

# 2.10 Use of Physical Control Measures and Restraints

## Introduction

This U.S. Immigration and Customs Enforcement (ICE) Family Residential Standard authorizes staff to use the minimum necessary and reasonable physical control measures and/or restraints—after all nonphysical efforts to resolve a situation have failed—for protection of all persons; to minimize injury to self, residents, staff, and others; to prevent imminent serious property damage; or to maintain safe and secure Center operations.

Staff will use only the minimum degree of physical control measures and/or restraints necessary to gain control of residents and, under specified conditions, may use physical restraints to gain control of a dangerous resident.

The ICE Family Residential Standards on *Health Care* and *Health Care (Females)* specifically address the use of restraints for medical or mental health purposes.

Various terms used in this standard may be defined in the ICE Family Residential Standard on *Definitions*.

## Program Philosophy

The requirements of this standard must be implemented in accordance with the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes*.

### A. Language Access and Disability Requirements

Centers will adhere to the language access and disability laws, regulations, responsibilities, requirements, and laws cited in the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes* and the ICE Family Residential Standard on *Disability Identification, Assessment, and Accommodation*. These requirements must be promulgated in all Center policies, practices, and operations and its themes must be fully incorporated into every Center activity. This is of critical importance and will directly impact resident life, health, and safety.

## Expected Outcomes

The expected outcomes of this standard are as follows (specific requirements are defined in the Expected Practices section in this standard):

1. Centers always will attempt to gain resident cooperation through nonphysical means prior to any use of physical control measures and/or restraints.
2. Centers will endorse and employ confrontation avoidance techniques as the primary and preferred method for resolving situations, always to be attempted prior to any physical control measures and/or restraints.

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3. Physical control measures include short personal restraint or temporary separation of a resident from the general population as well as limited use of restraint devices as approved by ICE/ERO and the JFRMU Chief.
4. Physical control measures and/or restraints will only be used when both necessary and reasonable.
5. Physical control measures and/or restraints will be used only to the minimum extent necessary to restore safe and secure Center operations. The use of physical control measures and/or restraints will be restricted to protecting residents and others from imminent harm, justifiable self-defense, or preventing imminent serious property damage. Imminent serious property damage, for the purposes of this standard, involves any instance where such damage significantly interrupts the delivery of services to residents, puts staff or residents at immediate risk of physical harm, or adversely affects the daily operations of the Center. Physical control measures and/or restraints can only be used to immediately interrupt the damaging behavior. In all situations, physical control measures and/or restraints will be used only as a last resort.
6. Physical control measures and/or restraint devices will never be used as punishment.
7. Use of physical control measures and/or restraints will require supervisory approval and will be used only in the specific circumstances described herein.
8. Center staff will write a report and provide it to the Center Administrator or designee no later than the end of the staff member's tour of duty when the staff member used or witnessed the use of physical control measures and/or restraints, on any resident, or if any resident remains in restraints at the end of that shift.
9. The Center Administrator or designee will telephonically notify the Field Office Director (FOD) and Juvenile and Family Residential Management Unit (JFRMU) Chief as soon as practicable following a use of physical control measures and/or restraints. Documentation will be submitted to the FOD and JFRMU Chief, via an ICE-approved form, within two business days of any use of physical control measures and/or restraints involving a resident. Appropriate documentation will be maintained when such measures are used.
10. Canines will not be used in a Residential Center.

### Standards Affected

This standard replaces the ICE Family Residential Standard on *Use of Physical Force and Restraints* dated 12/21/2007.

### Expected Practices

#### A. Overview

Centers will develop written policy and procedures in compliance with this standard.

Various levels of physical control measures and/or restraints may be necessary and reasonable, depending on the totality of the circumstances. Generally, staff will maintain safe and secure

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operations through nonphysical means, using communication and counseling methods to achieve resident cooperation. Physical control measures and/or restraints may be either immediate or calculated; the latter being preferred and most likely to minimize harm to residents or staff.

Use of physical control measures and/or restraints may involve:

- Short personal restraint: A short restraint that lasts no longer than one minute and that is used as an emergency intervention. Such restraints are gentle but firm, and intended to avoid immediate danger to self, staff, or other residents, or imminent serious property damage.
- Temporary separation of a resident from the general population,

Restraint devices may include:

- Handcuffs: stainless steel, 10 oz.;
- Soft restraints: nylon/leather type;
- Plastic cuffs: disposable; and
- Any other restraint device that ICE/ERO approves for use at an FRC.

