



Homeland
Security

July 20, 2021

MEMORANDUM FOR: Corey A. Price
Acting Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
(b)(6)

FROM: Peter E. Mina / (b)(6)
Deputy Officer for Programs and Compliance
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Office for Civil Rights and Civil Liberties

SUBJECT: Otero County Processing Center
Complaint Nos. 20-08-ICE-0708, 21-02-ICE-0100,
21-02-ICE-0097, 21-02-ICE-0096, 21-02-ICE-0095,
and 19-09-ICE-0663¹

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) conducted a virtual onsite investigation into conditions of detention for U.S. Immigration and Customs Enforcement (ICE) detainees at the Otero County Processing Center (Otero) in Otero, New Mexico on November 30-December 3, 2020. CRCL's review of Otero focused in large part on operations in the areas of medical care, mental health care, environmental health and safety, and conditions of confinement.

We greatly appreciate the cooperation and assistance provided by ICE Field Office staff and Otero's management and personnel before and during the onsite. As part of onsite investigation, CRCL used four independent subject-matter experts: a medical consultant, mental health consultant, an environmental health and safety consultant, and a penologist. As a result of detainee and staff interviews, document reviews, and direct onsite observations, our experts identified concerns at Otero including adequate medical and mental health care and treatment and COVID-19 readiness and response, including use of chemical irritants and disinfectants.

At the close of the investigation, CRCL held an onsite exit briefing in which we discussed our findings with leadership from the ICE Field Office and Otero and, following the onsite, CRCL sent an email to ICE Enforcement and Removal Operations (ERO) on December 28, 2020, identifying our preliminary findings and recommendations.

¹ CRCL's subject-matter experts also reviewed Complaint Nos. 20-04-ICE-0249, 20-12-ICE-0993, and 20-11-ICE-0936 – all related to Otero but not retained for the virtual onsite investigation.

Enclosed with this memorandum are the separate reports prepared by our subject-matter experts following the onsite review. In developing their recommendations, CRCL's subject matter experts relied on the Performance Based National Detention Standards 2011-2016 (PBNDS 2011/16); U.S. Immigration and Customs Enforcement / Enforcement and Removal Operations COVID-19 Pandemic Response Requirements, (ICE/ERO COVID-19 PRR) (Version 5.0, October 27, 2020); the Centers for Disease Control *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*; and the ICE Language Access Plan, issued on June 14, 2015. The recommendations have been divided into priority and non-priority recommendations. Priority recommendations are listed in the body of this memorandum and CRCL requests that ICE formally concur or non-concur with these recommendations and provide CRCL with an implementation plan for all accepted recommendations. Non-priority recommendations are contained in a separate attachment to this memorandum. Although CRCL is not requesting formal responses to these, we encourage ICE to consider these non-priority recommendations and implement them to the fullest extent possible.

With this memorandum, and consistent with our standard practice, we request that you indicate whether ICE concurs with the expert recommendations, and that for those agreed to, provide an action plan within 60 days.

Mental Health Care

(b)(5)

. CRCL's mental health expert made the following priority recommendations regarding mental health care and treatment at Otero.

Mental Health Staffing: Otero did not have a mental health services provider at the time of CRCL's onsite. Otero's onsite mental health clinician resigned on November 17, 2020, and according to Otero, a new hire was undergoing a background check and a start date was pending. Although the position was reportedly filled, CRCL expressed concern that the lack of onsite mental health services during the holiday season, with limited family contact and an ongoing pandemic, could exacerbate mental health symptoms for detainees with existing and unidentified mental health needs.² The position was not filled until February 22, 2021.³

Inadequate staffing affects compliance with the PBNDS 2011, 4.3 Medical Care, O. Mental Health Program and NCCHC, Standards for Health Services in Jails, Mental Health Services, J-5-03. Accordingly, Otero should:

² See December 28, 2020 Email from CRCL to ERO re: Issues at Otero County Processing Center.

³ Otero provided an interim plan that included additional telehealth services and the transfer of 11 detainees with severe mental health issues to El Paso Service Processing Center in El Paso, Texas. Five detainees with serious mental health issues were transferred to Torrance County Detention Facility in Estancia, New Mexico, and one detainee was transferred to Krome Behavioral Health Unit in Miami, Florida.

