for local bed space
2) \[ \text{of} \] Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:

1) \[ \text{of} \] cases were returned to USBP for corrections.
2) \[ \text{of} \] cases were rejected or denied (Medical/Frailat, etc.)
3) \[ \text{of} \] cases USBP cases are pending initial ERO review

Totals for USBP SA:

1) Today, a total of \[ \text{of} \] USBP SA cases were released
2) Today, a total of \[ \text{of} \] USBP SA cases were accepted for ERO detention (local/non-local)

OFO FAMU Releases:

1) \[ \text{of} \] Individuals \[ \text{of} \] FAMU) - accepted and released ATD
2) \[ \text{of} \] Individuals \[ \text{of} \] FAMU) - accepted and released OREC
   - \[ \text{of} \] Individuals \[ \text{of} \] FAMU) were released to NGO after processing. Of these, \[ \text{of} \] were ATD releases and \[ \text{of} \] were OR releases.
   - \[ \text{of} \] individuals \[ \text{of} \] FAMU) were released by OFO to the street after processing. Of these, \[ \text{of} \] were ATD releases and \[ \text{of} \] were OREC releases.

OFO FAMU Housing:

1) \[ \text{of} \] Individuals accepted for ERO Bedspace
   - Today, \[ \text{of} \] individuals \[ \text{of} \] FAMU) were transferred from OFO to the \[ \text{Facility/AOR} \]

Other OFO FAMU
1) cases were returned to OFO for corrections.
2) cases were rejected or denied
3) cases are pending initial ERO review

Totals for OFO FAMU:

1) Today, a total of OFO individuals FAMU) were released to NGO.
2) Today, a total of OFO individuals FAMU) were accepted for ERO housing.

USBP FAMU Releases:

1) Individuals FAMU) - accepted and released ATD
2) Individuals FAMU) - accepted and released OREC
   - Individuals FAMU) were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - individuals FAMU) were released by USBP to the street after processing. Of these, were ATD releases and were OREC releases.

USBP FAMU Housing:

1) Individuals accepted for non-local ERO Bedspace
   - Today, individuals FAMU) were transferred from USBP to the (Facility/AOR)

Other USBP FAMU

1) Individuals FAMU) were processed for FAMU Dedicated Docket
2) cases were returned to USBP for corrections.
3) cases were rejected or denied
4) cases are pending initial ERO review

Totals for USBP FAMU:

3) Today, a total of USBP individuals FAMU) were released.
4) Today, a total of USBP individuals FAMU) were accepted for ERO housing.

Today’s Movement:

OMDC:

No movement today.

IRDF:
No movement

Anticipated Movement:

OMDC:

- Low Levels from USBP & CBP males, females from SND USBP and males, females from SND OFO) to NOL on 02/03/22.

IRDF:

No anticipated movement.

ECAS Dates Provided:

- ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted files processed by USBP.
- ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

DETENTION:

- Total Daily Population at OMDC is: [number]
  - Available bed space at OMDC is: [number] beds due to cohort status (COVID), after today’s direct books.
- Total Daily Population at IRDF is: [number]
  - Available bed space at IRDF is: [number] bed space due to cohort status (COVID), after today’s direct books.
- Total Daily Population at SLRDC is: [number]
  - Available bed space at SLRC is: [number]

ATD:

IMPV:

- Remaining Global Positioning System “XT” / “Loc8” [number]
- Remaining Phones Inventory “Mason-Smart Link” [number]

SND:
- Remaining Global Positioning System “XT” / “Loc8”
- Remaining Phones Inventory “Mason-Smart Link”

**TDY STAFFING:**

- TDY DOs are assigned to ERO San Diego at the San Diego main office location, ATD S-Site unit on midnight shift (2200-0600).

**ISSUES AFFECTING SMOOTH OPERATIONS**

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<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movements</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>Transferred to EFSC</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
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Daily Total: 2/01/2022
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<td>Daily Total: 1/31/2022</td>
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2022-ICLI-00045-076
Good evening,

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Jan 31, 2022.

<table>
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<tr>
<th>LOCATION</th>
<th>Total ERO Movements</th>
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<th>Transferred to EFSC</th>
<th>ERO Detention</th>
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Daily Total: 1/31/2022
movements

Sent with BlackBerry Work
(www.blackberry.com)

Good evening,

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Feb 7, 2022.

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Daily Total: 2/02/2022

From: (b)(6); (b)(7)(C)
Sent: Tuesday, February 1, 2022 7:39 PM
To: Acosta, Juan L
Subject: 2-1-2022 Migrant Surge Mitigation Effort Report
DECOMPRESSION EFFORTS SNAPSHOT
02/02/2022

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Daily Total: 2/02/2022

ERO El Paso – Unified ERO Support Effort for the El Paso USBP Sector

Current Status: 02/02/2022 @ 16:00

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today [87] noncitizens were moved out of El Paso Sector custody. Among the noncitizens, [87] SA(s) and [87] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [87] were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:
- [87] family unit noncitizens (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD
- [87] SA(s) identified as having medical issues and/or Frainhat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:
- [87] Male(s) accepted
- Female(s) accepted

Available intake bed space AOR wide =
- El Paso Processing Center (EPC) =
- Otero County Processing Center (OCPC) =
- Torrance County Detention Facility (TCDF) =
- Cibola County Correctional Center (CCCC) =

Total Releases (* Please note that all releases are referred to ELP for ATD) =
- El Paso Processing Center
  - Male(s)
  - Female(s)
- Otero County Processing Center
  - Male(s)
- Torrance County Detention Facility
  - Male(s)
- Cibola County Correctional Center
  - Male(s)

ATD: [Technology Metrics for 02/01/2022 (Previous Day)]

GPS

<table>
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<tr>
<th>Location</th>
<th>Inventory</th>
<th>Enrollments</th>
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<th>Device(s) inoperable</th>
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<td>El Paso</td>
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</table>

Staffing:

Detailed Personnel AOR-Wide (total)

El Paso BP Station Embeds & Sector/EOC Attachments
- D/E AFODs
- SDDOs
- DOs

El Paso BP Station Embeds
- D/E SDDOs
- DOs

ERO El Paso Field Office
- D/E SDDO
- DOs
Organic Otero ERO El Paso Sub-Office Personnel [b] (total)
- [b] AFOD
- [b] SDDOs
- [b] DOs
- [b] ERAs

Organic ERO El Paso Field Office Personnel [b] (total)
- [b] Operations DFOD
- [b] AFDs
- From ATD unit, [b] SDDOs, [b] DOs and [b] ERAs
- From FOJC/FAMU unit, [b] SDDOs, [b] DOs and [b] ERAs
- From MCAT, [b] SDDO and [b] DOs
- From FOT, [b] SDDO and [b] DOs
- From CAP/LEAR, [b] SDDOs and [b] DOs

Organic Albuquerque ERO El Paso Sub-Office Personnel [b] (total)
- [b] AFOD
- [b] SDDOs
- [b] DOs

TOTAL Personnel = [b]

** NOTE ** [b]
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<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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<td>El Paso NGO</td>
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</tbody>
</table>

Interior Detention

After enrollment in ATD. The non-citizens we released to local NGO

After enrollment in ATD. The non-citizens we released to local NGO

After enrollment in ATD. The non-citizens we released to local NGO

Released to NGO
## EL PASO EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST)</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
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<th>Destination</th>
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### Issues Affecting Operations:

- (07), BOP
- N/A
- N/A

2022-ICLI-00045-083
ER0 Harlingen – [RGV] Migrant Surge Mitigation Effort Report

Current Status: 02/02/2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. CST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today 63 non-citizens were moved out of BP Sector custody, D9 of which were turned over to the NGOs after either enrollment on ATD, issuance of NTA/OR, or OSUP. EX were transferred to Laredo Border Patrol for processing and release.

- D9 FAMU, D9 total were released on an NTA/OR from the Donna CPC to local NGO’s. (Included are D9 FAMU, D9 total on swing shift after submission of the 02/01 report)
- D9 FAMU, D9 total paroled and released from the Donna CPC to the local NGOs. (Included are D9 FAMU, D9 total on swing shift after submission of the 02/01 report)
- Donna CPC reports no issues on processing for release from USBP referrals; USBP transportation is running on a loop to NGO’s.
- D9 processed non-citizens (mixed nationality) were processed for direct release on 02/02/2022.
- D9 processed non-citizen females (mixed nationality) were reviewed and accepted for transfer from ERO Harlingen to ERO Philadelphia on 02/02/2022.
- D9 processed non-citizen males (mixed nationality) were reviewed and accepted for transfer to PIDC on 02/02/2022.
- D9 processed non-citizen females (mixed nationality) were reviewed and accepted to for transfer to EVDF on 02/02/2022.
- D9 cases were submitted by the USBP for review into the Case Acceptance System (CAS). D9 cases were referred to the Non-Detained Unit; D9 cases were returned to USBP for corrections.
- D9 ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases. ERO officers vetted D9 files processed by Border Patrol.
- D9 SA males, D9 SA females released NTA/OR, or released OSUP from ERO McAllen to the local NGO in Brownsville.

DETENTION:

- Local bed space at PIDC (D9 male beds) are currently available, not fulfilled.
- Local bed space at El Valle Detention Facility (male beds, D9 female beds) are currently available, not filled.
ATD:

- ERO released NTA/ORs directly from McAllen Border Station to the Brownsville Bus Station (02/01/2022).
- were successfully enrolled in ATD with GPS (02/01/2022).
- were successfully enrolled in ATD with SmartLink (02/01/2022).
- NTA released with no tech initial ATD enrollment (02/01/2022).
- Alternatives to Detention enrollment is limited to Alternatives to Detention declinations with a few exceptions (Reinstatements). enrollments in Total Access, issued MASON phone.
- declinations.
- Remaining Global Positioning System “XT”
- Remaining Global Positioning System “Loc8”
- Remaining Phones Inventory “Mason-Smart Link”

STAFFING:

- deportation officers and SDDO’s TDY to Donna CPC currently:
  - to day shift SDDO’s
  - to swing shift SDDO’s
  - to mid-shift (strictly for eCAS on nights)
- On site leaders will designate shifts of TDY personnel due to mission requirements.
- Donna CPC: No issues on processing releases referred by USBP; currently no backlog.
- officers on overtime at PIDC to assist with the Nica/Vene/Cuba decompression initiative.
- officers embedded at the Weslaco Border Patrol Station vetting processed cases.
- TDY officers SDDOs; DOs are assigned to the McAllen Border Patrol Station.
- SDDO and DOs are assigned to the Harlingen Field Office ATD unit.
- TDY officers (dedicated to ATD) and TDY SDDO supporting FRAIHAT release operations at the ERO HLG McAllen sub-office.

ISSUES AFFECTING SMOOTH OPERATIONS

- (b)(5), (b)(7)(E)

Current Status: 2/2/2022 @ 4:00 p.m.

REFERRALS:

Today [b]7 noncitizens were moved out of Laredo Sector custody. Among the noncitizens, [b]7 SA(s) and [b]7 family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b]7 were taken into ERO detention/custody. [b]7 FAMUs were transferred to EFSC. [b]7 Haitian SA males/females and FAMU’s removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [b]
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [b]
- Remaining Phones Inventory “Mason-Smart Link”: Laredo Hotel S-Site (CFSC) - [b]

STAFFING:

[b]7 TDY officers assigned to multiple shifts at the Laredo CPC

ISSUES AFFECTING SMOOTH OPERATIONS

[b]5. [b]7

2022-ICLI-00045-086
ERO SNA - Del Rio Migrant Surge Mitigation Effort Report

Current Status: 2/2/2022 @ 16:00

The following information reflects the status of operations as of 16:00 CST.

**Referrals:** Today, noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination. FAMUs were taken into ERO detention/custody. FAMUs were transferred to EFSC.

-  total released on parole/ATD from the Del Rio Station to local NGO.
-  total released on parole/ATD from the Eagle Pass CPC to local NGO.
-  total released on NTA/OR/ATD from the Eagle Pass CPC to local NGO.
-  total paroled and transferred from the Eagle Pass CPC to EFSC.
-  single adults transferred to ERO SNA detention for placement.
-  single adults transferred to ERO Dallas detention for placement.
-  single adults transferred to ERO New Orleans detention for placement.
-  single adults released on NTA/OR/ATD due to age and medical from the Del Rio Station to a local NGO.
-  single adult released on NTA/OR/ATD due to medical from the Eagle Pass CPC to a local NGO.
-  non-citizens in USBP Del Rio custody per the Unified Immigration Portal.

**Detention:**

- Scheduled movements from the Del Rio Border Patrol Sector Stations:
  -  single adults to Karnes County Family Staging Center.
  -  single adults to South Texas Family Staging Center.

**Alternatives to Detention:**

- Remaining Global Positioning System “XT”: inventory.
- Remaining Phones Inventory “Mason-Smart Link”: inventory.
- Mason-Smart Link inventory.

**Staffing:**

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has TDY employees:
  - AFOD
  - SDDOs
  - DOs
  - ERA3
- DDO
- Del Rio Border Patrol Station currently has TDY employees:
  - SDDOs
  - DOs

**Issues affecting smooth operations:**

- (b)(5), (b)(7)(E)
  - 
  - 

**ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector**

**Current Status: 02/02/2022 @ 16:00**

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today noncitizens were moved out of Yuma Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**

- family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- family unit noncitizens, were released to NGO(s) after the HoH was referred for onward ATD enrollment
- SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD
- SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been referred for onward ATD enrollment

**Detention:**

- Referred for ICE Custody/Detention:
  - Male(s) accepted
  - Female(s) accepted
Available intake bed space AOR wide = \( \square \)
- La Palma Correctional Center = \( \square \) low male and \( \square \) high male
- Eloy Detention Center = \( \square \) low male, \( \square \) high male, \( \square \) low female and \( \square \) high female
- Florence Detention Center = \( \square \)
- Central Arizona Florence Correctional Complex = \( \square \)

Total Releases (* Please note that all releases are referred to PHO for ATD) = \( \square \)
- La Palma Correctional Center
  \( \square \) Male(s)
- Eloy Detention Center
  \( \square \) Male(s)
  \( \square \) Female(s)
- Florence Detention Center
  \( \square \) Male(s)
- Central Arizona Florence Correctional Complex
  \( \square \) Male(s)
  \( \square \) Female(s)

**ATD:**  [Technology Metrics for 02/01/2022 (Previous Day)]

**GPS**

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**SMARTLink**

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**Staffing:**

Detailed Personnel AOR-Wide = \( \square \) total
Yuma BP Station Embeds & Sector/EOC Attachments

AFQDs
SDDOs
DOs

Tucson BP Station Embeds

SDDOs
DOs

Phoenix Field Office

SDDO
DOs

Organic Yuma ERO sub-office Personnel \( \text{total} \)

CAP DOs

Organic Phoenix Field Office Personnel \( \text{total} \)

Operations DFOD
AFQDs
From ATD unit, SDDOs, DOs and ERAs
From FOJC/FAMU unit, SDDOs, DOs and ERAs
From MCAT, SDDOs and DOs
From FOT, SDDOs and DOs
From CAP/LEARP, DOs

Organic Tucson sub-office Personnel \( \text{total} \)

AFOD
SDDO
DOs

TOTAL Personnel = \( \text{total} \)

** PLEASE Note:**
### ERO Phoenix Ground Transportation Schedule

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**Issues Affecting Operations:**

- N/A

Current Status: February 02, 2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

REFERRALS:
Today [D/7] individuals, noncitizens were referred from CBP, in both San Diego and El Centro locations. [D/7] were referred by OFO, and [D/7] were referred by USBP.

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<td>Single Cases Referred*</td>
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<th>FAMU Cases Referred*</th>
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*OFO and USBP cases referred to ERO via ERO SharePoint, for ERO case review.

OFO SA Releases:

1) [D/7] Individuals/cases - accepted and released ATD
2) [D/7] Individuals/cases - accepted and released OREC
   Individuals were released to NGO after processing. Of these, [D/7] were ATD releases and [D/7] were OR releases.
   • [D/7] individuals were released by OFO to the street after processing. Of these, [D/7] were ATD releases and [D/7] were OREC releases.

OFO SA Detention:

1) [D/E] Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) [D/E] Individuals accepted for non-local ERO Bedspace (DOCC)

Other OFO SA:

1) [D/7] cases were returned to OFO for corrections.
2) [D/E] cases were rejected or denied (Medical / Fraihat, etc.)
3) [D/E] cases OFO cases are pending initial ERO review
Totals for OFO SA:

1) Today, a total of [□] OFO SA cases were released
2) Today, a total of [□] OFO SA cases were accepted for ERO detention (local/non-local)

USBP SA Releases:

1) [□] Individuals/cases - accepted and individuals released ATD
2) [□] Individuals/cases - accepted and released NTA/OR (ATD Smart Link)
   - [□] Individuals were released to NGO after processing. Of these, [□] were ATD releases and [□] were OR releases (via ATD Smart Link).
   - [□] individuals were released by CBP to the street after processing. Of these, [□] were ATD releases and [□] were OR releases.

USBP SA Detention

1) [□] Individuals/cases – accepted for local bed space
2) [□] Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:

1) [□] cases were returned to USBP for corrections.
2) [□] cases were rejected or denied (Medical/Frailty, etc.)
3) [□] cases USBP cases are pending initial ERO review

Totals for USBP SA:

1) Today, a total of [□] USBP SA cases were released
2) Today, a total of [□] USBP SA cases were accepted for ERO detention (local/non-local)

OFO FAMU Releases:

1) [□] Individuals [□] FAMU) - accepted and released ATD
2) [□] Individuals [□] FAMU) - accepted and released OREC
   - [□] Individuals [□] FAMU) were released to NGO after processing. Of these, [□] were ATD releases and [□] were OR releases.
   - [□] individuals [□] FAMU) were released by OFO to the street after processing. Of these, [□] were ATD releases and [□] were OREC releases.

OFO FAMU Housing:

1) [□] Individuals accepted for ERO Bedspace
   - Today, [□] individuals [□] FAMU) were transferred from OFO to the (Facility/AOR)

Other OFO FAMU
1) **cases were returned to OFO for corrections.**
2) **cases were rejected or denied**
3) **cases are pending initial ERO review**

**Totals for OFO FAMU:**

1) Today, a total of \[\text{OFO individuals (FAMU)}\] were released to NGO.
2) Today, a total of \[\text{OFO individuals (FAMU)}\] were accepted for ERO housing.

**USBP FAMU Releases:**

1) \[\text{Individuals (FAMU)}\] - accepted and released ATD
2) \[\text{Individuals (FAMU)}\] - accepted and released OREC
   - \[\text{Individuals (FAMU)}\] were released to NGO after processing. Of these, \[\text{were ATD releases and \text{were OR releases.}}\]
   - \[\text{Individuals (FAMU)}\] were released by USBP to the street after processing. Of these, \[\text{were ATD releases and \text{were OREC releases.}}\]

**USBP FAMU Housing:**

1) \[\text{Individuals accepted for non-local ERO Bedspace}\]
   - Today, \[\text{were transferred from USBP to the (Facility/AOR)}\]

**Other USBP FAMU**

1) \[\text{Individuals (FAMU)}\] were processed for FAMU Dedicated Docket
2) **cases were returned to USBP for corrections.**
3) **cases were rejected or denied**
4) **cases are pending initial ERO review**

**Totals for USBP FAMU:**

3) Today, a total of \[\text{USBP individuals (FAMU)}\] were released.
4) Today, a total of \[\text{USBP individuals (FAMU)}\] were accepted for ERO housing.

**Today’s Movement:**

**OMDC:**

- \[\text{Low Level Males from USBP to ELY on 02/02/2022.}\]
- \[\text{Medium Level Male from ERO SND to OMDC on 02/02/2022}\]
IRDF:

No movement

Anticipated Movement:

OMDC:

- Low Levels from USBP & CBP males females from SND USBP and males females from SND OFO) to NOL on 02/03/22.
- Low Levels from USBP & CBP males females from SND USBP and males females from SND OFO) to HOU on 02/04/22.

IRDF:

- SA scheduled for transfer from SLDC to ERO NOL on Sunday, February 6, 2022

ECAS Dates Provided:

- ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted files processed by USBP.
- ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

DETENTION:

- Total Daily Population at OMDC is:
  - Available bed space at OMDC is beds due to cohort status (COVID), after today’s direct books.
- Total Daily Population at IRDF is:
  - Available bed space at IRDF is bed space due to cohort status (COVID), after today’s direct books.
- Total Daily Population at SLRDC is:
  - Available bed space at SLRDC is

ATD:

IMPV:

- Remaining Global Positioning System “XT” / “Loc8”
- Remaining Phones Inventory “Mason-Smart Link”
SND:

- Remaining Global Positioning System “XT” / “Loc8” on hand
- Remaining Phones Inventory “Mason-Smart Link” on hand (box of in route).

TDY STAFFING:

- TDY DOs (SDDO: DOs) are assigned to ERO San Diego at the San Diego main office location, ATD S-Site unit on midnight shift (2200-0600).

ISSUES AFFECTING SMOOTH OPERATIONS

- (b)(5), (b)(7)(E)
<table>
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<tr>
<th>LOCATION</th>
<th>Total ERO Movements</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>Transferred to EFSC</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
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2022-ICLI-00045-100
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Daily Total: 2/01/2022

2022-ICLI-00045-101
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2022-ICLI-00045-102
Good evening.

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Feb 1, 2022.

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<th>Total ERO Movements</th>
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From: (b)(6); (b)(7)(C)
Sent: Monday, January 31, 2022 7:32 PM
To: (b)(6); (b)(7)(C) Acosta, Juan L
   (b)(6); (b)(7)(C) Bible, Daniel
   (b)(6); (b)(7)(C)
Subject: 1-31-2022 Migrant Surge Mitigation Effort Report

Good evening.

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Jan 31, 2022.

<table>
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2022-ICLI-00045-103
movements

Sent with BlackBerry Work
(www.blackberry.com)

From: Acosta, Juan L
Date: Thursday, Feb 03, 2022, 7:41 PM
To: Bible, Daniel

Subject: 2-3-2022 Migrant Surge Mitigation Effort Report

Good evening,

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Feb 3, 2022.

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From: Acosta, Juan L
Sent: Wednesday, February 2, 2022 7:51 PM
To: Bible, Daniel

Subject: 2-2-2022 Migrant Surge Mitigation Effort Report
DECOMPRESSION EFFORTS SNAPSHOT
02/03/2022

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Daily Total: 2/03/2022


Current Status: 02/03/2022 @ 16:00

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today [x] noncitizens were moved out of El Paso Sector custody. Among the noncitizens, [x] SA(s) and [x] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [x] were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:
- [x] family unit noncitizens (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD
- [x] SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:
- [x] Male(s) accepted
Female(s) accepted

Available intake bed space AOR wide =
- El Paso Processing Center (EPC) =
- Otero County Processing Center (OCPC) =
- Torrance County Detention Facility (TCDF) =
- Cibola County Correctional Center (CCCC) =

Total Releases (* Please note that all releases are referred to ELP for ATD) =

- El Paso Processing Center
  - Male(s)
  - Female(s)
- Otero County Processing Center
  - Male(s)
- Torrance County Detention Facility
  - Male(s)
- Cibola County Correctional Center
  - Male(s)

ATD: [Technology Metrics for 02/02/2022 (Previous Day)]

GPS

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<th>Location</th>
<th>Inventory</th>
<th>Enrollments</th>
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<th>Device(s) inoperable</th>
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Staffing:

Detailed Personnel AOR-Wide (total)

El Paso BP Station Embeds & Sector/EOC Attachments
- AFODs
- SDDOs
- DOs

El Paso BP Station Embeds
- SDDOs
- DOs

ERO El Paso Field Office
- SDDO
- DOs
Organic Otero ERO El Paso Sub-Office Personnel (total)
- \( b(7)(E) \) AFOD
- \( b(7)(E) \) SDDOs
- \( b(7)(E) \) DOs
- \( b(7)(E) \) ERAs

Organic ERO El Paso Field Office Personnel (total)
- \( b(7)(E) \) Operations DFOD
- \( b(7)(E) \) AFODs
- \( b(7)(E) \) From ATD unit, SDDOs, DOs and ERAs
- \( b(7)(E) \) From FOJC/FAMU unit, SDDOs, DOs and ERAs
- \( b(7)(E) \) From MCAT, SDDOs and DOs
- \( b(7)(E) \) From FOT, SDDOs and DOs
- \( b(7)(E) \) From CAP/LEAR, DOs

Organic Albuquerque ERO El Paso Sub-Office Personnel (total)
- \( b(7)(E) \) AFOD
- \( b(7)(E) \) SDDOs
- \( b(7)(E) \) DOs

TOTAL Personnel = \( b(7)(E) \)

** NOTE **

El Paso Daily Movement Coordination (02/03/2022 as of 1400 hrs)
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**Issues Affecting Operations:**

- (02/03/23) 02/03/23
- (02/03/23) 02/03/23
- (02/03/23) 02/03/23

Current Status: 02/03/2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. CST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today non-citizens were moved out of BP Sector custody of which were turned over to the NGOs after either enrollment on ATD, issuance of NTA/OR, or OSUP. were transferred to Laredo Border Patrol for processing and release.

- FAMU total were released on an NTA/OR from the Donna CPC to local NGO’s. (Included are FAMU on swing shift after submission of the 02/02 report)
- total paroled from the Donna CPC to the local NGOs. (Included are total on swing shift after submission of the 02/02 report)
- Donna CPC reports no issues on processing for release from USBP referrals; USBP transportation is running on a loop to NGO’s.
- processed non-citizens (mixed nationality) were processed at PIDC for direct release on 02/03/2022.
- processed non-citizen males (mixed nationality) were reviewed and accepted for transfer to PIDC on 02/03/2022.
- cases were submitted by the USBP for review into the Case Acceptance System (CAS). cases were referred to the Non-Detained Unit; cases were sent back for corrections.
- ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases. ERO officers vetted case files processed by Border Patrol.
- SA males, SA females released NTA/OR, or released OSUP from ERO McAllen to the local NGO in Brownsville.

DETENTION:

- Local bed space at PIDC (male beds) are currently available, not fulfilled.
- Local bed space at El Valle Detention Facility (male beds, female beds) are currently available, not filled.

ATD:

- ERO released NTA/ORs directly from McAllen Border Station to the Brownsville Bus Station (02/02/2022).
- were successfully enrolled in ATD with GPS (02/02/2022).
- were successfully enrolled in ATD with SmartLink (02/02/2022).
- Released with no tech initial ATD enrollment. (02/02/2022)
• Alternatives to Detention enrollment is limited to Alternatives to Detention declinations with a few exceptions (Reinstatements). Enrollments in Total Access.
• Remaining Global Positioning System “XT”
• Remaining Global Positioning System “Loc8”
• Remaining Phones Inventory “Mason-Smart Link”

STAFFING:

• Deportation officers and SDDO’s TDY to Donna CPC currently:
  o Day shift – SDDO’s
  o Swing shift – SDDO’s
  o Mid-shift (strictly for eCAS on nights)
• On site leaders will designate shifts of TDY personnel due to mission requirements.
• Donna CPC: No issues on processing releases referred by USBP; currently no backlog.
• Officers on overtime at PIDC to assist with the Nica/Vene/Cuba decompression initiative.
• Officers embedded at the Weslaco Border Patrol Station vetting processed cases.
• TDY officers SDDOs: DOs are assigned to the McAllen Border Patrol Station.
• SDDO and DOs are assigned to the Harlingen Field Office ATD unit.
• TDY officers and TDY SDDO once supporting FRAIHAT are now tasked with local CAP duties.

ISSUES AFFECTING SMOOTH OPERATIONS

REFERRALS:

Today [2x7] noncitizens were moved out of Laredo Sector custody. Among the noncitizens, [b][7] SA(s) and [2P] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [6] were taken into ERO detention/custody. [4] FAMUs were transferred to EFSC. [3] Haitian SA males/females and FAMU’s removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [6]
  Laredo CPC - [6]
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [3]
  Laredo CPC - [3]
- Remaining Phones Inventory “Mason-Smart Link”: Laredo Hotel S-Site (CFSC) - [6]
  Laredo CPC - [2x7]

STAFFING:

[b][7] TDY officers assigned to multiple shifts at the Laredo CPC

**ISSUES AFFECTING SMOOTH OPERATIONS**

[b](5), (b)[7](E)
Current Status: 2/3/2022 @ 16:00

The following information reflects the status of operations as of 16:00 CST.

Referrals: Today [D][X] noncitizens were moved out of Del Rio Sector custody. Among the noncitizens [D][X] SAs and [D] family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination [D][C] were taken into ERO detention/custody. [D][K] FAMUs were transferred to EFSC.

- [D][K][FAMU] total released on parole/ATD from the Del Rio Station to local NGO.
- [D][K][FAMU] total paroled and transferred from the Eagle Pass CPC to EFSC.
- [D][K] single adults transferred to ERO SNA detention for placement.
- [D][K] single adults released on NTA/OR/ATD due to age and medical from the Eagle Pass CPC to local NGO.
- [D][K] non-citizens in USBP Del Rio custody per the Unified Immigration Portal.