If additional measures are needed based on the circumstances, the Center Administrator will contact the FOD and JFRMU Chief for guidance.

Follow-up (e.g., medical attention), documentation (e.g., audiovisual recording for calculated uses of physical control measures and/or restraints), reporting, and an after-action review are required for each incident involving use of physical control measures and/or restraints.

Centers will never use physical control measures and/or restraints as punishment. Use of such measures is minimized by staff attempts to first gain resident cooperation. Physical control measures and/or restraints are executed only through approved techniques and involve only the degree of physical control necessary and reasonable to protect residents and others from imminent harm, or in instances of justifiable self-defense.

### B. Restraining Minors

If the parent is immediately unavailable or unable to control their child's behavior, and the child's behavior poses an immediate risk of physical harm to self or others, Center staff may use physical control measures and/or restraints to prevent such harm, but must do so with special consideration for the possible effects on the child. Size, age, gender, and comprehension level must be taken into account when considering the use of physical control measures and/or restraints. In any other circumstances, the parent/guardian must provide consent. The use of physical control measures and/or restraints on minors is only authorized as follows:

- Use of restraints on minors ages 12 and under is prohibited. Physical control measures and/or restraints should only be used on minors ages 12 and under to prevent a minor from injuring him/herself or others;
- Use of restraints on minors ages 13–14 requires authorization from the Center Administrator; and

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- Use of restraints on minors ages 15–17 requires supervisory authorization.

In all cases, Center staff should first use a short personal restraint that lasts no longer than one minute if doing so does not put the minor or staff at risk of physical harm, before moving on to more involved techniques.

All restraints must minimize the risk of physical discomfort, harm or pain to the minor, and use the minimal amount of reasonable and necessary physical force.

Minors will not be medicated without parental consent unless there is imminent danger that the minor will injure himself or others and the parent is unavailable to provide consent.

### C. Principles Governing Physical Control Measures and Application of Restraints

Under no circumstances will staff use physical control measures and/or restraints to punish a resident.

Staff will attempt to gain a resident's willing cooperation before using physical control measures and/or restraints. Measures used to gain a resident's willing cooperation include de-escalation techniques, confrontation avoidance techniques, staff presence without action, and use of verbal commands.

Prior to using physical control measures and/or restraints on adult residents, staff will minimize other family member involvement, to include removing children to a safe location under the supervision of staff whenever feasible.

Staff will use only those physical control measures and/or restraints necessary and reasonable to gain control of a resident, and only after attempts at less restrictive interventions have proven to be ineffective.

Staff may use physical control measures and/or restraints to prevent a resident from harming him- or herself or others, or from causing imminent serious property damage.

Residents subjected to physical control measures and/or restraints will be seen by medical staff as soon as possible. If the physical control measures and/or restraints result in an injury or claim of injury, then additional medical evaluation and appropriate care will be provided.

If a restrained resident refuses to move or cannot move because of the restraints, then staff may lift and carry the resident to the appropriate destination. If feasible, an assistive device (e.g., ambulatory chair, gurney) will be used to help move the restrained resident. Staff may not use the restraints to lift or carry the resident.

Staff may not remove restraints until the resident is no longer a danger to him/herself or others.

The following uses of restraints are prohibited:

- Placing restraints on a resident's neck or face, or in any manner that restricts blood circulation or obstructs the resident's airways (e.g., mouth, nose, neck, esophagus); and
- Using restraints to cause physical pain or extreme discomfort. While some discomfort may be unavoidable even when restraints are applied properly, examples of prohibited applications include improperly applied restraints or unnecessarily tight restraints.

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Residents will be released from restraints as soon as the restraints have had a calming effect. Staff will monitor restrained residents continuously to determine compliance, to ensure that the restraints are not hampering circulation, and to monitor the general welfare of the resident. The Center health care provider will examine restrained residents at least once every 2 hours. The Shift Supervisor will interview restrained residents at least once every hour.

Staff will notify the Shift Supervisor immediately when a restrained resident becomes compliant. The Shift Supervisor will speak immediately with the resident to confirm his/her compliance.

The decision to release the resident will not be delegated below the level of Shift Supervisor. The Shift Supervisor may seek advice from mental or medical health professionals concerning when to remove the restraints.

