

ICE/DRO DETENTION STANDARD

STAFF HIRING AND TRAINING

I. PURPOSE AND SCOPE. Staff responsible for the care of residents must be appropriately qualified, experienced, screened, and trained, to ensure that the organizational structure promotes best practices and facilitates the optimum delivery of services. In addition to the training requirements outlined in this standard, specific residential standards may include additional training requirements.

II. EXPECTED OUTCOMES. The expected outcomes of this Residential Standard are:

1. Care providers have an internal policies and procedures manual that is specific to the operations, goals, and objectives of each of their programs
2. Clear lines of authority and responsibility are reflected in the providers' organizational chart.
3. Key positions are approved by ICE prior to hiring and job placement.
4. Staff are properly qualified and have received appropriate security clearances prior to beginning to work in any family residential facility.
5. Each new employee, contractor, or volunteer will be provided an appropriate orientation to the facility and the Residential Standards before beginning to work in any family residential facility.
6. Staff, contractor, and volunteer training will be provided by staff who are qualified to conduct such training.
7. Staff who have minimal resident contact (such as clerical and other support staff) will receive initial and annual training commensurate with their position.
8. Professional, support, and health care staff and contractors who have regular or daily contact with detainees will receive initial and annual training commensurate with their position.
9. Security staff will receive initial and annual training commensurate with their position.
10. Facility management and supervisory staff will receive initial and annual training commensurate with their position.
11. Personnel assigned to emergency response units or teams will receive initial and annual training commensurate with their position.
12. Personnel authorized to use firearms will receive appropriate training before being assigned to a post involving their use and will demonstrate competency in firearms use at least annually.
13. Personnel authorized to use chemical agents will receive thorough training in their

use and in the treatment of individuals exposed to a chemical agent.

14. Security staff will be trained in self-defense and the authorized use of force to control all ages of residents.
15. Employees will be encouraged to continue their education and professional development through such incentives as salary enhancement, reimbursement of costs, and administrative leave.
16. Initial orientation, initial training, and annual training programs will include information on drug-free workplace requirements and procedures.
17. Initial orientation, initial training, and annual training programs will include information on the facility's written code of ethics.
18. New staff, contractors, and volunteers will acknowledge in writing that they have reviewed facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement will be maintained in each person's personnel file.

III. DIRECTIVES AFFECTED

None. This is a new Standard.

IV. REFERENCES

ICE/DRO Detention Standard on **Visitation**, particularly in regard to facility orientation for volunteers in the section entitled "Visits from Representatives of Community Service Organizations".

Pennsylvania Code Section 3800

Texas Welfare Code

V. EXPECTED PRACTICES – HIRING AND STAFFING

A. Organizational Structure

The care provider's internal policies and procedures manual shall include a clear description of the organizational structure. There shall be clear lines of authority and responsibility reflected in the providers' organizational chart. The program director shall be responsible for the entire program and its outcomes. There shall be adequate staff available to adhere to the organizational structure and to deliver all services required in the ICE/DRO contract award. There shall also be adequate levels of relief staff available to cover illnesses, holidays, emergencies, and influxes (in cases where the care provider has developed an influx plan at the request of the ICE/DRO).

B. Staffing Requirements

Key Positions

Key personnel are: the Program Director, Assistant Program Director (if applicable), Clinicians/Lead Clinician, and Lead Case Manager. Prior to the hire of any key

personnel, a care provider must submit to the Juvenile and Family Residential Management Unit (JFRMU) Project Manager (PM) a request for the review and approval of the job description, resume, cover letter, application, and any other applicable documents.

1. Program Director

The Program Director shall be responsible and accountable for the entire program and its outcomes, and shall be the primary liaison with the JFRMU. The Program Director shall coordinate both programmatic and financial elements of the services provided to residents in their care. The Program Director shall be responsible for creating an internal manual for each programmatic function, based on state licensing requirements as applicable, JFRMU policies and procedures, the Statement of Work, and the agency's internal policies and procedures. The Program Director shall also be responsible for all reporting requirements of the Statement of Work (i.e., programmatic and financial reports), and shall bring any issues or concerns to the designated Project Manager.

The Program Director shall possess the administrator's license for the care provider's facility, if applicable. The Program Director shall have at least a Master's Degree in social work (MSW) or an equivalent degree in education, psychology, sociology or other relevant behavioral science; or a Bachelor's Degree in one of the aforementioned sciences, plus five years of experience as the director of a licensed child care program, residential youth program, or similar program for children and adolescents; or plus five years of progressive project management experience on projects demonstrating advanced levels of financial and managerial responsibilities.