Detention:

- Scheduled movements from the Del Rio Border Patrol Sector Stations:

Alternatives to Detention:

- Remaining Global Positioning System “XT”: [D][X] inventory.
- Remaining Phones Inventory “Mason-Smart Link”: [D][X] inventory.
- [D][K][E]

Staffing:

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has [D][X] TDY employees:
  - [D][X] AFOD
  - [D][X] SDDOs
  - [D][X] DOs
  - [D][X] ERAs
  - [D][X] DDO
- Del Rio Border Patrol Station currently has [D][X] TDY employees:
  - [D][X] SDDOs
  - [D][X] DOs

Issues affecting smooth operations:
**ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector**

**Current Status: 02/03/2022 @ 16:00**

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today noncitizens were moved out of Yuma Sector custody. Among the noncitizens, SA(s) and family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**
- family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD
- SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been referred for onward ATD enrollment

**Detention:**

Referred for ICE Custody/Detention:
- Male(s) accepted
- Female(s) accepted

Available intake bed space AOR wide =
- La Palma Correctional Center = low male and high male)
- Eloy Detention Center = low male, low female and high female)
- Florence Detention Center =
- Central Arizona Florence Correctional Complex

Total Releases (* Please note that all releases are referred to PHO for ATD) =

- La Palma Correctional Center
  Male(s)
- Eloy Detention Center
  Male(s)
  Female(s)
- Florence Detention Center
  Male(s)
- Central Arizona Florence Correctional Complex
  Male(s)
  Female(s)

ATD: [Technology Metrics for 02/02/2022 (Previous Day)]

GPS

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SMARTLink

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Staffing:

Detailed Personnel AOR-Wide (Total)

Yuma BP Station Embeds & Sector/EOC Attachments

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Tucson BP Station Embeds

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Phoenix Field Office
Organic Yuma ERO sub-office Personnel (total)

CAP DOs

Organic Phoenix Field Office Personnel (total)

Operations DFOD
AFODs

From ATD unit, SDDO, DOs and ERAs

From FOJC/FAMU unit, SDDO, DOs and ERAs

From MCAT, SDDO and DOs

From FOT, SDDO and DOs

From CAP/LEAR, DOs

Organic Tucson sub-office Personnel (total)

AFOD

SDDO

DOs

TOTAL Personnel

** PLEASE Note:**

Yuma Daily Movement Coordination (02/03/2022 as of 1400 hrs)

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Noncitizens for enrollment into ATD and release to NGO (NTA/ or processing
### YUM EOC Daily Movement Coordination Tracker

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2022-ICLI-00045-119
Issues Affecting Operations:

- N/A

**ERO San Diego – [SND] Migrant Surge Mitigation Effort Report**

Current Status: February 03, 2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

**REFERRALS:**

Today individuals, noncitizens were referred from CBP, in both San Diego and El Centro locations. were referred by OFO, and were referred by USBP.

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| FAMU Cases Referred* | OFO (b)(7)(E) | OFO BP | OFO BP | OFO BP | OFO BP | OFO BP | OFO BP |
| Total | | | | | | | |

*OFO and USBP cases referred to ERO via ERO SharePoint, for ERO case review.

**OFO SA Releases:**

1) Individuals/cases - accepted and released ATD
2) Individuals/cases - accepted and released OREC
   - Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - individuals were released by OFO to the street after processing. Of these, were ATD releases and were OREC releases.

**OFO SA Detention:**

1) Individuals accepted for local bed space (OMDC/IRDF/SRDC)
2) Individuals accepted for non-local ERO Bedspace (DOCC)
Other OFO SA:
1) \(\text{[ ]}\) cases were returned to OFO for corrections.
2) \(\text{[ ]}\) cases were rejected or denied (Medical / Fraihat, etc.)
3) \(\text{[ ]}\) cases OFO cases are pending initial ERO review

Totals for OFO SA:
1) Today, a total of \(\text{[ ]}\) OFO SA cases were released
2) Today, a total of \(\text{[ ]}\) OFO SA cases were accepted for ERO detention (local/non-local)

USBP SA Releases:
1) \(\text{[ ]}\) Individuals/cases - accepted and individuals released ATD
2) \(\text{[ ]}\) Individuals/cases - accepted and released NTA/OR (ATD Smart Link)
   • \(\text{[ ]}\) Individuals were released to NGO after processing. Of these, \(\text{[ ]}\) were ATD releases and \(\text{[ ]}\) were OR releases (via ATD Smart Link).
   • \(\text{[ ]}\) individuals were released by CBP to the street after processing. Of these, \(\text{[ ]}\) were ATD releases and \(\text{[ ]}\) were OR releases.

USBP SA Detention
1) \(\text{[ ]}\) Individuals/cases – accepted for local bed space
2) \(\text{[ ]}\) Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:
1) \(\text{[ ]}\) cases were returned to USBP for corrections.
2) \(\text{[ ]}\) cases were rejected or denied (Medical/Fraihat, etc.)
3) \(\text{[ ]}\) cases USBP cases are pending initial ERO review

Totals for USBP SA:
1) Today, a total of \(\text{[ ]}\) USBP SA cases were released
2) Today, a total of \(\text{[ ]}\) USBP SA cases were accepted for ERO detention (local/non-local)

OFO FAMU Releases:
1) \(\text{[ ]}\) Individuals \(\text{[ ]}\) FAMU - accepted and released ATD
2) \(\text{[ ]}\) Individuals \(\text{[ ]}\) FAMU - accepted and released OREC
   • \(\text{[ ]}\) Individuals \(\text{[ ]}\) FAMU were released to NGO after processing. Of these, \(\text{[ ]}\) were ATD releases and \(\text{[ ]}\) were OR releases.
- Individuals (FAMU) were released by OFO to the street after processing. Of these, were ATD releases and were OREC releases.

**OFO FAMU Housing:**

1) Individuals accepted for ERO Bedspace
   - were transferred from OFO to the (Facility/AOR)

**Other OFO FAMU**

1) cases were returned to OFO for corrections.
2) cases were rejected or denied
3) cases are pending initial ERO review

**Totals for OFO FAMU:**

1) Today, a total of OFO individuals (FAMU) were released to NGO.
2) Today, a total of OFO individuals (FAMU) were accepted for ERO housing.

**USBP FAMU Releases:**

1) Individuals (FAMU) - accepted and released ATD
2) Individuals (FAMU) - accepted and released OREC
   - were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - were released by USBP to the street after processing. Of these, were ATD releases and were OREC releases.

**USBP FAMU Housing:**

1) Individuals accepted for non-local ERO Bedspace
   - were transferred from USBP to the (Facility/AOR)

**Other USBP FAMU**

1) Individuals (FAMU) were processed for FAMU Dedicated Docket
2) cases were returned to USBP for corrections.
3) cases were rejected or denied
4) cases are pending initial ERO review

**Totals for USBP FAMU:**

3) Today, a total of USBP individuals (FAMU) were released.
4) Today, a total of USBP individuals (FAMU) were accepted for ERO housing.
Today’s Movement:

**OMDC:**
- [X] Low Level Male from SND USBP to OMDC on 02/03/2022.
- [X] Low Levels from USBP & CBP [X] males [X] females from SND USBP and males [X] females from SND OFO) to NOL on 02/03/22.

**IRDF:**

No movement

**Anticipated Movement:**

**OMDC:**
- [X] Low Levels from USBP & CBP [X] males [X] females from SND USBP and males [X] females from SND OFO) to HOU on 02/07/2022.
- [X] Low Level Males from SND OFO to OMDC on 02/07/2022.
- [X] Low Levels from USBP, CBP, and SLRDC (72 from SND USBP, [X] from SND OFO, and [X] from SLRDC) to “TBD” on 02/08/2022.
- [X] Low Level Males from SND OFO to OMDC on 02/08/2022.
- [X] Low Level Males from SND USBP to OMDC on 02/09/2022.

**IRDF:**
- [X] SA scheduled for transfer from SLDC to ERO NOL on Sunday, February 6, 2022

ECAS Dates Provided:
- [b][7][E] ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted [X] files processed by USBP.
- [b][7][E] ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

**DETENTION:**
- Total Daily Population at OMDC is [X]
  - Available bed space at OMDC is [X] beds due to cohort status (COVID), after today’s direct books.
- Total Daily Population at IRDF is [X]

2022-ICLI-00045-123
Available bed space at IRDF is [redacted] bed space due to cohort status (COVID), after today’s direct books.

Total Daily Population at SLRDC is [redacted]

Available bed space at SLDC is [redacted]

ATD:

IMPV:
- Remaining Global Positioning System “XT” / “Loc8” [redacted]
- Remaining Phones Inventory “Mason-Smart Link” [redacted]

SND:
- Remaining Global Positioning System “XT” / “Loc8” [redacted]
- Remaining Phones Inventory “Mason-Smart Link” [redacted] (box of [redacted] in route).

TDY STAFFING:
- [redacted] TDY DOs [redacted] DOs) are assigned to ERO San Diego at the San Diego main office location, ATD S-Site unit on midnight shift (2200-0600).

ISSUES AFFECTING SMOOTH OPERATIONS
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movements</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>Transferred to EFSC</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
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2022-ICLI-00045-127
Good evening.

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Feb 2, 2022.

<table>
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<th>LOCATION</th>
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From: (b)(6); (b)(7)(C)
Sent: Tuesday, February 1, 2022 7:39 PM
To: (b)(6); (b)(7)(C) Bible, Daniel (b)(6); (b)(7)(C) Acosta, Juan L
Subject: 2-1-2022 Migrant Surge Mitigation Effort Report

Good evening.

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Feb 1, 2022.

<table>
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<th>Total ERO Movements</th>
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From: (b)(6); (b)(7)(C)
Good evening,

Attached for your review are the mitigation efforts reported by the SWB Field Offices on Jan 31, 2022.

<table>
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<tr>
<th>LOCATION</th>
<th>Total ERO Movements</th>
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Good afternoon.

Attached is the FY22 Facility List Report with detainee data through 06/21/2022 (IIIDS data as of 6/27/2022; EID data through 6/26/2022).

*Please do not distribute this report outside of ICE.

*Any inquiries regarding the Facility List Report should be addressed directly to CM Taskings @ice.dhs.gov.

Thank you.

Special Assistant | Chief of Staff
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Desk: (202) 732-___ Cell: (202) 494-___

This communication is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this communication should be furnished to the media, either in written or verbal form.
Page 134

Withheld pursuant to exemption

(b)(7)(E)

of the Freedom of Information and Privacy Act
Withheld pursuant to exemption (b)(7)(E) of the Freedom of Information and Privacy Act.
Page 139

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of the Freedom of Information and Privacy Act
Withheld pursuant to exemption (b)(7)(E) of the Freedom of Information and Privacy Act
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(b)(7)(E)
of the Freedom of Information and Privacy Act
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Withheld pursuant to exemption

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of the Freedom of Information and Privacy Act
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of the Freedom of Information and Privacy Act
For AD1 review/signature – please see attached letter for Rep. Heinrich and 3 Members of Congress regarding CoreCivic’s Management of the Torrance County Detention Facility (attachment 1).

The incoming letter and signed cover memo is also attached for reference (attachments 2 & 3 respectively).

Regards,

Deputy Chief of Staff
Office of the Director
U.S. Immigration and Customs Enforcement
Cell: 661-426-

WARNING: This communication is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this communication should be furnished to the media, either in written or verbal form.
July 18, 2022

The Honorable Martin Heinrich
United States Senate
Washington, DC 20510

Dear Senator Heinrich:

Thank you for your December 16, 2021 letter to the Department of Homeland Security (DHS). Secretary Mayorkas asked that I respond on his behalf.

The Biden Harris Administration is committed to streamlining and improving the U.S. immigration system by restoring trust, respecting human dignity, and promoting equity. U.S. Immigration and Customs Enforcement (ICE) remains firmly committed to continually enhancing civil detention operations to promote a safe and secure environment for detained noncitizens and for staff.

With respect to the Torrance County Detention Facility (TCDF), noncitizens detained at TCDF have access to legal counsel seven days a week, including holidays, for a minimum of eight hours per day on regular business days (Monday through Friday), and a minimum of four hours per day on weekends and holidays. In addition to legal visitation, noncitizens also have telephonic resources and receive a legal-rights group presentation, as mandated by the ICE Performance-Based National Detention Standards (PBNDS) 2011 (revised 2016). Also, in accordance with ICE detention standards and Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (August 2000), TCDF utilizes bilingual staff and/or professional language services to communicate with limited English proficient (LEP) noncitizens in a language they understand.

To provide detained LEP noncitizens meaningful access to its programs and services, TCDF uses three professional language lines for over-the-phone interpretation, written translation, and audio transcription. ICE Enforcement and Removal Operations (ERO) also has access to language services in more than 200 common, rare, and indigenous languages, including Haitian Creole, through two professional language lines.

To further facilitate legal access, noncitizens are provided with a list of pro bono legal service providers maintained by the Department of Justice’s Executive Office for Immigration Review, as well as contact information for the DHS Office of Inspector General (OIG), the
ICE Office of Professional Responsibility (OPR) Joint Intake Center (JIC) and nongovernmental organizations and advocacy groups on ICE’s pro bono platform. Additionally, noncitizens are able to make free, unmonitored, and unrecorded calls to pro bono legal service providers and consular officials. Other legal service provider lists, including the Immigration Advocates Network list of service providers that serve detention facilities, are also included in the LexisNexis electronic law library, under “Immigration Legal Assistance Providers.” There are supplementary lists in the Supplement to the Women’s Refugee Commission’s toolkit, Detained or Deported: What About My Children, which includes additional legal service providers lists and state bar association information. This toolkit is also available on the LexisNexis electronic law library.

PBNDS 2011 (revised 2016) states that detained noncitizen telephone calls regarding legal matters shall be secured and confidential. These standards indicate that, “detainees shall be able to make free calls to ICE ERO provided list of free legal service providers (e.g., The New Mexico Immigration Law Center (NMILC)) for the purpose of obtaining initial legal representation, to consular officials, to the DHS OIG and to ICE OPR JIC. Indigent detainees, who are representing themselves pro se, shall be permitted free calls on an as-needed basis to family or other individuals assisting with the detainee’s immigration proceedings.”

ICE does not prohibit legal representation and considers access to legal counsel to be of paramount importance to detained noncitizens. ICE has made efforts to ensure such access has continued unabated, even while ICE works to safeguard the health and safety of those in its custody and to detect and mitigate the spread of COVID-19. In accordance with Section 240(b)(4)(A) of the Immigration and Nationality Act, all noncitizens in removal proceedings are entitled to retain counsel of their choosing to represent them at no expense to the government. Additionally, at the request of the NMILC, a legal rights group presentation by immigration attorneys was held April 29, 2022. The presentation covered immigration court, bonds, asylum, appeals and other processes that noncitizens may encounter during their immigration proceedings. ICE notes that legal rights group presentations are conducted regularly at the request of the presenting group and are available to any detained noncitizen interested in attending.

In accordance with ICE detention standards, each facility is to provide detained noncitizens with reasonable and equitable access to telephones and access to reasonably priced telephone services. To ensure sufficient access, each facility is required to provide at least one operable telephone for every 25 detained noncitizens and to maintain telephones in proper working order. Each facility is required to provide telephone access rules in the facility handbook and to post these rules where detained noncitizens may easily see them (i.e., in all housing units and at intake, though the actual location may vary by facility). At TCDF, the facility handbook is available in English and Spanish and is orally interpreted through a professional language line for LEP noncitizens who speak another language. CoreCivic is currently working on translating the handbook into 11 other languages, including Haitian Creole, and other prevalent language(s) among the facility’s noncitizen population, and is estimated to be completed by June 15, 2022. ICE conducts a presentation on all pertinent information regarding the facility, including the use of phones and electronic tablets, to every noncitizen upon arrival. All presentations are conducted using professional interpretation services, as needed.
As noted above, detained noncitizens have access to telephones for legal consultations and other conversations; the detainee telephone system (DTS) contract is responsible for providing and maintaining a pro bono telephone network. Additionally, during April 2020, in recognition of the COVID-19 pandemic curtailing visitation, ICE began providing 520 free telephone minutes per month at the 39 primary DTS facilities, including TCDF, where the detainee telephone system contractor also provides full telephone services. These free minutes allow a detained noncitizen to call anyone—family, friends, attorneys—domestically and internationally. The 520 free minutes are distributed in 13 ten-minute increments each week. Moreover, ICE established a process that requires an attorney to email the ICE contact box to notify ICE that they need to speak with their client. ICE then advises the appropriate noncitizen of the legal consultation request. Following notification, it is the responsibility of the noncitizen to return counsel’s telephone calls.

Your letter also requests that ICE extend the immigration hearing dates for Haitian nationals detained at TCDF until they receive access to legal representation. DHS shares your concern about the grave humanitarian crisis in Haiti, and we continue to monitor the situation closely in coordination with our counterparts at the Department of State. Additionally, while noncitizens are provided the opportunity to pursue any form of relief or protection from removal for which they are statutorily eligible, this does not guarantee that every person seeking to remain in the United States will be able to do so. In accordance with U.S. immigration law, DHS and ICE ensure that these removals are conducted in a lawful, safe, and humane manner.

ICE considers it a top priority to provide detainees reasonable access to legal and language interpretation services and guaranteeing that the rights of all individuals, including Haitian nationals, are protected. The agency delivers on its mission to protect the national security and public safety of the United States while ensuring a fair and lawful immigration process for all.

Thank you again for your letter. Should you wish to discuss this matter further, please do not hesitate to contact the ICE Office of Congressional Relations at (202) 732-

Sincerely,

Tae D. Johnson
Acting Director

cc: The Honorable Ben Ray Luján
    The Honorable Melanie Stansbury
    The Honorable Teresa Leger Fernandez
Congress of the United States
Washington, DC 20510

December 16, 2021

Hon. Alejandro Mayorkas
Secretary of Homeland Security
U.S. Department of Homeland Security
2707 Martin Luther King Jr. Avenue SE
Washington, DC 20528

Hon. Tae D. Johnson
Acting Director
U.S. Immigration and Customs Enforcement
500 12th Street SW
Washington, DC 20536

Damon T. Hininger
President and CEO
CoreCivic
10 Burton Hills Blvd.
Nashville, TN 37215

Dear Secretary Mayorkas, Acting Director Johnson, and Mr. Hininger,

We write to request the Department of Homeland Security (DHS) conduct increased oversight on CoreCivic’s management of Torrance County Detention Facility (Torrance) in Estancia, New Mexico and for ICE and CoreCivic to implement immediate remedial measures addressing current barriers to legal counsel and language interpretation services experienced by Haitian asylum seekers detained at this facility.

In May 2021, DHS publicly stated it would not tolerate the mistreatment of individuals in civil immigration detention or substandard conditions of detention 1 Yet, the Department continues to detain individuals at Torrance, which failed an ICE-contracted inspection less than four months ago. 2 In the year leading up to the failed inspection, Torrance received 43 grievances from individuals detained at the facility regarding safety concerns, medical care, and food violations. 3 The fact that Torrance had advance notice of the inspection, and still failed it, underscores the deeply rooted structural problems at the facility. 4

Approximately two months after Torrance failed its inspection, ICE transferred into the facility a group of approximately 80 Haitian migrants. Some of these individuals suffered inhumane abuse in Del Rio, Texas at the hands of U.S. Border Patrol (USBP), actions which were strongly

4 Id.
condemned by the American public and President Biden. At Torrance, these individuals have faced severe barriers to legal representation, prohibiting them from being able to prepare for their asylum hearings, which are scheduled in an immigration court with an asylum denial rate of 93%. It took over two months for ICE to grant a group of attorneys and legal representatives permission to speak with many of these individuals, during which at least four were given deportation orders who had not had access to legal representation. Providing detainees with access to legal services, particularly for non-English and non-Spanish speakers, is integral to a fair and just immigration system.

Furthermore, due to CoreCivic’s failure to provide language interpretation services, Haitian Creole-speaking detainees are unable to communicate with detention officers present at the facility. Documented onsite visits reveal CoreCivic staff have provided individuals limited information about the asylum process and without interpretation to Haitians in Creole. On the rare occasions that attorneys had success meeting with Haitian detainees, they were also not provided interpretation services to effectively communicate with their clients. Due to the lack of interpretation services and the steep barriers blocking access to counsel, Haitian asylum seekers detained in Torrance face the nearly impossible task of being prepared for their immigration hearings and thus finding refuge in the United States.

Lastly, given that some of the Haitian migrants at Torrance were subject to the USBP’s abusive treatment in Del Rio, Texas, DHS must take all necessary actions to ensure that potential witnesses are not removed from the United States pending the Office of Professional Responsibility’s investigation on such abuse. For this reason, and the aforementioned barriers to legal representation at Torrance, we request DHS and ICE take the following actions:

1) Conduct immediate, comprehensive oversight on CoreCivic’s management of Torrance to ensure:
   - Attorneys can schedule attorney/client calls on a regular basis that are free, confidential, and unlimited in time;
   - Detainees and attorneys are provided unfettered access to ICE’s language interpretation call-line; and
   - Haitian detainees have interpretation services to understand ICE-provided information on the asylum process, such as legal orientations and informational videos.

2) Work with the Executive Office for Immigration Review to extend the immigration hearing dates for those detained at Torrance until they receive the counsel that has been unduly inaccessible to them.

Thank you for your attention and we look forward to hearing about the actions you will expeditiously take to remediate these issues.

---


Sincerely,

MARTIN HEINRICH
United States Senator

BEN RAY LUJÁN
United States Senator

MELANIE STANSBURY
United States Representative

TERESA LEGER FERNANDEZ
United States Representative
MEMORANDUM FOR THE CHIEF OF STAFF

FROM: Jason P. Houser  
Chief of Staff

SUBJECT: Request for Approval: U.S. Senator Martin Heinrich and Three Members of Congress Wrote DHS regarding the Torrance County Detention Facility [WF 1230864]

Context: On December 16, 2022, Senator Heinrich and three members of Congress wrote Secretary Mayorkas regarding CoreCivic’s management of the Torrance County Detention Facility. ICE drafted a response and will respond on behalf of the Secretary.

OGC/Chief Counsel Coordination: This document was reviewed in its entirety for legal sufficiency by Deputy Chief of Staff [redacted]. The document has not changed substantially since OGC’s final review.

Timeliness: This response is delayed due to draft and Component coordination.
Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from June 23, 2022.

**DECOMPRESSION EFFORTS SNAPSHOT**  
6-23-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
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<tbody>
<tr>
<td>ELP</td>
<td>(b)(7)(E)</td>
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<td>HLG - Rio Grande Valley</td>
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<td>HLG - Laredo</td>
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<td>SNA - Del Rio</td>
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<td>PHO - Yuma</td>
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<td>SND - San Diego</td>
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</table>

Daily Total: 6/23/2022

Thank you,
## DECOMPRESSION EFFORTS SNAPSHOT

### 6-23-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
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<td>SNA - Del Rio</td>
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<td>PHO - Yuma</td>
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<td>SND - San Diego</td>
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<td>Daily Total: 6/23/2022</td>
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</table>

### ERO ELP – Unified ERO Support Effort for the El Paso USBP Sector

**Current Status: 06/23/2022 @ 11:00**

The following information reflects the status of operations as of 1100 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today 7 non-citizens were moved out of El Paso USBP Sector custody. Among the non-citizens, Single Adults (SA(s)) and family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. 7 were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**

- **FAMUs (identified to be processed by ERO),** were released to NGO(s) after the HoH was enrolled into ATD

- **SA(s)** identified as having medical issues and/or Frailty implications who was/were released to NGO(s) after having been enrolled into ATD

### Detention:

**Available intake bed space AOR wide = 0**

**Referred for ICE Custody/Detention:**

- Male(s) accepted
- Female(s) accepted

2022-ICLI-00045-184
- El Paso Processing Center (EPC) = 3
- Otero County Processing Center (OCPC) = 2
- Torrance County Detention Facility (TCDF) = 9
- Cibola County Correctional Center (CCCC) = 0

Total Releases (*Please note that all releases are referred to ELP for ATD*) = 6

- **El Paso Processing Center**
  - Male(s)
  - Female(s)
- **Otero County Processing Center**
  - Male(s)
- **Torrance County Detention Facility**
  - Male(s)
- **Cibola County Correctional Center**
  - Male(s)

**ATD: [Technology Metrics for Previous Day]**

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
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<tr>
<td>Location</td>
<td>SMLK Inventory</td>
<td>SMLK Enrollments</td>
<td>SMLK Delivered</td>
<td>SMLK Device(s) inoperable</td>
</tr>
<tr>
<td>El Paso</td>
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</tbody>
</table>

Enrollment Breakdown:
CPC SA: 23 CPC FAMU: 46 EPC: 11 Otero: 51 OFO: 7

**Staffing:**

Detailed Personnel AOR-Wide

**El Paso BP Station Embeds & Sector/EOC Attachments**
- AFODs
**Organic** Otero ERO El Paso Sub-Office Personnel

- (b)(7)(E) AFOD
- SDDOs
- DOs
- ERAs

**Organic ERO El Paso Field Office Personnel**

- (b)(7)(E) Operations DFO
- AFODs
- From ATD unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From FOIC/FAMU unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From MCAT, (b)(7)(E) SDDO and (b)(7)(E) DOs
- From FOU, (b)(7)(E) SDDO and (b)(7)(E) DOs
- From CAP/LEAR, (b)(7)(E) DOs

**Organic Albuquerque ERO El Paso Sub-Office Personnel**

- (b)(7)(E) AFOD
- SDDOs
- DOs

**TOTAL Personnel**

**NOTE** *(b)(7)(E)*

El Paso Daily Movement Coordination

**ERO El Paso Ground Transportation Schedule**
<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td>SA</td>
<td>Air</td>
<td>IAO</td>
<td>(b)(7)(E)</td>
<td>Houston AOR</td>
<td>P</td>
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<td>(b)(7)(E)</td>
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<tr>
<td></td>
<td></td>
<td>FAMU</td>
<td>Bus</td>
<td>GPS</td>
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<td>El Paso NGO</td>
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<td></td>
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<td>SA</td>
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<td>Houston AOR</td>
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</table>

**EL PASO EOC Daily Movement Coordination Tracker**

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
</table>

2022-ICLI-00045-187
### Issues Affecting Operations:

- (b)(5), (b)(7)(E)
- 
- 
- 
- 

### ERO San Diego – [SND] Migrant Surge Mitigation Effort Report

Current Status: June 23, 2022 @ 4:00 p.m.
The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

**REFERRALS:**

Today 7 non-citizens were moved out of SNJ custody. Among the non-citizens, A family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment; were taken into ERO detention / custody. noncitizens removed on T42 flights.

<table>
<thead>
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<tbody>
<tr>
<td><strong>Single Cases Referred</strong></td>
<td>OFO</td>
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<td></td>
<td>BP</td>
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<td><strong>Total</strong></td>
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</tbody>
</table>

| FAMU Cases Referred | OFO  |      |       |      |       |      |      |
| (Individuals/FAMU)  | BP   |      |       |      |       |      |      |
| **Total**           |      |      |       |      |       |      |      |

*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.

**OFO SA Releases:**

1) Individuals/cases - accepted and released ATD
2) Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - Individuals were released by OFO to the street after processing. Of these, were ATD releases and were OREC releases.

**OFO SA Detention:**

1) Individuals accepted for local bed space (OMDC/IRDF/SRLDC)
2) Individuals accepted for non-local ERO Bedspace (DOCC)

**Other OFO SA:**

1) cases were returned to OFO for corrections.
2) cases were rejected or denied (Medical / Fraihat, etc.)
3) cases OFO cases are pending initial ERO review

**USBP SA Releases:**

1) Individuals/cases - accepted and individuals released ATD
2) Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
- Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases (via ATD Smart Link).
  - Individuals were released by CBP to the street after processing. Of these, were ATD releases and were OR releases.

**USBP SA Detention**

1. Individuals/cases – accepted for local bed space
2. Individuals accepted for non-local ERO Bedspace (DOCC)

**Other USBP SA:**

1. cases were returned to USBP for corrections.
2. cases were rejected or denied (Medical/Fraihat, etc.)
3. cases USBP cases are pending initial ERO review

**OFO FAMU Releases:**

1. Individuals (FAMU) - accepted and released ATD
2. Individuals (FAMU) - accepted and released OREC
   - Individuals (FAMU) were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - Individuals (FAMU) were released by OFO to the street after processing. Of these, were ATD releases (Head of Household) and were parole releases.

**OFO FAMU Housing:**

1. Individuals accepted for ERO Bedspace
   - Today individuals (FAMU) were transferred from OFO to the (Facility/AOR)

**Other OFO FAMU**

1. cases were returned to OFO for corrections.
2. cases were rejected or denied

**USBP FAMU Releases:**

1. Individuals (FAMUs) - accepted and released ATD
2. Individuals (FAMUs) - accepted and released OREC
   - Individuals (FAMU) were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - Individuals (FAMU) were released by USBP to the street after processing. Of these, were ATD releases and were OREC releases.

**USBP FAMU Housing:**

1. Individuals accepted for non-local ERO Bedspace
• Today, (FAMU) were transferred from USBP to the (Facility/AOR)

Other USBP FAMU:

1) Individuals (FAMU) were processed for FAMU Dedicated Docket
2) cases were returned to USBP for corrections.
3) cases were rejected or denied

ECAS Dates Provided:

• ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted 0 files processed by USBP.

• ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

• ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

DETENTION:

• Total Daily Population at OMDC is:
  • Available bed space at OMDC is beds due to cohort status (COVID), after today’s direct books

• Total Daily Population at IRDF is:
  • Available bed space at IRDF is bed space due to cohort status (COVID), after today’s direct books.

• Total Daily Population at SLRDC is:
  • Available bed space at SLRDC is bed space due to cohort status (COVID), after today’s direct books.

ATD:

IMPV:

• Remaining Global Positioning System “XT” / “Loc8”
• Remaining Phones Inventory “Mason-Smart Link”

SND:

• Remaining Global Positioning System “XT” / “Loc8”
• Remaining Phones Inventory “Mason-Smart Link”

ISSUES AFFECTING SMOOTH OPERATIONS:
TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS

ERO San Diego

1. Total FAMU: 
2. Number of individuals in FAMU:

T42 REMOVAL FLIGHTS

ERO San Diego

1. Total individuals:

ERO PHO – *Unified ERO Support Effort* for the Yuma USBP Sector

<table>
<thead>
<tr>
<th>Current Status: 06/23/2022 @ 16:00</th>
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<tbody>
<tr>
<td>The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.</td>
</tr>
</tbody>
</table>

Referrals: Today noncitizens were moved out of Yuma Sector custody. Among the noncitizens, SA(s) and family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment were taken into ERO detention/custody. noncitizens removed on T42 flights.