The Center Administrator will notify (in advance if feasible) the respective FOD and JFRMU Chief immediately when physical control measures and/or restraint are used.

Documenting, reporting, and investigating the circumstances in which physical control measures and/or restraints are used helps prevent unwarranted use of such measures and protects staff from unfounded allegations of improper or excessive use of physical control. Staff will fully document all instances involving physical control measures and/or restraints. Documentation will include the resident's name, names of staff involved, description and assessment of the situation and specific behavior that was the basis for the use of the physical control measure and/or restraints, the measure(s) administered, length of time, medical observation, and the resident's post-restraint condition.

The Shift Supervisor will orally advise the Center Administrator as soon as feasible when physical control measures and/or restraints are used and provide a written report to the Center Administrator no later than the end of his/her shift during which physical control measures and/or restraints were used on a resident.

### D. Staff Training

#### 1. General Training

All staff members who have direct resident contact will be trained in physical control measures as described in the ICE Family Residential Standard on *Staff Training*. The employees also must maintain all relevant certifications. General training requirements include:

- Confrontation-avoidance techniques;
- Use of permitted physical control measures and restraints and specifics for minors;
- De-escalation techniques;
- Emergency behavior interventions;
- Identifying imminent harm;
- Approved methods of self-defense and defensive tactics;
- Prevention of communicable diseases as it relates to using physical control measures and/or restraints;
- Physical control measures and/or restraints in special circumstances (detailed below);

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- Application of approved restraints;
- Audiovisual and reporting requirements;
- Professionalism and communication techniques;
- Debriefing and reporting procedures; and
- Prohibited physical control measures and devices.

### E. Prohibited Physical Control Measures and/or Restraints, Acts and Techniques

The following acts and techniques are specifically prohibited:

- Using physical control measures and/or restraints as punishment, retribution, or for failure to obey an order;
- Using physical control measures and/or restraints against a resident offering no resistance;
- Choke holds, carotid control holds, and other neck restraints;
- Restraining residents to fixed objects not designed for restraint.

### F. Use of Physical Control Measures and/or Restraints in Special Circumstances

Occasionally, after failing to obtain resident cooperation through communication and counseling methods, staff must use physical control measures and/or restraints with residents with special circumstances. Except in instances where immediate use of physical control measures and/or restraints is unavoidable, Centers will consult with the Health Services Administrator (HSA) and comply with the Calculated Use of Physical Control Measures and/or Restraints section in this standard when contemplating use on these residents.

#### 1. Restraining Pregnant Women

A pregnant resident or resident in post-delivery recuperation will not be restrained absent truly extraordinary circumstances that render restraints absolutely necessary as documented by the Center Administrator and directed by the Clinical Medical Authority (CMA). This general prohibition on restraints applies to all pregnant women in ICE custody, whether during transport, in a Center, or at an outside medical facility. Restraints are never permitted on residents who are in active labor or delivery.

Restraints should not be considered as an option, except under the following extraordinary circumstances:

- Medical staff has directed the use of restraints for medical reasons; or
- Credible, reasonable grounds exist to believe the resident presents an immediate and serious threat of hurting herself, staff, or others.

In the rare event that one of the above situations applies, the CMA will determine the safest method and duration for the use of restraints, and the least restrictive restraints necessary will be used.

Even in the extraordinary circumstance that physical control measures and/or restraints are deemed necessary, writs restraints on pregnant residents should only be applied in front to ensure

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the resident is able to break a fall. No resident known to be pregnant will be restrained in a facedown position or in a supine position, or in any restraints that constrict the area of the pregnancy. All attempts will be made to ensure that the resident is placed on the left side if immobilized.

The use of physical control measures and/or restraints requires documented approval and guidance from the CMA. Recordkeeping and reporting requirements regarding the medical approval to use such measures will be consistent with other provisions within these standards, including documentation in the resident's alien file (A-file), resident file, and medical file.

### 2. Restraining Residents with Wounds or Cuts

Staff will wear protective gear when restraining aggressive residents with open cuts or wounds. If physical control measures and/or restraints are necessary, then protective gear will include a full-body shield. Aggressive residents who are violent or exhibit the potential for violence will be placed in restraints and be removed and kept separate from the general population. Restraints will remain in place as long as the resident poses a physical threat.