2. Assistant Program Director (optional)

Care providers that employ a more than 75 employees and have more than 80 adult and minor residents may have an Assistant Program Director. The Assistant Program Director provides support to the Program Director and is a secondary liaison with the JFRMU. Not all care providers are required to have an Assistant Program Director.

The Assistant Program Director shall have at least a Bachelor's degree in a relevant behavioral or social sciences field, plus five years of progressive employment experience within a social services or child care agency, or plus three years of progressive project management experience on projects demonstrating advanced levels of financial and managerial responsibilities.

Lead Case Manager

The Lead Case Manager shall be responsible for coordinating case management services and for training and supervising other case managers.

The Lead Case Manager's tasks shall include coordination and oversight of each accompanied child's assessment, individual service plan, and discharge. The Lead Case Manager shall also ensure that all the services provided to each child are properly documented in the child's case file.

The Lead Case Manager shall have a Master's Degree in the behavioral sciences, human services, or social services fields; and at least three years of progressive employment experience in the aforementioned fields that demonstrates supervisory and case management experience; or a minimum of a bachelor's degree plus five years of progressive employment experience in the aforementioned fields that demonstrates supervisory and case management experience. Child welfare experience and professional licensure are strongly encouraged.

3. Clinician

Clinicians shall conduct mental health assessments for all residents in care, as well as provide ongoing individual and crisis intervention. The clinicians shall be permanent staff members, unless prior authorization is received by smaller programs from the designated PM to obtain such services through community-based providers. When there are more than three clinicians on staff, a Lead Clinician shall be designated, with the added responsibility of coordinating clinical services and training and supervising staff clinicians.

The ratio of residents to clinicians shall not be greater than 25:1. In certain instances, it may be necessary for a care provider to adjust this ratio based on the needs of the specific program. In this type of situation, the ratio may be set higher or lower by the PM, who will provide the care provider with a rationale for the adjustment.

Clinicians shall have a Master's Degree in social work (MSW) and two years of postgraduate direct service delivery experience; a Master's Degree in psychology, sociology, or other relevant behavioral science in which clinical experience is a program requirement; or a Bachelor's Degree in one of the aforementioned sciences plus five years of progressive employment experience in this area. It is strongly encouraged that clinicians be licensed or licensed-eligible.

4. Lead Clinician

The Lead Clinician shall have a Master's Degree in social work (MSW) and five years of postgraduate direct service delivery experience; or a Master's degree in psychology, counseling, or other relevant behavioral science in which clinical training and experience is a program requirement. Licensure and supervisory experience are required.

Other Positions

5. Case Manager

This position does not require approval from the ICE prior to hiring, but the Program Director must ensure that the following qualifications are met: a Bachelor's Degree in the behavioral sciences, human services, or social services fields; or a minimum of a high school diploma plus three to five years of progressive employment experience in the aforementioned fields. (Years of advanced education in aforementioned fields can be substituted for years of employment experience). Child welfare or case management experience is strongly encouraged.

The ratio of residents to case management staff shall be no greater than 30:1. In certain instances, it may be necessary for a care provider to adjust this ratio based on the needs of the specific program. In this situation, the ratio may be set higher or lower by the PM, and the PM will provide a rationale for the adjustment.

6. Recreation Specialist

This position does not require approval from the ICE prior to hiring, but the Program Director must ensure that the following qualifications are met: a Bachelor's Degree in the physical education, or a minimum of a high school diploma plus five years of progressive employment experience in the aforementioned fields. (Years of advanced education in aforementioned fields can be substituted for years of employment experience). Child welfare or case management experience is strongly encouraged.

7. Family / Youth Care Specialist / Worker

This position does not require approval from ICE prior to hiring, but the Program Director must ensure that the following qualifications are met: a high school diploma or equivalent degree, and a minimum of one year employment experience in the child welfare field working with children or adolescents in a social service setting.

8. Teacher

This position does not require approval from DRO prior to hiring, but the Program Director must ensure that the following qualifications are met: a four-year college degree; and additional training to meet the special needs of school-aged children as outlined in staff training requirements. Certification by the state's department of education or other appropriate accrediting body is encouraged. Any requests for exceptions from these qualifications shall be submitted in writing to the designated PO for approval prior to hiring.

