OIDO is an independent office within the Department of Homeland Security.
August 19, 2022

MEMORANDUM FOR: Tae D. Johnson
Acting Director
U.S. Immigration and Customs Enforcement

FROM: David D. Gersten
Acting Ombudsman
Office of the Immigration Detention Ombudsman

SUBJECT: OIDO-22-004
Emergency Family Staging Centers
December 14 and 16, 2021

Attached is OIDO’s final report based on its inspection of the Emergency Family Staging Centers in Pearsall and Cotulla, Texas on December 14 and 16, 2021. We reviewed the facilities’ compliance with the 2020 Family Residential Standards, as modified for implementation at specific sites, as well as the service contract with U.S. Immigration Customs and Enforcement (ICE).

The report contains five recommendations designed to improve future operations at hotels or similar facilities that ICE uses to provide shelter and services to noncitizen families. Your office concurred with four recommendations and partially concurred with one recommendation. Based on the information provided in your response to the draft report, OIDO considers all five recommendations resolved and closed.

Consistent with our responsibility under the Homeland Security Act of 2002, Pub. L. 107-29, as amended, including section 405 (6 U.S.C. § 205), we will post the report on our website for public dissemination.

Attachment
In December 2021, OIDO conducted unannounced inspections of two U.S. Immigration and Customs Enforcement (ICE) Emergency Family Staging Centers (EFSCs) in the San Antonio Sector to assess their compliance with ICE detention standards and contract terms. OIDO performed focused inspections, reviewing areas of its priority interest as well as areas of concern that had been identified during prior inspections of these and similar facilities. Specifically, OIDO reviewed issues related to health care, COVID-19 protocols, admission and release, safety and security, environmental health and safety, behavior management, and legal access and communication.

OIDO’s inspection revealed several factual findings. Related to prior inspections, OIDO found that two previously noted violations were improved, but three deficiencies remained in the areas of overnight safety checks, staff Post Orders, and intake health assessments. Related to additional topics evaluated, OIDO determined that the EFSCs followed the modified detention standards and contract terms except in the areas of resident communication, health care, cleanliness, food storage, and children’s recreation.

OIDO made five recommendations designed to improve future operations at hotels or similar facilities that ICE uses to provide shelter and services to noncitizen families. ICE concurred with four recommendations and partially concurred with one recommendation.
# Table of Contents

Introduction ........................................................................................................................................... 1
Background ............................................................................................................................................... 1
Objective, Scope, and Methodology .......................................................................................................... 2
Results of Inspection ................................................................................................................................. 4
   A. Follow-up Results: Review of Issue Areas with Prior Violations ...................................................... 4
      i. Continued Deficiencies .................................................................................................................. 4
      ii. Improved Policies ......................................................................................................................... 6
   B. Additional Findings: OIDO’s Review of Performance Standards and Contract Terms ............ 7
      i. Resident Communication and Information Provision ....................................................................... 7
      ii. Additional Medical Findings ......................................................................................................... 9
      iii. Miscellaneous Findings ............................................................................................................... 10
Conclusions ............................................................................................................................................... 11
Recommendations ...................................................................................................................................... 11
Response from Inspected Component and OIDO Analysis ...................................................................... 13

## Appendices

Appendix A: Component Response ........................................................................................................ 15
Appendix B: Attachment 2B of the Endeavors Contract ......................................................................... 19
Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight (DO) Division conducts independent, objective, and credible inspections of U.S. Immigration and Customs Enforcement (ICE) facilities throughout the United States. OIDO reviews, examines, and makes recommendations to address concerns with or violations of detention standards and contract terms regarding immigration detention facilities and services. During its inspections, OIDO often also completes follow-up assessments to determine whether a facility has taken corrective action to resolve violations or concerns identified during a prior inspection.

In December 2021, OIDO conducted unannounced inspections of two ICE Emergency Family Staging Centers (EFSCs) in the San Antonio Sector: La Quinta Inn located in Pearsall, Texas (hereinafter referred to as La Quinta Pearsall) and La Quinta Inn located in Cotulla, Texas (hereinafter referred to as La Quinta Cotulla). OIDO performed a general inspection to determine whether the staging centers followed the applicable ICE Family Residential Standards (2020 FRS), as modified for implementation at the specific sites, as well as contract terms. While OIDO found that the EFSCs were generally compliant, it did identify violations, including a repeat deficiency, and concerns from prior inspections. Although ICE stopped using the EFSCs in March 2022, OIDO offers five recommendations for ICE to incorporate into future contracts with hotels or similar facilities that provide shelter and services to noncitizen families.

Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or via contract with private companies or federal, state, or local governments. ICE contracts with detention facilities in various ways. Each contract requires that a facility adhere to one of the ICE detention standards, which regulate conditions of confinement, program operations, and management expectations within the component’s detention system. For facilities that shelter and provide services to families, ICE uses the 2020 FRS. In addition, ICE uses the coronavirus disease 2019 (COVID-19) Pandemic Response Requirements (PRR) to assist detention facility operators in sustaining operations while mitigating risk to the safety and wellbeing of residents due to COVID-19.

ICE used a modified version of the 2020 FRS, the Flores Settlement Agreement, and the Healthcare Standard for Emergency Family Reception Sites to regulate conditions at and operations of the EFSCs, which were intended for the provision of single-use, non-congregant residential care of no longer than 120 hours. The modifications to the FRS were aimed at ensuring

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1 See Family Residential Standards 2020 | ICE.
4 While the EFSC contract allowed for resident care up to 120 hours, it also stated that 72 hours should be the preferred and aimed length of resident stay.
that EFSCs provide appropriate care and related services 24 hours per day, seven days per week for noncitizen family units\(^5\) in a culturally sensitive environment.

La Quinta Pearsall and La Quinta Cotulla are single-building hotels which, at the time of OIDO’s inspections, served as EFSCs operated by the ICE ERO contractor, Endeavors.\(^6\) La Quinta Pearsall began operations as an EFSC in May 2021 and ceased operations as such on December 31, 2021. La Quinta Cotulla, by contrast, began operations as an EFSC on September 28, 2021, and ceased operations as such in March 2022. Both staging centers were actively performing intake and release of family residents at the time of OIDO’s inspection.

