

Family Residential Standards (FRS): Program Philosophy, Goals, and Expected Outcomes

Overview of the Family Residential Model

The U.S. Immigration and Customs Enforcement (ICE) family residential program promotes family unity by allowing parents and legal guardians and their children to remain together in a family-friendly environment while meeting their legal obligations in ICE custody. ICE's use of Family Residential Centers allows the necessary time to ensure public safety, check familial relationship claims, protect children from exploitation, disrupt human trafficking and smuggling networks, confirm sponsorship availability, identify and process asylum claims, and place qualifying families on appropriate community-based supervision plans while fulfilling their immigration requirements. Accordingly, ICE's family residential program ensures the Federal Government meets its obligations under current law, court orders, and regulations while demonstrating ICE's commitment to maintaining family integrity. ICE is also committed to housing family groups in a manner that focuses on the safety and well-being of children and their parents/guardians.

ICE Family Residential Centers (FRCs or Centers) afford families in ICE custody a structured, safe environment that emphasizes individual accountability and positive interactions between residents and staff. The ICE residential model affords residents significant freedoms and access to engaging and educational programming and services.

FRCs provide programs and services that encourage and strengthen family interaction and growth. Parents/guardians are expected to maintain responsibility for their children and take an active role in their development. Centers strive to employ individuals who have child-centered and social services education and work experience.

Effective family residential program management is achieved through communication, counseling, and cooperation between staff and residents, and adherence to Center rules and norms.

Establishing this staffing and program philosophy is critical to managing the program's complex dynamics. Additionally, because the ICE residential model requires effective communication and interaction between staff and residents, program staff members have frequent opportunities to identify resident needs and provide referrals for appropriate services.

These Family Residential Standards (FRS) are only applicable when family units are in residence. The Center administrator will contact the ICE Enforcement and Removal Operations (ERO) Field Office Director (FOD) and Juvenile and Family Residential Management Unit (JFRMU) Chief for direction when family units are not in residence.

ICE FRS

The first edition of the ICE FRS, released in 2007, was developed by independent subject matter experts (SMEs), government officials, and representatives of nongovernmental organizations

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(NGOs). After several years of operations and data collection through a rigorous monthly and semiannual inspection program, ICE commenced a top-to-bottom review of the first-edition FRS. This review included an analysis of past and current best practices at the FRCs, and focused on improving the standards to more effectively manage a residential program. ICE ERO's JFRMU established a review team led by a child-focused SME with experience in assessing conditions of confinement and residential programming. The team assessed ICE FRC practices and policies, and interviewed existing Center management and direct care staff, as well as ICE ERO officers, health care and mental health providers, and case managers working at the Centers. These interviews allowed participants the opportunity to recommend improvements based on their experiences. The review team also sought to implement improvements to the standards that directly addressed feedback received from private sector agencies and NGOs. The review team synthesized those findings and incorporated relevant changes into this second-edition FRS.

JFRMU also engaged other U.S. Department of Homeland Security (DHS) Headquarters components to review and provide input for this second edition of the FRS. Further, JFRMU secured the assistance of various SMEs in areas such as emergency planning, detention administration, trauma informed care, child development, and legal rights and representation to evaluate the draft standards.

Purpose and Applicability

This primary standard describes the overall philosophy and goals of the family residential program. Each individual family standard flows from this standard. All Center policies, procedures, and practices must adhere to the expected outcomes and expected practices outlined in this standard.

NOTE: Centers are expected to adhere to all applicable federal, state, and local laws and licensing requirements as well as the FRS. When there is a conflict, the more stringent shall apply. Guidance may also be sought from JFRMU at any time.

FRS Expected Outcomes

1. The ICE residential housing model will promote family unity.
2. Children and their accompanying parents/guardians will have unfettered access to each other at all times, absent exigent circumstances (e.g., medical emergencies).
3. Centers will comply with federal and state nondiscrimination laws and DHS regulations and policy regarding residents with limited English proficiency (LEP) and disabilities. Centers will provide residents with disabilities with an equal opportunity to access the Center's information, services, programs, and activities, which may include the provision of accommodations, modifications, and auxiliary aids and services. Centers will also provide residents with LEP with meaningful access to their programs, services, and activities.
4. Center rules will promote parent/guardian accountability for resolving intra-family conflict.
5. Centers will operate in accordance with the DHS Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement, 6 CFR part 115 *et seq.*, and associated ICE policy and field guidance.