1. Develop and implement a plan for the administration of mental health services in the event mental health staffing declines. The plan should include provisions for deferring the admissions of detainees with current and/or a history of mental health needs until an onsite clinician is fully oriented.
2. Conduct a staffing assessment, utilizing pre-COVID-19 metrics and monitor regularly as the census increases, including the a) number of admissions to the facility; b) percent of mental health detainees account for the overall census; c) number of mental health sick call contacts; d) number of referrals (urgent, emergent, routine); e) suicide watches; and f) segregation contacts.

Clinical Supervision and Oversight: (b)(5)

[REDACTED] PBNDS 2011, 4.3 Medical Care, O. Mental Health Program and NCCHC, Standards for Health Services in Jails, Mental Health Services, J-5-03, essential. Accordingly:

3. The Management and Training Corporation (MTC) Medical Director or designee with sufficient mental health expertise should provide frequent, scheduled supervision of the mental health program, to include healthcare record review and clinical discussions with staff regarding at-risk detainees and detainees on the mental health caseload. Scheduled supervision can be conducted telephonically or virtually, but onsite visits should occur on a regular basis when it is safe to do so.

Timely Access to Mental Health Care and Services: (b)(5)

[REDACTED] . PBNDS 2011, 4.3 Medical Care, O. Mental Health Program 4. Referrals and Treatment. Accordingly, Otero should:

4. Develop and implement a policy and procedure for bridging psychiatric medication and referral of detainees to a psychiatric provider for a face-to-face initial psychiatric assessment (this can be conducted by the tele-psychiatric provider) when a detainee is admitted to the facility on verified psychiatric medication is needed.

Access to Mental Health Care During COVID-19: Access to mental health care during detention is crucial but is particularly important during a pandemic where detainees are often isolated or quarantined. (b)(5)

(b)(5)

Accordingly, Otero should:

5. Ensure that detainees under medical observation for COVID-19 have access to mental health services, that regular mental health programming continues during quarantine, and that alternative(s) to cancelled group activities due to pandemic restrictions are offered.
6. Ensure that detainees isolated in segregation units are provided with supportive services such as increased telephone access, television, and radio.

Psychiatric Referral Criteria: (b)(5)

PBNDS 4.3, Medical Care, O. Mental Health Program.

Accordingly, Otero should:

7. Develop and implement a policy that details the psychiatric referral criteria, referral process and requires timely psychiatric follow-up. The policy should ensure that detainees on psychiatric medication are seen every 30 days, preferably by a psychiatric provider.
8. (b)(5)
9. Audit psychiatric services provided by the facility and oversee the implementation of any corrective action plans, including the development and implementation of any policy changes and training requirements, that stem from the audits until compliance with the PBNDS is consistently met for a reasonable period of time.

Monitoring of Detainees on Hunger Strike: (b)(5)

See PBNDS, 4.2 V.B.2. (b)(5)

. See PBNDS, 4.2 V.C.

PBNDS 4.3, Medical Care; 4.2, Hunger Strike. Accordingly, Otero should:

10. Develop and implement a policy that requires the appropriate monitoring of detainees that refuse meals and assessment of competency to refuse treatment with appropriate staff intervention and ensure that staff is trained on this policy.

Multi-Disciplinary Forum: (b)(5)

(b)(5) . PBNDS 4.3, Medical Care, O. Mental Health Program. Accordingly, Otero should:

11. Develop and implement a daily multi-disciplinary meeting to discuss mental health concerns. These meetings should occur at the line/direct care staff level and leadership level with information flowing freely to and from each level and include representatives from custody, medical, and mental health staff.

Sick Call: (b)(5)

PBNDS 4.3 Medical Care, V. S. and NCCHC, Standards for Health Services in Jails, Nonemergency Health Care Requests and Services, J-E-07, essential. Accordingly, Otero should:

12. Develop and implement a process for submission, timely triage and follow-up for urgent, emergent and routine mental health sick call slips in accordance with PBNDS and NCCHC standards, including auditing compliance with the process and training staff accordingly.

Educating Detainees on Emergency Mental Health Services: (b)(5)

PBNDS, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential. Accordingly, Otero should:

13. Review the protocol for access to emergency care during each appointment.
14. Add to the orientation process how to access mental health in an emergency (inform an available staff member, which will likely be a custody officer).
15. Provide regular education and training to custody staff.