According to the contract between ICE and Endeavors to house migrant families at hotels, all residents were considered to be in the legal custody of ICE at all times.\(^7\) ICE processed a total of 1,169 families at La Quinta Pearsall between May and December 2021 and 605 families at La Quinta Cotulla between September and December 2021. At the time of OIDO’s inspection, La Quinta Pearsall sheltered 39 families, or a total of 103 residents,\(^8\) and had 61 rooms available for use. La Quinta Cotulla sheltered 31 families, or a total of 91 residents, and had 58 rooms available for use.\(^9\)

**Objective, Scope, and Methodology**

OIDO reviews, examines, and makes recommendations to address concerns with detention conditions or violations of contract terms and detention standards in immigration detention facilities and services. In December 2021, OIDO performed unannounced, in-person inspections at two EFSCs: La Quinta Pearsall and La Quinta Cotulla. OIDO’s objective was to assess the EFSCs’ compliance with ICE’s modified FRS, ICE ERO’s PRR,\(^10\) and their contract terms. In addition, at La Quinta Pearsall, OIDO followed-up on the results of contractor Danya International, LLC’s July 2021 inspection.\(^11\)

Finally, OIDO’s inspections focused on standard and contract compliance in areas that had been identified during prior inspections and observations of similar facilities as concerns. These included OIDO’s April 2021 observational visit to three EFSCs;\(^12\) the Office for Civil Rights and

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\(^5\) The EFSC contract defines a family unit as: a group of two or more noncitizens comprised of an adult parent or legal guardian who is 18 years of age or older and at least one child.

\(^6\) Endeavors is a faith-based community service organization founded in Texas. Its non-profit division was awarded a short-term contract by ICE in March 2021 to provide temporary shelter and processing services for families who have been placed in immigration proceedings. See [https://docs.house.gov/meetings/AP/AP15/20210513/112599/HHRG-117-AP15-Wstate-JohnsonT-20210513.pdf](https://docs.house.gov/meetings/AP/AP15/20210513/112599/HHRG-117-AP15-Wstate-JohnsonT-20210513.pdf).

\(^7\) Section C(2) of the EFSC contract states: “All residents will be in the legal custody of ICE; therefore, they can only be released at the direction of ICE.” (p. 6). Further, section C(5)(a)(iii) states: “At all times, individuals comprising family units shall remain in the legal custody of ICE, irrespective of residential services provided by Service Provider.” (p. 8).

\(^8\) The breakdown of the residents sheltered at La Quinta Pearsall was as follows: 13 adult males, 38 adult females, 25 juvenile males, and 27 juvenile females.

\(^9\) The breakdown of the residents sheltered at La Quinta Cotulla was as follows: 15 adult males, 33 adult females, 16 juvenile males, and 27 juvenile females.

\(^10\) OIDO used PRR version 7.0, effective October 19, 2021, for its inspection.

\(^11\) Danya International’s inspection report was submitted to ICE’s Juvenile and Family Residential Management Unit.

\(^12\) These included: Casa Estrella and Casa Consuelo in El Paso, Texas and Casa de la Luz in Phoenix, Arizona.
Civil Liberties’ (CRCL) June 2021 review of conditions at one EFSC, and Danya International LLC’s 2021 compliance inspections of five EFSCs. OIDO used these previous reviews and inspections to identify consistent areas of non-compliance or concern across the EFSCs and shape its inspection priorities accordingly.

For example, during its April 2021 observational visit to three EFSCs, OIDO noted the following:

- The EFSCs did not conduct welfare checks on the residents between 10 p.m. and 6 a.m.
- The EFSCs’ medical screening worksheets did not address all the required elements covered in the medical and mental health standards of the FRS.
- One EFSC did not perform the residents’ initial medical and mental health screening within 12 hours of arrival.
- The EFSCs were not following CDC protocols related to close contact with positive COVID-19 cases.
- The EFSCs were not testing residents for COVID-19 prior to release from the centers.
- Contract terms failed to account for elongated processing requirements for residents who tested positive for COVID-19.
- At one EFSC, residents with positive COVID-19 results departed prior to receiving a negative result.
- At one EFSC, medical staffing was inadequate.

In addition, CRCL’s June 2021 review of conditions at EFSCs led to the following observations and recommendations related to resident safety and health care precautions:

- The EFSCs did not comply with the FRS Resident Supervision Plan, which requires ongoing resident safety checks 24 hours per day. CRCL recommended that the EFSCs complete checks at least every hour, including overnight, for medical, safety, and Prison Rape Elimination Act (PREA) and Sexual Abuse and Assault Prevention and Intervention (SAAPI) reasons.
- While the COVID-19 standard operating procedure (SOP) required that EFSC staff be screened for signs and symptoms of the virus, it did not require similar screening of residents each day. CRCL recommended daily COVID-19 screening for residents.
- The EFSCs did not screen underage residents on intake to identify those likely to be sexual aggressors or victims of sexual abuse. CRCL recommended that the EFSCs update their SOPs to include SAAPI screening for underage residents.
- The EFSCs’ medical intake form did not include screening questions for chronic diseases, dental problems, pregnancy, symptoms of tuberculosis, or vital signs. CRCL recommended

that the form be amended to include these questions and checks.

Accordingly, OIDO’s inspections reviewed the EFSCs’ compliance with the 2020 FRS and contractual obligations pertaining to the following areas: health care, COVID-19 protocols, admission and release, environmental health and safety, behavior management, legal access, and security.

OIDO completed a one-day unannounced inspection at each location. The inspection team included three investigators, one medical advisor, and one senior advisor. OIDO reviewed internal ICE guidance, memoranda, contract data files, SOPs, discrepancy reports, and detention files and medical records of residents. Finally, OIDO conducted interviews with staff and residents and made observations of the everyday operations.

Results of Inspection

OIDO’s inspection revealed several factual findings. Related to prior inspections and observations of La Quinta Pearsall and other EFSCs, two common violations were improved, but three areas of concern remained, including a repeat deficiency at La Quinta Pearsall. The areas of continued concern included: overnight safety checks, staff Post Orders, and intake health assessments. First, the EFSCs did not perform sufficient overnight safety checks. Second, the EFSCs did not develop and maintain Post Orders for all staff positions. Third, EFSC medical personnel did not take residents’ vitals during intake health assessments.

As related to additional topics evaluated, OIDO determined that the EFSCs followed the modified detention standards and contract terms except in the following areas: resident communication and information provision, health care compliance, and miscellaneous issues compliance. First, OIDO found that some EFSC staff had limited English proficiency, that the EFSCs’ orientation and Resident Handbook provided incomplete information to residents, and that the EFSCs’ guidelines did not clearly define the grievance process, set clear expectations for behavior management, or address all areas of legal resources.

Second, as it relates to additional health care compliance, OIDO found that the EFSCs did not effectively distinguish COVID-19 positive rooms from COVID-19 negative rooms or provide a clear picture of their staffing levels, but they did offer COVID-19 vaccinations to residents. Third, as it relates to miscellaneous findings, OIDO determined that the EFSCs did not sufficiently clean and prepare rooms for new residents during turnover, that they did not adequately monitor refrigerator temperatures, and that they did not provide children with a play area in the admission space.

Inspection results are divided into two sections: Follow-up Results and Additional Results.