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- 6.** Parents/guardians will care for and supervise their own children. Parents/guardians and staff will work collaboratively to implement corrective action when necessary.
- 7.** Center staff members are responsible for ensuring that all residents, both adults and juveniles, follow Center rules.
- 8.** Disciplinary actions must be appropriate for the age and developmental level of the resident. Disciplinary actions must not interfere with family unity (e.g., forced separation of parents/guardians and their children is prohibited) other than for the minimum amount of time necessary to protect resident or staff safety.
- 9.** Center operational plans will both enhance free movement of the resident population and encourage family unity.
- 10.** Center staff will have educational backgrounds and work histories commensurate with the needs of a residential program.
- 11.** Centers will assign case managers to each family group. Case managers will provide group and individual services to the resident population.
- 12.** Centers will actively seek appropriate community service organizations to augment Center-provided resident programming.
- 13.** Centers will offer structured programs and activities that are specific to the population served.
- 14.** Centers will establish resources and programs that promote effective parenting techniques that are grounded in child and adolescent development concepts.
- 15.** Centers, Field Offices, JFRMU, HSA, OPLA and other stakeholders (as appropriate) will have defined communication protocols to ensure that all are kept informed regarding serious or significant incidents, inspections, policy changes, and actions that could impact Center operations.

Expected Practices

A. Family Unity

Center rules and practices will promote family unity. Family members are allowed unrestricted access to each other at all times while in residence, except when children are attending school or when contact between family members must be limited due to medical conditions. Children and their parents/guardians may continue to interact with each other, with staff assistance, while children are attending school and during medical appointments or other interventions that limit general contact.

Residents will be assigned bedrooms in accordance with ICE's current resident housing procedures, as outlined and approved by the JFRMU Chief.

B. Temporary Separations of Family Members within Centers

Occasionally, while in residence, parents/guardians must be separated from their children temporarily because of acute medical conditions or due to allegations or incidents of abuse or

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violence. When separations occur as a result of allegations or incidents of abuse, the family will be allowed to congregate together under staff supervision unless a medical or mental health provider determines the child fears the parent/guardian and in-person meetings are clinically contraindicated; the Center Administrator, in consultation with the ICE Field Office and JFRMU Chief, deems the parent/guardian a danger to the child; or an investigating authority (e.g., law enforcement or child protective services) requests separation. In medical cases, families will be allowed to congregate together to the extent the Center's Health Services Administrator (HSA) deems medically permissible. The Center Administrator and HSA, as appropriate, will review these temporary separations daily to determine whether they should continue, and will notify the ICE Field Office and JFRMU Onsite Coordinator of the separation status on a daily basis. Separating families for other reasons (including by referral of the child to the U.S. Department of Health and Human Services) should be avoided unless necessitated by the medical incapacitation of the parent/guardian, or to protect the immediate life, health, or safety of the child(ren) or parent/guardian. The Field Office Director (FOD) and JFRMU Chief must approve all such family separations in accordance with current ICE policy or guidance.

In other instances, family members may retain their ability to move freely about Center buildings and the campus but may require additional monitoring by Center staff (e.g., during a resident hunger strike, or during investigations of an allegation of child neglect). In those instances, relevant safety plans must be established that will include the type and frequency of monitoring by Center staff. ICE and JFRMU must receive daily updates on the status of any residents under enhanced monitoring. Should a resident's actions result in the Center Administrator recommending restrictions on his or her free movement or a temporary family separation, the Center Administrator will consult the FOD and the JFRMU Chief prior to implementation.

In all instances requiring a temporary separation of family members, ICE will endeavor to reunite the family as soon as possible and advisable. Only ICE—including the FOD, the JFRMU Chief, and the Office of the Principal Legal Advisor—in collaboration with the Center HSA may determine that a particular situation and/or danger to the residents makes reunification impossible.

C. Disability Rights and Language Access

ICE considers adherence to its language access responsibilities and its obligations to provide equal access for residents with disabilities to be of critical importance to resident life, health, and safety. Therefore, these considerations must be included in all Center policies, practices, and operations. These themes must be fully incorporated into every Center activity that implements and operationalizes the tenets of each FRS.

1. Meaningful Access for Residents with Limited English Proficiency

Centers will diligently identify each resident's primary or preferred language and, when the resident is also limited English proficient (LEP), provide information to that resident in a language he or she understands to ensure that the resident has meaningful access to Center programs, services, and activities. No resident, to include children or other family members housed in the Center, will be used for interpretation services for another resident except in emergencies and only with both residents' consent. When Center staff needs to communicate with a resident with LEP whose preferred language Center staff does not speak fluently, the Center must use a qualified interpretation service. Centers generally will provide Spanish translations of all written materials

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whenever necessary to ensure meaningful access to Center programs, services, and activities, as well as to protect due process rights, for residents who read Spanish. Centers also will translate written material for other frequently encountered language groups with LEP.