Clinical Documentation and Treatment Plans: (b)(5)

PBNDS, 4.3 Medical Care, V. O. Mental Health Program; 4.6 Significant Self-Harm and Suicide Prevention and Intervention; NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential and J-A-08, essential. Accordingly, Otero should:

16. Ensure that detainee mental health records document symptoms to support diagnostic conclusions, treatment plans, the use of the language line to assist with interpretation or translation, and awareness of prescribe medications and any side effects. This can be accomplished by having the detainee summarize the information to the provider and/or providing a document that conveys the information.

17. Ensure that treatment goals include specific symptoms and are objective and measurable, with identified and realistic intervention and documentation, and that treatment goals, response to interventions and progress, or lack thereof, be documented in subsequent treatment notes.
18. Ensure that audits of documentation are completed by a mental health supervisor and at a minimum include: a) clinical rationale for initiation, discontinuation or continuing the watch/referral to psychiatric hospitalization; b) review of pertinent mental health documentation; c) treatment planning and clinical interventions to assist detainees in managing distress; d) safety and discharge planning; e) assessment of risk including documentation of rationale for low, medium or high risk; f) clinical follow-up as required and as clinically indicated; g) assurance that detainees on suicide watch are seen daily; and h) a process for daily consultation with another mental health clinician regarding decisions to continue or discontinue suicide watch.
19. Develop and implement a process whereby a medical provider co-signs the informed consent for psychiatric medication documentation. This can be accomplished by having a medical provider (medical assistant, nurse) facilitate the tele-psychiatric appointment.
20. Ensure that treatment plans be collaboratively developed and reviewed by all treatment providers including the detainee and that treatment providers review treatment plans on a regular basis and/or after a crisis to assess treatment progress.
21. Ensure the comprehensive mental health evaluation is in alignment with PBNDS requirements and used consistently.
22. Conduct risk assessment training with mental health staff.

Suicide Prevention Training: (b)(5)

PBNDS, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential. Accordingly, Otero should:

23. Ensure that a correctional mental health professional review and update the 8-hour initial suicide prevention training and 2-hour annual training.

Suicide Resistant Cells: (b)(5)

PBNDS, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential. Accordingly, Otero should:

24. Modify the suicide prevention policy to reflect that the segregation unit should not to be used for suicide watch and what should be done in the event a second suicide watch cell is needed. If additional cells are needed for suicide watch, ensure that the detainee be placed in a medical observation cell on 1:1 observation, unless that cell is fully suicide resistant. While placement in a segregation unit is temporarily permitted by PBNDS, this is not a therapeutic environment, and should not be utilized for suicide watches when another option is available.
25. Ensure staff are aware of the identified additional suicide watch cell per institutional policy. If additional cells are needed for suicide watch, it is recommended that the detainee be placed in a medical observation cell on 1:1 observation, unless that cell is fully suicide resistant.
26. Review overlap and same day admissions/discharges from suicide watch from 2020 and closely monitor future trends to determine if additional suicide watch cells are needed.
27. Ensure that cells used for suicide watch are retrofitted to remove ligature attachment points. Less obvious attachment points include grates in the ceiling and sprinkler systems.
28. Pending compliance with removal of ligature attachment points all detainees on suicide watch should be maintained on 1:1 direct observation.
29. Ensure documentation of observation occurs at staggered intervals not to exceed 15 minutes. This may require training.
30. Conduct regular audits to ensure compliance with timely suicide watch documentation and address issues with staff accordingly.

Suicide Watch Guidance:

(b)(5)

. PBNDS, 4.3 Medical Care and NCCHC, Standards for Health Services in Jails, Access to Care, J-A-01, essential; 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential. Accordingly, Otero should:

31. Review the purpose of medical observation for detainees discharged from suicide watch, with assistance from the MTC Medical Director.
32. Develop and implement a policy for monitoring of non-acutely suicidal detainees. At a minimum, the policy should include the admission and discharge process, frequency of mental health contact, access to property/privileges and frequency of observation.
33. (b)(5)

(b)(5)

34. Ensure compliance with PBNDS, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential.

Segregation and Suicide Watch: (b)(5)

(b)(5)

PBNDS, 2.12

Special Management Units and NCCHC, Standards for Health Services in Jails, Segregated Inmates, J-G-02, essential, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential. Accordingly, Otero should:

35. Ensure compliance with PBNDS and NCCHC for all detainees in segregation including weekly mental health rounds and mental health assessments. This will require: 1) a process to ensure staff are aware of mental health detainees at the time of segregation placement; 2) training all staff on identification of mental health distress and purpose of contact; and 3) supervision and auditing of clinical documentation
36. Review overlap and same day admissions/discharges from suicide watch from 2020 and closely monitor future trends to determine if additional suicide watch cells are needed.