Under Release Plan Lines-of-Effort:

- family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
Detention:

Referred for ICE Custody/Detention:

- Male(s) accepted
- Female(s) accepted

Available intake bed space AOR wide =

- La Palma Correctional Center = low male
- Eloy Detention Center = low male, high male, low female and high female
- Florence Detention Center = low male
- Central Arizona Florence Correctional Complex = high/medium high

Total Releases (* Please note that all releases are referred to PHO for ATD) =

- La Palma Correctional Center
  - Male(s)
- Eloy Detention Center
  - Male(s)
  - Female(s)
- Florence Detention Center
  - Male(s)
- Central Arizona Florence Correctional Complex
  - Male(s)
  - Female(s)

ATD: [Technology Metrics for 06/22/2022 (Previous Day)]

GPS Device Count

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) inoperable</th>
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<tbody>
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<td>Tucson</td>
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<td>Yuma</td>
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SMARTLink Device Count
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<tr>
<th>Location</th>
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<td>Welton</td>
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**Staffing:**

Detailed Personnel AOR-Wide [b][total]

**Yuma BP Sector Embeds & Sector/EOC Attachments**

<table>
<thead>
<tr>
<th>[b]/(7)(E)</th>
<th>SDDOs</th>
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</thead>
<tbody>
<tr>
<td>[b]/(7)(E)</td>
<td>DOs</td>
</tr>
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</table>

**Tucson ERO sub-office and/or BP Sector Embeds**

<table>
<thead>
<tr>
<th>[b]/(7)(E)</th>
<th>SDDOs</th>
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<tbody>
<tr>
<td>[b]/(7)(E)</td>
<td>DOs</td>
</tr>
</tbody>
</table>

**Phoenix Field Office**

<table>
<thead>
<tr>
<th>[b]/(7)(E)</th>
<th>SDDO</th>
</tr>
</thead>
<tbody>
<tr>
<td>[b]/(7)(E)</td>
<td>DOs</td>
</tr>
</tbody>
</table>

Organic **Yuma ERO sub-office Personnel** [b][total]

<table>
<thead>
<tr>
<th>[b]/(7)(E)</th>
<th>AFOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>[b]/(7)(E)</td>
<td>CAP DOs</td>
</tr>
<tr>
<td>[b]/(7)(E)</td>
<td>ERA</td>
</tr>
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</table>

Organic **Phoenix Field Office Personnel** [b][total]

<table>
<thead>
<tr>
<th>[b]/(7)(E)</th>
<th>Operations DFOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>[b]/(7)(E)</td>
<td>AFODs</td>
</tr>
</tbody>
</table>

From ATO unit, [b]/(7)(E) SDDO, [b]/(7)(E) DOs and [b]/(7)(E) ERAs

From FOJC/FAMU unit, [b]/(7)(E) SDDO, [b]/(7)(E) DOs and [b]/(7)(E) ERAs

From Transportation Unit, [b]/(7)(E) SDDO, and [b]/(7)(E) DOs

From CAP/LEAR, [b]/(7)(E) DOs

Organic **Tucson sub-office Personnel** [b][total]

<table>
<thead>
<tr>
<th>[b]/(7)(E)</th>
<th>AFOD</th>
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</thead>
<tbody>
<tr>
<td>[b]/(7)(E)</td>
<td>SDDO</td>
</tr>
<tr>
<td>[b]/(7)(E)</td>
<td>DOs</td>
</tr>
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</table>

**TOTAL ERO Personnel** = [b]

**Yuma Daily Movement Coordination** (06/23/2022 as of 1400 hrs)

**ERO Phoenix Ground Transportation Schedule**
<table>
<thead>
<tr>
<th>Scheduled Arrival Time</th>
<th>PAX Capacity</th>
<th>Demographic</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Scheduled Departure Time</th>
<th>PAX Boarded (i.e., utilization)</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>TransCor</td>
<td>2035</td>
<td>NTA/O R, or Parole+, or WA/NTA, or ER, or ER/CF</td>
<td>NTA/O R, or Parole+ (if approved for Single Adults)</td>
<td>b)(7)(E)</td>
<td>b)(7)(E)</td>
<td>Noncitizens for enrollment into ATD and release to NGO or XFR to DETENTION CENTER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>AGS</td>
<td>2035/Vineyard</td>
<td>NTA/O R, or Parole+, or WA/NTA, or ER, or ER/CF</td>
<td>NTA/O R, or Parole+ (if approved for Single Adults)</td>
<td></td>
<td></td>
<td>Noncitizens for enrollment into ATD and release to NGO or XFR to DETENTION CENTER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>AUS Phoenix</td>
<td>Direct to Vineyard</td>
<td>NTA/O R, or Parole+ (if approved for Single Adults)</td>
<td>NTA/O R, or Parole+ (if approved for Single Adults)</td>
<td></td>
<td></td>
<td>Noncitizens for enrollment into ATD and then release to NGO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>AUS Phoenix</td>
<td>2035, or Airport, or Bus Station</td>
<td>NTA/O R, or Parole+ (if approved for Single Adults)</td>
<td>NTA/O R, or Parole+ (if approved for Single Adults)</td>
<td></td>
<td></td>
<td>Noncitizens for enrollment into ATD and then release to NGO</td>
</tr>
<tr>
<td>SA</td>
<td>Bus</td>
<td>AUS Phoenix</td>
<td>2035, or Airport, or Bus Station</td>
<td>NTA/OR, or Parole+ (if approved for Single Adults)</td>
<td>or non-shelter.</td>
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</tr>
<tr>
<td>TBD</td>
<td>Bus</td>
<td>ERO (Yuma)</td>
<td>RCBH's Apartment Complex</td>
<td>NTA/OR, or Parole+ (if approved for demographic)</td>
<td>Noncitizens for enrollment into ATD and then release to NGO or non-shelter.</td>
<td></td>
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<tr>
<td>TBD</td>
<td>Bus</td>
<td>ERO (Yuma)</td>
<td>RCBH's Apartment Complex</td>
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<tr>
<td>TBD</td>
<td>Bus</td>
<td>ERO (Yuma)</td>
<td>RCBH's Apartment Complex</td>
<td>NTA/OR, or Parole+ (if approved for demographic)</td>
<td>Noncitizens for enrollment into ATD and then release to NGO or non-shelter.</td>
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<tr>
<td>FAMU</td>
<td>Bus</td>
<td>MV M</td>
<td>2035</td>
<td>Noncitizen FAMUs for enrollment into ATD and then release to NGO</td>
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<td>FAMU</td>
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<td>Bus</td>
<td>MV M</td>
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</tr>
<tr>
<td>FAMU</td>
<td>Bus</td>
<td>MV M</td>
<td>2035, or Airport, or Bus Station</td>
<td>Noncitizen FAMUs for enrollment into ATD and then release to NGO or non-shelter</td>
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</table>
## YUM EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Disposition</th>
<th>Man.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2035/Vineyard</td>
<td>AUS Phoenix</td>
<td>SA</td>
<td>AGS</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
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</tr>
<tr>
<td>SAF</td>
<td>G4S</td>
<td>SAF</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLDC</td>
<td>P</td>
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</tr>
<tr>
<td>SAF</td>
<td>G4S</td>
<td>SAF</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLDC</td>
<td>P</td>
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</tr>
<tr>
<td>SAF</td>
<td>G4S</td>
<td>SAF</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>SAF</td>
<td>G4S</td>
<td>SAF</td>
<td>USBP</td>
<td>GROUND</td>
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<td>SLU POE</td>
<td>P</td>
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</tr>
<tr>
<td>MIX</td>
<td>NGO</td>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
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<td>MIX</td>
<td>NGO</td>
<td>MIX</td>
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<td>PHO ERO</td>
<td>P</td>
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<td>NGO</td>
<td>MIX</td>
<td>NGO</td>
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<td>PHO ERO</td>
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<tr>
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<td>MVM</td>
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<td>MVM</td>
<td>GROUND</td>
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<td>SWK ESTRELLA</td>
<td>P</td>
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<tr>
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<td>MVM</td>
<td>UAC</td>
<td>MVM</td>
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<td>N/A</td>
<td>SWK FORTALEZA</td>
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<tr>
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<td>USBP</td>
<td>SA</td>
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<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
<td></td>
</tr>
</tbody>
</table>
Issues Affecting Operations:

- N/A

ERO SNA - Del Rio Migrant Surge Mitigation Effort Report

**Current Status: 06/23/2022 @ 16:00**

The following information reflects the status of operations as of 16:00 CDT.

**Referrals:** Today we transported noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination. were taken into ERO detention/custody. noncitizens removed on T42 flights.

- FAMUs, total released on Parole/ATD with no technology from the Del Rio BP Station to a local NGO.
- FAMUs, total released on Parole/ATD with no technology from the Eagle Pass CPC to a local NGO.
- single adults released on Parole/ATD with no technology from the Del Rio BP Station to a local NGO.
- single adults released on Parole/ATD with no technology from the Eagle Pass CPC to a local NGO.
- single adults transferred to ERO SNA detention for placement.
- non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.
**Detention:**

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 6/24/22 - single adults to T. Don Hutto Residential Center.
- 6/24/22 - single adults to South Texas ICE Processing Center.
- 6/24/22 - single adults to South Texas Family Staging Center.

**Alternative to Detention:**

- Remaining Global Positioning System “XT”: inventory.
- Remaining Phones Inventory “Mason-Smart Link”: inventory.

**Staffing:**

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has TDY employees:
  - SDDOs
  - DOs
  - ERAs
- Del Rio Border Patrol Station currently has TDY employees:
  - SDDOs
  - DOs

**Issues affecting smooth operations:**

- (c)(5), (b)(7)(E)
- 
- 
- 
- 
- 

**ERO Harlingen – [RGV] Migrant Surge Mitigation Effort Report**

Current Status: 06/23/2022 @ 3:00 p.m.
The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today, [D]/[E] non-citizens were moved out of HLG/RGV custody. Among the non-citizens, [D]/[E] SA(s) and [D]/[E] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [D]/[E] were taken into ERO detention/custody. [D]/[E] noncitizens removed on T42 flights.

- [D]/[E] cases were submitted by the USBP for review via CAS. [D]/[E] cases were approved for transfer. [D]/[E] cases were referred to ATD.
- [D]/[E] ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and [D]/[E] were vetted by ERO.

DETENTION:

- Local bed space at PIDC [D] male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility [D] male beds, [D] female beds) are currently available, not filled.

ATD:

- Remaining Global Positioning System “XT” [D]
- Remaining Global Positioning System “Loc8” [D]
- Remaining Phones Inventory “Mason-Smart Link” [D]

STAFFING: TDY personnel assigned to HLG AOR

Donna Facility
- [D]/[E] AFOD
- [D] SDDOs
- Deportation Officers

Ursula/ McAllen BP CPC
- [D]/[E] AFOD
- [D] SDDOs
- Deportation Officers

HRO
- [D]/[E] AFOD
- [D] SDDOs
- Deportation Officers
** ISSUES AFFECTING SMOOTH OPERATIONS **

- [redacted]


Current Status: 06/23/2022 @ 3:00 p.m.

**REFERRALS:**

Today, [redacted] noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, [redacted] SA(s) and [redacted] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [redacted] were taken into ERO detention/custody. [redacted] noncitizens removed on T42 flights.

**ATD Inventory:**

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [redacted]
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [redacted]
- [redacted] Phones inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) - [redacted]

**STAFFING:**

Laredo CPC

TDY AFOD

TDY SDDOs

TDY Deportation Officers

** ISSUES AFFECTING SMOOTH OPERATIONS **

No significant issues to report.
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 830-327 [b](6)
500 12th St, SW
Washington, DC 20024
Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from June 23, 2022.

DECOMPRESSION EFFORTS SNAPSHOT
6-23-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLG - Rio Grande Valley</td>
<td>(b)(7)(E)</td>
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</tr>
<tr>
<td>HLG - Laredo</td>
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<tr>
<td>SNA - Del Rio</td>
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<tr>
<td>PHO - Yuma</td>
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<td>SND - San Diego</td>
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<tr>
<td>Daily Total: 6/23/2022</td>
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</tbody>
</table>

Thank you,

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

Mission Support Specialist
DECOMPRESSION EFFORTS SNAPSHOT
6-23-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
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</tr>
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<tbody>
<tr>
<td>ELP</td>
<td>b(7)(E)</td>
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<tr>
<td>HLG - Rio Grande Valley</td>
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<td>SND - San Diego</td>
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<td><strong>Daily Total:</strong></td>
<td>6/23/2022</td>
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</tbody>
</table>

ERO ELP – Unified ERO Support Effort for the El Paso USBP Sector

**Current Status: 06/23/2022 @ 11:00**

The following information reflects the status of operations as of 1100 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today 2 non-citizens were moved out of El Paso USBP Sector custody. Among the non-citizens, 2 Single Adults (SA(s)) and 2 family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. 2 were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**

- **2** FAMUs (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD
- **2** SA(s) identified as having medical issues and/or Fraud implications who was/were released to NGO(s) after having been enrolled into ATD

**Detention:**

*Referred for ICE Custody/Detention:*

- 7 Male(s) accepted
- 3 Female(s) accepted

Available intake bed space AOR wide 20
- El Paso Processing Center (EPC) = [x]
- Otero County Processing Center (OCPC) = [x]
- Torrance County Detention Facility (TCDF) = [ ]
- Cibola County Correctional Center (CCCC) = [ ]

Total Releases (* Please note that all releases are referred to ELP for ATD) = [ ]

- **El Paso Processing Center**
  - Male(s) = [ ]
  - Female(s) = [x]
- **Otero County Processing Center**
  - Male(s) = [x]
- **Torrance County Detention Facility**
  - Male(s) = [x]
- **Cibola County Correctional Center**
  - Male(s) = [ ]

**ATD: [Technology Metrics for Previous Day]**

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
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<tr>
<td>El Paso</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td>Location</td>
<td>SMLK Inventory</td>
<td>SMLK Enrollments</td>
<td>SMLK Delivered</td>
<td>SMLK Device(s) inoperable</td>
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<tr>
<td>El Paso</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Enrollment Breakdown:
CPC SA: [ ]
CPC FAMU: [x]
EPC: [x]
Otero: [ ]
OFO: [ ]

**Staffing:**

Detailed Personnel AOR-Wide

**El Paso BP Station Embeds & Sector/EOC Attachments**
- [x] AFODs
- **SDDOs**

**El Paso BP Station Embeds**
- **SDDOs**
- **DOs**

**ERO El Paso Field Office**
- **SDDO**
- **DO**

Organic **Otero ERO El Paso Sub-Office** Personnel [total]
- **AFOD**
- **SDDOs**
- **DOs**
- **ERAs**

Organic **ERO El Paso Field Office** Personnel [total]
- **Operations DFOD**
- **AFODs**
- From ATD unit, **SDDO**, **DOs** and **ERAs**
- From FOJC/FAMU unit, **SDDO**, **DOs** and **ERAs**
- From MCAT, **SDDO** and **DOs**
- From FO1, **SDDO** and **DOs**
- From CAP/LEAR, **DOs**

Organic **Albuquerque ERO El Paso Sub-Office** Personnel [total]
- **AFOD**
- **SDDOs**
- **DOs**

**TOTAL Personnel =**

**NOTE**

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**El Paso Daily Movement Coordination**

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**ERO El Paso Ground Transportation Schedule**
<table>
<thead>
<tr>
<th>Scheduled Arrival In El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
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<th>PAX Boarded</th>
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<tr>
<td>(b)(7)(E)</td>
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<td>SA</td>
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<td>IAO</td>
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<tr>
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<td>P</td>
<td></td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
</tr>
<tr>
<td>SA</td>
<td></td>
<td>Bus</td>
<td>GPS</td>
<td></td>
<td></td>
<td>El Paso</td>
<td>NGO</td>
<td>P</td>
<td></td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
</tr>
<tr>
<td>SA</td>
<td></td>
<td>Air</td>
<td>IAO</td>
<td></td>
<td></td>
<td>Houston</td>
<td>AOR</td>
<td>P</td>
<td></td>
<td>Interior Detention</td>
</tr>
</tbody>
</table>

**EL PASO EOC Daily Movement Coordination Tracker**

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
</table>

2022-ICLI-00045-208
### Issues Affecting Operations:

- (b)(5); (b)(7)(E)
- 
- 
- 
- 

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**ERO San Diego – [SND] Migrant Surge Mitigation Effort Report**

Current Status: June 23, 2022 @ 4:00 p.m.
The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

**REFERRALS:**

Today two non-citizens were moved out of SNJ custody. Among the non-citizens, SA(s) and family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment; 9 were taken into ERO detention / custody. noncitizens removed on T42 flights.

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single Cases Referred</strong></td>
<td><strong>OFO</strong></td>
<td><strong>BP</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FAMU Cases Referred</strong></td>
<td><strong>OFO</strong></td>
<td><strong>BP</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.

**OFO SA Releases:**

1. Individuals/cases - accepted and released ATD
2. Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - individuals were released by OFO to the street after processing. Of these, were ATD releases and were OREC releases.

**OFO SA Detention:**

1. Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2. Individuals accepted for non-local ERO Bedspace (DOCC)

**Other OFO SA:**

1. cases were returned to OFO for corrections.
2. cases were rejected or denied (Medical / Fraihat, etc.)
3. cases OFO cases are pending initial ERO review

**USBP SA Releases:**

1. Individuals/cases - accepted and individuals released ATD
2. Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
• Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases (via ATD Smart Link).
  individuals were released by CBP to the street after processing. Of these, were ATD releases and were OR releases.

**USBP SA Detention**

1) Individuals/cases – accepted for local bed space
2) Individuals accepted for non-local ERO Bedspace (DOCC)

**Other USBP SA:**

1) cases were returned to USBP for corrections.
2) cases were rejected or denied (Medical/Fraihat, etc.)
3) cases USBP cases are pending initial ERO review

**OFO FAMU Releases:**

1) Individuals (FAMU) - accepted and released ATD
2) Individuals (FAMU) - accepted and released OREC
  • Individuals (FAMU) were released to NGO after processing. Of these, were ATD releases and were OR releases.
  • Individuals (FAMU) were released by OFO to the street after processing. Of these, were ATD releases (Head of Household) and were parole releases.

**OFO FAMU Housing:**

1) Individuals accepted for ERO Bedspace
  • Today individuals (FAMU) were transferred from OFO to the (Facility/AOR)

**Other OFO FAMU**

1) cases were returned to OFO for corrections.
2) cases were rejected or denied

**USBP FAMU Releases:**

1) Individuals (FAMUs) - accepted and released ATD
2) Individuals (FAMUs) - accepted and released OREC
  • Individuals (FAMU) were released to NGO after processing. Of these, were ATD releases and were OR releases.
  • individuals (FAMU) were released by USBP to the street after processing. Of these, were ATD releases and were OREC releases.

**USBP FAMU Housing:**

1) Individuals accepted for non-local ERO Bedspace
• Today 177 individuals (10 FAMU) were transferred from USBP to the (Facility/AOR)

Other USBP FAMU:
1) 67 Individuals (10 FAMU) were processed for FAMU Dedicated Docket
2) 3 cases were returned to USBP for corrections.
3) 3 cases were rejected or denied

ECAS Dates Provided:
• 67 ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted 0 files processed by USBP.
• 176 ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.
• 366 ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

DETENTION:
• Total Daily Population at OMDC is 177
  • Available bed space at OMDC is 177 beds due to cohort status (COVID), after today’s direct books

• Total Daily Population at IRDF is 177
  • Available bed space at IRDF is 177 bed space due to cohort status (COVID), after today’s direct books.

• Total Daily Population at SLRDC is 177
  • Available bed space at SLRDC is 177 bed space due to cohort status (COVID), after today’s direct books.

ATD:

IMPV:
• Remaining Global Positioning System “XT” / “Loc8” 177
• Remaining Phones Inventory “Mason-Smart Link” -

SND:
• Remaining Global Positioning System “XT” / “Loc8” 177
• Remaining Phones Inventory “Mason-Smart Link” -

ISSUES AFFECTING SMOOTH OPERATIONS:
TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS

ERO San Diego

1. Total FAMU: [REDACTED]
2. Number of individuals in FAMU:

T42 REMOVAL FLIGHTS

ERO San Diego

1. Total individuals: [REDACTED]

ERO PHO – *Unified ERO Support Effort* for the Yuma USBP Sector

<table>
<thead>
<tr>
<th>Current Status: 06/23/2022 @ 16:00</th>
</tr>
</thead>
</table>

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today [REDACTED] noncitizens were moved out of Yuma Sector custody. Among the noncitizens, [REDACTED] SA(s) and [REDACTED] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [REDACTED] were taken into ERO detention/custody. [REDACTED] noncitizens removed on T42 flights.

**Under Release Plan Lines-of-Effort:**

- [REDACTED] family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

**Detention:**

- **Referred for ICE Custody/Detention:**
  - Male(s) accepted
  - Female(s) accepted

**Available intake bed space AOR wide:**
- La Palma Correctional Center = low male
- Eloy Detention Center = low male, high male, low female and high female
- Florence Detention Center = low male
- Central Arizona Florence Correctional Complex = high/medium high

**Total Releases (Please note that all releases are referred to PHO for ATD):**

- La Palma Correctional Center
  - Male(s)
- Eloy Detention Center
  - Male(s)
  - Female(s)
- Florence Detention Center
  - Male(s)
- Central Arizona Florence Correctional Complex
  - Male(s)
  - Female(s)

**ATD: [Technology Metrics for 06/22/2022 (Previous Day)]**

**GPS Device Count**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florence</td>
<td>b(7)(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tucson</td>
<td></td>
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<tr>
<td>Welton</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SMARTLink Device Count**
<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tucson</td>
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<tr>
<td>Phoenix</td>
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<tr>
<td>Florence</td>
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<tr>
<td>Welton</td>
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</tr>
</tbody>
</table>

**Staffing:**

Detailed Personnel AOR-Wide [b](total)

**Yuma BP Sector Embeds & Sector/EOC Attachments**

<table>
<thead>
<tr>
<th>(b)(7)(E)</th>
<th>SDDOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>DOs</td>
</tr>
</tbody>
</table>

**Tucson ERO sub-office and/or BP Sector Embeds**

<table>
<thead>
<tr>
<th>(b)(7)(E)</th>
<th>SDDOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>DOs</td>
</tr>
</tbody>
</table>

**Phoenix Field Office**

<table>
<thead>
<tr>
<th>(b)(7)(E)</th>
<th>SDDO</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>DOs</td>
</tr>
</tbody>
</table>

Organic **Yuma ERO sub-office Personnel** [b](total)

<table>
<thead>
<tr>
<th>(b)(7)(E)</th>
<th>AFOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>CAP DOs</td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td>ERA</td>
</tr>
</tbody>
</table>

Organic **Phoenix Field Office Personnel** [b](total)

<table>
<thead>
<tr>
<th>(b)(7)(E)</th>
<th>Operations DFOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>AFODs</td>
</tr>
</tbody>
</table>

From ATD unit, [b](7)(E) SDDO, [b](7)(E) DOs and [b](7)(E) ERAs

From FOIC/FAMU unit, [b](7)(E) SDDO, [b](7)(E) DOs and [b](7)(E) ERAs

From Transportation Unit, [b](7)(E) SDDO, and [b](7)(E) DOs

From CAP/LEAR, [b](7)(E) DOs

Organic **Tucson sub-office Personnel** [b](total)

<table>
<thead>
<tr>
<th>(b)(7)(E)</th>
<th>AFOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>SDDO</td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td>DOs</td>
</tr>
</tbody>
</table>

**TOTAL ERO Personnel = [b](7)**

**Yuma Daily Movement Coordination** (06/23/2022 as of 1400 hrs)

**ERO Phoenix Ground Transportation Schedule**
<table>
<thead>
<tr>
<th>Scheduled Arrival Time</th>
<th>PAX Capacity</th>
<th>Demographic</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Scheduled Departure Time</th>
<th>PAX Boarded (i.e., utilization)</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00(E)</td>
<td></td>
<td>SA</td>
<td>Bus, TransCor</td>
<td></td>
<td>2035</td>
<td>NTA/Or Parole+, or WA/NTA, or ER, or ER/CF</td>
<td>2035/VIneyard</td>
<td>NTA/Or Parole+</td>
<td>07:00(E)</td>
<td>Noncitizens for enrollment into ATD and release to NGO or XFR to DETENTION CENTER</td>
</tr>
<tr>
<td>07:00(E)</td>
<td></td>
<td>SA</td>
<td>Bus, AGS</td>
<td></td>
<td>2035</td>
<td>NTA/Or Parole+, or WA/NTA, or ER, or ER/CF</td>
<td>Direct to Vineyard</td>
<td>NTA/Or Parole+ (if approved for Single Adults)</td>
<td>2035, or Airport, or Bus Station</td>
<td>Noncitizens for enrollment into ATD and then release to NGO</td>
</tr>
<tr>
<td>07:00(E)</td>
<td></td>
<td>SA</td>
<td>Bus, AUS Phoenix</td>
<td></td>
<td>2035</td>
<td>NTA/Or Parole+ (if approved for Single Adults)</td>
<td>2035, or Airport, or Bus Station</td>
<td>NTA/Or Parole+</td>
<td>07:00(E)</td>
<td>Noncitizens for enrollment into ATD and then release to NGO</td>
</tr>
<tr>
<td>Location</td>
<td>Mode of Transportation</td>
<td>Destination</td>
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</tr>
<tr>
<td>SA</td>
<td>Bus</td>
<td>AUS Phoenix</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>Bus</td>
<td>RCBH's Apartment Complex</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>Bus</td>
<td>RCBH's Apartment Complex</td>
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<tr>
<td>TBD</td>
<td>Bus</td>
<td>RCBH's Apartment Complex</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

or non-shelter.

Noncitizens for enrollment into ATD and then release to NGO or non-shelter.

Noncitizens for enrollment into ATD and then release to NGO or non-shelter.

Noncitizens for enrollment into ATD and then release to NGO or non-shelter.

Noncitizens for enrollment into ATD and then release to NGO or non-shelter.
## YUM EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Disposition</th>
<th>Man</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>AGS</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLDC</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
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<td>G4S</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLDC</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
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<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
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<td>MVM</td>
<td>GROUND</td>
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<td>SWK ESTRELLA</td>
<td>P</td>
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</tr>
<tr>
<td>(b)(7)(E)</td>
<td>UAC</td>
<td>MVM</td>
<td>GROUND</td>
<td>N/A</td>
<td>SWK FORTALEZA</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
<td></td>
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</tbody>
</table>

Noncitizens for enrollment into ATD and then release to NGO.
<table>
<thead>
<tr>
<th>VR</th>
<th>USBP</th>
<th>GROUND</th>
<th>N/A</th>
<th>SLU POE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>SAF</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>LRT</td>
<td>p</td>
</tr>
<tr>
<td>SAM</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>LRT</td>
<td>P</td>
</tr>
<tr>
<td>MIX</td>
<td>MVM</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
</tr>
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<td>UAC</td>
<td>MVM</td>
<td>GROUND</td>
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<td>FT BLISS-ICF</td>
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<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
</tr>
<tr>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
</tr>
</tbody>
</table>

**Issues Affecting Operations:**

- N/A

**ER0 SNA - Del Rio Migrant Surge Mitigation Effort Report**

**Current Status: 06/23/2022 @ 16:00**

The following information reflects the status of operations as of 16:00 CDT.

**Referrals:** Today, noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination. were taken into ERO detention/custody. noncitizens removed on T42 flights.

- FAMUs, total released on Parole/ATD with no technology from the Del Rio BP Station to a local NGO.
- FAMUs, total released on Parole/ATD with no technology from the Eagle Pass CPC to a local NGO.
- single adults released on Parole/ATD with no technology from the Del Rio BP Station to a local NGO.
- single adults released on Parole/ATD with no technology from the Eagle Pass CPC to a local NGO.
- single adults transferred to ERO SNA detention for placement.
- non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.
Detention:

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 6/24/22 - [b][X][E] single adults to T. Don Hutto Residential Center.
- 6/24/22 - [b][X][E] single adults to South Texas ICE Processing Center.
- 6/24/22 - [b][X][E] single adults to South Texas Family Staging Center.

Alternative to Detention:

- Remaining Global Positioning System “XT”:[b][X][E] inventory.
- Remaining Phones Inventory “Mason-Smart Link”:[b][X][E] inventory.

Staffing:

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has [b][X][E] TDY employees:
  - [b]SDDOs
  - [b]DOs
  - [b]ERAs
- Del Rio Border Patrol Station currently has [b][X][E] TDY employees:
  - [b]SDDOs
  - [b]DOs

Issues affecting smooth operations:

- [b][X][E]
- [b][X][E]
- [b][X][E]
- [b][X][E]
- [b][X][E]
- [b][X][E]


Current Status: 06/23/2022 @ 3:00 p.m.
The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today, non-citizens were moved out of HLG/RGV custody. Among the non-citizens, SA(s) and family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. noncitizens removed on T42 flights.

- cases were submitted by the USBP for review via CAS. cases were approved for transfer. cases were referred to ATD.
- ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and were vetted by ERO.

DETENTION:

- Local bed space at PIDC male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility male beds, female beds) are currently available, not filled.

ATD:

- Remaining Global Positioning System “XT”
- Remaining Global Positioning System “Loc8”
- Remaining Phones Inventory “Mason-Smart Link”

STAFFING: TDY personnel assigned to HLG AOR

Donna Facility
- AFOD
- SDDOs
- Deportation Officers

Ursula/ McAllen BP CPC
- AFOD
- SDDOs
- Deportation Officers

HRO
- AFOD
- SDDOs
- Deportation Officers
ISSUES AFFECTING SMOOTH OPERATIONS

- (b)(5), (b)(7)(E)
- 


Current Status: 06/23/2022 @ 3:00 p.m.

REFERRALS:

Today, [b] noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, [b] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC - [b]
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC - [b]
- Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC - [b] [b] [b]

STAFFING:

Laredo CPC
- TDY AFOD
- TDY SDDOs
- TDY Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

No significant issues to report.
Sent with BlackBerry Work (www.blackberry.com)

Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from June 28, 2022.

DECOMPRESSION EFFORTS SNAPSHOT
6-28-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLG - Rio Grande Valley</td>
<td>(b)(6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLG - Laredo</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>SNA - Del Rio</td>
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</tr>
<tr>
<td>PHO - Yuma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SND - San Diego</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Daily Total: 6/28/2022</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you,
# DECOMPRESSION EFFORTS SNAPSHOT

## 6-28-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLG - Rio Grande Valley</td>
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<tr>
<td>HLG - Laredo</td>
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<tr>
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<tr>
<td>PHO - Yuma</td>
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<td></td>
</tr>
<tr>
<td>SND - San Diego</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Daily Total: 6/28/2022**


**Current Status: June 28, 2022 @ 4:00 p.m.**

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

**REFERRALS:**

Today [D(7)] non-citizens were moved out of SND custody. Among the non-citizens, [D(7)] SA(s) and [D(7)] family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment; [D(7)] were taken into ERO detention / custody. [D(7)] noncitizens removed on T42 flights.

## ERO SAN DIEGO

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Cases Referred*</td>
<td>OFO</td>
<td>BP</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMU Cases Referred*</td>
<td>OFO</td>
<td>BP</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Individuals/FAMU)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.
OFO SA Releases:

1) Individuals/cases - accepted and released ATD
2) Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases.
   • Individuals were released by OFO to the street after processing. Of these, were ATD releases and were OREC releases.