Centers will follow current ICE admission protocols to identify members of indigenous populations and their preferred language. Centers will document each resident's primary or preferred language and secondary language in his/her resident files. Centers will establish a method for staff to readily identify the resident's primary or preferred language as he/she moves throughout the Center, such as through an annotation on the resident's ID badge or other practicable method. Centers will provide members of indigenous populations with LEP with ready access to language services and ensure those residents are made aware of how to access Center resources, as described in the resident handbook and local supplement and during orientation. Centers will employ a variety of language access resources and methods to include telephonic and in-person interpretation, written translations, audio/video presentations, flashcards, etc., and ensure staff remains well-informed on how to access and use them. In addition, Centers will include those activities listed in the *ICE Language Access Plan* dated June 14, 2015, the *ERO Language Access Plan*, or any subsequent guidance, as appropriate.

All documents requiring a resident's signature for the resident file either will be translated into the resident's preferred language or will include a written note stating the Center provided the resident with interpretation services in the resident's preferred language and how the interpretation was provided. Both the resident and the staff member who provided the interpretation services will sign the note.

2. Equal Access for Residents with Disabilities

Centers will act affirmatively to prevent disability discrimination, and will comply with all applicable Federal, state, and local nondiscrimination laws and with DHS regulations and policy regarding individuals with disabilities, including those governing physical accessibility as well as access to programs, services, and activities. Centers will provide accommodations, modifications, and auxiliary aids and services to residents with disabilities to afford them an equal opportunity to participate in, access, and enjoy the benefits of the Center's information, activities, services, and programs.

Throughout the Center's programs and activities, including at any time when disability-related accommodations are discussed, the Center must take appropriate steps to allow for effective communication with residents with disabilities to afford them an equal opportunity to engage in the Center's programs and activities. Such steps may include the provision and use of auxiliary aids or services for residents with vision, hearing, sensory, speech, and manual impairments. The type of auxiliary aid or service necessary to ensure effective communication will vary in accordance with the method of communication used by the individual resident, the nature, length, and complexity of the communication involved, and the context in which the communication is taking place. In determining what types of auxiliary aids or services are necessary, the Center will give primary consideration to the request of the resident with a disability.

Further, to provide equal access to the Center's information, activities, services, and programs for residents with disabilities, the Center will provide accommodations and/or modify policies, procedures, practices, and materials, as necessary. When considering what accommodations or

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modifications to provide, the Center will engage in an interactive and individualized process that considers the resident's needs and gives primary consideration to the preferences of the resident with a disability.

Moreover, all accommodations, modifications, and auxiliary aids and services will be provided in the least restrictive setting possible and the most integrated setting appropriate to the needs of the resident with a disability.

Additional detail on ensuring equal access for residents with disabilities is available in FRS 4.8, *Disability Identification, Assessment, and Accommodation*.

D. Admission and Release

Center admission and release protocols will be conducted with attention to the needs of a sensitive population. Admissions areas will provide play items and other developmentally appropriate recreation materials for children. In addition, an area will be provided to accommodate families with young children or toddlers. This area will include activities, games, and toys, and will have appropriate staff available to closely monitor areas and activities designated for small children.

As detailed in FRS 2.11, *Sexual Assault and Abuse Prevention and Intervention*, Center staff will be regularly trained on and will maintain awareness of the requirements of the DHS PREA regulations, 6 CFR part 115 *et seq.*, and their protections for those in DHS custody. In accordance with ICE policy and field guidance on FRC housing assignments, as well as the DHS PREA regulations, staff will use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff members are not ICE/ERO employees, then ICE/ERO will provide only the information needed for housing assignments.

The housing classification process determines the appropriate housing assignment for each family. New residents will remain segregated from the general population during the orientation and classification period, to the maximum extent practicable.

Center staff will follow ICE-approved safe release procedures and coordinate with ICE to ensure that adult and minor residents are released in accordance with existing ICE policy and practice, and with concern for their well-being and safety. When residents are released from the Center, staff must provide residents with supplies of food and other necessary childcare items sufficient for the length of their trip. Center staff will provide guidance to residents (and other interested parties such as family members or sponsors) regarding upcoming travel arrangements and requirements, to include expected release times or time ranges and the expected method of travel. Release procedures will promote child safety and may include coordination with private sector organizations and/or NGOs capable of providing supportive services to residents.