C. General Staffing Conditions

Care providers shall ensure that the following conditions are met:

1. All staff positions shall possess a current job description that directly relates

- to the achievement of the care provider's performance goals.
2. Care providers conduct regular staff meetings that involve all staff and are the forum for updates and discussion of programmatic matters.
 3. Staff who are making and implementing decisions regarding residential care meet frequently, at a minimum weekly, to discuss service plans, progress, and other issues concerning residents.
 4. Employee educational or experience levels are commensurate with the responsibilities and expertise required for the position.
 5. Recruitment plans are developed to target potential staff members who are culturally sensitive and who speak the language of the residents.
 6. Staff training is provided in accordance with ICE, DRO, and JFRMU policies and procedures, as well as any applicable state licensing requirements.
 7. Staff are provided with adequate levels of individual leave, sick leave, and compensation time.
 8. All staff and volunteers provide the following documentation, maintained in their personnel files and updated as required:
 - a. Child Protective Services (CPS) or similar background investigations. Results of medical examinations (as specified by state licensing requirements), including updated documentation of immunizations and test results for tuberculosis
 - b. Criminal and other background checks: local police, state, and FBI. Must meet all state licensing requirements.
 - c. Professional references
 - d. Educational records
 - e. Driver's record, if expected to transport residents
 - f. Copies of professional licenses, if applicable
 - g. Resume and employment application.
 9. Care providers make every effort to recruit and retain a majority of direct-service staff who are bilingual in English and Spanish, and all staff shall be culturally sensitive.
 10. Staff in key areas, such as child care, education, and counseling, who are not bi-lingual have access to an interpreter or interpreter services. Only in exceptional circumstances, such as the arrival of a resident with an uncommon native language, will this resource not be immediately available. Care providers maintain a list of resources in the community covering the main languages of residents in its care and access the needed interpreter within eight hours of admission. The interpreter selected is never another child, resident, relative, or potential sponsor. If an interpreter is not available, care providers use telephonic language lines. Interpreters are advised that what they hear and interpret is strictly confidential, as well as advised regarding potential conflicts of interest.
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D. Handling Staff Incidents

Staff and volunteers shall adhere to their State policy prohibiting child abuse and neglect. Signed Statements of Agreement shall outline actions that constitute child abuse and neglect and shall be located in personnel files. Policies shall include prohibiting corporal punishment. If the policies are violated, care providers shall follow the procedures indicated by state licensing standards and submit a copy of the documentation to the designated Project Manager.

All significant incidents involving allegations of physical abuse or neglect, or instances in which other staff or the institution itself may be in violation (see the definition in the “Program Management: Emergency and Incident Reporting” section) shall be reported to the local Child Protective Services agency for an independent investigation. The PM shall also be notified immediately. Results of the investigation shall be immediately forwarded to the PM. This is a corollary requirement to any state reporting laws applicable to child abuse and neglect.

Local law enforcement authorities shall be called if the adult resident or the parent or guardian of a minor resident involved wishes to press criminal charges. At this point, local authorities will be requested to conduct an investigation. The staff member(s) accused of the incident shall not have contact with any resident until a final determination has been made. Care providers shall consult with the PM for additional guidance on this issue.

VI. EXPECTED PRACTICES - TRAINING

A. Overview of Training

The facility administrator shall ensure that the facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.

The amount and content of training shall be consistent with the duties and function of each individual and the degree of direct supervision that individual will receive.

The facility administrator shall assign at least one qualified individual, with specialized training for the position, to coordinate and oversee the staff development and training program. At a minimum, full-time training personnel shall complete a training-for-trainers course.

The training coordinator shall develop and document a facility training plan that is reviewed and approved annually by the facility administrator. The facility administrator shall ensure that:

- Training is conducted by trainers certified in the subject matter. This is particularly important in life-safety subject areas such as firearms, chemical agents, self-defense, force and restraints, emergency response, first aid, CPR, etc.
- Each trainee is required to pass a written and/or practical examination to ensure the subject matter has been mastered. This is particularly important in life-safety subject areas such as firearms, chemical agents, self-defense, force and restraints, emergency response, first aid, CPR,

etc., and in areas of ethical conduct.

- The formal training received by each trainee is fully documented in permanent training records.
- Formal certificates of completion are issued, as is appropriate.

B. Staff Training and Development

Introductory training for all staff having any contact with residents, whether minimal or daily, shall occur prior to the employee providing direct care to Families and Accompanied Children (AC). Documentation of this training shall be maintained in personnel files and will be subject to monitoring and review from the Juvenile and Family Residential Management Unit. In addition to state licensing requirements for training, the training for new staff shall include areas relevant to the care of Families with a special emphasis on AC. Training shall be pre-service and ongoing during employment. Areas of training shall include the following topics:

1. JFRMU National Residential Standards
2. Prohibition against providing legal advice or legal counsel
3. Cultural competence, including awareness of and sensitivity to different cultural backgrounds
4. Behavior management approaches, including conflict resolution, problem solving, negotiation, applying choices, and rewards and consequences (e.g., as in a structured level or point/token economy system)
5. Non-violent restraint techniques that have been approved by the JFRMU
6. Occupational Safety and Health Administration (OSHA) or equivalent course for residential care providers that covers blood-borne pathogens, airborne pathogens, and employee safety
7. Child development theory
8. Common health and mental health diagnoses of AC in program
9. Confidentiality
10. Child trafficking and smuggling
11. Child abuse reporting requirements

