001702

Stevens v. BBG et al., 18-cv-5391 DHHS HHS-18-F-0210

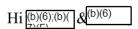
Subject: Age Redetermination: (b)(6)

https://deportationresearchclinic.org/

Minor was picked up from our facility on Saturday.

In regards to notifying you about future age re-determination. We followed up with ORR policy team and they gave us the go on letting you know via email.

As of now, all CM's have been informed to go about it that way.
Should you have any questions or concerns please feel free to contact me.
Have a wonderful day,
(b)(6) b)(6)
Southwest Key San Diego
Phone Number: 619-832-2350 Ext. (b)(6)
Fax Number: 619-828-2369
As you grow older, you will discover that you have two hands, one for helping yourself, the other for helping others Audrey Hepburn
Disclaimer: This e-mail and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. If you are not the intended recipient or the person responsible for delivering the e-mail to the intended recipient, be advised that you have received this e-mail in error and that any use, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please delete that message and attachments and notify the sender immediately.
From: M Cannon <mcannon@casacornelia.org> Sent: Monday, August 8, 2016 10:33:24 AM To:(b)(6);(b)(7)(F) ; (b)(6) Cc: smaciel@casacornelia.org; Jesse Imbriano; Staples, Heidi (ACF)</mcannon@casacornelia.org>



I was wondering if either of you could let Casa Cornelia know where this young man ended-up. We would like to perform a follow-up if possible.

Also, again, we would really like to establish some sort of system whereby Casa Cornelia is given a heads-up before age re-determination is made. If there is ever any doubt as to one of our client's age, we would like to conduct a follow-up interview. This could be a win-win for all of us as if we discover a client is an adult, we would probably encourage that client to come forward with that information (I can't think of a scenario where we wouldn't). This would save everyone a lot of time.

Best,			
Matt			
F	orwarded message		
From: (b)(6)	(b)(6)	@swkey.org>	
Date: Sun,	, Aug 7, 2016 at 9:01 AM		
Subject: [0	COA] Discharge Notification Form:[b)(6)	$A^{(b)(6)}$
To: (b)(6);(b)		adhs.gov>, (b)(6);(b)(7)(F) <u>@dhs.gov</u> "
(b)(6);(b)(7)(F		hs.gov" <(b)(6);(b)(7)(F)	@dhs.gov>,
	na@casacornelia.org" <ecamarena@e< td=""><td></td><td></td></ecamarena@e<>		
<mcannon< td=""><td>n@casacornelia.org>, "jimbriano@ca</td><td>sacornelia.org" <jimbria< td=""><td>no@casacornelia.org>,</td></jimbria<></td></mcannon<>	n@casacornelia.org>, "jimbriano@ca	sacornelia.org" <jimbria< td=""><td>no@casacornelia.org>,</td></jimbria<>	no@casacornelia.org>,
	<u>@casacornelia.org" <scuellar@casa< u=""></scuellar@casa<></u>		
<(b)(6);(b)(7)(F	<u>@ice.dhs.gov</u> >, Patricia T	oscano < <u>patricia.toscano</u>	
(b)(6);(b)(7)(F		<u>ee.dhs.gov</u> >, (b)(6);(b)(7)(F)	@ice.dhs.gov"
<(b)(6);(b)(7)(F	$ \underline{\text{@ice.dhs.gov}} >, \underline{\text{(b)(6);(b)(7)(F)}} $	@ice.dhs.gov"	
<(b)(6);(b)(7)(F	<u> </u>		
	@CasaCornelia.org" <smaciel@casa< td=""><td></td><td></td></smaciel@casa<>		
	ndo@casacornelia.org>, "TBD-NTA		
	cice.dhs.gov>, "Staples, Heidi (ACF)		
(b)(6);(b)(7)(F	<u> </u>	<u>adhs.gov</u> >, '(b)(6);(b)(7)(
(b)(6);(b)(7)(F		(b)(6);(b)(7)(F)	@ice.dhs.gov>,
(b)(6);(b)(7)(F		@ice.dhs.gov>	
Cc: I(b)(6)	@swkey.org>,(b)(6)		ey.org>, (b)(6)
(b)(6)	(@swkey.org>, (b)(6)	@swkey.or	
<(b)(6)	@swkey.org>, (b)(6)	@swkey.org>	
(b)(6)	@swkey.org>,(b)(6)	@swkey.org>,(b)	(0)
	@swkey.org> (b)(6)	@swkey.org>(b)(6)	\(b)(6)
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	@swkey.org>, (b)(6)		0swkey.org (b)(6)
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	@swkey.org>,\b)(6)	@swkey.org>,[
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<(b)(6)	@swkey.org>,(b)(6)	@swkey.org>, (b)(6)
<(b)(6)	@swkey.org>(b)(6)	@swkey.org> (b)(6)
<(b)(6)	@swkey.org>,(b)(6)	@swkey.org>,(b)(6)
√(b)(6)	@swkey.org>, (b)(6)	@swkey.org>, (b)(6)
<(b)(6)	@swkey.org>,(b)(6)	@swkey.org>,(b)(6)
<(b)(6)	@swkey.org>(b)(6)	@swkey.org>,(b)(6)
(b)(6)	@swkey.org>	