E. Adult Free Movement

Centers will establish policy and procedures that allow adult residents to move freely throughout the Center structure and outdoor space without direct staff escort during designated times each day, which include the following:

- Outdoor campus free movement will be, at minimum, from 8 a.m. until dusk, seven days a week.

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- Indoor free movement will include all programming areas and will be, at minimum, from 8 a.m. until 8 p.m. seven days a week.

F. Resident Accountability

Centers will conduct resident census in accordance with the ICE Family Residential Standard on *Resident Census*. Residents are responsible for checking in with designated staff during census. Centers will not routinely require residents to return to a designated area for purposes other than resident census. Routine census will not interfere with legal visitation.

Centers will use a scheduling system for residents' in-house appointments and will notify the residents of scheduled appointments, which they are then responsible for attending.

Generally, Center programming, services, and activities should be available during the free movement timeframes. Centers may develop more limited schedules for leisure activities, visitation, and the use of recreational areas, the legal library, telephones, media resources, and dining rooms only when necessary due to physical plant design limitations or certificate of occupancy limitations. In those instances, Centers will ensure equal access for all residents through weekly monitoring and will make schedule or other programming modifications as required.

G. Parent/Guardian Supervision and Movements of Children

One of the adult residents' primary responsibilities in FRCs is to care for and supervise their own children, and to ensure their children understand and comply with Center rules and norms. Parents/guardians must be informed that they have these responsibilities while in residence at the Center. Center staff will work with parents/guardians to develop appropriate responses to their child(ren)'s behaviors when such behavior conflicts with Center rules. Staff will work collaboratively with parents/guardians to implement corrective action when necessary.

Should parental/guardian intervention prove unsuccessful in curbing ongoing negative behaviors, staff will intervene, as they ultimately are responsible for ensuring all residents, both adult and juvenile, comply with Center rules to ensure the safety of the residential community as a whole. In those cases when staff intervention is necessary, parents/guardians will continue to be included in all discussions concerning their child(ren)'s behavior.

The goal of behavior modification always will be to decrease the probability of future negative behavior, and Center staff will strive to build on the individual's strengths.

Centers must establish procedures to locate the parent/guardian of any unattended child and reunite them; and staff must apply these procedures consistently in all cases. Upon admission, parents/guardians will be given a "free movement pass" for each accompanying child aged 12 and older. Children ages 12 and older will be allowed to participate in the free movement program when authorized by their parent/guardian. Notwithstanding this freedom for children aged 12 and older, parents/guardians still are expected to monitor their child(ren)'s movements and generally know their child(ren)'s whereabouts at all times. Parents/guardians may issue and revoke these passes at will. Staff also may revoke free movement passes in accordance with the ICE Family Residential Standard on *Behavior Management*. When a child is in possession of a free movement pass, he/she must display it so staff is aware the child is not under the direct supervision of a

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parent/guardian at that time. Children ages 11 and under are not allowed to participate in the free movement program. These children and all older children not participating currently in free movement are expected to remain under the immediate supervision of their parents/guardians, except when the child is participating in structured activities or the Center's monitored care program. Free movement for children will not apply during educational hours.

H. Parent/Guardian Accountability

Parents/guardians are prohibited from using corporal punishment while at the Center. Centers will develop policy and procedures for reporting suspicions, allegations, and incidents of child abuse or ongoing documented neglect. Staff must act immediately on any allegations or known incidents of child abuse or a pattern of documented neglect; report the same to Center management and ICE; and refer the affected children for medical evaluation as appropriate. Depending on the situation, notification to local law enforcement and State/local child protective services also may be required. Center policy and procedures will define such situations. If, at any time, staff observes that a child is injured, staff must refer the child for medical evaluation, and the Center must conduct an internal investigation to determine the cause of the injury or to confirm the accounting of how the injury was sustained. Centers must forward investigative reports to ICE at the conclusion of the investigation. Center staff will cooperate fully with local and State law enforcement and State and local child protection agencies. Further, Center staff will follow all relevant laws and regulations regarding incidents at the Center, including any mandatory reporting requirements.

I. Discipline and Behavior Management

Due to the nature of Residential Centers, there are few codified sanctions for violating Center rules. Accordingly, effective consensus-building and conflict resolution are key elements to maintaining staff and resident harmony. In all cases in which a child is to be counseled, a parent/guardian must be present and be afforded the opportunity to participate in any discussion regarding possible consequences.