OFO SA Detention:

1) Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) Individuals accepted for non-local ERO Bedspace (DOCC)

Other OFO SA:

1) cases were returned to OFO for corrections.
2) cases were rejected or denied (Medical / Fraihat, etc.)
3) cases OFO cases are pending initial ERO review

USBP SA Releases:

1) Individuals/cases - accepted and individuals released ATD
2) Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
   • Individuals were released to NGO after processing. Of these, were ATD releases and were OR releases (via ATD Smart Link).
   • Individuals were released by CBP to the street after processing. Of these, were ATD releases and were OR releases.

USBP SA Detention

1) Individuals/cases – accepted for local bed space
2) Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:

1) cases were returned to USBP for corrections.
2) cases were rejected or denied (Medical/Fraihat, etc.)
3) cases USBP cases are pending initial ERO review

OFO FAMU Releases:

1) Individuals (FAMU) - accepted and released ATD
2) Individuals (FAMU) - accepted and released OREC
   • Individuals (FAMU) were released to NGO after processing. Of these, were ATD releases and were OR releases.
• Individuals (FAMU) were released by OFO to the street after processing. Of these, were ATD releases (Head of Household) and were parole releases.

OFO FAMU Housing:

1) Individuals accepted for ERO Bedspace
   • Today, individuals (FAMU) were transferred from OFO to the (Facility/AOR)

Other OFO FAMU

1) cases were returned to OFO for corrections.
2) cases were rejected or denied

USBP FAMU Releases:

1) Individuals (FAMUs) - accepted and released ATD
2) Individuals (FAMUs) - accepted and released OREC
   • Individuals (FAMU) were released to NGO after processing. Of these, were ATD releases and were OR releases.
   • individuals (FAMU) were released by USBP to the street after processing. Of these, were ATD releases and were OREC releases.

USBP FAMU Housing:

1) Individuals accepted for non-local ERO Bedspace
   • Today, individuals (FAMU) were transferred from USBP to the (Facility/AOR)

Other USBP FAMU:

1) Individuals (FAMU) were processed for FAMU Dedicated Docket
2) cases were returned to USBP for corrections.
3) cases were rejected or denied

ECAS Dates Provided:

• ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted files processed by USBP.

• ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

• ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

DETENTION:

• Total Daily Population at OMDC is:
- Available bed space at OMDC is \[ \text{\textcolor{red}{D}(7)} \] beds due to cohort status (COVID), after today’s direct books.

- Total Daily Population at IRDF is \[ \text{\textcolor{red}{D}(7)} \]
  - Available bed space at IRDF is \[ \text{\textcolor{red}{D}(7)} \] bed space due to cohort status (COVID), after today’s direct books.

- Total Daily Population at SLRDC is \[ \text{\textcolor{red}{D}(7)} \]
  - Available bed space at SLRDC is \[ \text{\textcolor{red}{D}(7)} \] bed space due to cohort status (COVID), after today’s direct books.

**ATD:**

**IMPV:**
- Remaining Global Positioning System “XT” / “Loc8” \[ \text{\textcolor{red}{D}(7)} \]
- Remaining Phones Inventory “Mason-Smart Link” \[ \text{\textcolor{red}{D}(7)} \]

**SND:**
- Remaining Global Positioning System “XT” / “Loc8” \[ \text{\textcolor{red}{D}(7)} \]
- Remaining Phones Inventory “Mason-Smart Link” \[ \text{\textcolor{red}{D}(7)} \]

**ISSUES AFFECTING SMOOTH OPERATIONS:**

- \[ \text{\textcolor{red}{b}(7),(b)(7)(5)(E)} \]
- \[ \text{\textcolor{red}{b}(7),(b)(7)(5)(E)} \]
- \[ \text{\textcolor{red}{b}(7),(b)(7)(5)(E)} \]
- \[ \text{\textcolor{red}{b}(7),(b)(7)(5)(E)} \]
- \[ \text{\textcolor{red}{b}(7),(b)(7)(5)(E)} \]
- \[ \text{\textcolor{red}{b}(7),(b)(7)(5)(E)} \]

**TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS**

ERO San Diego

1. Total FAMU \[ \text{\textcolor{red}{D}(7)} \]
2. Number of individuals in FAMU:

**T42 REMOVAL FLIGHTS**
ERO San Diego

1. Total individuals

ERO ELP – Unified ERO Support Effort for the El Paso USBP Sector

Current Status: 06/28/2022 @ 11:00

The following information reflects the status of operations as of 1100 MST.
Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today [Ô] noncitizens were moved out of El Paso USBP Sector custody. Among the non-citizens, [Ô] Single Adults (SA(s)) and [Ô] family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [Ô] were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:

- [Ô] FAMUs (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD
- [Ô] SA(s) identified as having medical issues and/orFraihat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:

- [Ô] Male(s) accepted
- [Ô] Female(s) accepted

Available Intake bed space AOR wide = [Ô]

- El Paso Processing Center (EPC) = [Ô]
- Otero County Processing Center (OCPC) = [Ô]
- Torrance County Detention Facility (TCDF) = [Ô]
- Cibola County Correctional Center (CCCC) =

Total Releases (* Please note that all releases are referred to ELP for ATD) = [Ô]

- El Paso Processing Center
  - [Ô] Male(s)
  - [Ô] Female(s)
- Otero County Processing Center
  - Male(s)
- Torrance County Detention Facility
  - Male(s)
- Cibola County Correctional Center
  - Male(s)

**ATD: [Technology Metrics for Previous Day]**

**GPS**

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>SMLK Inventory</th>
<th>SMLK Enrollments</th>
<th>SMLK Delivered</th>
<th>SMLK Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Breakdown:
- CPC SA: Male(s)
- CPC FAMU: Male(s)
- EPC: Male(s)
- Otero: Male(s)
- OFO: Male(s)

**Staffing:**

**Detailed Personnel AOR-Wide**

**El Paso BP Station Embeds & Sector/EOC Attachments**
- Male(s)
  - AFOs
  - SDDOs
  - DOs

**El Paso BP Station Embeds**
- Male(s)
  - SDDOs
  - DOs

**ERO El Paso Field Office**
- Male(s)
  - SDDO
  - DOs

**Organic Otero ERO El Paso Sub-Office Personnel total**
- Male(s)
  - AFOD
  - SDDOs
  - DOs
  - ERAs
### ERO El Paso Ground Transportation Schedule

<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo Expense</th>
<th>Carrier Departure</th>
<th>PAX Boarded</th>
<th>Destination Disposal</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**NOTE:**

- **TOTAL Personnel**
  - **AFON**
  - **SSDOs**
  - **AFOS**
  - **From ATR FRIENDS**
  - **SDDO**
  - **From McARTY**
  - **FORD**
  - **From GSA**
  - **From DOD**
  - **ERAS**
  - **From FORT FOR**

**Organic Albuquerque ERO El Paso Sub-Office Personnel**

2022-ICL-00045-232
<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>1</td>
<td>FAMU</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00</td>
<td>3</td>
<td>SA</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Issues Affecting Operations:**

- 
- 
- 
- 
- 

**ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector**

**Current Status:** 06/28/2022 @ 16:00

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today, noncitizens were moved out of Yuma Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. were taken into ERO detention/custody. noncitizens removed on T42 flights.

**Under Release Plan Lines-of-Effort:**
- family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

**Detention:**

Referred for ICE Custody/Detention:
- Male(s) accepted
- Female(s) accepted

Available intake bed space AOR wide =
- La Palma Correctional Center = low male
- Eloy Detention Center = high male, low female and high female
- Florence Detention Center = low male
- Central Arizona Florence Correctional Complex = high/medium high

Total Releases (* Please note that all releases are referred to PHO for ATD *)
- La Palma Correctional Center
  - Male(s)
- Eloy Detention Center
  - Male(s)
  - Female(s)
- Florence Detention Center
  - Male(s)
- Central Arizona Florence Correctional Complex
  - Male(s)
  - Female(s)

**ATD:** [Technology Metrics for 06/27/2022 (Previous Day)]

**GPS Device Count**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florence</td>
<td>b7/E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tucson</td>
<td></td>
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<tr>
<td>Welton</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SMARTLink Device Count**
<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tucson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td></td>
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<tr>
<td>Florence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welton</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Staffing:**

- Detailed Personnel AOR-Wide \( \text{total} \)
- **Yuma BP Sector Embeds & Sector/EOC Attachments**
  - \( b(7) \) SDDOs
  - \( b(7) \) DOs
- **Tucson ERO sub-office and/or BP Sector Embeds**
  - \( b(7) \) SDDOs
  - \( b(7) \) DOs
- **Phoenix Field Office**
  - \( b(7) \) SDDO
  - \( b(7) \) DOs
- **Organic Yuma ERO sub-office Personnel \( b \) total**
  - AFOD
  - CAP DOs
  - ERA
- **Organic Phoenix Field Office Personnel \( b \) total**
  - \( b(7) \) Operations DFOD
  - \( b(7) \) AFODs
  - From ATD unit, \( b(7) \) SDDO, \( b(7) \) DOs and \( b(7) \) ERAs
  - From FOJC/FAMU unit, \( b(7) \) SDDO, \( b(7) \) DOs and \( b(7) \) ERAs
  - From Transportation Unit, \( b(7) \) SDDO, \( b(7) \) DOs
  - From CAP/LEAR, \( b(7) \) DOs
- **Organic Tucson sub-office Personnel \( b \) total**
  - \( b(7) \) AFOD
  - SDDO
  - \( b(7) \) DOs

**TOTAL ERO Personnel = \( b \)**

**Yuma Daily Movement Coordination (06/28/2022 as of 1400 hrs)**

**ERO Phoenix Ground Transportation Schedule**
<table>
<thead>
<tr>
<th>Scheduled Arrival Time</th>
<th>PAX Capacity</th>
<th>Demographic</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Sched. Departure Time</th>
<th>PAX Boarded (i.e., utilization)</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td>SA</td>
<td>Bus TransCor</td>
<td></td>
<td>2035</td>
<td>NTA/OR, or Parole+, or WA/NTA, or ER, or ER/CF</td>
<td></td>
<td></td>
<td></td>
<td>Noncitizens for enrollment into ATD and release to NGO or XFR to DETENTION CENTER</td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td>SA</td>
<td>Bus AGS</td>
<td></td>
<td>2035</td>
<td>NTA/OR, or Parole+, or WA/NTA, or ER, or ER/CF</td>
<td></td>
<td></td>
<td></td>
<td>Noncitizens for enrollment into ATD and release to NGO or XFR to DETENTION CENTER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>Bus AUS Phoenix</td>
<td></td>
<td>Direct to Calvary Outreach Church</td>
<td>NTA/OR, or Parole+ (if approved for Single Adults)</td>
<td></td>
<td></td>
<td></td>
<td>Noncitizens for enrollment into ATD and then release to NGO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>Bus AUS Phoenix</td>
<td></td>
<td>2035, or Airport, or Bus Station</td>
<td>NTA/OR, or Parole+ (if approved for Single Adults)</td>
<td></td>
<td></td>
<td></td>
<td>Noncitizens for enrollment into ATD and then release to NGO</td>
</tr>
</tbody>
</table>
## YUM EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST): # of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Disposition</th>
<th>Man...</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>AGS</td>
<td>GROUND</td>
<td>N/A</td>
<td>LA PALMA-DETENTION</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>AGS</td>
<td>GROUND</td>
<td>N/A</td>
<td>LA PALMA-DETENTION</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
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<td>USBP</td>
<td>GROUND</td>
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<td>SLU POE</td>
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<td></td>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
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<td></td>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
<td>P</td>
<td></td>
</tr>
</tbody>
</table>

Noncitizens for enrollment into ATD and then release to NGO
### Issues Affecting Operations:

- N/A

---

**EROS SNA - Del Rio Migrant Surge Mitigation Effort Report**

*The following information reflects the status of operations as of 16:00 CDT.*

**Referrals:**

Today [b] noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, [b]/[c] SAs and [b]/[c] family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination. [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

- [b] FAMUs, [b] total released on Parole/ATD from the Del Rio BP Station to a local NGO.
- [b] FAMUs, [b] total released on Parole/ATD from the Eagle Pass CPC to a local NGO.
- [b] FAMUs, [b] total released on NTA-OR/ATD from the Eagle Pass CPC to a local NGO.
- [b] FAMUs, [b] total released on REIN-OS/ATD with no technology from the Eagle Pass CPC to a local NGO.
- [b] single adults released on Parole/ATD from the Del Rio BP Station to a local NGO.
- [b] single adults released on Parole/ATD from the Eagle Pass CPC to a local NGO.
- [b] single adults released on NTA-OR/ATD from the Eagle Pass CPC to a local NGO.
- [b] single adult released on REIN-OS/ATD from the Eagle Pass CPC to a local NGO.
- [b] single adults transferred to ERO SNA detention for placement.
• [b] non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.

**Detention:**

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 6/29/22 - [b] single adults to South Texas Family Staging Center.
- 6/29/22 - [7] single adults to Karnes County Family Staging Center,

**Alternative to Detention:**

- Remaining Global Positioning System “XT”: [b] inventory.
- Remaining Phones Inventory “Mason-Smart Link”: [U](7) inventory.

**Staffing:**

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has [b] TDY employees:
  - [SDDO]s
  - [DO]s
  - [ER]s
- Del Rio Border Patrol Station currently has [b] TDY employees:
  - [BSDDO]s
  - [DO]s

**Issues affecting smooth operations:**

(b)(7)(E); (b)(5)

---

**ERO Harlingen – [RGY] Migrant Surge Mitigation Effort Report**

Current Status: 06/28/2022 @ 3:00 p.m.
The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today, [redacted] non-citizens were moved out of HLG/RGV custody. Among the non-citizens, [redacted] SA(s) and [redacted] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [redacted] were taken into ERO detention/custody. [redacted] noncitizens removed on T42 flights.

- [redacted] cases were submitted by the USBP for review via CAS.
- [redacted] cases were approved for transfer.
- [redacted] ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and [redacted] were vetted by ERO.

DETENTION:

- Local bed space at PIDC [redacted] male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility [redacted] male beds, [redacted] female beds) are currently available, not filled.

ATD:

- Remaining Global Positioning System “XT” – [redacted]
- Remaining Global Positioning System “Loc8” – [redacted]
- Remaining Phones Inventory “Mason-Smart Link” – [redacted]

STAFFING: TDY personnel assigned to HLG AOR

**Donna Facility**
- [redacted] AFOD
- [redacted] SDDOs
- [redacted] Deportation Officers

**Ursula/ McAllen BP CPC**
- [redacted] AFOD
- [redacted] SDDOs
- [redacted] Deportation Officers

**HRO**
- [redacted] AFOD
SDDOs
Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

(b)(7)(E); (b)(5)


Current Status: 06/28/2022 @ 3:00 p.m.

REFERRALS:

Today [b][7] noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, [b][7] SA(s) and [b][7] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b][7] were taken into ERO detention/custody. [b][7] noncitizens removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [b][7]
  Laredo CPC - [b][7]
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [b][7]
  Laredo CPC - [b][7]
- Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) - [b][7]
  Laredo CPC - [b][7]

STAFFING:

Laredo CPC
[b][7] TDY AFOD
[b][7] TDY SDDOs
[b][7] TDY Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

(b)(7)(E); (b)(5)
(b)(6); (b)(7)(C)
Mission Support Specialist
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 830-327 (b)(6);
500 12th St, SW
Washington, DC 20024
Just so we tracking... our 30 day daily average of movements is now [b](7)[/b] higher on average per day then the same period last year...

Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from June 30, 2022.

**DECOMPRESSION EFFORTS SNAPSHOT**

6-30-2022
DECOMPRESSION EFFORTS SNAPSHOTS
6-30-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
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</thead>
<tbody>
<tr>
<td>ELP</td>
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<tr>
<td>HLG - Rio Grande Valley</td>
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<tr>
<td>HLG - Laredo</td>
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<td>SNA - Del Rio</td>
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<tr>
<td>PHO - Yuma</td>
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<tr>
<td>SND - San Diego</td>
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<tr>
<td><strong>Daily Total:</strong></td>
<td><strong>6/30/2022</strong></td>
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</tr>
</tbody>
</table>

ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector

**Current Status: 06/30/2022 @ 16:00**

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today \( b \) noncitizens were moved out of Yuma Sector custody. Among the noncitizens \( b \) family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. \( b \) were taken into ERO detention/custody \( b \) noncitizens removed on T42 flights.

**Under Release Plan Lines-of-Effort:**

- \( b \) family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- \( b \) SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

**Detention:**

Referral for ICE Custody/Detention:

- \( b \) Male(s) accepted
- \( b \) Female(s) accepted
Available intake bed space AOR wide = (b)(7)
- La Palma Correctional Center = (b) low male
- Eloy Detention Center = (b)(7)(E) low male, (b) high male, (b) low female and (b) high female
  Florence Detention Center = (b) low male
- Central Arizona Florence Correctional Complex = (b) high/medium high

**Total Releases** (*Please note that all releases are referred to PHO for ATD*) (b)(7)
- La Palma Correctional Center
  (b) Male(s)
- Eloy Detention Center
  (b) Male(s)
  (b) Female(s)
- Florence Detention Center
  (b) Male(s)
- Central Arizona Florence Correctional Complex
  (b) Male(s)
  (b) Female(s)

**ATD: [Technology Metrics for 06/29/2022 (Previous Day)]**

**GPS Device Count**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) inoperable</th>
</tr>
</thead>
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<td>Florence</td>
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<tr>
<td>Yuma</td>
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</tbody>
</table>

**SMARTLink Device Count**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
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<th>Device(s) Inoperable</th>
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<td>(b)(7)(E)</td>
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<tr>
<td>Tucson</td>
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<td>Phoenix</td>
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<td>Florence</td>
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<tr>
<td>Welton</td>
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</tbody>
</table>
Staffing:

Detailed Personnel AOR-Wide \((b)(7)\) total

**Yuma BP Sector Embeds & Sector/EOC Attachments**

- \((b)(7)\) SDDOs
- \((b)(7)\) DOs

**Tucson ERO sub-office and/or BP Sector Embeds**

- \((b)(7)\) SDDOs
- \((b)(7)\) DOs

**Phoenix Field Office**

- \((b)(7)\) SDDO
- \((b)(7)\) DOs

Organic **Yuma ERO sub-office** Personnel \((b)(7)\) total

- AFOD
- CAP DOs
- ERA

Organic **Phoenix Field Office** Personnel \((b)(7)\) total

- Operations DFOD
- AFODs

From ATD unit, \((b)(7)\) SDDO, \((b)(7)\) DOs and \((b)(7)\) ERAs

From FOJC/FAMU unit, \((b)(7)\) SDDO, \((b)(7)\) DOs and \((b)(7)\) ERAs

From Transportation Unit, \((b)(7)\) SDDO, and \((b)(7)\) DOs

From CAP/LEAR, \((b)(7)\) DOs

Organic **Tucson sub-office** Personnel \((b)(7)\) total

- AFOD
- SDDO
- DOs

**TOTAL ERO Personnel** \((b)(7)\)

---

**Yuma Daily Movement Coordination** (06/30/2022 as of 1400 hrs)

**ERO Phoenix Ground Transportation Schedule**

<table>
<thead>
<tr>
<th>Schedule Arrival Time</th>
<th>PAX Capacity</th>
<th>Demographic Mode of Transport</th>
<th>Carrier</th>
<th>Schedueld Departure Time</th>
<th>PAX Boarded (i.e., utilization)</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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</table>

2022-ICLI-00045-249
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<td>TBD</td>
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<tr>
<td>2015 SW</td>
<td>R or Parole+</td>
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<tr>
<td>Welcome</td>
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<tr>
<td>Elevator/Apartment (if applicable)</td>
<td>Complete for NTAO</td>
</tr>
<tr>
<td>2015 SW</td>
<td>R or Parole+</td>
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<td>Enroll into ATD</td>
<td>Complete for NTAO</td>
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<td>None/Non-shelter</td>
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<tr>
<td>Location</td>
<td>Mode</td>
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<td>FAMU</td>
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</table>
## YUM EOC Daily Movement Coordination Tracker

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<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Disposition</th>
<th>Mani</th>
</tr>
</thead>
<tbody>
<tr>
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<td>TRANSCOR</td>
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<td>TRANSCOR</td>
<td>GROUND</td>
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<td>ELOY</td>
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<tr>
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<td>SA</td>
<td>AGS</td>
<td>GROUND</td>
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<td>LA PALMA</td>
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<td>AGS</td>
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<td></td>
<td>PHO ERO</td>
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</table>

**Issues Affecting Operations:**

- N/A

**ERD ELP – Unified ERO Support Effort for the El Paso USBP Sector**

**Current Status: 06/30/2022 @ 11:00**
The following information reflects the status of operations as of 1100 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today four noncitizens were moved out of El Paso USBP Sector custody. Among the non-citizens, single adults (SA(s)) and family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. FAMUs were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**

- **FAMUs (identified to be processed by ERO),** were released to NGO(s) after the HoH was enrolled into ATD
- **SA(s) identified as having medical issues and/or Friaihat implications who was/were released to NGO(s) after having been enrolled into ATD**

**Detention:**

*Referred for ICE Custody/Detention:*

- **Male(s) accepted**
- **Female(s) accepted**

Available intake bed space AOR wide:

- El Paso Processing Center (EPC)
- Otero County Processing Center (OCPC)
- Torrance County Detention Facility (TCD)
- Cibola County Correctional Center (CCCC)

**Total Releases (Note that all releases are referred to ELP for ATD):**

- El Paso Processing Center
  - Male(s)
  - Female(s)
- Otero County Processing Center
  - Male(s)
- Torrance County Detention Facility
  - Male(s)
- Cibola County Correctional Center
  - Male(s)
### ATD: [Technology Metrics for Previous Day]

#### GPS

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
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<tbody>
<tr>
<td>El Paso</td>
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<td>(b)(7)(E)</td>
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<table>
<thead>
<tr>
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<th>SMLK Enrollments</th>
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<tbody>
<tr>
<td>El Paso</td>
<td>(b)(7)(E)</td>
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</table>

**Enrollment Breakdown:**
CPC SA: [redacted], CPC FAMU: [redacted], EPC: [redacted], Otero: [redacted], OFO: [redacted]

**Staffing:**

**Detailed Personnel AOR-Wide**

#### El Paso BP Station Embeds & Sector/EOC Attachments
- [redacted] AFODs
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

#### El Paso BP Station Embeds
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

#### ERO El Paso Field Office
- (b)(7)(E) SDDO
- (b)(7)(E) DOs

**Organic Otero ERO El Paso Sub-Office Personnel**
- [redacted] AFOD
- [redacted] SDDOs
- (b)(7)(E) DOs
- [redacted] ERAs

**Organic ERO El Paso Field Office Personnel**
- [redacted] Operations DFOD
- (b)(7)(E) AFODs
- From ATD unit: (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From FOIC/FAMU unit: (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From MCAT: (b)(7)(E) SDDO, (b)(7)(E) DOs
- From FOT: [redacted] SDDO and (b)(7)(E) DOs
- From CAP/LEAR: (b)(7)(E) DOs
Organic Albuquerque ERO El Paso Sub-Office Personnel [total]
- (b)(7)(E) AFOD
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

TOTAL Personnel = (b)(7)(E)

El Paso Daily Movement Coordination

ERO El Paso Ground Transportation Schedule

<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td></td>
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<td></td>
<td>(b)(7)(E)</td>
<td></td>
<td>Interior Detention</td>
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<tr>
<td>(b)(7)(E)</td>
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<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
</tr>
<tr>
<td>(b)(7)(E)</td>
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<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
</tr>
<tr>
<td>Time (MST):</td>
<td># of Subjects</td>
<td>Demographic</td>
<td>Movement Agency</td>
<td>Mode of Transport</td>
<td>TOT</td>
<td>Destination</td>
<td>Processing Dispo</td>
<td>Manifest #</td>
<td>Comments</td>
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<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>IAO</td>
<td>Air</td>
<td>Other</td>
<td>Houston AOR</td>
<td>P</td>
<td></td>
<td>(b)(7)(E)</td>
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<td></td>
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<tr>
<td></td>
<td>FAMU</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td>FAMU</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EL PASO EOC Daily Movement Coordination Tracker
Issues Affecting Operations:

(b)(7)(E); (b)(5)

ERO SNA - Del Rio Migrant Surge Mitigation Effort Report

Current Status: 06/30/2022 @ 16:00

The following information reflects the status of operations as of 16:00 CDT.

Referrals: Today noncitizens were moved out of Del Rio Sector custody. Among the noncitizens family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination were taken into ERO detention/custody. noncitizens removed on T42 flights.

- total released on Parole/ATD from the Del Rio BP Station to a local NGO.
- total released on Parole/ATD from the Eagle Pass CPC to a local NGO.
- total released on REIN-OS/ATD from the Del Rio BP Station to a local NGO.
- total released on REIN-OS/ATD from the Eagle Pass CPC to a local NGO.
- single adults released on Parole/ATD from the Del Rio BP Station to a local NGO.
- single adults released on Parole/ATD from the Eagle Pass CPC to a local NGO.
- single adults released on REIN-OS/ATD from the Eagle Pass CPC to a local NGO.
- single adults released on NTA-OR/ATD from the Eagle Pass CPC to a local NGO.
- single adults transferred to ERO SNA detention for placement.
- non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.

Detention:

Scheduled movements from the Del Rio Border Patrol Sector Stations:
7/01/22 single adults to South Texas Family Staging Center.

**Alternative to Detention:**

- Remaining Global Positioning System “XT”: [b] inventory.
- Remaining Phones Inventory “Mason-Smart Link”: [b](7) inventory.

**Staffing:**

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has [b] TDY employees:
  - [b] SDDOs
  - [b] DOs
  - [b] ERAs
- Del Rio Border Patrol Station currently has [b] TDY employees:
  - [b] SDDOs
  - [b] DOs

**Issues affecting smooth operations:**

(b)(7)(E); (b)(5)

---

**ERØ Harlingen – [RGV] Migrant Surge Mitigation Effort Report**

<table>
<thead>
<tr>
<th>Current Status: 06/30/2022 @ 3:00 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.</td>
</tr>
</tbody>
</table>

**REFERRALS:**

Today [b](7) non-citizens were moved out of HLG/RGV custody. Among the non-citizens [b](7) SA(s) and [b](7) family unit individuals were turned over to the NGOs after either enrollment on
ATD or referral for onward ATD enrollment were taken into ERO detention/custody. noncitizens removed on T42 flights.

- [b] cases were submitted by the USBP for review via CAS. [b] cases were approved for transfer. [b] case denied by ERO.
- [b] ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and [b] were vetted by ERO.

DETENTION:

- Local bed space at PIDC (male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility (male beds, (female beds) are currently available, not filled.

ATD:

- Remaining Global Positioning System “XT” — (7)
- Remaining Global Positioning System “Loc8” — (E)
- Remaining Phones Inventory “Mason-Smart Link” — (7)

STAFFING: TDY personnel assigned to HILG AOR

Donna Facility
- (b) AFOD
- 7(ESDDOs
- ) Deportation Officers

Uvalde/ McAllen BP CPC
- (b) AFOD
- 7(SDDOs
- ) Deportation Officers

HRO
- (b) AFOD
- 7(SDDOs
- ) Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

(b)(7)(E); (b)(5)
ER0 Harlingen – [RGV/Laredo] Migrant Surge Mitigation Effort Report

Current Status: 06/30/2022 @ 3:00 p.m.

REFERRALS:

Today, noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, SA(s) and family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. were taken into ERO detention/custody. noncitizens removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - Laredo CPC
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - Laredo CPC
- Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) - Laredo CPC

STAFFING:

Laredo CPC

TDY AFOD

TDY SDDOs

TDY Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

No significant issues to report.

ER0 San Diego – [SND] Migrant Surge Mitigation Effort Report

Current Status: June 30, 2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 - 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

REFERRALS:
Today [[7] non-citizens were moved out of SND custody. Among the non-citizens, [[(SA(s) and [[family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment; [[7] were taken into ERO detention / custody. [[7] noncitizens removed on T42 flights.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Single Cases Referred*</td>
<td>OFO</td>
<td>26</td>
<td>35</td>
<td>66</td>
<td>12</td>
<td>72</td>
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<td>BP</td>
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<tr>
<td>FAMU Cases Referred*</td>
<td>OFO</td>
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<td>(Individuals/FAMILI)</td>
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<td>Total</td>
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</tbody>
</table>

*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.

**OFO SA Releases:**

1) [[ Individuals/cases - accepted and released ATD
2) [[ Individuals were released to NGO after processing. Of these, [[ were ATD releases and [[ were OR releases.
   - [[ individuals were released by OFO to the street after processing. Of these, [[ were ATD releases and [[ were OREC releases.

**OFO SA Detention:**

1) [[ Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) [[ Individuals accepted for non-local ERO Bedspace (DOCC)

**Other OFO SA:**

1) [[ cases were returned to OFO for corrections.
2) [[ cases were rejected or denied (Medical / Faihat, etc.)
3) [[ cases OFO cases are pending initial ERO review

**USBP SA Releases:**

1) [[ Individuals/cases - accepted and individuals released ATD
2) [[ Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
   - [[ individuals were released to NGO after processing. Of these, [[ were ATD releases and [[ were OR releases (via ATD Smart Link).
   - [[ individuals were released by CBP to the street after processing. Of these, [[ were ATD releases and [[ were OR releases.

**USBP SA Detention**
1) [b](7) Individuals/cases – accepted for local bed space
2) [E] Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:
1) [b](7) cases were returned to USBP for corrections.
2) [E] cases were rejected or denied (Medical/Fraihat, etc.)
3) [E] cases USBP cases are pending initial ERO review

OFO FAMU Releases:
1) [b](7) Individuals FAMU) - accepted and released ATD
2) [E] Individuals FAMU) - accepted and released OREC
   - [b] Individuals FAMU) were released to NGO after processing. Of these, [b](7) were ATD releases and [b](7) were OR releases.
   - [b](7) Individuals FAMU) were released by OFO to the street after processing. Of these, [b](7) were ATD releases (Head of Household) and [b](7) were parole releases.