A. Follow-up Results: Review of Issue Areas with Prior Violations

i. Continued Deficiencies

**EFSCs Did Not Perform Sufficient Overnight Safety Checks**

The 2020 FRS section 1.0J states that a center should provide ongoing safety checks 24 hours per day. The standard further indicates that, generally, evening and overnight checks should occur no
less than every 30 minutes. However, these requirements may be adjusted to account for physical plan limitations as well as ICE Juvenile and Family Residential Management Unit (JFRMU) and/or state requirements. OIDO notes that during its April 2021 observational site visit to three EFSCs, it found that the centers did not conduct welfare checks on the residents between 10:00 p.m. and 6:00 a.m. Further, during CRCL’s June 2021 review, it also observed that EFSCs were not performing ongoing resident safety checks 24 hours per day. CRCL recommended that the EFSCs complete checks at least every hour, including overnight, for medical, safety, and PREA/SAAPI reasons.

During its December 2021 inspection, OIDO determined that La Quinta Cotulla had developed a local SOP approved by JFRMU regarding this issue, which stated that the staff should conduct one check per room between the hours of 10:00 p.m. and 6:00 a.m. The policy further stated that staff should take care not to wake the residents during this overnight check. OIDO found that La Quinta Pearsall had no similar local policy pertaining to overnight checks.

OIDO determined through interviews and review of the electronic logbooks that La Quinta Cotulla staff did conduct one overnight welfare check for each room in accordance with the approved local SOP. However, staff physically entered rooms and engaged with residents during the welfare check in violation of the local policy.

By contrast, staff at La Quinta Pearsall stated that they conducted welfare checks, including temperature checks and population counts, at breakfast, lunch, and dinner. They did not, however, conduct any overnight checks. OIDO found that the staff provided inconsistent information regarding when they completed the fourth and final welfare check of the day. Some indicated that this was done as early as 9:00 p.m., and others stated that the check was performed at 10:00 p.m.

The physical layout and structure of EFSCs in hotels likely prevent staff from performing required overnight safety checks without disturbing the sleeping residents. Nonetheless, welfare checks support the wellbeing of residents as they relate to medical, safety, and PREA/SAAPI concerns. While the EFSC contract provided for modifications to the 2020 FRS on this issue, only La Quinta Cotulla had a written local policy which attempted to meet the requirements.

**EFSCs Did Not Develop and Maintain Staff Post Orders**

The 2020 FRS section 7.5 states that centers must ensure that there are written Post Orders for each security post. The Orders should be available to all employees upon assuming their posts to read and review, which described the duties and responsibilities of their positions. Moreover, Danya International had also found during its compliance inspections in both July and November 2021 that La Quinta Pearsall did not have Post Orders for all assigned posts. As such, this is a repeat deficiency at La Quinta Pearsall. Similarly, OIDO also found that La Quinta Cotulla did not have Post Orders readily available for most staff positions. In short, both EFSCs inspected were non-compliant with FRS 7.5 for failing to make Post Orders available for assigned staff positions.

OIDO further notes that Danya International found similar non-compliance issues during its
compliance inspections of other EFSCs. All Danya International’s compliance inspections noted above reported that the EFSCs failed to provide Post Orders, except for security guards or, in a few cases, rovers. Thus, the development and maintenance of Post Orders appears to be a consistent area of non-compliance across the EFSCs. Failure to develop, maintain, and make available Post Orders could limit the staff’s ability to respond to an emergency.

**EFSC Medical Personnel Did Not Take Residents’ Vitals During Intake Health Assessments**

The 2020 FRS section 4.3J on medical and mental health screening requires that facilities perform a comprehensive health assessment on new residents to identify and address abnormal findings, abnormal vital signs, acute or chronic conditions, or other urgent/emergent conditions. During its April 2021 observation site visit, OIDO noted that the EFSCs’ medical screening worksheets did not address all the elements required by the 2020 FRS, including residents’ vital signs. During its June 2021 review, CRCL’s medical expert found similar issues, noting that the medical intake screen form at EFSCs did not include, among other things, any vital signs, such as heart rate, respiratory rate, and blood pressure. CRCL recommended amending the form to include these checks.

At both La Quinta Pearsall and Cotulla, OIDO found that the intake screening forms lacked an area to record vital signs for new arrivals. OIDO used random sampling to select and review 10 records at each location. None of the 10 records contained evidence that vitals had been taken during intake. Vital sign monitoring is a fundamental component of triage when intaking new arrivals to determine which individuals may warrant priority treatment and/or services. In addition, taking initial vitals establishes a baseline for comparison should the resident become ill while in custody.

**ii. Improved Policies**

**EFSCs Tested Residents for COVID-19 Prior to Release**

ICE ERO’s PRR\(^4\) requires that facilities test individuals for COVID-19 upon release. During its April 2021 observation visit to three EFSCs, OIDO noted that the centers only tested individuals upon release if they had tested positive for COVID-19 when they were initially admitted. The EFSCs did not test all residents for COVID-19 prior to release. By contrast, during its December 2021 inspection of La Quinta Pearsall and Cotulla, OIDO found that both EFSCs tested residents for COVID-19 prior to release to verify a negative result. This change represents an improvement in ensuring that precaution is taken to reduce exposure and transmission of COVID-19.

**EFSCs Performed Mental Health Screening Within 12 Hours**

The 2020 FRS state that residents should be processed fully, including initial classification, clothing and hygiene issuance, medical and mental health screening, and housing assignment, in fewer than 12 hours after arrival, barring documented exigent circumstances. During its April 2021 observation of three EFSCs, OIDO found that while COVID-19 screening was conducted upon arrival, at one location, staff did not complete the required medical screening until the residents’ second day onsite. By contrast, OIDO reviewed a random sample of 10 resident records at both La Quinta Pearsall and Cotulla in December 2021 and found that all medical files showed that

\(^4\) OIDO used PRR Version 6.0 dated March 16, 2021, during its April observation visit.
health screenings promotes residents’ health and wellbeing.

B. Contract Terms

i. Resident Communication and Information Provision

EFSC Staff Had Limited English Proficiency and Used Informal Translation Services

The 2020 FRS section C on disability rights and language access states that centers must provide information to residents in a language they understand to ensure that they have meaningful access to programs, services, and activities. When staff needs to communicate with a resident whose preferred language they do not speak fluently, the center must use a qualified interpretation service. Further, while the EFSC contract allows for qualified bilingual staff to provide residents information in a language or manner that the resident can understand, it also stipulates that all personnel should be literate enough to be able to read and interpret printed rules and regulations, detailed written orders, training instructions and materials, and must be able to compose reports which contain the informational values required by such directives.

OIDO interviewed the morning and day shift hall monitor at La Quinta Pearsall in Spanish, as the staff appeared to speak English with limited proficiency. The monitor explained that because most residents speak Spanish, their lack of English proficiency did not inhibit them from performing their duties. However, the staff’s limited English proficiency is a potential safety issue, particularly in the event of a medical emergency. The need for a translator in these urgent situations could increase service response time.