Medical Care and Treatment

(b)(5)

(b)(5)

Transgender Detainees: (b)(5)

(b)(5)

PBNDS, 4.3 Medical Care, J, M, V, and W. Accordingly, Otero's medical staff should:

37. Complete a detailed screening regarding the gender of the detainee (name available upon

request), so that the detainee can be provided adequate care and support.⁴

38. Develop and implement a plan to provide appropriate medical and mental health services for transgender detainees, including training medical staff on the importance of identifying and providing adequate care and support for transgender and LGBTQ detainees.

Sick Call Program:

(b)(5)

See PBNDS 4.3.V.S.

(b)(5)

PBNDS Standard 4.3 Medical Care, V. E and S. Accordingly, Otero should ensure that:

39. (b)(5)
40. All sick call requests are triaged by qualified medical staff, preferably a registered nurse, to identify urgent and emergent sick call requests and that nurses are trained to refer detainees to the provider without any delay.
41. Nurses receive an annual review of the sick call guidelines, including a competency assessment as required by the sick call procedure.
42. The quality of nursing assessments is reviewed periodically by a quality assurance program, and the feedback should be shared with the staff.
43. The medical policy and procedures, as well as clinical practice guidelines, are updated and approved by the leadership team and shared with the staff.
44. The medical staff use appropriate interpretation and language services for detainees with limited English proficiency, including translating the information on the sick call requests, as needed. The use of language assistance should be documented in the medical records.

⁴ The detainee was no longer at Otero during the CRCL onsite.

Emergency Care: (b)(5)

[REDACTED] PBNDS Standard 4.3 Medical Care, S, T, and V. Accordingly, Otero should ensure that:

- 45. All test results are reviewed by the medical provider as soon as its available; urgent results should be communicated to the medical provider immediately.
- 46. Officers and nursing staff are trained to recognize medical and mental health emergencies.
- 47. Detainees identified with urgent medical symptoms are sent to the hospital for further assessment and treatment.

Detainee Transfers: (b)(5)

[REDACTED] PBNDS 4.3 Medical Care, V. T. Z. Accordingly, in addition to the recommendations stated above, Recommendations 44-46, Otero should:

- 48. Ensure that detainees with severe medical conditions are not transferred to another facility without adequate medical support.

49. (b)(5)

Quality Improvement: (b)(5)

[REDACTED] PBNDS Standard 4.3 Medical Care, V. EE. Accordingly, Otero should:

- 50. Evaluate the quality of these audits and use it as an opportunity to improve the program; corrective actions should be developed and implemented for areas that need improvement.
- 51. Establish a quarterly meeting, at a minimum, to review the effectiveness of the health care program including communicable disease and infectious control activities.

COVID-19: (b)(5)

Management: (b)(5)

ICE/ERO PRR at 6, 14, 20, 26; CDC. Accordingly, Otero should ensure that:

- 52. The infectious disease control coordinator reviews Otero's COVID-19 plan and is included in all COVID-19 related discussions. ICE/ERO PRR at 6.
- 53. All staff are screened daily for COVID-19 related symptoms to reduce the spread of COVID-19 in the facility and reduce the risk for the detainees and staff. ICE/ERO PRR at 14, 20, and 26.
- 54. All detainees are informed about their COVID-19 test results as soon as the results are available. ICE/ERO PRR at 23.
- 55. Detainees and staff are kept informed about the facility's COVID-19 situation and of any changes regarding the COVID-19 management plan.

Documentation: (b)(5)

. PBNDS Standard 4.3 Medical Care, V. C.; ICE/ERO PRR at 14; CDC. Accordingly, Otero should ensure that:

- 56. Medical staff document all COVID-19 related information in a detainee's medical chart, including a detailed plan of care for detainees who are positive for COVID-19 in the detainee's medical chart.