Good Morning,

Please be advised that	(b)(6)	A# (b)(6)	was released to ICE ERO,	on
8/6/2016.		,		

Complete Discharge Notification Form is attached.

Should you have any questions or concerns, please feel free to contact me.

(b)(6)		

Case Manager

Southwest Key, San Diego

Phone: (b)(6)

Fax: (619)599-8038

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Matthew Elijio Cannon Children's Program Director **Casa Cornelia Law Center** 2760 Fifth Ave. Ste. 200 San Diego CA 92103

Tel: (619) 231-7788, Ext. 323

Fax: (619) 231-7784

Email: Mcannon@casacornelia.org

Please click <u>here</u> to support access to justice for victims of human and civil rights violations

Casa Cornelia Law Center is a public interest law firm providing quality pro bono legal services to victims of human and civil rights violations. The Center has a primary commitment to the indigent within the immigrant community in Southern California. Casa Cornelia strives to educate others regarding the impact of immigration law and policy on society and the public good.

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Save The Date! Casa Cornelia's 9th Annual La Mancha Awards will be held on October 13. Click <u>here</u> to learn about event sponsorship opportunities.

--

Matthew Elijio Cannon Children's Program Director **Casa Cornelia Law Center** 2760 Fifth Ave. Ste. 200 San Diego CA 92103

Tel: (619) 231-7788, Ext. 323

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Save The Date! Casa Cornelia's 9th Annual La Mancha Awards will be held on October 13. Click here to learn about event sponsorship opportunities.

on october 151 c	tien <u>here</u> to tearn about event sponsorship opportunities.
Sender:	Staples, Heidi (ACF)
Recipient:	"M Cannon <mcannon@casacornelia.org>"; [b)(6)</mcannon@casacornelia.org>
Sent Date:	2016/08/08 15:45:39
Delivered Date:	2016/08/08 15:45:00

Referred to DHS		

Referred to DHS
From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]
Trom: Staples, field (ACI) [mailto:fieldi.Staples@aci.ms.gov]
Sant: Tuesday, December 06, 2016 10:11 AM
Sent: Tuesday, December 06, 2016 10:11 AM
To DUO Juy Placement invanile phoenix@dha.cov
To: PHO, Juv Placement; juvenile.phoenix@dhs.gov
Cas Valerguez, Ivanna (ACE): Agradana Lazana, Ohad (ACE) (CTD): Sinking Wathering
Cc: Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR); Sinkins, Katherine
(ACF)
Subject: DE: A se Dedetermination ADIH T. (b)(6)
Subject: RE: Age Redetermination ADULT: (b)(6) SWK
Casa Lighthouse

There are medical forensics on both of these UCs. This particular consulate's position would
have one believe that no one ever uses anyone else's false documents, which we know is not
the case

The reason we do medical forensics is to show whether or not someone is an adult, and the agreed upon threshold is 75%.

Thank you.