OFO FAMU Housing:
1) [b](7) Individuals accepted for ERO Bedspace
   - Today, [b](7) individuals FAMU) were transferred from OFO to the (Facility/AOR)

Other OFO FAMU:
1) [b](7) cases were returned to OFO for corrections.
2) [E] cases were rejected or denied

USBP FAMU Releases:
1) [b](7) Individuals FAMUs) - accepted and released ATD
2) [E] Individuals FAMUs) - accepted and released OREC
   - [b](7) individuals FAMU) were released to NGO after processing. Of these, [b](7) were ATD releases and [b](7) were OR releases
   - [b](7) individuals FAMU) were released by USBP to the street after processing. Of these, [b](7) were ATD releases and [b](7) were OREC releases.

USBP FAMU Housing:
1) [b](7) Individuals accepted for non-local ERO Bedspace
   - Today, [b](7) individuals FAMU) were transferred from USBP to the (Facility/AOR)

Other USBP FAMU:
1) [b](7) Individuals FAMU) were processed for FAMU Dedicated Docket
2) [b](7) cases were returned to USBP for corrections.
3) [b](7) cases were rejected or denied

ECAS Dates Provided:

- [b](7) ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted [7] files processed by USBP.
- [b](7) ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.
- [b](7) ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

DETENTION:

- Total Daily Population at OMDC is [b](7)
  - Available bed space at OMDC is [b](7) beds due to cohort status (COVID), after today’s direct books
- Total Daily Population at IRDF is [b](7)
  - Available bed space at IRDF is [b](7) bed space due to cohort status (COVID), after today’s direct books.
- Total Daily Population at SLRDC is [b](7)
  - Available bed space at SLRDC is [b](7) bed space due to cohort status (COVID), after today’s direct books.

ATD:

IMPV:

- Remaining Global Positioning System “XT” / “Loc8” [b](7)
- Remaining Phones Inventory “Mason-Smart Link” [b](7)

SND:

- Remaining Global Positioning System “XT” / “Loc8” [b](7)
- Remaining Phones Inventory “Mason-Smart Link” [b](7)

ISSUES AFFECTING SMOOTH OPERATIONS:

(b)(7)(E); (b)(5)
TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS

ERO San Diego

1. Total FAMU\[(b)(7)\]
2. Number of individuals in FAMU:

T42 REMOVAL FLIGHTS

ERO San Diego

1. Total individuals:\[(b)(7)\]
Thank you,

(b)(6); (b)(7)(C)
Mission Support Specialist
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 830-327 (b)(6)
500 12th St, SW
Washington, DC 20024
movements

Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from July 05, 2022.

**DECOMPRESSION EFFORTS SNAPSHOT**

7-5-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
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<tr>
<td>HLG - Rio Grande Valley</td>
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<tr>
<td>HLG - Laredo</td>
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<td>SNA - Del Rio</td>
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<td>PHO - Yuma</td>
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<td>SND - San Diego</td>
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<td>Daily Total: 7/5/2022</td>
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(b)(7)(E)
DECOMPRESSION EFFORTS SNAPSHOT
7-5-2022

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<td>SND- San Diego</td>
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</table>

Daily Total: 7/5/2022


Current Status: July 05, 2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

REFERRALS:

Today [b][b] non-citizens were moved out of SND custody. Among the non-citizens, [b][b] SA(s) and [b] family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment; [b][b] were taken into ERO detention / custody. [b][b] noncitizens removed on T42 flights.

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<tbody>
<tr>
<td>Single Cases Referred*</td>
<td>OFO</td>
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<td>(b)(7)(E)</td>
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</tbody>
</table>

| FAMU Cases Referred*       | OFO  |      |       |      |       |      |      |
| (Individuals/FAMU)         | BP   |      |       |      |       |      |      |
|                            | Total|      |       |      |       |      |      |
|                            | (b)(7)(E) |   |       |      |       |      |      |

*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.
OFO SA Releases:

1) [b][7] Individuals/cases - accepted and released ATD
2) [(E)] Individuals were released to NGO after processing. Of these [b][7] were ATD releases and [b][7] were OR releases.
   • [b][7] individuals were released by OFO to the street after processing. Of these, [b][7] were ATD releases and [b][7] were OREC releases.

OFO SA Detention:

1) [b][7] Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) [(E)] Individuals accepted for non-local ERO Bedspace (DOCC)

Other OFO SA:

1) [b][7] cases were returned to OFO for corrections.
2) [(E)] cases were rejected or denied (Medical / Fraihat, etc.)
3) cases OFO cases are pending initial ERO review

USBP SA Releases:

1) [b][7] Individuals/cases - accepted and individuals released ATD
2) [(E)] Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
   • [b][7] Individuals were released to NGO after processing. Of these, [b][7] were ATD releases and [b][7] were OR releases (via ATD Smart Link).
   • [b][7] individuals were released by CBP to the street after processing. Of these, [b][7] were ATD releases and [b][7] were OR releases.

USBP SA Detention:

1) [b][7] Individuals/cases – accepted for local bed space
2) [(E)] Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:

1) [b][7] cases were returned to USBP for corrections.
2) [(E)] cases were rejected or denied (Medical/Fraihat, etc.)
3) cases USBP cases are pending initial ERO review

OFO FAMU Releases:

1) [b][7] Individuals [b][7] FAMU) - accepted and released ATD
2) [(E)] Individuals [E] FAMU) - accepted and released OREC
   • [b][7] Individuals [b][7] FAMU) were released to NGO after processing. Of these, [b][7] were ATD releases and [b][7] were OR releases.
- Individuals FAMU) were released by OFO to the street after processing. Of these, were ATD releases (Head of Household) and were parole releases.

**OFO FAMU Housing:**

1) Individuals accepted for ERO Bedspace
   - Today, individuals FAMU) were transferred from OFO to the **(Facility/AOR)**

- **Other OFO FAMU**
  1) cases were returned to OFO for corrections.
  2) cases were rejected or denied

**USBP FAMU Releases:**

1) Individuals FAMUs) - accepted and released ATD
2) Individuals FAMUs) - accepted and released OREC
   - Individuals FAMU) were released to NGO after processing. Of these, were ATD releases and were OR releases.
   - Individuals FAMU) were released by USBP to the street after processing. Of these, were ATD releases and were OREC releases.

**USBP FAMU Housing:**

1) Individuals accepted for non-local ERO Bedspace
   - Today, individuals FAMU) were transferred from USBP to the **(Facility/AOR)**

**Other USBP FAMU:**

1) Individuals FAMU) were processed for FAMU Dedicated Docket
2) cases were returned to USBP for corrections.
3) cases were rejected or denied

**ECAS Dates Provided:**

- ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted 0 files processed by USBP.
- ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.
- ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

**DETENTION:**

- Total Daily Population at OMDC is
Available bed space at OMDC is [b](7) beds due to cohort status (COVID), after today’s direct books.

Total Daily Population at IRDF is: [b](7)
- Available bed space at IRDF is [b](7) bed space due to cohort status (COVID), after today’s direct books.

Total Daily Population at SLRDC is: [b](7)
- Available bed space at SLRDC is [b](7) bed space due to cohort status (COVID), after today’s direct books.

ATD:

IMPV:
- Remaining Global Positioning System “XT” / “Loc8” - [b](7)
- Remaining Phones Inventory “Mason-Smart Link” - [b](7)

SND:
- Remaining Global Positioning System “XT” / “Loc8” - [b](7)
- Remaining Phones Inventory “Mason-Smart Link” - [b](7)

ISSUES AFFECTING SMOOTH OPERATIONS:

TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS

ERO San Diego

1. Total FAMU: [b]
2. Number of individuals in FAMU:

T42 REMOVAL FLIGHTS
ERO San Diego
1. Total individuals: $\mathbb{E}$

ERO SNA - Del Rio Migrant Surge Mitigation Effort Report

Current Status: 07/05/2022 at 16:00
The following information reflects the status of operations as of 16:00 CDT.

Referrals: Today, [b](7) noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, [b](7) SAs and [b] family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declaration/ATD MicroApp. [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

- [b] FAMUs, [c] total released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b] FAMUs, [b] total released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b] single adults released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b] single adults released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b] single adult released on REIN-OS/ATD (GPS) from the Del Rio BP Station to a local NGO.
- [b] single adults released on ER-OS/ATD (GPS) from the Eagle Pass CPC to a local NGO.
- [b] single adults transferred to ERO SNA detention for placement.
- [b] non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.

Detention:

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 7/6/22: [b] single adults to South Texas Family Staging Center.
- 7/6/22: [b] single adults to Karnes County Family Staging Center.

Alternative to Detention:

- Remaining Global Positioning System “XT”: [b] inventory.
- Remaining Phones Inventory “Mason-Smart Link”: [d](7) inventory.

Staffing:
- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has [b] TDY employees:
  - [b] SDDOs
  - [b] DOs
  - [b] ERAs
- Del Rio Border Patrol Station currently has [b] TDY employees:
  - [b] SDDOs
  - [b] DOs

**Issues affecting smooth operations:**

(b)(7)(E); (b)(5)

---

**ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector**

**Current Status: 07/05/2022 @ 16:00**

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today [b] noncitizens were moved out of Yuma Sector custody. Among the noncitizens, [b] SA(s) and [b] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

**Under Release Plan Lines-of-Effort:**
- [b] family unit noncitizens, were released to NGO(s) after the HoII was enrolled into ATD
- [b] SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

**Detention:**
Referred for ICE Custody/Detention:
- (b) Male(s) accepted
- (7) Female(s) accepted

Available intake bed space AOR wide = (b)(7)(E)
- La Palma Correctional Center = (b) low males
- Eloy Detention Center = (b) low males, (7) high males, (b) low females, (b) high females
- Florence Detention Center = (b) low males
- Central Arizona Florence Correctional Complex = (b) high/medium high

Total Releases (* Please note that all releases are referred to PHO for ATD) = (b)(7)(E)
- La Palma Correctional Center
  - Male(s)
- Eloy Detention Center
  - (b) Male(s)
  - (7) Female(s)
- Florence Detention Center
  - Male(s)
- Central Arizona Florence Correctional Complex
  - (b) Male(s)
  - (7) Female(s)

ATD: [Technology Metrics for 07/04/202 (Previous Day)]

**GPS Device Count**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florence</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
</tr>
<tr>
<td>Phoenix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tucson</td>
<td></td>
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</tr>
<tr>
<td>Welton</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SMARTLink Device Count**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
</tr>
<tr>
<td>Tucson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Inventory</td>
<td>Delivered</td>
<td>Device(s) Inoperable</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Phoenix</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
</tr>
<tr>
<td>Florence</td>
<td></td>
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<td>(b)(7)(E)</td>
</tr>
<tr>
<td>Welton</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
</tr>
</tbody>
</table>

**Staffing:**

Detailed Personnel AOR-Wide (b)(total)

_Yuma BP Sector Embeds & Sector/EOC Attachments_

(b)(7)(E) SDDOs
(b)(7)(E) DOs

_Tucson ERO sub-office and/or BP Sector Embeds_

(b)(7)(E) SDDOs
(b)(7)(E) DOs

_Phoenix Field Office_

(b)(7)(E) SDDO
(b)(7)(E) DOs

Organic Yuma ERO sub-office Personnel (3)(total)

AFOD
(b)(7)(E) CAP DOs
(b)(7)(E) ERA

Organic Phoenix Field Office Personnel (b)(total)

Operations DFOD
AFODs
From ATD unit, (b)(7)(E) SDDOs, (b)(7)(E) DOs and (b)(7)(E) ERAs
From FOJC/FAMU unit, (b)(7)(E) SDDOs, (b)(7)(E) DOs and (b)(7)(E) ERAs
From Transportation Unit, (b)(7)(E) SDDOs, and (b)(7)(E) DOs
From CAP/LEAR, (b)(7)(E) DOs

Organic Tucson sub-office Personnel (b)(total)

AFOD
(b)(7)(E) SDDO
(b)(7)(E) DOs

**TOTAL ERO Personnel = (b)(7)**

**Yuma Daily Movement Coordination (07/05/2022 as of 1400 hrs)**

<table>
<thead>
<tr>
<th>ERO Phoenix Ground Transportation Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Arrival Time</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
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2022-ICLI-00045-275
<table>
<thead>
<tr>
<th>SA</th>
<th>Bus</th>
<th>TransCor</th>
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<tr>
<td>SA</td>
<td>Bus</td>
<td>AGS</td>
</tr>
<tr>
<td>(b)(7)(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>Bus</td>
<td>AUS Phoenix</td>
</tr>
<tr>
<td>SA</td>
<td>Bus</td>
<td>AUS Phoenix</td>
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<tr>
<td>SA</td>
<td>Bus</td>
<td>AUS Phoenix</td>
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<tr>
<td>TBD</td>
<td>Bus</td>
<td>ERO (Yuma)</td>
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<td>ERO (Yuma)</td>
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<th>2035</th>
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<tbody>
<tr>
<td>Welcome Center</td>
</tr>
<tr>
<td>2035, or Airport, or Bus Station</td>
</tr>
<tr>
<td>2035, or Airport, or Bus Station</td>
</tr>
<tr>
<td>RCBH's Apartment Complex</td>
</tr>
<tr>
<td>RCRH's Apartment Complex</td>
</tr>
</tbody>
</table>
### Issues Affecting Operations:

- 

### ERO ELP – Unified ERO Support Effort for the El Paso USBP Sector

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
</tr>
<tr>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>TCC</td>
</tr>
<tr>
<td>SA</td>
<td>G4S</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
</tr>
<tr>
<td>SAM</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>MUR</td>
</tr>
<tr>
<td>SA</td>
<td>USM</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLDC</td>
</tr>
<tr>
<td>SAM</td>
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<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
</tr>
<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
</tr>
<tr>
<td>SA</td>
<td>ERO</td>
<td>GROUND</td>
<td>N/A</td>
<td>LRT</td>
</tr>
<tr>
<td>MIX</td>
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<tr>
<td>MIX</td>
<td>ERO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
</tr>
<tr>
<td>MIX</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
</tr>
<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
</tr>
<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>RIVERSIDE NGO</td>
</tr>
<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
</tr>
</tbody>
</table>

**Current Status:** 07/05/2022 @ 11:00

The following information reflects the status of operations as of 1100 MST.

Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.
Referrals: Today noncitizens were moved out of El Paso USBP Sector custody. Among the non-citizens Single Adults (SA(s)) and family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. were taken into ERO detention/custody.

Under Release Plan Lines-of-Effect:

- **FAMUs (identified to be processed by ERO)**, were released to NGO(s) after the HoH was enrolled into ATD

- **SA(s)** identified as having medical issues and/or Frailty implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:

- Male(s) accepted
- Female(s) accepted

Available intake bed space AOR wide =

- El Paso Processing Center (EPC) =
- Otero County Processing Center (OCPC) =
- Torrance County Detention Facility (TCDF) =
- Cibola County Correctional Center (CCCC) =

Total Releases (* Please note that all releases are referred to ELP for ATD) =

- El Paso Processing Center
  - Male(s)
  - Female(s)

- Otero County Processing Center
  - Male(s)

- Torrance County Detention Facility
  - Male(s)

Cibola County Correctional Center
  - Male(s)
### ATD: Technology Metrics for Previous Day

**GPS**

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>SMLK</td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Enrollment Breakdown:**

- CPC SA: \( b \)
- CPC FAMU: \( b \)
- EPC: \( b \)
- Otero: \( b \)
- OFO: \( b \)

**Staffing:**

**Detailed Personnel AOR-Wide**

**El Paso BP Station Embeds & Sector/EOC Attachments**
- \( AFODs \)
- \( (b)(7)(F) SDDOs \)
- \( DOs \)

**El Paso BP Station Embeds**
- \( SDDOs \)
- \( DOs \)

**ERO El Paso Field Office**
- \( SDDO \)
- \( DOs \)

**Organic Otero ERO El Paso Sub-Office Personnel** \( b \)
- \( AFOD \)
- \( SDDOs \)
- \( DOs \)
- \( ERAs \)

**Organic ERO El Paso Field Office Personnel** \( b \)
- \( (b)(7)(E) Operations DFOD \)
- \( AFODs \)
- \( From ATD unit, \( b \)(7)(E) SDDO, \( b \)(7)(E) DOs and \( b \)(7)(E) ERAs \)
- \( From FOIC/FAMU unit, \( b \)(7)(E) SDDO, \( b \)(7)(E) DOs and \( b \)(7)(E) ERAs \)
- \( From MCAT, \( b \)(7)(E) SDDO and \( b \)(7)(F) DOs \)
- \( From FOT, \( b \)(7)(E) SDDO and \( b \)(7)(E) DOs \)
- \( From CAP/LEAR \( b \)(7)(E) DOs \)

**Organic Albuquerque ERO El Paso Sub-Office Personnel** \( b \)
TOTAL Personnel = (b)(7)(E)

El Paso Daily Movement Coordination

### ERO El Paso Ground Transportation Schedule

<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td>FAMU</td>
<td>Bus</td>
<td>GPS</td>
<td>(b)(7)(E)</td>
<td>El Paso NGO</td>
<td>P</td>
<td>(b)(7)(E)</td>
<td></td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>GPS</td>
<td></td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td>(b)(7)(E)</td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
</tr>
</tbody>
</table>
### EL PASO EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST)</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td>FAMU</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td>(b)(7)(E)</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SA</td>
</tr>
</tbody>
</table>
**Issues Affecting Operations:**

(b)(7)(E); (b)(5)

---

**ERO Harlingen – [RGV] Migrant Surge Mitigation Effort Report**

**Current Status: 07/05/2022 @ 3:00 p.m.**

The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

**REFERRALS:**

Today [b](7) non-citizens were moved out of HLG/RGV custody. Among the non-citizens, [b](7) SA(s) and [b](7) family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] were taken into ERO detention/custody. [b](7) noncitizens removed on T42 flights.

- [b] cases were submitted by the USBP for review via CAS. [b] cases were approved for transfer. [b] case denied by ERO due to medical and [b] case referred to ATD.
- [b] ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and [b](7) were vetted by ERO.

**DETENTION:**

- Local bed space at PIDC [male beds] are currently available, not filled.
- Local bed space at El Valle Detention Facility [male beds, female beds] are currently available, not filled.

**ATD:**

- Remaining Global Positioning System “XT” – [b](7)
- Remaining Global Positioning System “Loc8” – (E)
• Remaining Phones Inventory “Mason-Smart Link” - (b)(7)

STAFFING: TDY personnel assigned to HLG AOR

Donna Facility
• (b)(7) AFOD
• (E) SDDOs
• (F) Deportation Officers

Ursula/ McAllen BP CPC
• (b)(7) AFOD
• (b)(7) SDDOs
• (b)(7) Deportation Officers

HRO
• (b)(7) AFOD
• (b)(7) SDDOs
• (b)(7) Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

(b)(7)(E); (b)(5)


Current Status: 07/05/2022 @ 3:00 p.m.

REFERRALS:

Today, 120 noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, 120 SA(s) and 120 family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. 120 were taken into ERO detention/custody. 120 noncitizens removed on T42 flights.

ATD Inventory:

• Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - (b)(7) Laredo CPC - (b)(7)
• Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - (b)(7) Laredo CPC - (b)(7)
• Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) - (b)(7) Laredo CPC - (b)(7)

STAFFING:

Laredo CPC
ISSUES AFFECTING SMOOTH OPERATIONS

No significant issues to report.
Thank you,

Mission Support Specialist
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 830-327 _[(b)(6)]_
500 12th St, SW
Washington, DC 20024
From: (b)(6); (b)(7)(C)
To: Price, Corey A; Bible, Daniel (b)(6); (b)(7)(C) Houser, Jason P; (b)(6)
Cc: ERO CHIEFS OF STAFF
Subject: FW: 7.07.2022 Migrant Surge Mitigation Effort Report
Date: Friday, July 8, 2022 7:42:22 AM
Attachments: Migrant Surge Mitigation Effort Report 07-07-2022.docx

(b)(7)(C) movements.

From: (b)(6); (b)(7)(C)
Sent: Friday, July 8, 2022 7:10 AM
To: (b)(6); (b)(7)(C) Acosta, Juan L

Subject: 7.07.2022 Migrant Surge Mitigation Effort Report

Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from July 07, 2022.

**DECOMPRESSION EFFORTS SNAPSHOT**

**7-7-2022**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLG - Rio Grande Valley</td>
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<tr>
<td>HLG - Laredo</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>SNA -Del Rio</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PHO - Yuma</td>
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<td></td>
<td></td>
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<td>(b)(7)(E)</td>
</tr>
<tr>
<td>SND - San Diego</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Daily Total: 7/7/2022

Thank you,

(b)(6); (b)(7)(C)
DECOMPRESSION EFFORTS SNAPSHOT
7-7-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
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<tbody>
<tr>
<td>ELP</td>
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<td>HLG - Rio Grande Valley</td>
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<td>HLG - Laredo</td>
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<td>PHO - Yuma</td>
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<tr>
<td>SND - San Diego</td>
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</tr>
</tbody>
</table>

Daily Total: 7/7/2022


Current Status: July 07, 2022 @ 4:00 p.m.
The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

REFERRALS:

Today [b] non-citizens were moved out of SND custody. Among the non-citizens, [b] SA(s) and [b] family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment. [b] were taken into ERO detention / custody. [b] noncitizens removed on T42 flights.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Single Cases Referred*</td>
<td>OFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>BP</td>
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<td>Total</td>
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<td>(b)7(E)</td>
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</tr>
</tbody>
</table>

| FAMU Cases Referred*   | OFO  |      |       |      |       |      |      |
| (Individuals/FAMU)     | BP   |      |       |      |       |      |      |
|                        | Total|      |       |      |       |      |      |
|                        |      | (b)7(E) | |     |       |      |      |

*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.
OFO SA Releases:
1) 7\E Individuals/cases - accepted and released ATD
2) 7\E Individuals were released to NGO after processing. Of these,\E were ATD releases and 7\E were OR releases.
   • 7\E individuals were released by OFO to the street after processing. Of these, 7\E were ATD releases and 7\E were OREC releases.

OFO SA Detention:
1) 7\E Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) 7\E Individuals accepted for non-local ERO Bedspace (DOCC)

Other OFO SA:
1) 7\E cases were returned to OFO for corrections.
2) 7\E cases were rejected or denied (Medical / Fraihat, etc.)
3) 7\E cases OFO cases are pending initial ERO review

USBP SA Releases:
1) 7\E Individuals/cases - accepted and individuals released ATD
2) 7\E Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
   • 7\E Individuals were released to NGO after processing. Of these, 7\E were ATD releases and 7\E were OR releases (via ATD Smart Link).
   7\E individuals were released by CBP to the street after processing. Of these, 7\E were ATD releases and 7\E were OR releases.

USBP SA Detention
1) 7\E Individuals/cases – accepted for local bed space
2) 7\E Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:
1) 7\E cases were returned to USBP for corrections.
2) 7\E cases were rejected or denied (Medical/Fraiht, etc.)
3) 7\E cases USBP cases are pending initial ERO review

OFO FAMU Releases:
1) 7\E Individuals 7\E FAMU - accepted and released ATD
2) 7\E Individuals 7\E FAMU - accepted and released OREC
   • 7\E Individuals 7\E FAMU were released to NGO after processing. Of these, 7\E were ATD releases and 7\E were OR releases.

2022-ICLI-00045-289
• [b](7) Individuals (FAMU) were released by OFO to the street after processing. Of these, [b](7) were ATD releases (Head of Household) and [b](7) were parole releases.

**OFO FAMU Housing:**

1) [b](7) Individuals accepted for ERO Bedspace
   - Today, [b] individuals (FAMU) were transferred from OFO to the (Facility/AOR)

**Other OFO FAMU**

1) [b] cases were returned to OFO for corrections.
2) [b] cases were rejected or denied

**USBP FAMU Releases:**

1) [b](7) Individuals (FAMUs) - accepted and released ATD
2) [b](7) Individuals (FAMUs) - accepted and released OREC
   - [b](7) individuals (FAMU) were released to NGO after processing. Of these, [b](7) were ATD releases and [b] were OR releases.
   - [b](7) individuals (FAMU) were released by USBP to the street after processing. Of these, [b](7) were ATD releases and [b] were OREC releases.

**USBP FAMU Housing:**

1) [b] Individuals accepted for non-local ERO Bedspace
   - Today, [b] individuals (FAMU) were transferred from USBP to the (Facility/AOR)

**Other USBP FAMU:**

1) [b] Individuals (FAMU) were processed for FAMU Dedicated Docket
2) [b] cases were returned to USBP for corrections.
3) [b] cases were rejected or denied

**ECAS Dates Provided:**

- [b](7) ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted files processed by USBP.
- [b](7) ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.
- [b](7) ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

**DETENTION:**

- Total Daily Population at OMDC is: [b](7)
Available bed space at OMDC is \([b](7)\) beds due to cohort status (COVID), after today’s direct book.

Total Daily Population at IRDF is: [b](7)
- Available bed space at IRDF is \([b](7)\) bed space due to cohort status (COVID), after today’s direct books.

Total Daily Population at SLRDC is: \([b](7)\)
- Available bed space at SLRDC is \([b](7)\) bed space due to cohort status (COVID), after today’s direct books.

ATD:

IMPV:
- Remaining Global Positioning System “XT” / “Loc8” - \([b](7)\)
- Remaining Phones Inventory “Mason-Smart Link”’’ - \([b](7)\)

SND:
- Remaining Global Positioning System “XT” / “Loc8” - \([b](7)\)
- Remaining Phones Inventory “Mason-Smart Link”’’ - \([b](7)\)

ISSUES AFFECTING SMOOTH OPERATIONS:

TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS

ERO San Diego

1. Total FAMU \([b](7)\)
2. Number of individuals in FAMU:

T42 REMOVAL FLIGHTS
ERO San Diego

1. Total individuals [b](7)

ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector

Current Status: 07/07/2022 @ 16:00

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today [b] noncitizens were moved out of Yuma Sector custody. Among the noncitizens [b] SA(s) and [b] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

Under Release Plan Lines-of-Effort:
- [b] family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- [b] SA(s) identified as having medical issues and/or FRAihat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Reflected for ICE Custody/Detention:
- [b] Male(s) accepted
- [b] Female(s) accepted
- [b] Male(s) denied due to medical/FRAihat concerns
- [b] Female(s) denied due to medical/FRAihat concerns

Available intake bed space AOR wide = [b](7)
- La Palma Correctional Center = [b] low male
- Eloy Detention Center = [b] low male, [b] high male, [b] low female, [b] high male
- Florence Detention Center = [b] low male
- Central Arizona Florence Correctional Complex = [b] high/med high

Total Releases (* Please note that all releases are referred to PHO for ATD) = [b]
- La Palma Correctional Center
  [b] (Male(s)
- Eloy Detention Center
Male(s)
Female(s)

- Florence Detention Center
  Male(s)
- Central Arizona Florence Correctional Complex
  Male(s)
  Female(s)

ATD: [Technology Metrics for 07/06/2022 (Previous Day)]

GPS Device Count

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florence</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
</tr>
<tr>
<td>Phoenix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tucson</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
</tr>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SMARTLink Device Count

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
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<tbody>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
</tr>
<tr>
<td>Tucson</td>
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<tr>
<td>Phoenix</td>
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<tr>
<td>Florence</td>
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<tr>
<td>Wellton</td>
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</tbody>
</table>

Staffing:

Detailed Personnel AOR-Wide (b) total

Yuma BP Sector Embeds & Sector/EOC Attachments
  (b)(7)(E) SDDOs
  (b)(7)(E) DOs

Tucson ERO sub-office and/or BP Sector Embeds
  (b)(7)(E) SDDOs
  (b)(7)(E) DOs

Phoenix Field Office
  (b)(7)(E) SDDO
  (b)(7)(E) DOs

Organic Yuma ERO sub-office Personnel (b) total
AFOD CAP DOs
ERA

Organic Phoenix Field Office Personnel \((b)(7)\text{total}\)
- Operations DFOD AFODs
- From ATD unit, \((b)(7)\text{SDDO}, (b)(7)\text{DOs and } (b)(7)\text{ERAs}
- From FOJC/FAMU unit, \((b)(7)\text{SDDO, (b)(7)\text{DOs and } (b)(7)\text{ERAs}
- From Transportation Unit, \((b)(7)\text{SDDO, and (b)(7)\text{DOs}
- From CAP/LEAR, \((b)(7)\text{DOs}

Organic Tucson sub-office Personnel \((b)(7)\text{total}\)
- AFOD SDDO
- DOs

TOTAL ERO Personnel \((b)(7)\)

Yuma Daily Movement Coordination \((07/07/2022 \text{ as of 1400 hrs})\)

<table>
<thead>
<tr>
<th>Scheduled Arrival Time</th>
<th>PAX Capacity</th>
<th>Demographic</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Scheduled Departure Time</th>
<th>PAX Boarded (\text{(i.e., utilization)})</th>
<th>Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>((b)(7))</td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>TransCor</td>
<td>((b)(7))</td>
<td>2035</td>
<td></td>
</tr>
<tr>
<td>((b)(7))</td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>AGS</td>
<td>((b)(7))</td>
<td>2035</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>AUS Phoenix</td>
<td></td>
<td>2035</td>
<td>Vineyard Church</td>
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<td><em>Van</em></td>
<td><em>AUS Phoenix</em></td>
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<td><em>SA</em></td>
<td><em>Van</em></td>
<td><em>AUS Phoenix</em></td>
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<tr>
<td><em>TBD</em></td>
<td><em>Bus</em></td>
<td><em>ERO (Yuma)</em></td>
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<tr>
<td><em>TBD</em></td>
<td><em>Bus</em></td>
<td><em>ERO (Yuma)</em></td>
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<td><em>FAMU</em></td>
<td><em>Bus</em></td>
<td><em>MVM</em></td>
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<tr>
<td><em>FAMU</em></td>
<td><em>Bus</em></td>
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<td>2035, or Airport, or Bus Station</td>
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<td>2035, or Airport, or Bus Station</td>
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<td></td>
<td></td>
<td></td>
<td>RCBH's Apartment Complex</td>
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<td>RCBH's Apartment Complex</td>
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<td>RCBH's Apartment Complex</td>
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<td>2035</td>
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</tr>
<tr>
<td>Time (MST):</td>
<td># of Subjects</td>
<td>Demographic</td>
<td>Movement Agency</td>
<td>Mode of Transport</td>
<td>TOT</td>
<td>Destination</td>
<td>Processing Disposition</td>
</tr>
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<tr>
<td>(b)/(7)/(E)</td>
<td></td>
<td>SA</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
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<tr>
<td></td>
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<td>SA</td>
<td>G4S</td>
<td>GROUND</td>
<td>N/A</td>
<td>VINEYARD CHURCH NGO</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLDC</td>
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<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
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<td></td>
<td></td>
<td>FAMU</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
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<td></td>
<td>VR/UAC</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
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<td></td>
<td></td>
<td>SA</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
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<td></td>
<td></td>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>SOMERTON NGO</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>SOMERTON NGO</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
<td>P</td>
</tr>
</tbody>
</table>
### Issues Affecting Operations:

- 

### ERO SNA - Del Rio Migrant Surge Mitigation Effort Report

**Current Status: 07/07/2022 @ 16:00**

The following information reflects the status of operations as of 16:00 CDT.