The hall monitor reported that, when needed, EFSC staff used the Voyce Global application, which was made available on their employer-provided cell phones, for immediate and informal translation services. Alternatively, they used the ICE ERO Language Service Line. OIDO notes that informal translation services should be used only in the case of emergency and with the residents’ consent as required by the 2020 FRS. The use of informal translation services could lead to misinterpretation or misinformation.

EFSCs Provided Incomplete Information During Resident Orientation and in the Resident Handbook

The 2020 FRS section 6.1 on the Resident Handbook indicates that every resident must be provided with comprehensive written orientation materials that describe matters to include contraband, admission process, staff-resident communication, religious practices, grievance system, rules, regulations, and procedures, and resident rights, among others. Centers may provide this information through a local handbook, national handbook, or combination. The resident handbook should be reviewed at least quarterly and updated as necessary.

At both La Quinta Pearsall and Cotulla, OIDO found that residents were given a Handbook during orientation but did not have to sign a document confirming receipt. OIDO found that the Resident Handbooks did not include information about significant topics such as rules and sanctions, resident rights, admission processes, grievance appeal processes, and religious practices. Further, the Handbook did not inform residents about their option to file grievances anonymously.
Residents could hand-deliver their grievance either to the staff or drop-box and provide their information for a follow-up call.

Residents at both La Quinta Pearsall and Cotulla viewed a 15-minute orientation video when they arrived at the EFSC. The video was made available through a thumb drive, which residents could use in their rooms. While the staff at La Quinta Cotulla did follow-up to ensure that residents watched the video, staff at La Quinta Pearsall did not. The video covered issues such as room acclimation, clothing distribution and sizing, telephone access, and Know Your Rights. It did not explain the use of the Resident Handbook or other topics noted above such as rules and sanctions, grievance appeal processes, and religious practices.

**EFSC Residents Did Not Receive Clear Guidance on Grievance Processes**

The 2020 FRS section 6.2 on the grievance system requires that centers treat all residents fairly by providing a procedure for them to file both informal and formal grievances and receive a timely response. The standard notes that staff and residents should mutually resolve complaints orally and informally through their daily interaction. However, residents should be able to file formal grievances, including medical grievances, and should receive a timely written response.

At La Quinta Pearsall, OIDO found that although the EFSC had a written policy for receiving and processing grievances, the staff did not differentiate between grievances and requests. As such, they handled the requests without formal logs and did not provide a written response to residents. At the time of OIDO’s inspection, staff reported that they had not received any general or medical grievances since opening as an EFSC. Staff also reported that JFRMU had advised the center the week before OIDO’s inspection to implement a grievance log to track resident grievances.

Similarly, at La Quinta Cotulla, the EFSC had local policies to receive, process, and respond to grievances; however, staff reported that they had not received any grievances since opening as an EFSC. Staff interviews revealed that this was because they resolved issues orally and at the lowest level, bypassing the formal grievance process. Medical grievances were treated as sick calls and referred to medical staff immediately.

Staff interviews at both La Quinta Pearsall and Cotulla suggested that staff misunderstood the difference between a grievance and a request. OIDO’s review of the grievance logs revealed that residents had submitted several formal grievances, but because the EFSC staff treated the grievances like requests, they did not complete formal intake, follow proper logging procedures, or issue responses to the residents. In addition, OIDO observed that the EFSC staff incorrectly used grievance forms when they conducted resident surveys.

While the 2020 FRS encourages the handling of grievances first orally and informally by staff in their daily interactions with residents, the EFSCs did not appear to clearly differentiate between an informal request and formal grievance. While informal grievance resolution is essential, both staff and residents should receive clear guidance on how grievances should be categorized and processed. Accordingly, a grievance log is a necessary procedural tool to track, monitor, and resolve issues in an orderly and timely manner.

**EFSCs Did Not Set Clear Expectations for Behavior Management**

The 2020 FRS section 3.1 promotes a safe and secure living environment for residents by setting
a fair and equitable behavior management system with clear rules, regulations, and corrective action when necessary. Centers should inform residents of rules and regulations, prohibited acts, sanctions that may be imposed, their rights in the Center’s behavior management system, and the procedure for appealing any related findings or decisions.

At both La Quinta Pearsall and Cotulla, OIDO found that information regarding sanctions for violations was not communicated to residents while they were at the EFSC. Staff reported that this information was provided to residents prior to their arrival, which was confirmed by personnel from Universal Strategic Advisors LLC (US Advisors), a consulting practice which provides ICE ERO with contracted services related to liaison duties, compliance management, and security and safety for center management at the EFSCs. Staff further reported that they referred incidents to ICE ERO personnel, who provided appropriate guidance depending on severity.

Residents should be made aware upon arrival at the EFSC of sanctions that may be imposed during their stay. Moreover, this information should be readily available while they are at the centers. Setting clear expectations and consequences promotes a safe and secure living environment.

**EFSCs Did Not Supply Sufficient Legal Materials**

The 2020 FRS section 6.3 on law libraries and legal materials stipulates that residents’ legal rights will be protected, including access to a law library, legal materials, and equipment to facilitate the preparation of documents as well as access to courts and counsel. The EFSC contract further states that residents may visit privately with legal representatives in accordance with the modified FRS and the Flores Settlement Agreement.

OIDO found that neither EFSC provided access to a law library. However, residents could meet in-person with their attorneys after coordinating with center staff and gaining ICE’s approval. Residents could also make calls to their legal representatives from their room telephones. While both EFSCs provided some measure of resident access to counsel, they did not provide either written or electronic legal resources. While this is likely due to space limitations and lack of resident demand, this lack of access to basic legal materials may nonetheless limit the protection of residents’ rights.

**ii. Additional Medical Findings**

**EFSC COVID-19 Designated Rooms Were Not Easily Distinguishable from Non-COVID-19 Rooms**

OIDO found that at both La Quinta Pearsall and Cotulla, staff reported that residents identified as COVID-19 positive during intake were immediately taken to their assigned hotel room where additional procedures were completed. Residents were distanced in this way to reduce additional exposure and transmission to other residents. Both EFSCs had designated rooms for residents who tested positive for COVID-19. However, OIDO found that the EFSCs used the same-colored signage for both COVID-19 and non-COVID-19 rooms. This made it difficult to differentiate one from the other and signal to staff in which rooms they should exercise additional caution when interacting with residents.

Staff further reported that the rooms for COVID-19 positive residents were ideally located on a separate floor; however, during periods of high influxes of residents, the COVID-19 positive and
negative residents were housed on the same floor due to space constraints. The proximity and lack of differentiated signage between room types could potentially lead to higher rates of COVID-19 exposure and transmission among residents and staff.