Heidi J. Staples, MSW

Federal Field Specialist

Office of Refugee Resettlement

Division of Children's Services

San Diego, CA

Heidi.Staples@acf.hhs.gov

(b)(6)

Referred to DHS

Referred to DHS		
reletied to B119		

From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]
Sent: Thursday, December 1, 2016 14:20
To: PHO, Juv Placement; juvenile.phoenix@dhs.gov
Cc: Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR)
Subject: Age Redetermination ADULT: (b)(6) ; SWK Casa Lighthouse
Importance: High
Please review this information and pictures below of siblings, face sheet, dental forensic that indicates this UC is over 18 to a probability of 80.85%, probable age of 19.5. He has a 20 year old sibling. He and family continue to insist he is a minor. Note this UC also made escape comments. See memo and advise, see photos below also, scroll down.
Thank you.
Heidi J. Staples, MSW
Federal Field Specialist
Office of Refugee Resettlement
Division of Children's Services

San Diego, CA

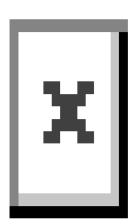
Heidi.Staples@acf.hhs.gov

(b)(6)		

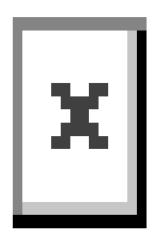
"Vision is seeing the opportunity within the challenge."

Also, these are the pics in (b)(6) s and (b)(6) s school documents:

(b)(6)



(b)(6)



Sender:	PHO, Juv Placement <juvplacement.pho@ice.dhs.gov></juvplacement.pho@ice.dhs.gov>
Recipient:	"Staples, Heidi (ACF) "; "PHO, Juv Placement <juvplacement.pho@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) "; "Agredano-Lozano, Obed (ACF) (CTR) "; "Sinkins, Katherine (ACF) "</juvplacement.pho@ice.dhs.gov>
Sent Date:	2016/12/06 12:15:43
Delivered Date:	2016/12/06 12:17:16

From:	Staples, Heidi (ACF)		
То:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "ACF Orrducs_Intakes (ACF) "		
cc:	"PHO, Juv Placement <juvplacement.pho@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) "; "Agredano-Lozano, Obed (ACF) (CTR) "</juvplacement.pho@ice.dhs.gov>		
Subject:	RE: Age Redetermination ADULT (b)(6) (b)(6) (b)(6) A# (b)(6)		
Date:	2016/12/03 01:01:00		
Priority:	Normal		
Туре:	Note		

Yes it was a valid BC but forensics show this UC to be an adult to a certainty of 80%, with a probably age of 19.5. He has a 20 year old sibling. We had three other UCs picked up, one from Lighthouse and two from San Diego, all had valid BCs; the two from san Diego admitted they were 21 and 23 when they got into ICE custody. The ORR threshold is 75% or above.

Thank you.

Heidi J. Staples, MSW
Federal Field Specialist
Office of Refugee Resettlement
Division of Children's Services
San Diego, CA
Heidi.Staples@acf.hhs.gov

Referred to DHS

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Referred to DHS
From: German Banacek Alvarez Oviedo
Sent: Friday, December 02, 2016 6:46:58 PM
To: marcos contreras Cc: (b)(6);(b)(7)(F)
Subject: solicitud
Subject: Solicitud
Estimado
Marcos Contreras
Respetuosamente me dirijo a usted, le man do los datos de lo conversado
telefonicamente menor de edad ^{((b)(6)} nacio
el ^{(b)(6)} de 1998, mi intencion es trasladarle al informacion de forma oportuna
porque de acuerdo a su poliza no tienen menores de edad. ANEXO documentos oficial

Atentamente:

Lic. German Banacek Alvarez Oviedo

de nuestro pais que es menor de edad

Cónsul General de El Salvador, Tucson Arizona.

Estados Unidos de Norte America

No esperes que te pidan ayuda, busca a quien ayudar.

Ministerio de Relaciones Exteriores de El Salvador

gbalvarez@rree.gob.sv

(b)(6) (520)-3180410.