**Referrals:** Today noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after
enrollment on ATD/ATD declination/ATD MicroApp were taken into ERO detention/custody. 1 noncitizens removed on T42 flights.

- [b]FAMUs, [b] total released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b] FAMUs, [b] total released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b] single adults released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b] single adults released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b] single adults released on REIN-OS/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b] single adult released on ER-OS/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b] single adults transferred to ERO SNA detention for placement.
- [b] non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.

**Detention:**

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 7/8/22 [b] single adults to South Texas Family Staging Center.

**Alternative to Detention:**

- Remaining Global Positioning System “XT”: [b] inventory.
- Remaining Phones Inventory “Mason-Smart Link”: [b] inventory.

**Staffing:**

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has [b] TDY employees:
  - [b] SDDOs
  - [b] DOs
  - [b] ERAs
- Del Rio Border Patrol Station currently has [b] TDY employees:
  - [b] SDDOs
  - [b] DOs

**Issues affecting smooth operations:**

(b)(7)(E); (b)(5)
ERO ELP – Unified ERO Support Effort for the El Paso USBP Sector

Current Status: 07/07/2022 @ 11:00

The following information reflects the status of operations as of 1100 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next day's report.

Referrals: Today[b] non-citizens were moved out of El Paso USBP Sector custody. Among the non-citizens[b] Single Adults (SA(s)) and[b] family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment[b] were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:

- [b] FAMUs (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD
- [b] SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:

- [b] Male(s) accepted
- [b] Female(s) accepted

Available intake bed space AOR wide [b]
- El Paso Processing Center (EPC) [b]
- Otero County Processing Center (OCPC) [b]
- Torrance County Detention Facility (TCDF) [b]
- Cibola County Correctional Center (CC) = (b)

Total Releases (* Please note that all releases are referred to ELP for ATD) = (b)(7)

- El Paso Processing Center
  - Male(s)
  - Female(s)

- Otero County Processing Center
  - Male(s)

- Torrance County Detention Facility
  - Male(s)

- Cibola County Correctional Center
  - Male(s)

**ATD: [Technology Metrics for Previous Day]**

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>(b)(7)(E)</td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>SMLK Inventory</th>
<th>SMLK Enrollments</th>
<th>SMLK Delivered</th>
<th>SMLK Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>(b)(7)(E)</td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Breakdown:
CPC SA: (b)(7) CPC FAMU: (b) EPC: (b) Otero: (b) OFO: (b)

**Staffing:**

Detailed Personnel AOR-Wide

**El Paso BP Station Embeds & Sector/EOC Attachments**
- AFOs
- SDDOs
- DOs

**El Paso BP Station Embeds**
- SDDOs
- DOs

**ER O El Paso Field Office**
**Organic Otero ERO El Paso Sub-Office Personnel**

- \((b)(7)(E)\) SDDOs
- \((b)(7)(E)\) DOs

**Organic ERO El Paso Field Office Personnel**

- \((b)(7)(E)\) Operations DFOD
- \((b)(7)(E)\) AFODs
- From ATD unit, \((b)(7)(E)\) SDDOs, \((b)(7)(E)\) DOs and \((b)(7)(E)\) ERAs
- From FOJC/FAMU unit, \((b)(7)(E)\) SDDOs, \((b)(7)(E)\) DOs and \((b)(7)(E)\) ERAs
- From MCAT, \((b)(7)(E)\) SDDOs and \((b)(7)(E)\) DOs
- From FOT, \((b)(7)(E)\) SDDOs and \((b)(7)(E)\) DOs
- From CAP/LEAR, \((b)(7)(E)\) DOs

**Organic Albuquerque ERO El Paso Sub-Office Personnel**

- \((b)(7)(E)\) AFOD
- \((b)(7)(E)\) SDDOs
- \((b)(7)(E)\) DOs

**TOTAL Personnel =**

\((b)(7)(E)\)

---

**El Paso Daily Movement Coordination**

**ERO El Paso Ground Transportation Schedule**

<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
</table>

2022-ICLI-00045-301
**EL PASO EOC Daily Movement Coordination Tracker**

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>IAO</td>
<td>Air</td>
<td>Other</td>
<td>DAL</td>
<td>P</td>
<td></td>
<td>(b)(7)(E)</td>
<td>SA</td>
</tr>
<tr>
<td></td>
<td>FAMU</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
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<td>El Paso NGO</td>
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<td>(b)(7)(E)</td>
<td>SA</td>
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</table>

**Issues Affecting Operations:**

(b)(7)(E); (b)(5)

**ERO Harlingen – [RGV] Migrant Surge Mitigation Effort Report**

Current Status: 07/07/2022 @ 3:00 p.m.

The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

**REFERRALS:**
Today non-citizens were moved out of HLG/ROGV custody. Among the non-citizens, SA(s) and family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. were taken into ERO detention/custody noncitizens removed on T42 flights.

- cases were submitted by the USBP for review via CAS. cases were approved for transfer. cases referred to ATD.
- ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and were vetted by ERO.

DETENTION:

- Local bed space at PIDC male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility male beds female beds) are currently available, not filled.

ATD:

- Remaining Global Positioning System “XT”
- Remaining Global Positioning System “Loc8”
- Remaining Phones Inventory “Mason-Smart Link”

STAFFING: TDY personnel assigned to HLG AOR

**Donna Facility**

- AFOD
- SDDOs
- Deportation Officers

**Ursula/ McAllen BP CPC**

- AFOD
- SDDOs
- Deportation Officers

**HRO**

- AFOD
- SDDOs
- Deportation Officers

**ISSUES AFFECTING SMOOTH OPERATIONS**

Current Status: 07/07/2022 @ 3:00 p.m.

REFERRALS:

Today, [b] noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, [b] SA(s) and [b] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC
- Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC – [b] (7)

STAFFING:

Laredo CPC
[b] TDY AFOD
[7] TDY SDDOs
[b] TDY Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS
No significant issues to report.
Mission Support Specialist
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 830-327 (b)(6);
500 12th St, SW
Washington, DC 20024
Sent with BlackBerry Work
(www.blackberry.com)

Subject: 7.08.2022 Migrant Surge Mitigation Effort Report

Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from July 08, 2022.

### DECOMPRESSION EFFORTS SNAPSHOT

**7-8-2022**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
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<tbody>
<tr>
<td>ELP</td>
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<td>HLG - Laredo</td>
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<td>SNA - Del Rio</td>
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<td>PHO - Yuma</td>
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<tr>
<td>SND - San Diego</td>
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<td>Daily Total: 7/8/2022</td>
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DECOMPRESSION EFFORTS SNAPSHOT
7-8-2022

<table>
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<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
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<th>ERO Detention</th>
<th>T42 Removal Flight</th>
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<tbody>
<tr>
<td>ELP</td>
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<tr>
<td>HLG - Rio Grande Valley</td>
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<td>PHO - Yuma</td>
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<td>SND- San Diego</td>
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</table>

Daily Total: 7/8/2022


Current Status: July 08, 2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

REFERRALS:

Today [b] non-citizens were moved out of SND custody. Among the non-citizens, [b][b] SA(s) and [b] family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment; [b] were taken into ERO detention / custody. [b][7] noncitizens removed on T42 flights.

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<td>Single Cases Referred*</td>
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<tr>
<td>(Individuals/FAMU)</td>
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</tbody>
</table>

*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.
OFO SA Releases:

1) Individuals/cases - accepted and released ATD
2) Individuals were released to NGO after processing. Of these were ATD releases and were OR releases.
   - individuals were released by OFO to the street after processing. Of these were ATD releases and were OREC releases.

OFO SA Detention:

1) Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) Individuals accepted for non-local ERO Bedspace (DOCC)

Other OFO SA:

1) cases were returned to OFO for corrections.
2) cases were rejected or denied (Medical / Fraihat, etc.)
3) cases OFO cases are pending initial ERO review

USBP SA Releases:

1) Individuals/cases - accepted and individuals released ATD
2) Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
   - Individuals were released to NGO after processing. Of these were ATD releases and were OR releases (via ATD Smart Link).
     individuals were released by CBP to the street after processing. Of these were ATD releases and were OR releases.

USBP SA Detention

1) Individuals/cases – accepted for local bed space
2) Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:

1) cases were returned to USBP for corrections.
2) cases were rejected or denied (Medical/Fraihat, etc.)
3) cases USBP cases are pending initial ERO review

OFO FAMU Releases:

1) Individuals - accepted and released ATD
2) Individuals - accepted and released OREC
   - Individuals were released to NGO after processing. Of these were ATD releases and were OR releases.
• [b](7) Individuals [b](7) FAMU) were released by OFO to the street after processing. Of these, [b](7) were ATD releases (Head of Household) and [b](7) were parole releases.

OFO FAMU Housing:

1) [b](7) Individuals accepted for ERO Bedspace
   • Today, [D] individuals [D] FAMU) were transferred from OFO to the Facility/AOR

Other OFO FAMU

1) [b](7) cases were returned to OFO for corrections.
2) [7] cases were rejected or denied

USBP FAMU Releases:

1) [b](7) Individuals [b](7) FAMUs) - accepted and released ATD
2) [E] Individuals [E] FAMUs) - accepted and released OREC
   • [b](7) Individuals [b](7) FAMU) were released to NGO after processing. Of these, [b](7) were ATD releases and [h] were OR releases.
   • [b] individuals [b] FAMU) were released by USBP to the street after processing. Of these, [b] were ATD releases and [b] were OREC releases.

USBP FAMU Housing:

1) [b](7) Individuals accepted for non-local ERO Bedspace
   • Today, [b] individuals [b] FAMU) were transferred from USBP to the Facility/AOR

Other USBP FAMU:

1) [b] Individuals [b] FAMU) were processed for FAMU Dedicated Docket
2) [7] cases were returned to USBP for corrections.
3) [E] cases were rejected or denied

ECAS Dates Provided:

• [b] ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted 0 files processed by USBP.

• [b] ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

• [b] ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

DETENTION:

• Total Daily Population at OMDC is: [b](7)
Available bed space at OMDC is [b](7) beds due to cohort status (COVID), after today’s direct books.

Total Daily Population at IRDF is [b](7)
- Available bed space at IRDF is [b](7) bed space due to cohort status (COVID), after today’s direct books.

Total Daily Population at SLRDC is [b](7)
- Available bed space at SLRDC is [b](7) bed space due to cohort status (COVID), after today’s direct books.

ATD:

IMPV:
- Remaining Global Positioning System “XT” / “Loc8” - [b](7)
- Remaining Phones Inventory “Mason-Smart Link” - [b](7)

SND:
- Remaining Global Positioning System “XT” / “Loc8” - [b](7)
- Remaining Phones Inventory “Mason-Smart Link” - [b](7)

ISSUES AFFECTING SMOOTH OPERATIONS:

(b)(7)(E); (b)(5)

TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS

ERO San Diego

1. Total FAMU: [b]
2. Number of individuals in FAMU:

T42 REMOVAL FLIGHTS
ERO San Diego
1. Total individuals: [b](7)

ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector

<table>
<thead>
<tr>
<th>Current Status: 07/08/2022 @ 16:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.</td>
</tr>
</tbody>
</table>

Referrals: Today, [b](4) noncitizens were moved out of Yuma Sector custody. Among the noncitizens, [b](7) SA(s) and [b](7) family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

Under Release Plan Lines-of-Effort:
- [b](7) family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- [b](4) SA(s) identified as having medical issues and/or FRAihat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:
- Referred for ICE Custody/Detention:
  - [b](4) Male(s) accepted
  - [b] Female(s) accepted
  - [b] Male(s) denied due to medical/FRAihat concerns

Available intake bed space AOR wide = [b](7)
- La Palma Correctional Center = [b](7) low male
- Eloy Detention Center = [b](7) low male, [b] high male, [b] low female, [b] high female
- Florence Detention Center = [b] low male
- Central Arizona Florence Correctional Complex = [b] high/med high

Total Releases (*Please note that all releases are referred to PHO for ATD*) = [b](4)
- La Palma Correctional Center
  - [b](4) Male(s)
- Eloy Detention Center
  - [b](4) Male(s)
Female(s)
- Florence Detention Center
Male(s)
- Central Arizona Florence Correctional Complex
Female(s)

ATD: [Technology Metrics for 07/07/2022 (Previous Day)]

GPS Device Count

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
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</thead>
<tbody>
<tr>
<td>Florence</td>
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<td>(b)(7)(E)</td>
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<tr>
<td>Phoenix</td>
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<td>Yuma</td>
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SMARTLink Device Count

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<th>Device(s) Inoperable</th>
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<td>(b)(7)(E)</td>
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<td>Tucson</td>
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<td>Phoenix</td>
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<td>Florence</td>
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<tr>
<td>Welton</td>
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Staffing:

Detailed Personnel AOR-Wide

Yuma BP Sector Embeds & Sector/EOC Attachments

- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

Tucson ERO sub-office and/or BP Sector Embeds

- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

Phoenix Field Office

- (b)(7)(E) SDDO
- (b)(7)(E) DOs

Organic Yuma ERO sub-office Personnel

- (b)(7)(E) AFOD
- (b)(7)(E) CAP DOs
Organic **Phoenix Field Office Personnel** \((b)(7)(E)\) **total**
- Operations DFOD
- AFODs
- From ATD unit \((b)(7)(E)\) SDDO, \((b)(7)(E)\) DOs and \((b)(7)(E)\) ERAs
- From FOJC/FAMU unit, \((u)(7)(E)\) SDDO, \((b)(7)(E)\) DOs and \((b)(7)(E)\) ERAs
- From Transportation Unit \((b)(7)(E)\) SDDO, and \((b)(7)(E)\) DOs
- From CAP/LEAR, \((b)(7)(E)\) DOs

Organic **Tucson sub-office Personnel** \((b)(7)\) **total**
- AFOD
- SDDO
- \((u)(7)(E)\) DOs

**TOTAL ERO Personnel** = \((b)(7)\)

**Yuma Daily Movement Coordination** (07/08/2022 as of 1400 hrs)

---

**ER0 Phoenix Ground Transportation Schedule**

<table>
<thead>
<tr>
<th>Scheduled Arrival Time</th>
<th>PAX Capacity</th>
<th>Demographic</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Scheduled Departure Time</th>
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<tr>
<td></td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>TransCor</td>
<td>2035</td>
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<td>SA</td>
<td>Bus</td>
<td>AGS</td>
<td>2035</td>
<td>NTA/Or Parole+ Or WA/NTA, Or ER, Or ER/CF</td>
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</tbody>
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**Comments**
- Noncitizens for enrollment into ATD and release to NGO or XFR to DETENTION CENTER
- Noncitizens for enrollment into ATD and release to NGO
<table>
<thead>
<tr>
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<td>(if R or</td>
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<td>Parole+</td>
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<td>or Parole+</td>
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<td>Complete</td>
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<td>Bus</td>
<td>ERO (Yuma)</td>
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<tr>
<td>FAMU</td>
<td>Bus</td>
<td>MV M</td>
<td>TBD</td>
<td>Casa Alitas</td>
<td>NTA/OR, or Parole+ (if approved for FAMUs)</td>
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### YUM EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
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<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Disposition</th>
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<td>USBP</td>
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<td>PHERO</td>
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<tr>
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<td>SLU POE</td>
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<td>T-42</td>
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Issues Affecting Operations:

- ERO SNA - Del Rio Migrant Surge Mitigation Effort Report

<table>
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<th>Current Status: 07/08/2022 @ 17:00</th>
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<td>The following information reflects the status of operations as of 17:00 CDT.</td>
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**Referrals:** Today [b] noncitizens were moved out of Del Rio Sector custody. Among the noncitizens [b][7] SAs and [b][7] family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination/ATD MicroApp [b][7] were taken into ERO detention/custody. [b][7] noncitizens removed on T42 flights.

- [b][7] FAMUs, [b][7] total released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b][7] FAMUs, [b][7] total released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b][7] FAMUs, [b][7] total released on NTA-OR/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b][7] single adults released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b][7] single adults released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b][7] single adults transferred to ERO SNA detention for placement.

**Detention:**

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 7/9/22 - [b][7] single adult to ERO Harlingen at Webb County Detention Center.
- 7/9/22 - [b][7] single adults to South Texas Family Staging Center.

**Alternative to Detention:**

- Remaining Global Positioning System “XT” - [b][7] inventory.
- Remaining Phones Inventory “Mason-Smart Link” - [b][7] inventory.

**Staffing:**

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has [b][7] TDY employees:
- [b]RSDDOs
- [b]lDOs
- [b]ERAs
- Del Rio Border Patrol Station currently has [b]TDY employees:
  - [b]RSDDOs
  - [b]lDOs

Issues affecting smooth operations:

(b)(7)(E); (b)(5)

ERO ELP – *Unified ERO Support Effort for the El Paso USBP Sector*

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<tr>
<td>Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day's report.</td>
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</table>

Referrals: Today [b]noncitizens were moved out of El Paso USBP Sector custody. Among the non-citizens, [b]Single Adults (SA(s)) and [b]family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:

- [b]FAMUs *(Identified to be processed by ERO)*, were released to NGO(s) after the HoH was enrolled into ATD

- [b]SA(s) identified as having medical issues and/or Faihat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:
- Male(s) accepted
- Female(s) accepted

Available intake bed space AOR wide

- El Paso Processing Center (EPC) = \[b\]
- Otero County Processing Center (OCPC) = \[b\]
- Torrance County Detention Facility (TCDF) = \[b\]
- Cibola County Correctional Center (CCCC) = \[b\]

Total Releases (* Please note that all releases are referred to ELP for ATD) = \[b\]

- El Paso Processing Center
  - Male(s)
  - Female(s)

- Otero County Processing Center
  - Male(s)

Torrance County Detention Facility

- Male(s)

- Cibola County Correctional Center
  - Male(s)

**ATD: [Technology Metrics for Previous Day]**

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<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
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<tr>
<td>El Paso</td>
<td>(b)</td>
<td>((b)(7))</td>
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<th>SMLK Enrollments</th>
<th>SMLK Delivered</th>
<th>SMLK Device(s) inoperable</th>
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<tr>
<td>El Paso</td>
<td>(b)</td>
<td>((b)(7))</td>
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</table>

Enrollment Breakdown:
CPC SA: \[b\] CPC FAMU: \[b\] EPC: \[b\] Otero: \[b\] OFO: \[b\]

**Staffing:**
Detailed Personnel AOR-Wide

**El Paso BP Station Embeds & Sector/EOC Attachments**
- (b)(7)(E) AFODs
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

**El Paso BP Station Embeds**
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

**ERO El Paso Field Office**
- (b)(7)(E) SDDO
- (b)(7)(E) DOs

**Organic Otero ERO El Paso Sub-Office Personnel**
- (b)(7)(E) AFOD
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

**Organic ERO El Paso Field Office Personnel**
- (b)(7)(E) Operations DFOD
- (b)(7)(E) AFUOs
- From ATD unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From FOIC/FAMU unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From MCAT, (b)(7)(E) SDDO and (b)(7)(E) DOs
- From FOT, (b)(7)(E) SDDO and (b)(7)(E) DOs
- From CAP/LEAR, (b)(7)(E) DOs

**Organic Albuquerque ERO El Paso Sub-Office Personnel**
- (b)(7)(E) AFOD
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

**TOTAL Personnel**

(b)(7)(E)

---

**El Paso Daily Movement Coordination**
**ERO El Paso Ground Transportation Schedule**

<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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<tbody>
<tr>
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<td>FAMU</td>
<td>Bus</td>
<td>GPS</td>
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<td>SA</td>
<td>Bus</td>
<td>GPS</td>
<td></td>
<td></td>
<td>El Paso NGO</td>
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After enrollment in ATD. The non-citizens were released to local NGO.
## EL PASO EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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</thead>
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<tr>
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<td>FAMU</td>
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<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
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<td>GPS</td>
<td>Bus</td>
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<td>El Paso NGO</td>
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<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td>(b)(7)(E)</td>
<td>SA</td>
</tr>
</tbody>
</table>

### Issues Affecting Operations:

(b)(7)(E); (b)(5)
Current Status: 07/08/2022 @ 3:00 p.m.

The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today [b]7 non-citizens were moved out of HLG/RGV custody. Among the non-citizens, [b]7 SA(s) and [b]7 family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b]7 were taken into ERO detention/custody. [b]7 noncitizens removed on T42 flights.

- [b] cases were submitted by the USBP for review via CAS. [b] cases were approved for transfer. [ ] case referred to ATD.
- [b]7 ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and [b]7 were vetted by ERO.

DETENTION:

- Local bed space at PIDC [b]7 male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility [b]7 male beds, [b] female beds) are currently available, not filled.

ATD:

- Remaining Global Positioning System “XT” [b]7
- Remaining Global Positioning System “Loc8” [ ]
- Remaining Phones Inventory “Mason-Smart Link” [b]7

STAFFING: TDY personnel assigned to HLG AOR

Donna Facility
- [b] AFOD
- [b] SDDOs
- [ ] Deportation Officers

Ursula/ McAllen BP CPC
- [b] AFOD
- [b] SDDOs
- [ ] Deportation Officers

HRO
ISSUES AFFECTING SMOOTH OPERATIONS

(b)(7)(E); (b)(5)


Current Status: 07/08/2022 @ 3:00 p.m.

REFERRALS:

Today, [b] noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, [b] SA(s) and [b] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] noncitizens were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC [b]
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC [b]
- Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC [b]

STAFFING:

Laredo CPC
[b] TDY AFO
[b] TDY SDDOs
[b] TDY Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

No significant issues to report.
Respectfully,

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

DDO, Domestic Operations - West
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

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

---

**Subject:** 7.10.2022 Migrant Surge Mitigation Effort Report

Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from July 10, 2022.

---

**DECOMPRESSION EFFORTS SNAPSHOT**

**7-10-2022**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
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<tr>
<td>FLP</td>
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<td>HLG - Rio Grande Valley</td>
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DECOMPRESSSION EFFORTS SNAPSHOt
7-10-2022

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<thead>
<tr>
<th>LOCATION</th>
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Daily Total: 7/10/2022


Current Status: July 10, 2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

REFERRALS:

Today [b][4] non-citizens were moved out of SND custody. Among the non-citizens, [b][a] SA(s) and [b][7] family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment; [b][4] were taken into ERO detention / custody; [b][7] noncitizens removed on T42 flights.
OFO SA Releases:

1) (b)(7) Individuals/cases - accepted and released ATD
2) (b)(7) Individuals were released to NGO after processing. Of these, (b)(7) were ATD releases and (b)(7) were OR releases.
   - (b)(7) individuals were released by OFO to the street after processing. Of these, (b)(7) were ATD releases and (b)(7) were OREC releases.

OFO SA Detention:

1) (b)(7) Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) (b)(7) Individuals accepted for non-local ERO Bedspace (DOCC)

Other OFO SA:

1) (b)(7) cases were returned to OFO for corrections.
2) (b)(7) cases were rejected or denied (Medical / Fraihat, etc.)
3) (b)(7) cases OFO cases are pending initial ERO review

USBP SA Releases:

1) (b)(7) Individuals/cases - accepted and individuals released ATD
2) (b)(7) Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
   - (b)(7) Individuals were released to NGO after processing. Of these, (b)(7) were ATD releases (via ATD Smart Link) and (b)(7) via OR.
   - (b)(7) individuals were released by CBP to the street after processing. Of these, (b)(7) were ATD releases and (b)(7) were OR releases.

USBP SA Detention

1) (b)(7) Individuals/cases – accepted for local bed space
2) (b)(7) Individuals accepted for non-local ERO Bedspace (DOCC)

Other USBP SA:

1) (b)(7) cases were returned to USBP for corrections.
2) (b)(7) cases were rejected or denied (Medical/Fraihat, etc.)
3) (b)(7) cases USBP cases are pending initial ERO review

OFO FAMU Releases:

1) (b)(7) Individuals (b)(7) FAMU - accepted and released ATD
2) Individuals (FAMU) - accepted and released OREC
   - Individuals (FAMU) were released to NGO after processing. Of these were ATD releases and were OR releases.
   - Individuals (FAMU) were released by OFO to the street after processing. Of these were ATD releases (Head of Household) and were parole releases.

**OFO FAMU Housing:**

1) Individuals accepted for ERO Bedspace
   - Today, individuals (FAMU) were transferred from OFO to the **Facility/AOR**

**Other OFO FAMU**

1) cases were returned to OFO for corrections.
2) cases were rejected or denied

**USBP FAMU Releases:**

1) Individuals (FAMUs) - accepted and released ATD
2) Individuals (FAMUs) - accepted and released OREC
   - Individuals (FAMU) were released to NGO after processing. Of these were ATD releases and were OR releases.
   - individuals (FAMU) were released by USBP to the street after processing. Of these were ATD releases and were OREC releases.

**USBP FAMU Housing:**

1) Individuals accepted for non-local ERO Bedspace
   - Today, individuals (FAMU) were transferred from USBP to the **Facility/AOR**

**Other USBP FAMU:**

1) Individuals (FAMU) were processed for FAMU Dedicated Docket
2) cases were returned to USBP for corrections.
3) cases were rejected or denied

**ECAS Dates Provided:**

- ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted files processed by USBP.
- ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.
- ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

**DETENTION:**
- Total Daily Population at OMDC is [b](7)
  - Available bed space at OMDC is [b](y) beds due to cohort status (COVID), after today’s direct books.

- Total Daily Population at IRDF is [b](4)
  - Available bed space at IRDF is [b](1) bed space due to cohort status (COVID), after today’s direct books.

- Total Daily Population at SLRDC is [b](7)
  - Available bed space at SLRDC is [b](7) bed space due to cohort status (COVID), after today’s direct books.

ATD:

IMPV:
- Remaining Global Positioning System “XT” / “Loc8” - [b](7)
- Remaining Phones Inventory “Mason-Smart Link” - [b](7)

SND:
- Remaining Global Positioning System “XT” / “Loc8” - [b](7)
- Remaining Phones Inventory “Mason-Smart Link” - [b](7)

ISSUES AFFECTING SMOOTH OPERATIONS:

(b)(7)(E); (b)(5)

TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS

ERO San Diego

1. Total FAMU [b](7)
2. Number of individuals in FAMU:

**T42 REMOVAL FLIGHTS**

**ERO San Diego**

1. Total individuals: (b)(7)

**ERO Harlingen – [RGV] Migrant Surge Mitigation Effort Report**

<table>
<thead>
<tr>
<th>Current Status: 07/10/2022 @ 3:00 p.m.</th>
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</thead>
<tbody>
<tr>
<td>The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.</td>
</tr>
</tbody>
</table>

**REFERRALS:**

Today, (b)(7) non-citizens were moved out of HLG/RGV custody. Among the non-citizens, (b)(7) SA(s) and (b)(7) family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. (b)(7) were taken into ERO detention/custody. (b)(7) noncitizens removed on T42 flights.

- (b)(7) cases were submitted by the USBP for review via CAS. (b)(7) cases were approved for transfer. (b)(7) cases referred to ATD.
- (b)(7) ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and (b)(7) were vetted by ERO.

**DETENTION:**

- Local bed space at PIDC (b)(7) male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility (b)(7) male beds (b)(7) female beds) are currently available, not filled.

**ATD:**

- Remaining Global Positioning System “XT” — (b)(7)
- Remaining Global Positioning System “Loc8” — (b)(7)
- Remaining Phones Inventory “Mason-Smart Link” — (b)(7)

**STAFFING:** TDY personnel assigned to HLG AOR

**Donna Facility**

- (b)(7) AFOD
- (b)(7) SDJOs
• (b) Deportation Officers

Ursula/ McAllen BP CPC
• (b) AFOD
• 7) SDDOs
• (E) Deportation Officers

HRO
• (b) AFOD
• (7) SDDOs
• (E) Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

(b)(7)(E); (b)(5)


Current Status: 07/10/2022 @ 3:00 p.m.

REFERRALS:
Today, (b)[noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, (b)(7) SA(s) and (b) family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. (b) were taken into ERO detention/custody (b) noncitizens removed on T42 flights.

ATD Inventory:
• Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) (b) Laredo CPC (b)
• Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) (b) Laredo CPC (b)
• Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) (b) Laredo CPC (b)(7)(E)

STAFFING:

Laredo CPC
(b) TDY AFOD

2022-ICLI-00045-334
TDY SDDOs

TDY Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

No significant issues to report.

ERO SNA - Del Rio Migrant Surge Mitigation Effort Report

Current Status: 07/10/2022 @ 15:30
The following information reflects the status of operations as of 15:30 CDT.

Referrals: Today[], noncitizens were moved out of Del Rio Sector custody. Among the noncitizens,[] SAs and [] family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination/ATD MicroApp[].[] were taken into ERO detention/custody.[] noncitizens removed on T42 flights.

- [] FAMUs,[] total released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [] FAMUs,[] total released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [] FAMUs,[] total released on REIN-OS/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [] single adults released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [] single adults released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [] single adults transferred to ERO SNA detention for placement.
- [] non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.

Detention:

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 7/11/22- [] single adults to South Texas Family Staging Center.

Alternative to Detention:

- Remaining Global Positioning System “XT”:[] inventory.
- Remaining Phones Inventory “Mason-Smart Link”: [] inventory.
**Staffing:**

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has [b] TDY employees:
  - [b] SDDOs
  - [b] DOs
  - [b] ERAs
- Del Rio Border Patrol Station currently has [b] TDY employees:
  - [b] SDDOs
  - [b] DOs

**Issues affecting smooth operations:**

(b)(7)(E); (b)(5)

---

**ERO ELP – Unified ERO Support Effort for the El Paso USBP Sector**

<table>
<thead>
<tr>
<th>Current Status: 07/10/2022 @ 11:00</th>
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</thead>
</table>

The following information reflects the status of operations as of 1100 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today [b] noncitizens were moved out of El Paso USBP Sector custody. Among the non-citizens, [b] Single Adults (SA(s)) and [b] family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment; [b] were taken into ERO detention/custody.