**EFSCs Offered COVID-19 Vaccinations to Some Residents**

OIDO found that both EFSCs had been administering COVID-19 vaccinations to residents 18 years and older since September 2021. At the time of OIDO’s inspection, La Quinta Pearsall had administered 196 doses, and La Quinta Cotulla had administered 117 doses of the Janssen COVID-19 vaccine. Despite the vaccine offerings, staff at both EFSCs reported that residents had exhibited vaccine hesitancy. Increased vaccine availability can help promote resident health and well-being.

**EFSCs Did Not Provide a Clear Picture of Their Medical Staffing Levels**

According to the 2020 FRS section 4.3, as modified by attachment 2B on medical staffing and the EFSC statement of work (SOW) Addendum dated May 4, 2021, centers are required to appropriately staff the medical department (see Appendix B). One EFSC that OIDO visited in April 2021 had inadequate medical staffing levels. Therefore, OIDO reviewed this issue during its December 2021 inspections. OIDO notes that the Loyal Source Government Services (LSGS) Program Manager reported that they did not have any vacancies and that, during periods of absences, the EFSCs shared staff. OIDO requested a copy of La Quinta Cotulla’s staffing plan from LSGS; however, the EFSC did not provide one. As such, OIDO was unable to confirm whether the medical department was appropriately staffed.

OIDO reviewed 10 randomly selected sick call records at La Quinta Cotulla for timeliness and found that all complied with the 2020 FRS. All 10 records showed that residents were seen on the same day that the sick call requests were submitted. However, two out of the 10 records did not document whether an interpreter was needed, as required by the EFSC SOW and FRS 4.3 sections A and D on translation and language access for residents with limited English proficiency.

Overall, OIDO found that La Quinta Cotulla and Pearsall’s medical departments followed the 2020 FRS. OIDO interviewed three family groups at each EFSC; all families expressed appreciation for the medical care and treatment they received. Nonetheless, maintaining required staffing levels is essential to ensure that residents receive timely and effective medical care at the EFSCs.

**iii. Miscellaneous Findings**

**EFSC Cleaning During Room Turnover Was Insufficient**

The 2020 FRS section 1.2 on environmental health and safety states that centers should maintain standards for cleanliness and sanitation. At both EFSCs, OIDO inspected five randomly selected rooms that had been cleaned for new residents. At La Quinta Pearsall, OIDO found that microwaves and refrigerators were visibly dirty, kitchen cabinet doors showed handprints, and floors were not vacuumed or mopped. Further, the hallway ice makers were non-operational and dirty. Interviews with the EFSC manager suggested that these issues with cleanliness had been occurring for some time. At La Quinta Cotulla, OIDO observed similar issues, including a dirty tub and unwashed floors. Maintaining clean and operable living and bathing spaces is essential to support the personal hygiene and welfare of residents.
EFSCs Did Not Complete Required Refrigerator Temperature Checks

The 2020 FRS section 4.1 states that all food storage units must be equipped with accurate, easy-to-read thermometers. Refrigerators should be designed and operated to maintain a temperature of 41 degrees Fahrenheit or below. While both EFSCs had clean and organized food service areas, they lacked appropriate documentation for temperature checks both for the kitchen and resident room refrigerators. These temperature logs are essential for daily inspection and monitoring practices.

Both EFSCs used Selrico Services as their outside food vendor. Neither center supplied a copy of the required annual nutritionist or dietitian certification of the vendor’s menu. OIDO’s requests for these documents are pending. Documentation of temperature checks and menu certification are necessary instruments to maintain a safe food service operation and prevent health problems.

EFSCs Did Not Have a Children’s Play Area in the Admission and Release Space

The 2020 FRS section 2.1 on admission and release requires that centers designate an area to conduct admissions and discharges separate from the general housing area. The area should contain adequate workspace, a separate area to conduct interviews, at least one speaker telephone, adequate space to search property, and an age-appropriate toddler and young children play area.

While both La Quinta Pearsall and Cotulla had a thorough process for intaking and releasing residents, including appropriate COVID-19 procedures, neither EFSC had a children’s play area within the admissions space. Rather, at both centers, staff indicated that they had toys available for children as needed. A children’s play area is important because such a space allows for children to play safely under staff supervision while their parents/guardians participate in an interview of a sensitive nature outside of the presence of the minors. The lack of a play area limits an EFSC’s ability to conduct such interviews away from children.

Conclusions

OIDO’s inspections revealed several factual findings. While OIDO found that the EFSCs had improved in two areas of previously noted violations, three deficiencies remained, consistent with previous inspections and reviews, in the areas of overnight safety checks, staff Post Orders, and intake health assessments. Further, OIDO’s review of additional topics such as resident communication, health care, cleanliness, food storage, and children’s recreation suggested some areas of concern.

Complying with ICE’s modified FRS, ICE ERO’s PRR, and contract terms is essential to ensuring the health, safety, and rights of noncitizen families. ICE must ensure that the EFSCs comply with the detention standards and contract terms if this model of immigration shelter and service provision is to be used again in the future.

Recommendations

OIDO notes that the contract for ICE’s use of EFSCs expired in March 2022. Nonetheless, OIDO provides the following five recommendations for the purpose of informing possible future contracts of this nature.
Recommendation 1: Future contracts should include:

a. A penalty for noncompliance with mandatory terms, as well as clear penalties for failing to meet required staffing levels;

b. Guidance on how often staff must conduct resident welfare checks during the night to ensure the safety and security of residents, per FRS section 1.0, sub-section J on staffing requirements; and

c. A requirement for all contract staff to have English proficiency.

Recommendation 2: Future contracts should address compliance with the FRS related to the following issues, unless specifically modified or waived. EFSCs should:

a. Maintain a designated children’s play area within the admissions and release space, per FRS section 2.1;

b. Maintain daily temperature logs for all refrigerators, per FRS section 4.1;

c. Maintain a library or area with legal materials, information, and equipment to facilitate residents’ preparation of legal documents, per FRS section 6.3; and

d. Provide location-specific Post Orders or SOPs for every staff position prior to intaking residents, per FRS section 7.5.

Recommendation 3: Future contracts should include the following health care related requirements:

a. Medical personnel should document residents’ vital signs during the initial 12-hour medical/mental health screening, per FRS section 4.3, sub-section J;

b. EFSCs should use color designations to clearly mark rooms with COVID-19 (or other communicable disease) positive versus negative residents; and

c. EFSCs should encourage residents to get the COVID-19 vaccination and offer vaccines for other diseases when available.

Recommendation 4: Future EFSCs should comply with notification and communication requirements related to FRS section 6.1, including but not limited to the following:

a. EFSCs must provide residents with a Resident Handbook updated quarterly that adequately addresses all mandatory requirements of the standard, to include grievance processes, behavior violations, and sanctions;

b. EFSCs must communicate the information in the Resident Handbook in a language they understand; and

c. Staff should verify and document that residents have viewed the orientation video.