FAX (520)-3180412

Staples, Heidi (ACF)			
Recipient:	"(h)(h)(r)(F)		

Sent Date:	2016/12/03 01:01:49
Delivered Date:	2016/12/03 01:01:00

Referred to DHS		

Referred to DHS
From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]
Sent: Friday, November 11, 2016 11:20
To: PHO, Juv Placement; juvenile.phoenix@dhs.gov
Cc: Agredano-Lozano, Obed (ACF) (CTR)
Subject: Age Redetermination ADULT: (b)(6) A# (b)(6)
(b)(6)
This person at SWK Lighthouse is an adult. Please advise.
Thank you.
····aint you.
Heidi J. Staples, MSW
Federal Field Specialist
Office of Refugee Resettlement
Division of Children's Services
San Diego, CA
<u>Heidi.Staples@acf.hhs.gov</u>

(b)(6)		

Sender:	PHO, Juv Placement <juvplacement.pho@ice.dhs.gov></juvplacement.pho@ice.dhs.gov>
Recipient:	"Staples, Heidi (ACF) "; "PHO, Juv Placement <juvplacement.pho@ice.dhs.gov>"; "juvenile.phoenix@dhs.gov"; "Agredano-Lozano, Obed (ACF) (CTR) "</juvplacement.pho@ice.dhs.gov>
Sent Date:	2016/11/11 13:31:43
Delivered Date:	2016/11/11 13:32:35

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Referred to DHS		

Referred to DHS		

From:	Staples, Heidi (ACF)
	"PHO, Juv Placement <juvplacement.pho@ice.dhs.gov>"; "juvenile.phoenix@dhs.gov"; [b)(6);(b)(7)(F) pice.dhs.gov>"</juvplacement.pho@ice.dhs.gov>
cc:	"Velazquez, Ivonne (ACF) "; "Agredano-Lozano, Obed (ACF) (CTR) "; "Sinkins, Katherine (ACF) "; "De LA Cruz, James (ACF) "
Subject:	RE: ADULT - AGE REDETERMINATION: (b)(6) A#(b)(6)
Date:	2016/12/22 14:26:00
Priority:	Urgent
Туре:	Note

The ORR policy is above 75% are considered adults. The consulate was able to verify that the BC was valid but not that it belongs to this individual. The consulate stated that he appeared older and verified the information only with the father in COO. The FFSS is in agreement with the FFS that this UC is an adult. I am elevating this to HQ so that the discussion between ICE and ORR can occur as to the policy on dental forensics.

Thank you.

Heidi J. Staples, MSW
Federal Field Specialist
Office of Refugee Resettlement
Division of Children's Services
San Diego, CA
Heidi.Staples@acf.hhs.gov

Referred to DHS		

Referred to DHS		

From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]

Sent: Thursday, December 22, 2016 11:01 AM **To:** PHO, Juv Placement; juvenile.phoenix@dhs.gov

Cc: Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR)

Subject: ADULT - AGE REDETERMINATION: (b)(6)

A#(b)(6)

Importance: High

Please advise about this identified adult at SWK Lighthouse in Phoenix.

Thank you.

Heidi J. Staples, MSW
Federal Field Specialist
Office of Refugee Resettlement
Division of Children's Services
San Diego, CA
Heidi.Staples@acf.hhs.gov
(b)(6)

Sender:	Staples, Heidi (ACF)
Recipient:	"PHO, Juv Placement <juvplacement.pho@ice.dhs.gov>"; "juvenile.phoenix@dhs.gov"; [h)(6)</juvplacement.pho@ice.dhs.gov>
Sent Date:	2016/12/22 14:26:36
Delivered Date:	2016/12/22 14:26:00

From:	Staples, Heidi (ACF)
	(b)(6):(b)(7)(F)
	(b)(6)
Subject:	RE: Age Redetermination ADULT IN CARE: (b)(6);(b)(7)(F) AKA (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)
Date:	2017/03/17 12:59:00
Priority:	Normal
Туре:	Note

Hello please note attached corrected copy as subject's true age is 19, not 21. Also medical records attached.

Thank you.