Quarantining: (b)(5)

(b)(5)

PBND 4.3 Medical Care, C, BB; CDC.

Accordingly, Otero should:

57. Ensure new detainees are not added to a group already in quarantine without extending the quarantine period for the detainees originally in the cohort.
58. Consult with medical staff if there are any changes to the quarantine cohort.
59. Ensure that medical staff document all medical information in the detainees' medical records.

Education: (b)(5)

PBND 4.3 Medical Care, C, BB; ICE/ERO PRR at 23; CDC. Accordingly, Otero should:

60. Provide periodic information updates to the detainees and staff regarding the facility's COVID-19 situation and management plan.
61. Ensure that medical staff explain to the detainees the quarantine process and that previously COVID-19 positive detainees returned to a housing unit are no longer infectious.

Conditions of Detention

(b)(5)

Grievances: (b)(5)

62. Be fully investigated by ICE and Otero to ensure detainees are treated with dignity and respect.

Language Access: (b)(5)

(b)(5)

DHS and ICE Language Access Plans.⁸ Accordingly, Otero should:

63. Ensure detainee understanding by using qualified interpreters and/or professionally translated informational postings and forms that are commonly used in intake, medical, commissary, property, programs, disciplinary proceedings, and segregation.
64. Provide additional training to its staff on their obligations to provide meaningful access to LEP detainees, and the language access resources that are available including the language line, I-Speak posters, multiple language National Detainee Handbook in various languages, and a listing of bi-lingual speakers available at the facility to assist them in meeting this obligation. Otero should also document provision of this training.
65. Develop a Language Line logging system and require all facility staff to regularly record its use by date, alien number, and language on forms and documents LEP detainees are required to sign when the Language Line is used for translation or interpretation.
66. Require the use of the Language Line for orientation and document when language services are used with LEP detainees, and especially during required document signing when those documents are in English.

COVID-19: (b)(5)

⁵ A two-way translation device.

⁶ See U.S. Department of Justice, Tips on Machine Translation (2018). This publication is internal use only.

⁷ *Id.*

⁸The Department of Homeland Security Language Access Plan, February 28, 2012; and the U.S. Immigration and Customs Enforcement Language Access Plan, June 14, 2015

(b)(5)

Management:

(b)(5)

. Accordingly,

Otero should:

67. Develop a formal plan of action to respond to COVID-19 and ensure all staff are trained on the plan.
68. Ensure that all staff with COVID-19 functions and responsibilities, including the Infections Disease Control Coordinator, and the new Health Services Administrator, are included in COVID-19-related discussions, meetings, communication and oversight.
69. Provide the Infectious Disease Control Coordinator with accurate information regarding positive staff and detainee cases at the facility to ensure that the number of COVID-19 positive cases being reported to the New Mexico Department of Health is accurate, in compliance with Federal and State laws.

Screenings:

(b)(5)

ICE/ERO

PRR at 33 (*see also* screening guidelines at 14); CDC COVID-19 Guidance for Correctional and Detention Facilities. Accordingly, Otero must:

70. Follow the ICE/ERO PRR screening guidelines and CDC COVID-19 Guidance for Correctional and Detention Facilities and implement temperature and verbal screening for all staff entering the facility daily asking the recommended series of questions, including: Today, or in the past 24 hours, have you had any of the following symptoms: Fever, felt feverish or had chills, cough, or difficulty breathing, In the past 14 days have you had close contact with a person known to have been infected with the novel coronavirus (COVID-19).
71. Ensure all detainees admitted into the facility including the El Paso Processing Center Room and Board detainees receive testing upon arrival and are verbally screened for COVID-19.

Masks: (b)(5)

ICE/ERO PRR, at 21 (and generally throughout); CDC COVID-19 Guidance for Correctional and Detention Facilities. Accordingly, Otero must:

72. Adhere to the CDC COVID-19 Guidance for Correctional and Detention Facilities and the PRR, and mandate detainees and staff always wear face masks including when in their pod unless a medical condition prevents the wearing of a mask.