Recommendation 5: EFSCs must maintain high standards for cleanliness and sanitation per FRS section 1.2. Future contracts should include the following:

a. Require contract staff to inspect rooms before making them available to new residents; and
b. Provide residents with a means to rate room cleanliness during move-in.

Response from Inspected Component and OIDO Analysis

Summary of Response

ICE officials concurred with four out of five recommendations, partially concurred with one recommendation, and detailed corrective actions to address the issues identified during OIDO’s inspection. Appendix A contains ICE management’s comments in their entirety. Below is a summary of ICE’s response and OIDO’s analysis thereof.

Component Response to Recommendation 1: Regarding penalties for noncompliance and overnight safety checks, ICE ERO concurred that future contract language should include specifics regarding modifications to the ICE Family Residential Standards and staffing requirements. ICE noted that it worked closely with Endeavors to develop an operationally sound and feasible plan to meet the standards. For noncompliance penalties, ICE indicated that the program’s quality assurance plan included the mandatory requirements of the program, and there were penalties for noncompliance with mandatory terms. For overnight safety checks, ICE stated that although the standard for welfare checks was not waived based on flexibilities in the FRS, post orders were updated to account for welfare checks. The post orders were updated after it was agreed upon with Endeavors that welfare checks should not be conducted during the overnight hours as it would be disruptive for the family. Should similar family staging centers be needed in the future, standards will be tailored as appropriate.

OIDO Analysis of ICE Comments: OIDO considers the matter resolved and closed. ICE concurred with OIDO’s future contract recommendations, and no further action is required at this time.

Component Response to Recommendation 2: Regarding legal materials and a children’s play area, ICE ERO concurred that future contract language should include specifics regarding modifications to the 2020 FRS. ICE noted that the 2020 FRS requirement for a library or area with legal materials and children’s play area was adjusted due to physical plan limitations and the use of common areas was limited due to COVID-19. To meet the spirit of the standard, handouts and other legal orientation information was provided and residents were able to access these resources on their cell phones.

OIDO Analysis of ICE Comments: OIDO considers the matter resolved and closed. ICE concurred with OIDO’s future contract recommendations, and no further action is required at this time.

Component Response to Recommendation 3: ICE Health Service Corps (IHSC) partially concurred with recommendation 3a, stating that vital signs should be obtained according to the modified Family Residential Standards and the resident’s clinical presentation. Additionally, IHSC non-concurred with recommendation #3b, stating that color designations of the hotel rooms are not appropriate. However, IHSC did note that signage could be used to indicate that precautions are indicated. Lastly, IHSC partially concurred with recommendation #3c, noting that, according to the PRR, those in ICE custody are already encouraged to receive the COVID-19 vaccine.

OIDO Analysis of ICE Comments: OIDO considers the matter resolved and closed. OIDO
agrees with ICE’s proposed actions for future facilities of this type, which include adding appropriate signage to notify staff and residents that additional precautions need to be taken in those areas. OIDO also maintains that residents’ vital signs should be taken and documented during the medical health screening.

**Component Response to Recommendation 4:** Concerning orientation, the Resident Handbook, and communicating with residents, ICE concurred that future contract language should include specifics regarding modifications to the FRS. ICE indicated that revised standards would be tailored as appropriate in these areas if family staging centers are needed in the future. ICE noted that all residents were given a Resident Handbook during orientation. Residents were provided information on how to notify staff of any complaints, concerns, or grievances upon arrival and throughout their stay. ICE stated that residents’ complaints, concerns, and grievances were addressed immediately at FSCs because residents had constant access to staff.

**OIDO Analysis of ICE Comments:** OIDO considers the matter resolved and closed. ICE concurred with this recommendation, and no further action is required at this time.

**Component Response to Recommendation 5:** Regarding requirements for cleanliness and sanitation, ICE concurred with OIDO’s recommendations, stating that revised standards would be tailored as appropriate should similar family staging centers be needed in the future.

**OIDO Analysis of ICE Comments:** OIDO considers the matter resolved and closed. ICE concurred with this recommendation, and no further action is required at this time.
Appendix A: Component Response

MEMORANDUM FOR: David D. Gersten  
Acting Immigration Detention Ombudsman  
DHS Office of the Immigration Detention Ombudsman

FROM: Tim P. Johnson  
Acting Director  
U.S. Immigration and Customs Enforcement

SUBJECT: Request for Comment on Case No. 21-001004, Emergency Family Staging Centers

Purpose

This memorandum is in response to the Office of the Immigration Detention Ombudsman’s (OIDO) request for comment on OIDO’s draft report regarding Emergency Family Staging Centers (EFSCs).

Background

U.S. Immigration and Customs Enforcement (ICE) is a federal agency charged with enforcing the nation’s immigration laws in a fair and effective manner. ICE identifies, apprehends, detains, and removes noncitizens who are amenable to removal from the United States. ICE uses its immigration detention authority1 to effectuate this mission by securing noncitizens in custody while they await the outcome of their immigration proceedings and/or removal from the United States. ICE has important obligations under the U.S. Constitution and other federal and state laws when it decides to keep a noncitizen in custody. ICE national detention standards ensure that detained noncitizens are treated humanely, protected from harm, provided appropriate medical and mental health care, and receive the rights and protections to which they are entitled.2

ICE’s Response to OIDO’s Recommendations

OIDO notes that the contract for ICE’s use of EFSCs expired in March 2022. Nonetheless, OIDO provides the following five recommendations for the purpose of informing possible future contracts of this nature.

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1 https://www.ice.gov/identify-and-arrest/287g
2 https://www.ice.gov/detain/detention-management/2019

www.ice.gov
Recommendation 1: Future contracts should include:
   a. Penalties for noncompliance with mandatory terms, as well as clear penalties for failing to meet required staffing levels;
   b. Guidance on how often staff must conduct resident welfare checks during the night to ensure the safety and security of residents, per FRS section 1.0, sub-section J on staffing requirements; and
   c. Requirements for all contract staff to have English proficiency.

Response: ICE Enforcement and Removal Operations (ERO) concurs that future contract language should include specifics regarding modifications to the ICE Family Residential Standards (FRS) and staffing requirements. Overall, ICE ERO ensured that Endeavors was in compliance with ICE FRS with modifications as appropriate for a short-term operation of this type, such as eliminating current full education and outdoor recreation requirements. The EFSCs were not traditional detention settings. Thus, ICE ERO worked closely with Endeavors to develop an operationally sound and feasible plan to meet family residential standards, which ICE believes was sufficient.

The program’s quality assurance plan included the mandatory requirements of the program, which could not have been met if staffing levels were not met. There were penalties for noncompliance with mandatory terms and the Endeavors contract utilized a phased approach to open each site. As part of the phased approach, Endeavors was given a deadline for all deliverables, including post orders and staffing plans. If a deadline was missed, the Contracting Officer’s Representative (COR) was notified and the issue was addressed within the perimeters of the contract.