Heidi J. Staples, MSW
Federal Field Specialist
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
San Diego, CA
Heidi.Staples@acf.hhs.gov

Referred to DHS	

Referred to DHS	

	(b)(6):(b)(7)(F) @ice.dhs.gov>";
	"SND-STAGING <sndstaging@ice.dhs.gov>";</sndstaging@ice.dhs.gov>
	(b)(6);(b)(7)(F) @ice.dhs.gov>";
	(b)(6) (b)(7)(F) Dice.dhs.gov>";
	(b)(6):(b)(7)(F)
Kecipienti	(h)(6) (h)(7)(F)
	(b)(6):(b)(7)(F) @ice.dhs.gov>";
	(b)(6) @swkey.org>";
	(h)(6)
	(b)(6) @swkey.org)"
Sent Date:	2017/03/17 12:59:57
Delivered Date:	2017/03/17 12:59:00



TO:

Memo of Age Determination

March 16, 2017

ICE - DHS - SAN DIEGO, CA

FROM:	Heidi Staples Federal Field Specialis	t		
	ORR/Division of Childr			
SUBJECT	<u> </u>		1 (b)(6)	
(b)(6) A #	(b)(6) Southwest h	Key San Diego, (b)(6)		
	tered the facility on 3/11/1 reported DOB of (b)(6) (200			A#(b)(6)
(b)(6)		true DOB is (b)(6)	1997, which makes	him 19 years old.
Honduran c stopped res	consulate has been contact sponding to the program. Ilong with the face sheet,	ted to try to obtain The UC wrote an	his BC as family me admission stateme	embers in COO have ent, which is
He has been been fully in	n tested for TB and is not mmunized.	yet medically clear	ed as TB results are	e pending; he has
He had no p	prospective sponsor.			
minor and t	nat this person be transfer therefore cannot be house Thank you.			that he is not a
Respectfully	у,			
Heidi Staple				
Federal Fiel Division of (ld Specialist Children's Services			
Office of Re	efugee Resettlement			

			Initial Medi	cal Ex	am - V 4		
001734 Resident (b)(6)		Effective Date: 03/11/2017 15:12		Location:(b)(6)			
Initial Admission:(b)(6)		Admission	(b)(6)	2017	A#: (b)(6)		
	Date of Birth:	(b)(6) 2001	Gende			Physician: Reder,	Edward
A.	General Inform	ation				. V III WAAR III II II	
	1. Healthcare	Provider:					
		e and Designatio	n:				
		(b)(6)					
	b.Tele	phone:					THE RESERVE
		(b)(6)					ector—1
	2. Healthcare	Provider Clinic/A	ddress				
	East 0	County Urgent Ca	re 1625 E. Main Street # 100	El Cajo			
	3. Date of visi	t					
	03/13	/2017					
	4. Name of pr	ogram staff with o	child				
	(b)(6)						
	5. Program N	ame					
	-	San Diego					
_							
B.	History and Phy						
1.	Most Recent Te Temperature:		Date: 02/44/2047 00:24	5.	Past Medical History		
	Route:	<u>36.3</u> Oral	Date: 03/14/2017 09:34		Tonsillectomy at 5 years	old, no complications.	
1a.	Most Recent Pu			6.	Family History		
	Pulse:	97	Date: 03/14/2017 09:35	0,	None		
	Pulse Type:	Regular			<u></u>		
1b.	Most Recent Blo			-	oductive History		
	Blood Pressure: Position:	112/71	Date: 03/14/2017 09:35	7.	LMP		-122
		Sitting r/arm			n/a	,	
	Most Recent Re		D-1 001/1/0017-00-05	7a.	Previous Pregnancy		
	Respiration:	<u>16</u>	Date: 03/14/2017 09:35		n/a		
1d.	Most Recent He Height:	_	Date: 03/44/2047 00:25				
	Method:	170 Standing	Date: <u>03/14/2017 09:35</u>				
	Most Recent We	_					
	Weight: 78		03/14/2017 09:36				
	Scale: Standing	g Scale					
2.	Allergies			1			
	Penicillin						
/isior	1			R/A			
3.	Corrected- Right	eye, left eye, bot	h eyes				
	NA						