### 3. Restraining Residents with Special Medical or Mental Health Needs

If a situation arises involving a resident with special needs, then the appropriate medical or mental health staff will be consulted in all cases, and prior to restraining or using physical control measures and/or restraints on the resident when feasible. "Residents with special needs" include residents with physical, intellectual, and developmental disabilities and residents with a mental health condition that may impair their ability to understand the situation.

## G. Restraints

### 1. Authorized Restraints

The following equipment is authorized for use by Center staff:

- Handcuffs: stainless steel, 10 oz.;
- Soft restraints: nylon/leather type;
- Plastic cuffs: disposable; and
- Any other restraint device that ICE/ERO approves for use at an FRC.

### 2. Storage

When not in use, restraints are to be stored securely in an area where access is limited to authorized personnel who are supervisors and above.

### 3. Recordkeeping and Maintenance

Each Center will maintain a written record of distribution of restraints and will specifically designate and incorporate in one or more post orders. Centers must inventory restraints at least monthly to determine their condition.

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### H. Immediate Use of Physical Control Measures and/or Restraints

A situation requiring the immediate use of physical control measures and/or restraints is created when a resident's behavior constitutes a serious and immediate threat to self, staff, another resident, imminent serious property damage, or safe and secure Center operations.

Imminent serious property damage is any such damage that interrupts the delivery of services to residents, puts staff or residents at immediate risk for physical harm, or significantly adversely affects the daily operations of the Center. In these circumstances, Center staff may only use physical control measures and/or restraints to interrupt the damaging behavior. In all situations, physical control measures and/or restraints will be used only as a last resort.

Upon gaining control of the resident, qualified health personnel will determine immediately if the resident or Center staff requires medical attention. They also will:

- Examine the resident and treat any injuries immediately, including sending the resident off-site for additional care if necessary, and documenting the services provided in the resident's medical file and on the use of physical control measures and/or restraints report. The medical services provided and diagnosed injuries will be documented; and
- Examine any involved staff member who reports an injury and, if necessary, provide initial emergency care. The examination will be documented.

A written report will be provided to the Shift Supervisor by each staff member involved in the use of physical control measures and/or restraints by the end of the staff member's shift.

The Shift Supervisor will provide a written report to the Center Administrator or designee no later than the end of the shift when physical control measures and/or restraints were used on any resident, or if any resident remains in restraints at the end of that shift.

### I. Calculated Use of Physical Control Measures and/or Restraints

Calculated use of physical control measures and/or restraints is feasible and preferred to immediate use of such measures in most cases. It allows staff time to strategize and resolve situations in the least confrontational manner possible. It also gives staff time to assess the situation and plan an appropriate response in situations where the resident does not pose an immediate threat of harm to him/herself or others. Calculated physical control measures and/or restraints are intended to prevent or diminish injury to staff and residents as well as exposure to communicable disease.

A calculated use of physical control measures and/or restraints will be authorized in advance by the Center Administrator, FOD, and JFRMU Chief. The Center Administrator also will consult with the HSA to determine if the resident has medical issues requiring specific precautions.

Medical staff will review the resident's medical file for a disease or condition that a physical control measure and/or restraints could seriously exacerbate.

#### 1. Assessing the Need for Physical Control Measures and/or Restraints

Before authorizing the calculated use of physical control measures and/or restraints, the FOD, JFRMU Chief, Center Administrator, HSA, and others as appropriate will assess the situation. Taking into account the resident's history and the circumstances of the immediate situation, as well as the



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unique environment of an FRC, they will determine the appropriateness of using physical control measures and/or restraints.

The conferring staff will consider in their assessment the resident's medical/mental health history, recent incident reports involving the resident, if any, and emotional shocks or traumas that may be contributing to the resident's state of mind (e.g., a pending removal, divorce, illness, death). The Shift Supervisor will seek the advance guidance of qualified health personnel (based on a review of the resident's medical record) to identify physical or mental health concerns.

The conferring staff also will investigate whether other staff has any information about the resident's current agitation/history or is able to pinpoint the immediate cause. Such investigation also may help identify those who have established rapport with the resident or whose personalities suggest they might be able to reason with the resident, thereby avoiding the need for physical control measures and/or restraints. Upon a decision by the conferring staff that a calculated use of physical control measures and/or restraints is warranted, the Center will adhere to the calculated use requirements described below.