The ICE FRS requirement for wellness checks provides flexibility to adjust the overnight checks due to physical plan limitations, ICE ERO Juvenile and Family Management Division requirements, and/or state requirements. While the standard for welfare checks was not waived based on this flexibility, post orders were updated to account for welfare checks. The post orders were updated after it was agreed upon with Endeavors that welfare checks should not be conducted during the overnight hours as it would be disruptive for the family. The security and safety of noncitizens in ICE custody will always be paramount; however, taking into consideration special accommodations that must be made for more vulnerable populations in a non-detention-like setting. Should similar family staging centers be needed in the future, standards will be tailored as appropriate.

Recommendation 2: Future contracts should address compliance with the FRS related to the following issues, unless specifically modified or waived. EFSCs should:
   a. Maintain a designated children’s play area within the admissions and release space, per FRS section 2.1;
   b. Maintain daily temperature logs for all refrigerators, per FRS section 4.1;
   c. Maintain a library or area with legal materials, information, and equipment to facilitate residents’ preparation of legal documents, per FRS section 6.3; and
   d. Provide location-specific Post Orders or SOPs for every staff position prior to intaking residents, per FRS section 7.5.
Response: ICE ERO concurs that future contract language should include specifics regarding modifications to the FRS. The ICE FRS requirement for a library or area with legal materials was adjusted due to physical plan limitations, and when possible, designated play areas were available depending on the physical limitations of the hotel space. In addition, the use of common areas was limited due to COVID-19. There were several policies and precautionary measures in place to prevent and slow the spread of COVID-19 throughout the course of the contract, which limited social interactions in common areas. To meet the spirit of the standard, handouts and other legal orientation information were provided and residents were able to access these resources on their cell phones.

Recommendation 3: Future contracts should include the following health care related requirements:

a. Medical personnel should document residents’ vital signs during the initial 12-hour medical/mental health screening, per FRS section 4.3, sub-section J;

b. EFSCs should use color designations to clearly mark rooms with COVID-19 (or other communicable disease) positive versus negative residents; and

- c. EFSCs should encourage residents to get the COVID-19 vaccination and offer vaccines for other diseases when available.

Response: ICE Health Service Corps (IHSC) partially concurs with Recommendation 3a. Vital signs should be obtained according to the modified FRS and the resident’s clinical presentation. Additionally, IHSC non-concurs with Recommendation 3b as color designations of the hotel rooms are not appropriate. IHSC does not believe that signage could be used to indicate that precautions are indicated. Lastly, IHSC partially concurs with Recommendation 3c. According to ICE ERO’s COVID-19 Pandemic Response Requirements, those in ICE custody are already encouraged to receive the COVID-19 vaccine.

Recommendation 4: Future EFSCs should comply with notification and communication requirements related to FRS section 6.1, including but not limited to the following:

a. EFSCs must provide residents with a Resident Handbook updated quarterly that adequately addresses all mandatory requirements of the standard, to include grievance processes, behavior violations, and sanctions;

b. EFSCs must communicate the information in the Resident Handbook in a language they understand; and

- c. Staff should verify and document that residents have viewed the orientation video.

Response: ICE ERO concurs that future contract language should include specifics regarding modifications to the FRS. Should similar family staging centers be needed in the future, revised standards will be tailored as appropriate. All residents were given a Resident Handbook during their orientation. Residents were provided information on how to notify staff of any complaints, concerns, or grievances upon arrival and throughout their stay. These sites were not traditional detention centers; therefore, complaints, concerns, or grievances were addressed immediately because residents had constant access to staff to share any concerns they might have. This differs from a regular detention setting where residents do not have constant access to the staff.
Recommendation 5: Future EFSCs should address compliance with the FRS as it relates to cleanliness and sanitation and include the following:
   a. Requirements for contract staff to inspect rooms before making them available to new residents; and
   b. Provisions for residents to rate room cleanliness during move-in.

Response: ICE ERO concurs with these recommendations. Should similar family staging centers be needed in the future, revised standards will be tailored as appropriate.
Appendix B: Attachment 2B of the Endeavors Contract

Health Care – Emergency Family Reception Sites

I. Overview

Endeavors will provide basic health care consistent with the protocols and procedures listed herein. In general, the medical support capabilities at each Emergency Family Reception Site shall include: an initial medical/mental health assessment; COVID-19 testing, and isolation as needed; treatment of basic medical conditions; prompt medical referral for complex or urgent conditions; follow-up care while in ICE custody at the site; other public health infectious disease management (PHID); and medical summaries prior to travel, transfer, or release, as appropriate. Occupational Safety and Health Administration (OSHA) and applicable state guidelines for managing bio-hazardous waste and decontaminating medical equipment will be followed.

II. Medical Staffing

Endeavors will deploy sufficient qualified staff to ensure the above medical capabilities can be offered on a seven day a week, 24-hour basis. Consistent with applicable federal statutes, regulations, rules and standards, the terms “health care professional” and “health care practitioner” used in this contract shall include any person that possesses a current health care license or registration from a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States. Qualified health care professionals and health care practitioners, including licensed physicians, physician assistants, nurse practitioners, registered nurses, and licensed vocational nurses shall be deemed authorized to perform the respective duties, based on scope of practice, described in this contract at designated Department of Homeland Security facilities, each a federally regulated enclave.

The following staff will cover up to 200 residents.

<table>
<thead>
<tr>
<th>Key Positions</th>
<th>Shift Hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner/Physician Assistant</td>
<td>5a–6p</td>
<td>5p–6a</td>
</tr>
<tr>
<td>Licensed Vocational Nurse</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Physician</td>
<td>on-call</td>
<td>on-call</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 1: Medical Staffing Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner/Physician Assistant</td>
<td>o Supervise and/or conduct initial medical screening and/or COVID-19 testing</td>
</tr>
<tr>
<td>Each shelter will have 1 NP/PA at all times</td>
<td>o Provide medically necessary and appropriate medical and mental health care</td>
</tr>
<tr>
<td></td>
<td>o May assist in the mental health/trafficking screenings</td>
</tr>
<tr>
<td></td>
<td>o Initiate emergency response services and provide</td>
</tr>
</tbody>
</table>
| Licensed Vocational Nurse | BLS care as needed until emergency services arrive for all residents and employees
| | ○ Provide timely responses to medical questions/complaints by clients
| | ○ Bilingual or use professional language services necessary to allow for meaningful access for clients with limited English proficiency (LEP), and effective communication for clients with disabilities, during all medical or mental health encounters
| Licensed Clinical Social Worker | ○ Assist with medical intake, COVID-19 testing, medical questions/complaints, emergency situations
| | ○ Ensure proper medical record keeping
| | ○ Bilingual and have the ability to access language assistance tools
| | ○ Ensure appropriate medical release paperwork
| Physician | ○ Serve as supervising physician and prescriptive authority for NP/PA on site.
| | ○ Sites will have 24/7 access to a physician for consultation

III. Initial Reception and Immediate COVID-19 Testing

Upon arrival, migrants will first encounter “Reception Stations” which will be staffed 24/7. The first step in our intake will be a COVID-19 test using rapid antigen testing. These tests will be performed by qualified health care practitioner who will wear full PPE. Upon a test result, clients will go through intake in either a COVID-19 positive process or COVID-19 negative process. Each site shall establish policies and procedure for the isolation care of residents who test positive for COVID-19 and commensurate with the low acuity medical scope of practice. All shelter staff will adhere to the latest CDC COVID-19 Health Care guidelines. If shelter staff have not received the complete series of the COVID-19 vaccine, they will be undergo COVID-19 testing weekly. All residents will be tested for COVID-19 again prior to release if they present signs and symptoms for COVID, per CDC guidelines.