	Initial Medica	al Exa	am - V 4
	001735 Resident (b)(6)		
За.	Uncorrected- Right eye, Left eye, Both eyes		
-	20/20, 20/20, 20/20		
	cal History		
4.	Concerns expressed by child or caregiver: Minor states that for the past month he has had slight		
	occasional cough, nasal congestion but no other symptoms		
	(fever, body aches, nausea, diarrhea or sore throat). Minor		
	states no improvement.		
C.	Review of Systems		
	1. No abnormal Findings		
	21. Comments:		
D.	Physical Examination		
1.	General Appearance	7.	GU/GYN
	a. Normal		c. Not evaluated
2.	HEENT	8.	Extremities
	a. Normal		a. Normal
3.	Neck	9.	Back/Spine
	a. Normal		a. Normal
4.	Heart	10.	Neurologic
	a. Normal		a. Normal
5.	Lungs	11.	Skin (include tattoos)
	a. Normal	10	a. Normal
6.	Abdomen a. Normal	12.	Other
E.	Psychosocial Risk		
1.	Mental Health (over last 3 months)	3.	Sexual Activity/Abuse History
10	a. No concerns Describe concerns	3h	b. Consensual sexual activity (oral/vaginal/anal) Specify
ıa.	Describe concerns	30.	Minor states he has had consensual sexual activity.
2	Physical Abuse History	4	Substance Abuse
2.	Physical Abuse History a. Physical Abuse is denied	4.	C. Alcohol
	arringatarriados lo comos		d. Tobacco
		4a.	Comments:
			Minor states he occasionally drinks alcohol and smokes tobacco products since the age of 14.
F.	Laboratory Testing		
	1. Select all laboratory testing that has been ordered:		
	b. HIV		
	e. Hepatitis B surface antigeng. Syphilis RPR/VRDL		
	g. Syphilis RPR/VRDL h. Chlamydia NAAT		
	i. Gonorrhea NAAT		
	1e. Indicators:		

		Initial Medic	al Evam .	-V4	_
	001736	milital Modic	al LAGIII		_
	Resident:(b)(6)				
	a. Sexual activity/abuse	11-11			
	1g. Indicators:				
	a. Sexual activity/abuse				
	1h. Indicators:				
	a. Sexual activity/abuse				
	1i. Indicators:				
	a. Sexual activity/abuse				
	2b. Results:				
	b. Negative				
	2e. Results:				
	b. Negative				
	2g. Results:				
	b. Negative				
	2h. Results:				
	b. Negative				
	2i. Results:				
	b. Negative				
G.	TB Screening				
1.	Has child ever been in close contact to son	soone with active	3. H	las child ever been treated for latent TB infection?	
"	TB disease?	leone with active	3. 11	a. No	
	a. No			a. NO	
2.	Has child ever been treated for active TB d	502502	4. TI	B screening method ordered:	
۷.	a. No	scase;	4. 11	b. IGRA	
	ਰ _ੇ ਹੈ. NO			© c. CXR	
Н.	Assessment and Plan				
	1 Wall Child (only if no other condition pro				
	Well Child (only if no other condition pr	esent)			
	b. Yes As Plant Charle all that apply				
	15. Plan: Check all that apply	- 4 - 4			
	a. Return to clinic- PRN/As nef. Immunizations given/validate		d (Please	ensure that shelter staff receive a copy of the immunization	1
	record)	· ·	•	•	
	16. Additional Information				
	no f/u needed for nasal congestio	n unless symptoms	persist or v	worsen	
Sian	ed By			Signed Date	

(b)(6)

[e-SIGNED]

03/16/2017

	001738	Supplemental TB Screening	
	Resident (b)(6)	Effective Date: 03/11/2017 15:11	Location:(b)(6)
	Initial Admission: (b)(6 /2017	Admission: (b)(6) 2017	A#: (b)(6)
	Date of Birth: (b)(6)/2001	Gender: M	Score: NA
	Category: NA	Physician: Reder, Edward	
A.	General Information		
	Healthcare Provider		
	a.Name and Designation:		
	(b)(6)		
	b.Telephone:		
	(b)(6)		
	2. Date of visit		
	(b)(6) /2017		
	Name of program staff with child	<u></u>	
	3. Name of program stall with child		
	4. Program Name		
	Casa San Diego		
В.	Medical Information		
	PPD/Tuberculin skin test (TST)		
	1. Date Applied		
		7	
	2. Date Read		
		7	
	3. Result in mm		
	3. Result III IIII		
	4. Interpretation		
	a. Positive		
	b. Negative		
	TB Blood test (Interferon-Gamma	a Release Assay (IGRA)):	
	5. Date Drawn		
	(b)(6) /2017		
	6. Test type		
	a. QuantiFERON TB Gold I		
	b. T-SPOT TB test (T-Spot)		
	7. Results: (i) a. Positive		
	b. Negative		
	 c. Indeterminate/Borderline/ 	Equivocal	
	Chest X-ray		
	8. Date	-	
	03/13/2017		
	9. Findings		
	a. Normal		
	b. Abnormal		