### 2. Calculated Use of Physical Control Requirements and/or Restraints

- Staff participating in a calculated use of physical control measures and/or restraints will wear protective gear as needed, taking particular precautions when entering an area where blood or other bodily fluids could be present;
- Staff members with a skin disease or skin injury will not participate in any calculated use of physical control measures;
- The Shift Supervisor or another supervisor on duty must be on the scene prior to any calculated use of physical control measures and/or restraints to manage the situation and continuously monitor staff compliance with policy and procedure. They will not participate except to prevent impending staff injury;
- A health services professional will be present to observe and immediately treat any injuries, but will not otherwise participate;
- All staff who were involved in the incident precipitating the need for physical control measures and/or restraints will not participate; and
- The managing supervisor will adhere to audiovisual recording requirements outlined below.

### 3. Documentation and Audiovisual Recording

Although ICE/ERO requires that all uses of physical control measures and/or restraints be documented and forwarded to ICE/ERO for review, for calculated uses of physical control measures and/or restraints, it is required that the entire incident be audiovisually recorded. The Center Administrator or designee is responsible for ensuring that calculated uses of physical control measures and/or restraints are audiovisually recorded. Staff will be trained in the operation of audiovisual recording equipment. There will be a sufficient number of recording devices located appropriately and maintained in the Center. The audiovisual record and accompanying documentation will be included in the investigation package for the after-action review described below.

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Calculated uses of physical control measures and/or restraints will be audiovisually recorded in the following order:

- Introduction by the managing supervisor stating the Center name, location, time, date, etc., describing the incident that led to the calculated use of physical control measures and/or restraints, and naming the audiovisual camera operator and other staff present;
- Each participating staff member states their name and title;
- The managing supervisor offers the resident a last chance to cooperate before staff action, outlines the use of physical control measures and/or restraints procedures, and issues the order to use such measures;
- The camera operator records the entire use of the operation, unedited and without breaks in the recording until the resident is calmed;
- The camera operator takes close-ups of the resident's body during a medical exam, focusing on the presence/absence of injuries. The treating medical professional will report any obvious medical findings on screen;
- Staff describes but does not show injuries, if any; and
- The managing supervisor debriefs the incident with a full discussion/analysis/assessment of the incident.

### 4. Use of Physical Control Measures and/or Restraints Reports

All Centers shall develop an ICE/ERO-approved form to document all uses of physical control measures and/or restraints.

Staff shall complete the form for each incident involving use of any physical control measures and/or restraints. The form will identify the resident(s), staff, and others involved, and describe the incident. If restraints are used, then the form will document the approval and the medical and other checks completed if the resident remained in restraints. Each staff member will complete a memorandum for the record to be attached to the original form. The report, accompanied by the corresponding medical report(s), must be submitted to the Center Administrator by the end of the shift during which the incident occurred.

Within two working days of a use of physical control measures and/or restraints, copies of the report will be placed in the resident's resident file and sent to the FOD and JFRMU Chief.

### K. Evidence Protection and Sanitation

The supervisor will inspect areas of blood or other bodily-fluid spill after staff use physical control measures and/or restraints. Unless the supervisor determines that the spill must be preserved as evidence, as specified under the ICE Family Residential Standard on *Contraband*, staff will sanitize those affected areas (e.g., walls, floors, furniture) immediately in accordance with the ICE Family Residential Standard on *Environmental Health and Safety*. Articles of clothing or restraints contaminated with bodily fluids likewise will be disinfected or destroyed as needed and appropriate.

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### L. Maintaining Audiovisual Recording Equipment and Records

Staff will store and maintain audiovisual recording equipment under the same conditions as “restricted” tools.

The Center Administrator will designate and incorporate in one or more post orders the responsibility for:

- Maintaining cameras and other audiovisual equipment;
- Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and
- Keeping back-up supplies on hand (e.g., batteries, tapes or other recording media, lens cleaners).

Each audiovisual record will be catalogued and preserved until no longer needed, but will be kept no fewer than six years. In the event of litigation, the relevant audiovisual record will be retained by the Center for one year after litigation or any investigation has concluded or been resolved.

The audiovisual records may be catalogued electronically so that the data can be searched by date and resident name. A log will document audiovisual record usage.