An initial welfare check will be completed in conjunction with COVID-19 testing. Water, electrolyte drinks, and baby formula will be made available upon arrival for adults,
children, and infants respectively. Each station shall have adequate provisions of water, snacks, hygiene kits\(^1\), change of clothes, etc. to establish a welcoming environment.

IV. Medical and Mental Health Screening

Medical and mental health screening will always be conducted by qualified health care personnel. Screening shall be conducted for each new arrival. A resident’s request to see a health care practitioner of the same gender will be accommodated where possible; when not feasible, a same-gender chaperone will be provided. When care is provided by a health care practitioner of the opposite gender, a resident will be offered a same gender chaperone, and provided the chaperone whenever the offer is accepted.

A. Limited Medical Assessment

The health care practitioner shall conduct medical and public health screening, and provide limited treatment for low acuity medical complaints for all residents arriving at the site.

Residents experiencing severe, life-threatening intoxication or withdrawal symptoms will be transferred immediately for an off-site emergency department evaluation.

Informed consent standards will be observed and adequately documented. Staff will make reasonable efforts, including the use of language interpretation services as needed, to ensure that residents understand their health condition and care.

The screening will include the following:

- Public Health Screening (e.g., COVID-19, Influenza, other communicable illnesses, etc. as appropriate)
- Current health care concerns
- Past Medical History
  - Chronic illnesses
  - Injuries
  - Surgeries/Hospitalizations
- Medications
- Allergies
- Specialized dietary needs

\(^1\) Hygiene Kits are inclusive of but not limited to: Soap, Toothbrush, Toothpaste Washcloth or hand towel, Shampoo, Conditioner, Feminine hygiene product.
Attachment 2B

- Gender Identification
- Mental Health History
- Mental Health Screen
- Additional screener observations to include abnormal behavior, injuries, mental status, or other medical issues

All acute medical issues identified during the screening process will be assessed by a qualified health care practitioner and treated appropriately.

B. Mental Health Screen

Qualified health care personnel will also administer a basic behavioral health screening to ascertain any urgent conditions (including suicide, child maltreatment, human trafficking, sexual abuse, and alcohol/illicit drug use and/or abuse) and intervene where appropriate. Sites shall not offer emergency mental health services (e.g., acute management of agitation/aggressive behavior/suicide/homicide/psychosis). In the event that residents present any behavioral health issue, they will be referred to a qualified on-site medical professional to conduct mental health services as appropriate given the length of stay.

Site health care personnel will approach care in a trauma-informed manner and promote widespread use of trauma informed care to address past and present trauma, and to better ensure resident safety.

V. Sick Calls

Each Center will have a sick call procedure that allows residents the unrestricted opportunity to freely request health care services (including mental health services) provided by a physician or other qualified health care staff in a clinical setting. Sick call requests will be addressed within 24 hours by the PA or NP. This procedure will include:

- Clearly written policies and procedures;
- Sick call process communicated in writing and verbally to residents during their orientation; and
- Regularly scheduled sick call times established and communicated to residents.

All written sick call requests will be date- and time-stamped and filed in the resident’s medical record. Health care personnel will review the request slips and determine when the resident will be seen based on acuity of the problem. In an urgent situation, Center staff will notify health care personnel immediately. Sick call will be held seven days a week.

VI. Acute Care
Attachment 2B

Each Center will have 24/7 acute medical care availability for all residents (including mental health services) provided by a healthcare practitioner or other qualified health care staff in a clinical setting.

The scope of practice is limited to on-site diagnosis and treatment of basic medical conditions that are low complex and acute. All complex, urgent, or emergent medical conditions will be referred to the local health system.

VII. Referral for Off-Site Medical Care

Each Emergency Family Reception Site shall have a low threshold for timely referral of residents to the local health system for medical and mental health conditions that fall outside the scope of practice. Residents with complex, urgent, or emergent medical or mental health needs will be transferred to the local health system. Each site will have a written plan for addressing emergency medical conditions to include initiation of emergency medical services, stabilization with BLS as needed, and timely transfer to the appropriate level of care.

VIII. Medications

Limited over the counter medications will be available and provided as needed. These stock pharmaceuticals and non-prescription medicines will be secured, stored and inventoried. Medications, inclusive of OTC, will be dispensed by the medical staff on-site. Residents will not be observed when taking any medication. All other medications that may be required will be prescribed by a qualified health care practitioner. Health care practitioners will prescribe medications from the Medical Formulary provided by the Government. Prescribed medications will be obtained from the local pharmacy and delivered to the named resident to use as directed and keep in their possession. IHSC formularies will be adhered to for all medications dispensed.

IX. Release Procedures

To ensure that residents are well enough to travel from the shelter to their final destinations – trips that frequently take days by bus – qualified health care practitioners will conduct a pre-travel medical assessment on each resident, prior to purchasing travel tickets, for travel to their final destination. The release of each resident is at the sole direction of ICE.

X. Medical Quality Management Plan and Privacy

A Medical Quality Management Plan will be developed to be used at each site. Key elements of this plan shall include:

- Licensing/certification monitoring
Attachment 2B

- Medical chart review
- Disease monitoring
- Ongoing professional practice evaluation
- Education and training
- Sentinel event review
- Monitoring and evaluation of clinical processes

Staff shall protect residents’ right to privacy in accordance with DHS and ICE policies.

XI. Language Access and Disability Requirements

Sites will adhere to the language access and disability laws, regulations, responsibilities, requirements, and laws as required by ICE. These requirements will be promulgated in all site policies, practices, and operations and its themes must be fully incorporated into every site activity. This is of critical importance and will directly impact resident life, health, and safety.
Additional Information and Copies

To view any of our other reports, please visit: www.dhs.gov/OIDO.

For further information or questions, please contact the Office of the Immigration Detention Ombudsman at: detentionombudsman@hq.dhs.gov.