C. Initial Orientation/Training

In addition, each new employee, contractor, and volunteer shall be provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs shall ordinarily include, at a minimum:

1. Working conditions
2. Cultural diversity for understanding staff and detainees
3. Code of ethics
4. Personnel policy manual

5. Employees' rights and responsibilities
6. Drug-free Workplace
7. Health-related emergencies
8. Suicide prevention and intervention
9. Hunger strikes
10. Keys and Locks
11. Tour of the facility
12. Facility goals and objectives
13. Facility organization
14. Staff rules and regulations
15. Sexual harassment/sexual misconduct awareness
16. Personnel policies
17. Program overview

D. Initial and Annual Training

Each new employee, contractor, and volunteer shall be provided training prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the training programs shall ordinarily include, at a minimum:

1. Clerical/support employees who have minimal resident contact.

- a. Working conditions
- b. Cultural diversity for understanding staff and detainees
- c. Code of ethics
- d. Personnel policy manual
- e. Employees' rights and responsibilities
- f. Overview of the criminal justice system
- g. Tour of the facility
- h. Facility goals and objectives
- i. Facility organization
- j. Staff rules and regulations
- k. Sexual harassment/sexual misconduct awareness
- l. Personnel policies
- m. Program overview

2. Professional and support employees, including contractors, who have regular or daily detainee contact.

At a minimum, this training covers the following areas:

- a. Security procedures and regulations
- b. Code of Ethics
- c. Health-related emergencies
- d. Drug-free workplace
- e. Supervision of detainees
- f. Signs of suicide risk and hunger strike
- g. Suicide precautions
- h. Report writing
- i. Detainee rules and regulations
- j. Key control
- k. Rights and responsibilities of detainees
- l. Safety procedures
- m. Emergency plan and procedures
- n. Interpersonal relations
- o. Social/cultural lifestyles of the resident population
- p. Cultural diversity for understanding staff and residents
- q. Communication skills
- r. Cardiopulmonary resuscitation (CPR)/First aid
- s. Counseling techniques
- t. Sexual harassment/sexual misconduct awareness.

3. Full-time health care employees.

In addition to the training areas above, the health-care employee orientation program includes instruction in the following:

- a. The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations
- b. Key control; appropriate conduct with detainees
- c. Responsibilities and rights of employees
- d. Standard precautions
- e. Occupational exposure
- f. Personal protective equipment
- g. Bio-hazardous waste disposal
- h. Overview of the resident operations.

4. Family/Youth Care Specialist and Case Management personnel

At a minimum, this training covers the following areas:

- a. Security procedures and regulations
- b. Supervision of residents
- c. Searches of residents, housing units, and work areas
- d. Signs of suicide risk
- e. Code of Ethics
- f. Health-related emergencies
- g. Drug-free workplace
- h. Suicide precautions
- i. Self-defense techniques
- j. Use-of-force regulations and tactics
- k. Report writing
- l. Resident rules and regulations
- m. Key control
- n. Rights and responsibilities of residents
- o. Safety procedures
- p. Emergency plans and procedures
- q. Interpersonal relations
- r. Social/cultural lifestyles of the resident population
- s. Cultural diversity for residents and staff
- t. Communication skills
- u. Cardiopulmonary resuscitation (CPR)/first aid
- v. Counseling techniques
- w. Sexual abuse/assault awareness

5. Situation Response Teams (SRTs)

Specialized training before undertaking their assignments.

6. Facility management and supervisory staff

Management and Supervisory training

7. Personnel authorized to use firearms

Firearms training covering use, safety, and care of firearms and constraints on their use before being assigned to a post involving their possible use.

All personnel authorized to use firearms must demonstrate competency in their use at least annually. ICE/DRO personnel must demonstrate firearms competency quarterly.

8. Personnel authorized to use chemical agents

The use of chemical agents by contract staff is prohibited in a family residential center.

E. Initial and Annual Training for All Staff

While various Residential Standards require specialized training for some staff, the following is an overview of general training requirements for all staff, initially and annually.

F. Continued Education and Professional Development

Employees should be encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.

H. Internal Monitoring and Evaluation

Care providers shall measure program performance through an internal monitoring system that considers baselines, objectives, and performance goals. These monitoring and evaluation plans shall be submitted to the designated PM with the submission of any request for continued funding beyond an initial grant period.

Standard Approved:

John P. Torres
Director
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Date