Centers will establish a broad array of resident activities that may provide incentives for positive behavior. Loss of privileges or access to these incentives may be used as a form of informal behavior modification.

J. Staffing Requirements

Centers will recruit, hire, train, employ, and retain staff with educational backgrounds and work histories commensurate with the needs of a residential program and the population to be served. Staffing provisions will be as follows:

- Centers will establish the minimum number of staff that must be on duty, by shift; ICE must approve these Center staffing plans in advance of their implementation;
- Gender-specific needs will be addressed when establishing staffing schedules. In co-ed Centers, at least one female and one male staff member will be available at all times;
- Centers will meet the minimum staffing requirements for each shift;

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- Staff must remain at their assigned area until relieved or otherwise authorized to leave the area;
- On-duty staff will be alert, engaged, and prepared to respond to the residents' needs; and
- Staff must supervise all areas occupied by residents.

Centers also will establish a resident supervision plan in coordination with and subject to approval by the JFRMU Chief. The resident supervision plan provides for ongoing safety checks 24 hours per day, and must comply with any applicable federal, state and local laws, or other applicable licensing requirements. Generally, evening and overnight checks will occur no less than every 30 minutes, but times may be adjusted due to physical plant limitations, ICE/JFRMU requirements, and/or State requirements. All checks must be conducted unobtrusively and so as not to disturb sleeping residents. During evening and overnight hours, staff is prohibited from shining any form of light toward or in the residents' faces, or making loud noises that may disrupt or wake sleeping residents. Dim ambient light or other ICE-approved lighting solutions may be used to allow staff to confirm the presence of residents, but type and use must be well-defined and restricted.

K. Program Activities

Centers will develop organized and structured programs designed to facilitate residents' adjustment to the FRCs, provide educational and recreational opportunities, support a positive residential environment, bolster parent/guardian-child interactions, and strengthen parent/guardian-child bonds. These programs will be available seven days a week, and last as long as or longer than free movement periods. Residents will be afforded Internet access in the Center social library. Centers will employ filtering software to restrict access to objectionable sites and other sites identified by ICE. Residents will be afforded access to Internet-based email but will be restricted from accessing social media websites and applications.

L. Case Management

Centers will assign a case manager to each family. The case managers will provide counseling and guidance on accessing Center programs and services and other tasks that directly support residents' access to and engagement in Center programs and services. The case manager also will provide resident orientations and educational opportunities, and assist residents in communicating with other service providers as needed. Additionally, case managers will be required to meet at least every 10 days with each head of household to ensure he/she can access Center programming and services, and to document those interactions. Center case managers will not be used to perform other direct care (e.g., security-related duties), except temporarily during an emergency if necessary.

Juveniles will have the opportunity to attend at least two group counseling sessions per week. This is usually an informal process and occurs with all minors present. Minors will have the opportunity to get acquainted with staff, other minors, and the rules of the program. Sessions will be an open forum where all participants will have an opportunity to speak. Daily program management will be discussed, and participants will be able to provide suggestions, discuss issues, and resolve problems.

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M. Monitored Care

Parents/guardians must be able to access monitored short-term care for their children in instances when they prefer that their children not accompany them to certain appointments or interviews that may be inappropriate for children. Parents/guardians may access short-term care during court hearings, adult educational classes, onsite or off-site medical and mental health appointments, attorney-client interviews, ICE interviews, asylum interviews, legal orientation program presentations, town hall meetings, religious activities, and other occasions that Center and ICE management deem acceptable. Parents/guardians also may use short-term care while they participate in the Center's Voluntary Work Program. Centers will offer short-term care during free movement hours, seven days a week. Centers' short-term care operations must adhere at all times to the requirements of the Centers' State certifications and other applicable licenses—including, but not limited to, staff-to-child ratios and staff training. Centers may, as a means to augment the services already provided by the monitored care program, employ structured, age-appropriate recreational activities for groups of children to provide their parents/guardians temporary respite from active child supervision.

References

- ICE Family Residential Standard on Admission and Release
- ICE Family Residential Standard on Behavior Management
- ICE Family Residential Standard on Definitions
- ICE Family Residential Standard of Disability Identification, Assessment, and Accommodation
- ICE Family Residential Standard on Health Care
- ICE Family Residential Standard on Recreation
- ICE Family Residential Standard on Resident Census
- ICE Family Residential Standard on Resident Handbook
- ICE Family Residential Standard on Staff Training
- ICE Language Access Plan, June 14, 2015