**Under Release Plan Lines-of-Effort:**

- [b] FAMUs (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD.
• [b] SA(s) identified as having medical issues and/or Fajhah implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:

• [b] Male(s) accepted
• [b] Female(s) accepted

Available intake bed space AOR wide [b]
- El Paso Processing Center (EPC) [b]
- Otero County Processing Center (OCPC) [b]
- Torrance County Detention Facility (TCDF) [b]
- Cibola County Correctional Center (CCCC) [b]

Total Releases (* Please note that all releases are referred to ELP for ATD) [b]
- El Paso Processing Center
  [b] Male(s)
  [b] Female(s)
- Otero County Processing Center
  [b] Male(s)
- Torrance County Detention Facility
  [b] Male(s)
- Cibola County Correctional Center
  [b] Male(s)

ATD: [Technology Metrics for Previous Day]

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Device(s) inoperable</th>
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</thead>
<tbody>
<tr>
<td>El Paso</td>
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<thead>
<tr>
<th>Location</th>
<th>SMLK Inventory</th>
<th>SMLK Enrollments</th>
<th>SMLK Delivered</th>
<th>SMLK Device(s) inoperable</th>
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</thead>
</table>
Enrollment Breakdown:
CPC SA: [b](1)  CPC FAMU: [b]  EPC: [b]  Otero [b]  OFO [b]

**Staffing:**

Detailed Personnel AOR-Wide

---

**El Paso BP Station Embeds & Sector/EOC Attachments**

- [b](7) DOs
- [b](7) DSDOs
- [b](7) DOs

**El Paso BP Station Embeds**

- [b](7) DSDOs
- [b](7) DOs

**ERO El Paso Field Office**

- [b](7) DSDO
- [b](7) DOs

**Organic Otero ERO El Paso Sub Office** Personnel [b] total

- [b] AFOD
- [b] DSDOs
- [b](7) DOs
- [b] ERAs

**Organic ERO El Paso Field Office** Personnel [b] total

- [b](7) Operations DFOD
- [b](7) AFODs
- From ATD unit, [b](7) DSDO, [b](7) DOs and [b](7) ERAs
- From FOJC/RAMU unit, [b](7) DSDO, [b](7) DOs and [b](7) ERAs
- From MCAT, [b](7) DSDO and [b](7) DOs
- From FOT, [b](7) DSDO and [b](7) DOs
- From CAP/LEAR, [b](7) DOs

**Organic Albuquerque ERO El Paso Sub-Office** Personnel [b] total

- [b] AFOD
- [b](7) DSDOs
- [b](7) DOs

**TOTAL Personnel =**
### El Paso Daily Movement Coordination

#### ERO El Paso Ground Transportation Schedule

<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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<tbody>
<tr>
<td>(b)(7)(E)</td>
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<td>FAMU</td>
<td>Bus</td>
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<td>El Paso NGO</td>
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<td>(b)(7)(E)</td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
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2022-ICLI-00045-339
<table>
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<th>Time (MST):</th>
<th># of Subjects</th>
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<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Dispo</th>
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<td>SA</td>
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</tbody>
</table>
Issues Affecting Operations:

(b)(7)(E); (b)(5)
Thank you,

[Redacted]
Mission Support Specialist
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 830-327 [Redacted]
500 12th St, SW
Washington, DC 20024
Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from July 11, 2022.

**DECOMPRESSION EFFORTS SNAPSHOT**

7-11-2022

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Daily Total: 7/11/2022

(b)(7)(E)
2022-ICLI-00045-344

DECOMPRESSION EFFORTS SNAPSHOT
7-11-2022

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Current Status: July 11, 2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

REFERRALS:

Today, [b] non-citizens were moved out of SND custody. Among the non-citizens, [b](s) SA(s) and [b](7) family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment; [b] were taken into ERO detention / custody. [b](7) noncitizens removed on T42 flights.

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<tbody>
<tr>
<td>Single Cases Referred*</td>
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<td>BP</td>
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<td>FAMU Cases Referred*</td>
<td>OFO</td>
<td>BP</td>
<td>(b)(7)(E)</td>
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</table>
*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.

**OFO SA Releases:**

1) \([b](7)\) Individuals/cases - accepted and released ATD
2) \([b](7)\) Individuals were released to NGO after processing. Of these, \([b](7)\) were ATD releases and \([b](7)\) were OR releases.
   - \([b](7)\) individuals were released by OFO to the street after processing. Of these, \([b](7)\) were ATD releases and \([b](7)\) were OREC releases.

**OFO SA Detention:**

1) \([b](7)\) Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) \([b](7)\) Individuals accepted for non-local ERO Bedspace (DOCC)

**Other OFO SA:**

1) \([b](7)\) cases were returned to OFO for corrections.
2) \([b](7)\) cases were rejected or denied (Medical/Fraihat, etc.)
3) \([b](7)\) cases OFO cases are pending initial ERO review

**USBP SA Releases:**

1) \([b](7)\) Individuals/cases - accepted and individuals released ATD
2) \([b](7)\) Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
   - \([b](7)\) Individuals were released to NGO after processing. Of these, \([b](7)\) were ATD releases (via ATD Smart Link) and \([b](7)\) via OR.
   - \([b](7)\) individuals were released by CBP to the street after processing. Of these \([b](7)\) were ATD releases and \([b](7)\) were OR releases.

**USBP SA Detention**

1) \([b](7)\) Individuals/cases accepted for local bed space
2) \([b](7)\) Individuals accepted for non-local ERO Bedspace (DOCC)

**Other USBP SA:**

1) \([b](7)\) cases were returned to USBP for corrections.
2) \([b](7)\) cases were rejected or denied (Medical/Fraihat, etc.)
3) \([b](7)\) cases USBP cases are pending initial ERO review

**OFO FAMU Releases:**

1) \([b](7)\) Individuals \([b](7)\) FAMU) - accepted and released ATD
2) \([b](7)\) Individuals \([b](7)\) FAMU) - accepted and released OREC
• [b](7) Individuals [b](7) FAMU) were released to NGO after processing. Of these [b](7) were ATD releases and [b](7) were OR releases.
• [b](7) Individuals [b](7) FAMU) were released by OFO to the street after processing. Of these [b](7) were ATD releases (Head of Household) and [b](7) were parole releases.

**OFO FAMU Housing:**

1) [b](7) Individuals accepted for ERO Bedspace
   • Today, [b] individuals [b] FAMU) were transferred from OFO to the (Facility/AOR)

**Other OFO FAMU**

1) [b] cases were returned to OFO for corrections.
2) [b] cases were rejected or denied

**USBP FAMU Releases:**

1) [b](7) Individuals [b](7) FAMUs) - accepted and released ATD
2) [b](7) Individuals [b](7) FAMUs) - accepted and released OREC
   • [b](7) Individuals [b](7) FAMU) were released to NGO after processing. Of these, [b](7) were ATD releases and [b](7) were OR releases.
   • [b](7) Individuals [b](7) FAMU) were released by USBP to the street after processing. Of these, [b](7) were ATD releases and [b](7) were OREC releases.

**USBP FAMU Housing:**

1) [b](7) Individuals accepted for non-local ERO Bedspace
   • Today, [b] individuals [b] FAMU) were transferred from USBP to the (Facility/AOR)

**Other USBP FAMU:**

1) [b] Individuals [b] FAMU) were processed for FAMU Dedicated Docket
2) [b] cases were returned to USBP for corrections.
3) [b] cases were rejected or denied

**ECAS Dates Provided:**

• [b] ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted 0 files processed by USBP.
• [b] ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.
• [b] ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

**DETENTION:**
- Total Daily Population at OMDC is: \( (b)(7) \)
  - Available bed space at OMDC is \( (b)(7) \) beds due to cohort status (COVID), after today’s direct books

- Total Daily Population at IRDF is: \( (b)(7) \)
  - Available bed space at IRDF is \( (b)(7) \) bed space due to cohort status (COVID), after today’s direct books.

- Total Daily Population at SLRDC is: \( (b)(7) \)
  - Available bed space at SLDC is \( (b)(7) \) bed space due to cohort status (COVID), after today’s direct books.

**ATD:**

**IMPV:**
- Remaining Global Positioning System “XT” / “Loc8” \( (b)(7) \)
- Remaining Phones Inventory “Mason-Smart Link” \( (b)(7) \)

**SND:**
- Remaining Global Positioning System “XT” / “Loc8” \( (b)(7) \)
- Remaining Phones Inventory “Mason-Smart Link” \( (b)(7) \)

**ISSUES AFFECTING SMOOTH OPERATIONS:**

- \( (b)(5), (b)(7) \)

**TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS**

**ERO San Diego**

1. Total FAMU: \( (b)(7) \)
2. Number of individuals in FAMU:
**T42 REMOVAL FLIGHTS**

**ERO San Diego**
1. Total individuals: [b](7)[/]

**ERO SNA - Del Rio Migrant Surge Mitigation Effort Report**

<table>
<thead>
<tr>
<th>Current Status: 07/11/2022 @ 16:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following information reflects the status of operations as of 16:00 CDT.</td>
</tr>
</tbody>
</table>

**Referrals:** Today [b] noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, [b](7) SAs and [b] family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination/ATD MicroApp. [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

- [b] FAMUs, [b] total released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b] FAMUs, [b] total released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b] FAMUs, [b] total released on REIN-OS/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b](7) single adults released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b](7) single adults released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b] single adults released on NTA-OR/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b] single adult released on ER-OS/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- [b] single adults transferred to ERO SNA detention for placement.
- [b](7) non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.

**Detention:**

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 7/12/22- [b] single adult to South Texas Family Staging Center.

**Alternative to Detention:**

- Remaining Global Positioning System “XT”; [b] inventory.
• Remaining Phones Inventory “Mason-Smart Link”: [b](7)inventory.

Staffing:

• USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
• Eagle Pass CPC currently has [b] TDY employees:
  • [b] AFOD
  • [b] SDDOs
  • [b] DOs
  • [b] ERAs
• Del Rio Border Patrol Station currently has [b] TDY employees:
  • [b] SDDOs
  • [b] DOs

Issues affecting smooth operations:

(b)(7)(E); (b)(5)

ER0 ELP – Unified ERO Support Effort for the El Paso USBP Sector

<table>
<thead>
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<th>Current Status: 07/10/2022 @ 11:00</th>
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</tr>
</tbody>
</table>

Referrals: Today [b] noncitizens were moved out of El Paso USBP Sector custody. Among the non-citizens [b] Single Adults (SA(s)) and [b] family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment [b] were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:
• (b) FAMUs (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD

• (b)3A(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:

• (b) Male(s) accepted
• 7 Female(s) accepted

Available intake bed space AOR wide = (b)
- El Paso Processing Center (EPC) = (b)
- Otero County Processing Center (OCPC) = (b)
- Torrance County Detention Facility (TCDF) = (b)
- Cibola County Correctional Center (CCCC) = (b)

Total Releases (* Please note that all releases are referred to ELP for ATD) = (b)
- El Paso Processing Center
  (b) Male(s)
  (b) Female(s)
- Otero County Processing Center
  (b) Male(s)
- Torrance County Detention Facility
  (b) Male(s)
- Cibola County Correctional Center
  (b) Male(s)

ATD: [Technology Metrics for Previous Day]

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>(b)</td>
<td>(7)(E)</td>
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<td></td>
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2022-ICLI-00045-350
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<tr>
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<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
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</thead>
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<tr>
<td>SMLK</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Paso</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Breakdown:
CPC SA: (b)(1) CPC FAMU: (b)(1) EPC: (b)(1) Otero: (b)(1) OFO: (b)(1)

**Staffing:**

**Detailed Personnel AOR-Wide**

**El Paso BP Station Embeds & Sector/EOC Attachments**
- (b)(7)(E) AFODs
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

**El Paso BP Station Embeds**
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

**ERO El Paso Field Office**
- (b)(7)(E) SDDO
- (b)(7)(E) DOs

**Organic Otero ERO El Paso Sub-Office Personnel (total)**
- (b)(7)(E) AFOD
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs
- (b)(7)(E) ERA

**Organic ERO El Paso Field Office Personnel (total)**
- (b)(7)(E) Operations DFOD
- (b)(7)(E) AFODs
- From ATD unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERA
- From FOJC/FAMU unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERA
- From MCAT, (b)(7)(E) SDDO and (b)(7)(E) DOs
- From FOT, (b)(7)(E) SDDO and (b)(7)(E) DOs
- From CAP/LEAR, (b)(7)(E) DOs

**Organic Albuquerque ERO El Paso Sub-Office Personnel (total)**
- (b)(7)(E) AFOD
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs
**TOTAL Personnel =**

(b)(7)(E)

**El Paso Daily Movement Coordination**

**ERO El Paso Ground Transportation Schedule**

<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td>SA</td>
<td>Air</td>
<td>IAO</td>
<td></td>
<td></td>
<td>New Orleans AOR</td>
<td>P</td>
<td>(b)(7)(E)</td>
<td>interior Detention</td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td>FAMU</td>
<td>Bus</td>
<td>GPS</td>
<td></td>
<td></td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td>SA</td>
<td>Bus</td>
<td>GPS</td>
<td></td>
<td></td>
<td>El Paso NGO</td>
<td>P</td>
<td>(b)(7)(E)</td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
</tr>
<tr>
<td>Time (MST):</td>
<td># of Subjects</td>
<td>Demographic</td>
<td>Movement Agency</td>
<td>Mode of Transport</td>
<td>TOT</td>
<td>Destination</td>
<td>Processing Dispo</td>
<td>Manifest #</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>(b)(7)(E)</td>
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<td>SA</td>
<td>MDO</td>
<td>Air</td>
<td>Other</td>
<td>New Orleans AOR</td>
<td>P</td>
<td>(b)(7)(E)</td>
<td>SA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FAMU</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Issues Affecting Operations:

- 
- 
- 

ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector

Current Status: 07/11/2022 @ 16:00

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today [b](7) noncitizens were moved out of Yuma Sector custody. Among the noncitizens, [b](7) SA(s) and [b](7) family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b](7) were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

Under Release Plan Lines-of-Effort:
- [b] family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- [b] SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

- [b] Male(s) accepted
- [b] Female(s) accepted

Available intake bed space AOR wide = [b](
- La Palma Correctional Center = [b] low male
- Eloy Detention Center = [b](7)(C) low male, [b] high male, [b] low female and [b] high female
- Florence Detention Center = [b] low male
- Central Arizona Florence Correctional Complex = [b] high/medium high

2022-ICLI-00045-354
Total Releases (* Please note that all releases are referred to PHQ for ATD) = (b)
- La Palma Correctional Center
  - Male(s)
- Eloy Detention Center
  - Male(s)
  - Female(s)
- Florence Detention Center
  - Male(s)
- Central Arizona Florence Correctional Complex
  - Male(s)
  - Female(s)

ATD: [Technology Metrics for 07/10/2022 (Previous Day)]

**GPS Device Count**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) inoperable</th>
</tr>
</thead>
<tbody>
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<td>Florence</td>
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<td>(b)(7)(E)</td>
</tr>
<tr>
<td>Phoenix</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tucson</td>
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<tr>
<td>Welton</td>
<td></td>
<td></td>
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<tr>
<td>Yuma</td>
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</tbody>
</table>

**SMARTLink Device Count**

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<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
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</thead>
<tbody>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
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<tr>
<td>Tucson</td>
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<td></td>
</tr>
<tr>
<td>Phoenix</td>
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<tr>
<td>Welton</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Staffing:**

Detailed Personnel AOR-Wide (b) total

Yuma BP Sector Embeds & Sector/EOC Attachments
  - SDDOs (b)(7)(E)
  - DOs

Tucson ERO sub-office and/or BP Sector Embeds
  - SDDOs (b)(7)(E)
  - DOs
Phoenix Field Office
(b)(7)(E) SDDO
(b)(7)(E) DOs

Organic Yuma ERO sub-office Personnel (b)(7)(E) total
(b)(7)(E) AFOD
(b)(7)(E) CAP DOs
(b)(7)(E) ERA

Organic Phoenix Field Office Personnel (b)(7)(E) total
(b)(7)(E) Operations DFOD
AFODs
From ATD unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs.
From FOJC/FAMU unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs.
From Transportation Unit, (b)(7)(E) SDDO, and (b)(7)(E) DOs.
From CAP/LEAR, (b)(7)(E) DOs.

Organic Tucson sub-office Personnel (b)(7)(E) total
(b)(7)(E) AFOD
(b)(7)(E) SDDO
(b)(7)(E) DOs

TOTAL ERO Personnel = (b)(7)(E)

Yuma Daily Movement Coordination (07/11/2022 as of 1400 hrs)

<table>
<thead>
<tr>
<th>ERO Phoenix Ground Transportation Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule</td>
</tr>
<tr>
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<td>(b)(7)(E)</td>
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2022-ICLI-00045-356
YUM EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
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<td>SA</td>
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<td>GROUND</td>
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<tr>
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<td>TRANSCOR</td>
<td>GROUND</td>
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<td>AGS</td>
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</tr>
<tr>
<td>SA</td>
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<td>AIR</td>
<td>N/A</td>
<td>LRT</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>SOMMERTON NGO</td>
<td>P</td>
<td></td>
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</tr>
<tr>
<td>UAC</td>
<td>MVM</td>
<td>GROUND</td>
<td>N/A</td>
<td>NEW LEAF-ALICE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>UAC</td>
<td>MVM</td>
<td>GROUND</td>
<td>N/A</td>
<td>SWK CASA AMANECER</td>
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</tbody>
</table>
Issues Affecting Operations:

- N/A


<table>
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<tr>
<th>UAC</th>
<th>MVM</th>
<th>GROUND</th>
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<tbody>
<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
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<td>SOMMERTON NGO</td>
<td>P</td>
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<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>SOMMERTON NGO</td>
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<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
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<td>SOMMERTON NGO</td>
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<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>SOMMERTON NGO</td>
<td>P</td>
</tr>
</tbody>
</table>

Current Status: 07/11/2022 @ 3:00 p.m.

The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today [b][7] non-citizens were moved out of HLG/RGV custody. Among the non-citizens, [b][7] SA(s) and [b][7] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] were taken into ERO detention/custody. [b][7] noncitizens removed on T42 flights.

- [b][7] cases were submitted by the USBP for review via CAS. [b] cases were approved for transfer. [b] cases were rejected.
- [b][7] ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and [b][7] were vetted by ERO.

DETENTION:

- Local bed space at PIDC [b][7] male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility [b][7] male beds [b][7] female beds) are currently available, not filled.
ATD:

- Remaining Global Positioning System “XT” – (b)(7)(E)
- Remaining Global Positioning System “Loc8” – (b)(7)
- Remaining Phones Inventory “Mason-Smart Link” – (b)(7)

STAFFING: TDY personnel assigned to HLG AOR

Donna Facility
- (b)(7) AFOD
- (E) SDDOs
- (E) Deportation Officers

Ursula/ McAllen BP CPC
- (b) AFOD
- (7) SDDOs
- (E) Deportation Officers

HRO
- (b)(7) AFOD
- (7) SDDOs
- (E) Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

(b)(7)(E); (b)(5)


Current Status: 07/11/2022 @ 3:00 p.m.

REFERRALS:

Today, (b) noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, (b)(7) SA(s) and (b) family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. (b) were taken into ERO detention/custody, (b)(7) noncitizens removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) – (b) Laredo CPC – (b)(7)
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) -[b] Laredo CPC -[b]
- Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) -[b] Laredo CPC -[b](7)

STAFFING:

Laredo CPC
- [b] TDY AFOD
- [x] TDY SDDOs
- [b] TDY Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

No significant issues to report.
Thank you,

(b)(6); (b)(7)(C)
Mission Support Specialist
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 830-327 (b)(6);
500 12th St, SW
Washington, DC 20024
Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from July 12, 2022.

DECOMPRESSION EFFORTS SNAPSHOT
7-12-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HLG - Rio Grande Valley</td>
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<tr>
<td>HLG - Laredo</td>
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</tr>
<tr>
<td>SNA - Del Rio</td>
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<td></td>
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</tr>
<tr>
<td>PHO - Yuma</td>
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<td></td>
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</tr>
<tr>
<td>SND - San Diego</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Daily Total: 7/12/2022
DECOMPRESSION EFFORTS SNAPSHOT
7-12-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
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<tr>
<td>HLG - Rio Grande Valley</td>
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<td></td>
<td>(b)(7)(E)</td>
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<tr>
<td>HLG - Laredo</td>
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<tr>
<td>SNA - Del Rio</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHO - Yuma</td>
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<td></td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SND - San Diego</td>
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<td>(b)(7)(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily Total: 7/12/2022</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ERO ELP – Unified ERO Support Effort for the El Paso USBP Sector

Current Status: 07/12/2022 @ 11:00

The following information reflects the status of operations as of 1100 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today [h] noncitizens were moved out of El Paso USBP Sector custody. Among the non-citizens, [b](7) Single Adults (SA(s)) and [b] Family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:

- [h] FAMUs (Identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD
- [b] SA(s) identified as having medical issues and/or Human Implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

- [b] Male(s) accepted
- [7] Female(s) accepted

2022-ICLI-00045-366
Available intake bed space AOR wide
- El Paso Processing Center (EPC) = (b)(7)(E)
- Otero County Processing Center (OCPC) = (b)
- Torrance County Detention Facility (TCDF) = (b)(7)(E)
- Cibola County Correctional Center (CCCC) = (E)

Total Releases (* Please note that all releases are referred to ELP for ATD) = (b)(7)(E)
- El Paso Processing Center
  - Male(s)
  - Female(s)
- Otero County Processing Center
  - Male(s)
- Torrance County Detention Facility
  - Male(s)
- Cibola County Correctional Center
  - Male(s)

ATD: [Technology Metrics for Previous Day]

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>SMLK Inventory</td>
<td>SMLK Enrollments</td>
<td>SMLK Delivered</td>
<td>SMLK Device(s) inoperable</td>
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<tr>
<td>El Paso</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Breakdown:
(b)(7)(E)

Staffing:

Detailed Personnel AOR-Wide

El Paso BP Station Embeds & Sector/EOC Attachments

2022-ICLI-00045-367
- (b)(7)(E) AFODs
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

**El Paso BP Station Embeds**
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

**ERO El Paso Field Office**
- (b)(7)(E) SDDO
- (b)(7)(E) DOs

Organic *Otero ERO El Paso Sub-Office* Personnel [*total*]
- (b)(7)(E) AFOD
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs
- (b)(7)(E) ERAs

Organic *ERO El Paso Field Office* Personnel [*total*]
- (b)(7)(E) Operations DFOD
- (b)(7)(E) AFODs
- From ATD unit, (b)(7)(E) SDDOs, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From FOJC/FAMU unit, (b)(7)(E) SDDOs, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From MCAI, (b)(7)(E) SDDOs and (b)(7)(E) DOs
- From FOT, (b)(7)(E) SDDOs and (b)(7)(E) DOs
- From CAP/EAR, (b)(7)(E) DOs

Organic *Albuquerque ERO El Paso Sub-Office* Personnel [*0 total*]
- (b)(7)(E) AFOD
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

**TOTAL Personnel** =

- (b)(7)(E)

---

**El Paso Daily Movement Coordination**
## ERO El Paso Ground Transportation Schedule

<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
<td>FAMU</td>
<td></td>
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<td>El Paso NGO</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
<td>SA</td>
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<td></td>
<td></td>
<td>El Paso NGO</td>
<td>P</td>
<td>(b)(7)(E)</td>
<td></td>
</tr>
</tbody>
</table>

After enrollment in ATD. The non-citizens were released to local NGO.
### EL PASO EOC Daily Movement Coordination Tracker

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TOT</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>FAMU</td>
<td>GPS</td>
<td>Bus Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>SA</td>
<td>GPS</td>
<td>Bus Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>SA</td>
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</table>

### Issues Affecting Operations:

(b)(7)(E); (b)(5)

**ERO Harlingen – [RGV] Migrant Surge Mitigation Effort Report**
Current Status: 07/12/2022 @ 3:00 p.m.

The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today [b](7) non-citizens were moved out of HLG/RGV custody. Among the non-citizens [b](7) SA(s) and [m] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b](7) were taken into ERO detention/custody. [b](7) noncitizens removed on T42 flights.

- [b](7) cases were submitted by the USBP for review via CAS [b](7) cases were approved for transfer [b] case was referred to ATD and [b] case was rejected due to medical reasons.
- [b] ECAS dates were given to Border Patrol at the McAllen Station for N1A/OR cases and [b] were vetted by ERO.

DETENTION:

- Local bed space at PIDC [b](7) male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility [b](7) male beds, [b] female beds) are currently available, not filled.

ATD:

- Remaining Global Positioning System “XT” – [b]
- Remaining Global Positioning System “Loc8” – [b]
- Remaining Phones Inventory “Mason-Smart Link” – [b]

STAFFING: TDY personnel assigned to HLG AOR

Donna Facility
- [b] AFOD
- [7] SDDOs
- [E] Deportation Officers

Ursula/ McAllen BP CPC
- [b] AFOD
- [7] SDDOs
- [E] Deportation Officers

HRO
- [b] AFOD
- [7] SDDOs


ISSUES AFFECTING SMOOTH OPERATIONS


Current Status: 07/12/2022 @ 3:00 p.m.

REFERRALS:

Today, [b] noncitizens were moved out of HLG/Laredo custody. Among the noncitizens, [b] SA(s) and [b] family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [□] Laredo CPC [□]
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [□] Laredo CPC [□]
- Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) - [□] Laredo CPC - [b][7][6]

STAFFING:

Laredo CPC
[TDY AFOD
[TDY SDDOs
[b][TDY Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

No significant issues to report.

ERO SNA - Del Rio Migrant Surge Mitigation Effort Report

Current Status: 07/12/2022 @ 16:00

The following information reflects the status of operations as of 16:00 CDT.
Referrals: Today noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, family unit individuals were turned over to the NGOs after enrollment on ATD/ATD declination/ATD MicroApp. were taken into ERO detention/custody.

- [b] AMUs total released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- [b] AMUs total released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- Single adults released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- Single adults released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- Single adults released on NTA-OR/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- Single adults transferred to ERO SNA detention for placement.
- [b] non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.

Detention:

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 7/13/22 single adult to South Texas Family Staging Center.

Alternative to Detention:

- Remaining Global Positioning System “XT”: inventory.
- Remaining Phones Inventory “Mason-Smart Link”: inventory.

Staffing:

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has 38 TDY employees:
  - AFOD
  - SDDOs
  - IDOs
  - ERAs
- Del Rio Border Patrol Station currently has TDY employees:
  - SDDOs
  - IDOs

Issues affecting smooth operations:

(b)(7)(E); (b)(5)
ERO PHO – Unified ERO Support Effort for the Yuma USBP Sector

Current Status: 07/12/2022 @ 16:00

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today noncitizens were moved out of Yuma Sector custody. Among the noncitizens, and family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. were taken into ERO detention/custody. noncitizens removed on T42 flights.

Under Release Plan Lines-of-Effort:
- family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- SA(s) identified as having medical issues and/or Frailty implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:
- Male(s) accepted
- Female(s) accepted

Available intake bed space AOR wide =
- La Palma Correctional Center =
- Eloy Detention Center = high male, low female and high female
- Florence Detention Center = low male
- Central Arizona Florence Correctional Complex high/medium high

Total Releases (* Please note that all releases are referred to PHO for ATD)
- La Palma Correctional Center Male(s)
- Eloy Detention Center Male(s), Female(s)
- Florence Detention Center Male(s)
- Central Arizona Florence Correctional Complex Male(s), Female(s)

ATD: Technology Metrics for 07/11/2022 (Previous Day)

GPS Device Count

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) inoperable</th>
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<tbody>
<tr>
<td>Florence</td>
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<td>(b)(7)(E)</td>
</tr>
<tr>
<td>Phoenix</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tucson</td>
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<td></td>
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<tr>
<td>Welton</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Yuma</td>
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</table>

SMARTLink Device Count

<table>
<thead>
<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
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<tbody>
<tr>
<td>Yuma</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
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<tr>
<td>Tucson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
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</tr>
<tr>
<td>Welton</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staffing:

Detailed Personnel AOR-Wide (5) total
- Yuma BP Sector Embeds & Sector/EOC Attachments SDDOs DOs
- Tucson ERO sub-office and/or BP Sector Embeds
Phoenix Field Office
(b)(7)(E) SDDO
(b)(7)(E) DOs

Organic Yuma ERO sub-office Personnel (b)(total)
(b)(7)(E) AFOD
(b)(7)(E) CAP DOs
(b)(7)(F) ERA

Organic Phoenix Field Office Personnel (b)(total)
(b)(7)(E) Operations DFOD
(b)(7)(E) AFODs
From ATD unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
From FOJC/FAMU unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
From Transportation Unit, (b)(7)(E) SDDO, and (b)(7)(E) DOs
From CAP/LEAR, (b)(7)(E) DOs

Organic Tucson sub-office Personnel (b)(total)
(b)(7)(E) AFOD
(b)(7)(E) SDDO
(b)(7)(E) DOs

TOTAL ERO Personnel = (b)(7)(E)

Yuma Daily Movement Coordination (07/12/2022 as of 1400 hrs)

<table>
<thead>
<tr>
<th>Schedule Arrived Time</th>
<th>PAX Capacity</th>
<th>Demographic</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Scheduled Departure Time</th>
<th>PAX Boarded (i.e., utilization)</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>Bus</td>
<td>TransCor</td>
<td>(b)(7)(E)</td>
<td>2035</td>
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<td>(b)(7)(E)</td>
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<td></td>
</tr>
</tbody>
</table>

Noncitizens for enrollment into ATD and release to NGO or XFR to DETENTION
2022-ICLI-00045-377


<table>
<thead>
<tr>
<th>Agency</th>
<th>Provider</th>
<th>Location</th>
<th>Status</th>
<th>Facility</th>
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<tbody>
<tr>
<td>SA</td>
<td>TRANSCOR</td>
<td>GROUND</td>
<td>N/A</td>
<td>LA PALMA-DETENTION</td>
</tr>
<tr>
<td>SA</td>
<td>TRANSCOR</td>
<td>GROUND</td>
<td>N/A</td>
<td>LA PALMA-DETENTION</td>
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<tr>
<td>SA</td>
<td>AGS</td>
<td>GROUND</td>
<td>N/A</td>
<td>ELOY-DETENTION</td>
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<tr>
<td>SA</td>
<td>AGS</td>
<td>GROUND</td>
<td>N/A</td>
<td>ELOY-DETENTION</td>
</tr>
<tr>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
</tr>
<tr>
<td>SA</td>
<td>ISS</td>
<td>GROUND</td>
<td>N/A</td>
<td>SLU POE</td>
</tr>
<tr>
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<td>ISS</td>
<td>GROUND</td>
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<td>N/A</td>
<td>PHO ERO</td>
</tr>
<tr>
<td>SA</td>
<td>ISS</td>
<td>AIR</td>
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</tr>
<tr>
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<td>ISS</td>
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<td>LRT</td>
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<td>SAM</td>
<td>ISS</td>
<td>AIR</td>
<td>N/A</td>
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<td>USBP</td>
<td>GROUND</td>
<td>N/A</td>
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<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
</tr>
<tr>
<td>MIX</td>
<td>NGO</td>
<td>GROUND</td>
<td>N/A</td>
<td>PHO ERO</td>
</tr>
<tr>
<td>UAC</td>
<td>MVM</td>
<td>GROUND</td>
<td>N/A</td>
<td>CHILD CRISIS</td>
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</table>
**Issues Affecting Operations:**

- N/A

**ERO San Diego – [SND] Migrant Surge Mitigation Effort Report**

**Current Status:** July 12, 2022 @ 4:00 p.m.

The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 to 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

**REFERRALS:**

Today, non-citizens were moved out of SND custody. Among the non-citizens, SA(s) and family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment. were taken into ERO detention / custody. noncitizens removed on T42 flights.
|---------------|------|------|-------|------|-------|------|------|


*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.