ICE Oversight: (b)(5)

ICE/ERO PRR at 7-8; CDC COVID-19 Guidance for Correctional and Detention Facilities. Accordingly, ICE should:

73. Align any COVID-19 facility review or inspection with the CDC COVID-19 Guidance for Correctional and Detention Facilities and mandated requirements of the ICE/ERO PRR including spot checks to ensure compliance with the ICE/ERO PRR.
74. Ensure that all AFODs and SDDOs are knowledgeable of the ICE/ERO PRR and its requirements to ensure spot checks and facility operations are compliant with the requirements of the CDC COVID-19 Guidance for Correctional and Detention Facilities and ERO PRR.⁹

Environmental Health and Safety

(b)(5)

Hygiene: (b)(5)

. PBNDS 2011, Personal Hygiene, V. Expected Practices, D. Personal Hygiene Items, (b)(5)

⁹ CRCL is separately investigating ICE's implementation and oversight of the PRR.

PBNDS 2011, Personal Hygiene, I. Purpose and Scope; Personal Hygiene, V. Expected Practices, D. Personal Hygiene Items; and ICE/ERO PRR at 22. Accordingly, Otero should:

75. Maintain a supply of hand soap and paper towels in the detainee housing unit bathrooms and restock them as needed to ensure a continuous supply.

Dietician: (b)(5) [Redacted]

[Redacted] PBNDS 2011, Food Service, II. Expected Outcomes, 1. PBNDS 2011, Food Service, II. Expected Outcomes, 1. Accordingly, Otero should:

76. Otero should retain a dietitian to reevaluate the menu and any necessary menu changes implemented to ensure a balanced diet that meets nutritional requirements

COVID-19: (b)(5) [Redacted]

Use of Chemical Disinfectant: (b)(5) [Redacted]

PBNDS 2011, Environmental Health and Safety and ERO COVID-19 Pandemic Response Requirements (Version 5.0, October 27, 2020). Accordingly, Otero should:

77. Ensure that all employees that use or oversee detainees using disinfectants utilize them according to the manufacturer's directions.

Masks: (b)(5) [Redacted]

[Redacted] ICE/ERO PRR at 21 (and generally throughout). Accordingly, Otero should:

78. Develop and implement a policy and procedure that ensures that all detainees are issued masks in a timely manner and that each detainee has a sufficient quantity of masks to ensure that each detainee can regularly wash and keep cloth masks clean or regularly replace disposable masks, in accordance with the latest CDC guidance on face masks/face coverings.

Communication: (b)(5)

. PBNDS 2011, Personal Hygiene and ICE/ERO PRR at 23; CDC COVID-19 Guidance for Correctional and Detention Facilities. Accordingly, Otero should:

79. Regularly disseminate critical information and updates to detainees as well as communicate any changes to the detainees; weekly is recommended and on an as needed basis if significant changes are made to the CDC guidance in accordance with CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities stating, "Post signs throughout the facility and communicate this information verbally on a regular basis. Sample signage and other communications materials are available on the CDC website.
80. Ensure that materials can be understood by non-English speakers and those with low literacy and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low-vision.
81. Follow CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities which says: "Provide up-to-date information about COVID-19 to incarcerated/detained persons on a regular basis. As much as possible, provide this information in person and allow opportunities for incarcerated/detained individuals to ask questions (e.g., town hall format if social distancing is feasible, or informal peer-to-peer education)."¹⁰

It is CRCL's statutory role to advise department leadership and personnel about civil rights and civil liberties issues, ensuring respect for civil rights and civil liberties in policy decisions and implementation of those decisions. We look forward to working with ICE to determine the best way to resolve these complaints. We request that ICE provide a response to CRCL within 60

¹⁰ Updates should address: Symptoms of COVID-19 and its health risks; Reminders to report COVID-19 symptoms to staff at the first sign of illness; Address concerns related to reporting symptoms (e.g., being sent to medical isolation), explain the need to report symptoms immediately to protect everyone, and explain the differences between medical isolation and solitary confinement; Reminders to use masks as much as possible; and changes to the daily routine and how they can contribute to risk reduction.

days, whether it concurs or non-concurs with these recommendations. If ICE concurs, please include an action plan. The response can be sent by email. If there are any questions, please contact Senior Policy Advisor, (b)(6) by telephone at (b)(6) or by email at (b)(6)

Enclosures

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