Audiovisual records of uses of physical control measures and/or restraints will be available for Center, ICE, and U.S. Department of Homeland Security (DHS) incident reviews and also may be used for training.

Release of use of physical control measures audiovisual recordings to the news media may occur only if authorized by the Director of ERO, in accordance with ICE/ERO procedures, rules of accountability, and applicable privacy laws.

### M. After-Action Review of Use of Physical Control Measures and/or Restraints Written Procedures Required

All Centers will have ICE/ERO-approved written procedures and report templates for after-action review of uses of physical control measures and/or restraints (immediate or calculated). The primary purpose of an after-action review is to assess the reasonableness of the actions taken and determine whether the physical control measures and/or restraints used were proportional to the resident’s actions.

All Centers will model their incident review process after ICE/ERO’s process and submit it to ICE/ERO and the JFRMU Chief for ERO review and approval. The process must meet or exceed the requirements of ICE/ERO’s process.

#### 1. Composition of an After-Action Review Team

The Center Administrator, Assistant Center Administrator, the FOD’s designee, the HSA, and the JFRMU onsite coordinator will conduct the after-action review. This after-action review team will convene on the first workday after the incident. The after-action review team will gather relevant information to include medical information regarding resident or staff injury, determine whether policy and procedures were followed, make recommendations for improvement, if any, and

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complete an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the use of physical control measures and/or restraints.

### 2. Review of Audiovisual Recording

The after-action review team also will review the audiovisual recording of any uses of physical control measures and/or restraints for compliance with all provisions of this standard, with particular attention paid to:

- Whether the use of physical control measures and/or restraints techniques were exercised properly;
- The professionalism of the Shift Supervisor;
- Adherence to the requirement of wearing prescribed protective gear as needed;
- Ensuring that unauthorized items, equipment, or devices (e.g., towels, tape, surgical masks, hosiery) were not used;
- Whether staff applied only as much physical control as necessary to subdue the resident, including whether staff responded appropriately to a subdued or cooperative resident or a resident who discontinued his/her violent behavior;
- Whether the Shift Supervisor clearly was in charge of the situation. This includes intervention at the first sign of one or more staff applying more physical control measures and/or restraint than necessary;
- Whether the resident received and rejected the opportunity to submit to staff requests voluntarily before staff intervened with physical control measures and/or restraint (if the resident submitted, use of physical control measures and/or restraints should not have been necessary);
- The amount of time needed to control the resident. Any non-resisting resident restrained for longer than necessary could indicate training problems/inadequacies;
- Whether there was continuous audiovisual coverage from the time the camera started recording until the incident concluded. The review team will investigate any breaks or sequences missing from the audiovisual record;
- Whether a medical professional promptly examined the resident, with the findings reported on the audiovisual record;
- Whether staff addressed derogatory, demeaning, taunting, or otherwise inappropriate/inflammatory remarks made to the resident or others; and
- If the incident review reveals a violation of ICE/ERO policy or procedures, the after-action review team then will determine whether the situation called for improvised action and, if so, whether the action taken was reasonable and appropriate under the circumstances.

The after-action review team will complete and submit its after-action review report to the Center Administrator within two workdays of the use of physical control measures and/or restraint. The Center Administrator will review and sign the report, acknowledging its finding that the use of physical control measures and/or restraint was appropriate or inappropriate.

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### 3. Report of Findings to FOD and JFRMU Chief

Within 2 workdays of the after-action review team's submission of its determination, the Center Administrator will report with the details and findings of appropriate or inappropriate use of physical control measures, by memorandum, to the FOD and JFRMU Chief and whether he/she concurs with the finding. Included in the report will be consideration of whether proper reporting procedures were followed and whether appropriate medical care or consultation was sought and provided before, during, and after the use of physical control measures and/or restraint, as appropriate.

### 4. Further Investigation

ICE/ERO will determine whether the incident requires further investigation and if the incident should be referred to the ICE Office of Professional Responsibility, the DHS Office of the Inspector General, or the Federal Bureau of Investigation.

## References

- ICE Family Residential Standard on Contraband
- ICE Family Residential Standard on Definitions
- ICE Family Residential Standard on Environmental Health and Safety
- ICE Family Residential Standard on Health Care
- ICE Family Residential Standard on Health Care (Females)
- ICE Family Residential Standard on Program Philosophy, Goals, and Expected Outcomes
- ICE Family Residential Standard on Staff Training