**OFO SA Releases:**

1) (b)(7) Individuals/cases - accepted and released ATD
2) (b)(7)(E) Individuals were released to NGO after processing. Of these, (b)(7) were ATD releases and (b)(7)(E) were OR releases.
   - (b)(7)(E) individuals were released by OFO to the street after processing. Of these, (b)(7) were ATD releases and (b)(7)(E) were OREC releases.

**OFO SA Detention:**

1) (b)(7) Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2) (b)(7)(E) Individuals accepted for non-local ERO Bedspace (DOCC)

**Other OFO SA:**

1) (b)(7) cases were returned to OFO for corrections.
2) (b)(7)(E) cases were rejected or denied (Medical / Faihat, etc.)
3) (b)(7)(E) cases OFO cases are pending initial ERO review

**USBP SA Releases:**

1) (b)(7) Individuals/cases - accepted and individuals released ATD
2) (b)(7)(E) Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
   - (b)(7)(E) Individuals were released to NGO after processing. Of these, (b)(7) were ATD releases (via ATD Smart Link) and (b)(7)(E) via OR.
   - (b)(7)(E) individuals were released by CBP to the street after processing. Of these, (b)(7) were ATD releases and (b)(7)(E) were OR releases.

**USBP SA Detention**

1) (b)(7) Individuals/cases – accepted for local bed space
2) (b)(7)(E) Individuals accepted for non-local ERO Bedspace (DOCC)

**Other USBP SA:**
1) ________ cases were returned to USBP for corrections.
2) ________ cases were rejected or denied (Medical/Fraihat, etc.)
3) ________ cases USBP cases are pending initial ERO review

**OFO FAMU Releases:**

1) __________ Individuals [FAMU] - accepted and released ATD
2) __________ Individuals [FAMU] - accepted and released OREC
   - [FAMU] were released to NGO after processing. Of these, [FAMU] were ATD releases and [FAMU] were OR releases.
   - [FAMU] were released by OFO to the street after processing. Of these, [FAMU] were ATD releases (Head of Household) and [FAMU] were parole releases.

**OFO FAMU Housing:**

1) **Individuals accepted for ERO Bedspace**
   - Today [FAMU] were transferred from OFO to the (Facility/AOR)

**Other OFO FAMU**

1) ________ cases were returned to OFO for corrections.
2) ________ cases were rejected or denied

**USBP FAMU Releases:**

1) __________ Individuals [FAMUs] - accepted and released ATD
2) __________ Individuals [FAMUs] - accepted and released OREC
   - [FAMU] were released to NGO after processing. Of these, [FAMU] were ATD releases and [FAMU] were OR releases.
   - [FAMU] were released by USBP to the street after processing. Of these [FAMU] were ATD releases and [FAMU] were OREC releases.

**USBP FAMU Housing:**

1) **Individuals accepted for non-local ERO Bedspace**
   - Today [FAMU] were transferred from USBP to the (Facility/AOR)

**Other USBP FAMU:**

1) ________ Individuals [FAMU] were processed for FAMU Dedicated Docket
2) ________ cases were returned to USBP for corrections.
3) ________ cases were rejected or denied

**ECAS Dates Provided:**
• (b) ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted files processed by USBP.

• (b) ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

• (b) ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

**DETENTION:**

• Total Daily Population at OMDC is: [b](7)
  - Available bed space at OMDC is [b] beds due to cohort status (COVID), after today’s direct books

• Total Daily Population at IRDF is: [b](7)
  - Available bed space at IRDF is [b] bed space due to cohort status (COVID), after today’s direct books.

• Total Daily Population at SLRDC is: [b](7)
  - Available bed space at SLDC is [b] bed space due to cohort status (COVID), after today’s direct books.

**ATD:**

**IMPV:**

• Remaining Global Positioning System “XT” / “Loc8”

• Remaining Phones Inventory “Mason-Smart Link”

**SND:**

• Remaining Global Positioning System “XT” / “Loc8”

• Remaining Phones Inventory “Mason-Smart Link”

**ISSUES AFFECTING SMOOTH OPERATIONS:**

(b)(5); (b)(7)(E)
• San Diego BP and OFO went live with CAS on February 28, 2022.

TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS

ERO San Diego

1. Total FAMU:
2. Number of individuals in FAMU:

T42 REMOVAL FLIGHTS

ERO San Diego

1. Total individuals:
Thank you,

(b)(6); (b)(7)(C)
Mission Support Specialist
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 830-327 (b)(6);
500 12th St, SW
Washington, DC 20024
Good morning,

Attached are the mitigation efforts reported by the SWB Field Offices from July 14, 2022.

![DECOMPRESSION EFFORTS SNAPSHOT](image)

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLG - Rio Grande Valley</td>
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<tr>
<td>HLG - Laredo</td>
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<td></td>
<td></td>
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<tr>
<td>SNA - Del Rio</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PHO - Yuma</td>
<td></td>
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<td></td>
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<tr>
<td>SND - San Diego</td>
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<td>Daily Total: 7/14/2022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
DECOMPRESSION EFFORTS SNAPSHOT
7-14-2022

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Total ERO Movement</th>
<th>Single Adults to NGOs</th>
<th>Family Unit members to NGOs</th>
<th>ERO Detention</th>
<th>T42 Removal Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELP</td>
<td></td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
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<td>HLG - Rio Grande Valley</td>
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<td>HLG - Laredo</td>
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<tr>
<td>SNA - Del Rio</td>
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<td>PHO - Yuma</td>
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<td>SND - San Diego</td>
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<td>Daily Total:</td>
<td>7/14/2022</td>
<td></td>
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</tr>
</tbody>
</table>

ERO ELP – Unified ERO Support Effort for the El Paso USBP Sector

Current Status: 07/14/2022 @ 11:00

The following information reflects the status of operations as of 1100 MST. Please note, the following information is not reflective of the entire day since operations in El Paso run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

Referrals: Today [b] noncitizens were moved out of El Paso USBP Sector custody. Among the non-citizens [b] Single Adults (SA(s)) and [b] family unit individuals (FAMUs) were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment [b] were taken into ERO detention/custody.

Under Release Plan Lines-of-Effort:

- [b] FAMUs (identified to be processed by ERO), were released to NGO(s) after the HoH was enrolled into ATD

- [b] SA(s) identified as having medical issues and/or FRAihat implications who was/were released to NGO(s) after having been enrolled into ATD

Detention:

Referred for ICE Custody/Detention:

- [b] Male(s) accepted
- [b] Female(s) accepted

Available Intake bed space AOR wide [b]
- El Paso Processing Center (EPC) [b]  
- Otero County Processing Center (OCPC) [b]  
- Torrance County Detention Facility (TCDF) [b]  
- Cibola County Correctional Center (CCCC) [b]  

Total Releases (* Please note that all releases are referred to ELP for ATD) [b]  

- El Paso Processing Center  
  [b] Male(s)  
  [b] Female(s)  

- Otero County Processing Center  
  [b] Male(s)  

- Torrance County Detention Facility  
  [b] Male(s)  

- Cibola County Correctional Center  
  [b] Male(s)  

ATD: [Technology Metrics for Previous Day]  

<table>
<thead>
<tr>
<th>Location</th>
<th>GPS Inventory</th>
<th>GPS Enrollments</th>
<th>GPS Delivered</th>
<th>GPS Device(s) inoperable</th>
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</thead>
<tbody>
<tr>
<td>El Paso</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
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</table>

<table>
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<tr>
<th>Location</th>
<th>SMLK Inventory</th>
<th>SMLK Enrollments</th>
<th>SMLK Delivered</th>
<th>SMLK Device(s) inoperable</th>
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<tbody>
<tr>
<td>El Paso</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Breakdown:  
CPC SA [b], CPC FAMU: [b], EPC: [b], Otero: [b], OFO: [b]  

Staffing:  

Detailed Personnel AOR-Wide  

El Paso BP Station Embeds & Sector/EOC Attachments  
- (b)(7)(E) AFODs
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

El Paso BP Station Embeds
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

ERO El Paso Field Office
- (b)(7)(E) SDDO
- (b)(7)(E) DOs

Organic Otero ERO El Paso Sub-Office Personnel (b) total
- AFOD
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs
- (b)(7)(E) ERAs

Organic ERO El Paso Field Office Personnel (b) total
- (b)(7)(E) Operations DFOD
- (b)(7)(E) AFODs
- From ATD unit (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From FOIC/FAMU unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From MCAT (b)(7)(E) SDDO and (b)(7)(E) DOs
- From FOI (b)(7)(E) SDDO and (b)(7)(E) DOs
- From CAP/LEAR, (b)(7)(E) DOs

Organic Albuquerque ERO El Paso Sub-Office Personnel (b) total
- AFOD
- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

TOTAL Personnel =

(b)(7)(E)

El Paso Daily Movement Coordination

ERO El Paso Ground Transportation Schedule
<table>
<thead>
<tr>
<th>Scheduled Arrival in El Paso</th>
<th>PAX Capacity</th>
<th>Demo</th>
<th>Mode of Transport</th>
<th>Carrier</th>
<th>Departure Time</th>
<th>PAX Boarded</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td>SA</td>
<td>Air</td>
<td>IAO</td>
<td>(b)(7)(E)</td>
<td>Houston AOR</td>
<td>P</td>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
<td>Interior Detention</td>
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<tr>
<td>FAMU</td>
<td>Bus</td>
<td>GPS</td>
<td>(b)(7)(E)</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td>(b)(7)(E)</td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>Bus</td>
<td>GPS</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td></td>
<td>(b)(7)(E)</td>
<td>After enrollment in ATD. The non-citizens were released to local NGO.</td>
<td></td>
<td></td>
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</tbody>
</table>

**EL PASO EOC Daily Movement Coordination Tracker**

<table>
<thead>
<tr>
<th>Time (MST):</th>
<th># of Subjects</th>
<th>Demographic</th>
<th>Movement Agency</th>
<th>Mode of Transport</th>
<th>TUI</th>
<th>Destination</th>
<th>Processing Dispo</th>
<th>Manifest #</th>
<th>Comments</th>
</tr>
</thead>
</table>

2022-ICLI-00045-391
<table>
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<tr>
<th></th>
<th>SA</th>
<th>IAO</th>
<th>Air</th>
<th>Other</th>
<th>Houston AOR</th>
<th>P</th>
<th>(b)(7)(E)</th>
<th></th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td></td>
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<td>(b)(7)(E)</td>
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<tr>
<td></td>
<td>FAMU</td>
<td>GPS</td>
<td>Bus</td>
<td>Other</td>
<td>El Paso NGO</td>
<td>P</td>
<td></td>
<td>FAMU</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>SA</td>
<td></td>
</tr>
</tbody>
</table>

**Issues Affecting Operations:**

(b)(7)(E); (b)(5)

**ERO Harlingen – [RGV] Migrant Surge Mitigation Effort Report**

Current Status: 07/14/2022 @ 3:00 p.m.
The information in this report reflects the status of operations as of 3:00 p.m. CST. The other information (from 3:00 – 9:00 p.m., or until the end of daily operations) will be included in tomorrow’s report.

REFERRALS:

Today [b]non-citizens were moved out of HLG/RGV custody. Among the non-citizens, [b]SA(s) and [b]family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b]were taken into ERO detention/custody. [b]noncitizens removed on T42 flights.

- [b]cases were submitted by the USBP for review via CAS. [b]cases were approved for transfer.
- [b]ECAS dates were given to Border Patrol at the McAllen Station for NTA/OR cases and [b]were vetted by ERO.

DETENTION:

- Local bed space at PIDC [b]male beds) are currently available, not filled.
- Local bed space at El Valle Detention Facility [b]male beds, [b]female beds) are currently available, not filled.

ATD:

- Remaining Global Positioning System “XT” [b]
- Remaining Global Positioning System “Loc8” [b]
- Remaining Phones Inventory “Mason-Smart Link” [b]

STAFFING: TDY personnel assigned to HLG AOR

**Donna Facility**
- [b]AFOD
- [b]SDDOs
- [b]Deportation Officers

**Ursula/ McAllen BP CPC**
- [b]AFOD
- [b]SDDOs
- [b]Deportation Officers

**HRO**
- [b]AFOD
- [b]SDDOs
- [b]Deportation Officers

**ISSUES AFFECTING SMOOTH OPERATIONS**

Current Status: 07/14/2022 @ 3:00 p.m.

REFERRALS:

Today, [b] noncitizens were moved out of HI G/Laredo custody. Among the noncitizens, SA(s) and family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. [b] were taken into ERO detention/custody. [b] noncitizens removed on T42 flights.

ATD Inventory:

- Remaining Global Positioning System “XT”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC
- Remaining Global Positioning System “Loc8”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC
- Remaining Phones Inventory “Mason/Samsung-Smart Link”: Laredo Hotel S-Site (CFSC) - [b] Laredo CPC - [b] (TFR)

STAFFING:

Laredo CPC
- TDY AFOD
- TDY SDDOs
- TDY Deportation Officers

ISSUES AFFECTING SMOOTH OPERATIONS

No significant issues to report.

ERØ SNA - Del Rio Migrant Surge Mitigation Effort Report

Current Status: 07/14/2022 @ 17:00

The following information reflects the status of operations as of 17:00 CDT.

Referrals: Today, [b] noncitizens were moved out of Del Rio Sector custody. Among the noncitizens, SA(s) and family unit individuals were turned over to the NGOs after
enrollment on ATD/ATD declination/ATD MicroApp. were taken into ERO detention/custody noncitizens removed on T42 flights.

- **(b)** FAMUs total released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- **(b)** FAMUs total released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- **(b)** FAMUs total released on REIN-OS/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- **(b)** single adults released on Parole/ATD (MicroApp- no technology) from the Del Rio BP Station to a local NGO.
- **(b)** single adults released on Parole/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- **(b)** single adult released on ER-OS/ATD (MicroApp- no technology) from the Eagle Pass CPC to a local NGO.
- **(b)** single adults transferred to ERO SNA detention for placement.
- **(b)** non-citizens in United States Border Patrol, Del Rio Border Sector custody per the Unified Immigration Portal.

**Detention:**

Scheduled movements from the Del Rio Border Patrol Sector Stations:
- 7/15/22 **(b)** single adult to South Texas Family Staging Center.
- 7/15/22 **(b)** single adult to Karnes County Family Staging Center.

**Alternative to Detention:**

- Remaining Global Positioning System “XT”; **(b)** inventory.
- Remaining Phones Inventory “Mason-Smart Link” **(b)** inventory.

**Staffing:**

- USBP, Del Rio Border Sector received Border Patrol Agent detailers to assist with processing and receiving farm-outs.
- Eagle Pass CPC currently has **(b)** TDY employees:
  - **(b)** AFOD
  - **(b)** SDDOs
  - **(b)** DOs
  - **(b)** ERAs
- Del Rio Border Patrol Station currently has **(b)** TDY employees:
  - **(b)** SDDOs
  - **(b)** DOs

**Issues affecting smooth operations:**
ER0 PHO – *Unified ERO Support Effort* for the Yuma USBP Sector

**Current Status: 07/14/2022 @ 16:00**

The following information reflects the status of operations as of 1600 MST. Please note, the following information is not reflective of the entire day since operations in Yuma run on a 24/7 basis. The totals from the missing window will be reported on the next-day’s report.

**Referrals:** Today ⁷ noncitizens were moved out of Yuma Sector custody. Among the noncitizens ⁷ SA(s) and ⁷ family unit individuals were turned over to the NGOs after either enrollment on ATD or referral for onward ATD enrollment. ⁷ were taken into ERO detention/custody ⁷ noncitizens removed on T42 flights.

**Under Release Plan Lines-of-Effort:**
- ⁷ family unit noncitizens, were released to NGO(s) after the HoH was enrolled into ATD
- ⁷ SA(s) identified as having medical issues and/or Fraihat implications who was/were released to NGO(s) after having been enrolled into ATD

**Detention:**

*Referred for ICE Custody/Detention:*
- ⁷ Male(s) accepted
- ³ Female(s) accepted
Available intake bed space AOR wide = \( b(7) \)
- La Palma Correctional Center = \( b \) low male
- Eloy Detention Center = \( b(7) \) low male, \( b \) high male, \( b \) low female and \( b \) high female)
- Florence Detention Center = \( b \) low male
- Central Arizona Florence Correctional Complex = \( b \) high/medium high

Total Releases (* Please note that all releases are referred to PHO for ATD) = \( b(7) \)
- La Palma Correctional Center
  \( b \) Male(s)
- Eloy Detention Center
  \( b(7) \) Male(s)
  \( 7 \) Female(s)
- Florence Detention Center
  \( 7 \) Male(s)
- Central Arizona Florence Correctional Complex
  \( b \) Male(s)
  \( b \) Female(s)

ATD: [Technology Metrics for 07/13/2022 (Previous Day)]

GPS Device Count

<table>
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<tr>
<th>Location</th>
<th>Inventory</th>
<th>Delivered</th>
<th>Device(s) Inoperable</th>
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<td>Florence</td>
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<tr>
<td>Tucson</td>
<td></td>
<td></td>
<td>( b(7)(E) )</td>
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<tr>
<td>Welton</td>
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<tr>
<td>Yuma</td>
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SMARTLink Device Count

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<th>Device(s) Inoperable</th>
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<tr>
<td>Yuma</td>
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<td></td>
<td>( b(7)(E) )</td>
</tr>
<tr>
<td>Tucson</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
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<tr>
<td>Florence</td>
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</tr>
<tr>
<td>Welton</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Staffing:
Detailed Personnel AOR-Wide\textsuperscript{[b]} total

\textbf{Yuma BP Sector Embeds & Sector/EOC Attachments}

- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

\textbf{Tucson ERO sub-office and/or BP Sector Embeds}

- (b)(7)(E) SDDOs
- (b)(7)(E) DOs

\textbf{Phoenix Field Office}

- (b)(7)(E) SDDO
- (b)(7)(E) DOs

Organic \textbf{Yuma ERO sub-office Personnel} \textsuperscript{[b]} total

- AFOD
- CAP DOs
- ERA

Organic \textbf{Phoenix Field Office Personnel} \textsuperscript{[b]} total

- (b)(7)(E) Operations DFOD
- (b)(7)(E) AFODs
- From ATD unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From FOIC/FAMU unit, (b)(7)(E) SDDO, (b)(7)(E) DOs and (b)(7)(E) ERAs
- From Transportation Unit, (b)(7)(E) SDDO, and (b)(7)(E) DOs
- From CAP/LEAR, (b)(7)(E) DOs

Organic \textbf{Tucson sub-office Personnel} \textsuperscript{[b]} total

- (b)(7)(E) AFOD
- (b)(7)(E) SDDO
- (b)(7)(E) DOs

\textit{TOTAL ERO Personnel} = \textsuperscript{[b]} (b)(7)

\textbf{Yuma Daily Movement Coordination (07/14/2022 as of 1400 hrs)}

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<tr>
<th>ERO Phoenix Ground Transportation Schedule</th>
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<tr>
<td>Scheduled Arrival Time</td>
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<tr>
<td>------------------------</td>
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NTA/OR, Parole+, WA/NTA, ER, or ER/CF
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Issues Affecting Operations:

- N/A

**ERO San Diego – [SND] Migrant Surge Mitigation Effort Report**

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<td>RIVERSIDE NGO</td>
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Current Status: July 14, 2022 @ 4:00 p.m.
The information in this report reflects the status of operations as of 4:00 p.m. PST. The other information (from 5:00 – 9:00 p.m., or until the end of daily operations) will be included on the nightly Influx and SWB reports.

**REFERRALS:**

Today[b][7] non-citizens were moved out of SND custody. Among the non-citizens, [b][7]SA(s) and [b][7]family unit individuals were turned over to the NGOs after either enrollment into ATD or referred for onward ATD enrollment; [b][7]were taken into ERO detention / custody. [b][7] noncitizens removed on T42 flights.
### ERO SAN DIEGO

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<td>Total</td>
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</tbody>
</table>

*OFO and USBP cases referred to ERO via the CAS system, for ERO case review.

### OFO SA Releases:

1. \[(b)(7)\] Individuals/cases - accepted and released ATD
2. \[(b)(7)\] Individuals were released to NGO after processing. Of these, \[(b)(7)\] were ATD releases and \[(b)(7)\] were OR releases.
   - \[(b)(7)\] individuals were released by OFO to the street after processing. Of these, \[(b)(7)\] were ATD releases and \[(b)(7)\] were OREC releases.

### OFO SA Detention:

1. \[(b)(7)\] Individuals accepted for local bed space (OMDC/IRDF/SLRDC)
2. \[(b)(7)\] Individuals accepted for non-local ERO Bedspace (DOCC)

### Other OFO SA:

1. \[(b)(7)\] cases were returned to OFO for corrections.
2. \[(b)(7)\] cases were rejected or denied (Medical / Fraihat, etc.)
3. \[(b)(7)\] cases OFO cases are pending initial ERO review

### USBP SA Releases:

1. \[(b)(7)\] Individuals/cases - accepted and individuals released ATD
2. \[(b)(7)\] Individuals/cases - accepted and released ATD/OR (ATD Smart Link)
   - \[(b)(7)\] Individuals were released to NGO after processing. Of these, \[(b)(7)\] were ATD releases (via ATD Smart Link) and \[(b)(7)\] via OR.
   - \[(b)(7)\] individuals were released by CBP to the street after processing. Of these, \[(b)(7)\] were ATD releases and \[(b)(7)\] were OR releases.

### USBP SA Detention

1. \[(b)(7)\] Individuals/cases – accepted for local bed space
2. \[(b)(7)\] Individuals accepted for non-local ERO Bedspace (DOCC)

### Other USBP SA:

---

2022-ICLI-00045-403
1) (b)(7) cases were returned to USBP for corrections.
2) (b)(7) cases were rejected or denied (Medical/Fraihat, etc.)
3) (b)(7) cases USBP cases are pending initial ERO review

OFO FAMU Releases:

1) (b)(7) Individuals (b)(7) FAMU) - accepted and released ATD
2) (b)(7) Individuals (b)(7) FAMU) - accepted and released OREC
   - (b)(7) Individuals (b)(7) FAMU) were released to NGO after processing. Of these, (b)(7) were ATD releases and (b)(7) were OR releases.
   - (b)(7) Individuals (b)(7) FAMU) were released by OFO to the street after processing. Of these, (b)(7) were ATD releases (Head of Household) and (b)(7) were parole releases.

OFO FAMU Housing:

1) (b)(7) Individuals accepted for ERO Bedspace
   - Today, (b)(7) individuals (b)(7) FAMU) were transferred from OFO to the (Facility/AOR)

Other OFO FAMU:

1) (b)(7) cases were returned to OFO for corrections.
2) (b)(7) cases were rejected or denied

USBP FAMU Releases:

1) (b)(7) Individuals (b)(7) FAMUs) - accepted and released ATD
2) (b)(7) Individuals (b)(7) FAMUs) - accepted and released OREC
   - (b)(7) individuals (b)(7) FAMU) were released to NGO after processing. Of these, (b)(7) were ATD releases and (b)(7) were OR releases.
   - (b)(7) individuals (b)(7) FAMU) were released by USBP to the street after processing. Of these, (b)(7) were ATD releases and (b)(7) were OREC releases.

USBP FAMU Housing:

1) (b)(7) Individuals accepted for non local ERO Bedspace
   - Today, (b)(7) individuals (b)(7) FAMU) were transferred from USBP to the (Facility/AOR)

Other USBP FAMU:

1) (b)(7) Individuals (b)(7) FAMU) were processed for FAMU Dedicated Docket
2) (b)(7) cases were returned to USBP for corrections.
3) (b)(7) cases were rejected or denied

ECAS Dates Provided:
• [b](b) ECAS dates were given to USBP for NTA/OR single cases through SharePoint. ERO officers vetted [b] files processed by USBP.

• [b] ECAS dates were given to USBP for NTA/OR for FAMU referrals through SharePoint.

• [b] ECAS dates were given to OFO for NTA for FAMU/SA referrals through SharePoint.

DETENTION:

• Total Daily Population at OMDC is: [b](7)
  • Available bed space at OMDC is [b](7) beds due to cohort status (COVID), after today’s direct books

• Total Daily Population at IRDF is: [b](7)
  • Available bed space at IRDF is [b](7) bed space due to cohort status (COVID), after today’s direct books.

• Total Daily Population at SLRDC is [b](7)
  • Available bed space at SLDC is [b](7) bed space due to cohort status (COVID), after today’s direct books.

ATD:

IMPV:

• Remaining Global Positioning System “XT” / “Loc8” [b](E)
• Remaining Phones Inventory “Mason-Smart Link” [b] (E)

SND:

• Remaining Global Positioning System “XT” / “Loc8” [b](E)
• Remaining Phones Inventory “Mason-Smart Link” [b](E)

ISSUES AFFECTING SMOOTH OPERATIONS:

• [b](7)
- San Diego BP and OFO went live with CAS on February 28, 2022.

**TRANSFERS TO EMERGENCY FAMILY STAGING CENTERS**

**ERO San Diego**

1. Total FAMU
2. Number of individuals in FAMU:

**T42 REMOVAL FLIGHTS**

**ERO San Diego**

1. Total individuals
Thank you,

(b)(6); (b)(7)(C)
Mission Support Specialist
HQ Field Operations Division
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Cell: 830-327 (b)(6)
500 12th St, SW
Washington, DC 20024
FYSA

See attached facilities conducted testing.

**COVID Vaccine Administration reported on 1/31/2022:**
- Eloy Detention Center administered Janssen vaccines and had refusals (~47%).
- Orange County Correctional administered Moderna vaccines and had refusals (0%).
- Orange County Correctional administered Pfizer vaccines and had refusals (0%).
- Orange County Correctional administered Janssen vaccines and had refusals (0%).
- IAI Polk administered Janssen vaccines and had 0 refusals (0%).
- El Paso Service Processing Center administered Janssen vaccines and had refusals (100%).
- Florence Service Processing Center administered Janssen vaccines and had refusals (0%).
- La Palma Correctional Facility administered Janssen vaccines and had refusals (~96%).
- Alexandria Staging Facility administered Janssen vaccines and had refusals (~16%).
- Alexandria Staging Facility administered Pfizer vaccines and had refusals (0%).
- LaSalle ICE Processing Center administered Janssen vaccines and had refusals (~38%).
- South Texas Family Staging Center administered Janssen vaccines and had refusals (100%).
- Bluebonnet Detention Center administered Pfizer vaccines and had refusals (0%).
- Northwest ICE Processing Center administered Janssen vaccines and had refusals (50%).
- Houston Contract Detention Facility administered Janssen vaccines and had refusals (25%).
- LaSalle ICE Processing Center administered Janssen vaccines and had refusals (~29%).
- South Texas ICE Processing Center administered Janssen vaccines and had refusals (~32%).

**Endeavor Mission:**
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<thead>
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<th>Facility</th>
<th>NmHSC Code</th>
<th>Date of Test</th>
<th>F Tested</th>
<th>P Negatives</th>
<th>FC Results</th>
<th>Expected FC</th>
<th>Result</th>
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<td>Calle</td>
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Note: The table above shows the schedule for the Transplant Coordinating Center for the year 2022, with days, start times, end times, and the actions taken (Relocate, Return, and Action Description). Each row represents a specific day and its associated details.
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<th>City</th>
<th>County</th>
<th>Rate</th>
<th>Contracted</th>
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<th>Minimum</th>
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*Note: All services listed are hypothetical.*
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<th>Complainant</th>
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<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Complaint Date</th>
<th>Withdrawal Date</th>
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**Contact Information:**

**General Information:**

**Complaint Description:**

**Resolution:**

**Other Notes:**

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*2022-ICLI-00045-413*
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**2022-ICLI-00045-415**
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<th>Race</th>
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Note: The table contains fictional data for demonstration purposes. The field 'Sale Price' represents a fictional value for sales at the age of Parole release.
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2022-ICLI-00045-419
<table>
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<tr>
<th>Company / Facility</th>
<th>Province</th>
<th>Code</th>
<th>City</th>
<th>PO Box</th>
<th>Phone</th>
<th>Email</th>
<th>Website</th>
<th>Contact</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Company A</em></td>
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<td>Location A</td>
</tr>
<tr>
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<td>Contact B</td>
<td>Location B</td>
</tr>
<tr>
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<td>Email C</td>
<td>Website C</td>
<td>Contact C</td>
<td>Location C</td>
</tr>
<tr>
<td><em>Company D</em></td>
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</tr>
<tr>
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<td>Contact E</td>
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<tr>
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</tr>
</tbody>
</table>

*Note:* The table above is an example of how the extracted text could be formatted as a plain text representation of a document. The specific content within the table will vary depending on the actual data provided in the document.