ent line

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001740	Supplemental TB Screening	
Resident:	b)(6)	
D b. L	Negative for TB condition Latent tuberculosis infection (LTBI) Active TB Suspected	

x

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9

IMMUNIZATION RECORD Comprobante de Inmunización

East County Urgent Care 1626 East Main Street, Suite 100 PRINTED 03/16/2017

I Cajon, CA, 92021 194429896	PAGE 1 OF 1
Name nombre (b)(6)	
Birthdate (b)(6) /2001	Sex M sexo
Allergies alergias	
Vaccine Reactions reacciones a la vacuna	
RETAIN THIS DOCUMENT CONSER	VE ESTE DOCUMENTO
DATE	NEXT DOSS DUS

VACCINE vacuna	fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	próxima vacuna
POLIO	03/14/17	100 11-00	
IPV 1		East County Urgent Care	
DTP	03/13/17		
Tdap 1	03/13/17	East County Urgent Care	-
MMR MMR 1	03/14/17	East County Urgent Care	
WINTE		Edit Courty organical	
HIB			
		La li de la liste	
Padres: Sun	ol and child care	et California's immunization requirements to Except this Record as proof of immunization. It can los requisitos de vacunas para asistir a teste Comprobante: lo necesitará.	
	therla, tetanus (di	ifteria, tétano] nus, and pertuesis (whooping cough) [differio, té	Mana v tos ferinal

Parents: Padres:	scho Su ni	child must m ol and child ca iño debe cump dería. Manteng	re. Keep thi ir con los r	s Record a equisitos d	s proof of it e vacunas p	mmunizalio para asistir	on.	
DToP/To	dap ≈ iphthe Hepo		anus, and p	erlussis (wh				ios ferina]
		ningitis (Haemo)				HIb)		
		n papillomavirus nza (la gripe)	[virus dei p	арнота пи	manoj			
MCV =	Mening	gococcal conjug						
		es, mumps, rub gocarcal polysti						
		uenwacoccaj na Jacoccaj na			in memiliac	oena ponso	rcariou	
		myalitis [pollom						
		(rotovirus)	_					
VZV = \	aricell	la (chickenpox)	[varicela]					

Name: (b)(6)				Birthdate	(b)(6)	2001
VACCINE vacuna	DATE GIVEN fecha de vacunación	DOC	TOR OFFICI médico o	E OR CLINI		NEXT OOSE DUE próxima vacuna
HEP B Hep B-adol or p	03/14/17 ad 1	East Cou	nty Urgent C	sare		
<i>VARIC</i> Varicella 1	03/14/17	East Cou	nty Urgent C	care		
<i>HEP A</i> Hep A. ped/ado	03/13/17 , 2 dose 1	East Cou	nty Urgent C	Care		
Influenza influenza, intrad PNEUMO	03/13/17 ermai, (IIV4)	East Cou	inty Urgent C	Care		
PneumoPPV PneumoPCV			·····	2		
				- 11		
Meningococca MCV4P 1 HPV HPV9 1	03/13/17		unty Urgent (77		
	TB SKI		Pruebas de l			
Τγρα''	Date given 03/13/17	(b)(6)	Date read	Read by	mm/indur	Neg
* A chest x-ray	may be indice	ated if skin te	st is positive.	WAS DOOR WANTE		
"* If required for CHEST X-RAY [Radiografiá] [Necessary if	Film dale: 0 Person is f	3 / 13 / 20	nx unless exception of the property of the pro	tation: []		abnormal
skin test positiv	9.) Signature/A	gency:				

Patient Immunization Report

Name: (b)(6)				Date of Birth: (b)(6) 2001			Medical Record #:				
Address:					ider:			nty Urgent Care			
	, CA			Faci	lity:	_	East Cour	ity Urgent Care		VFC: Uninsur	ed
Phone:	was a second			Ran	By:	(t)(6)		Repo	rt Date:03/16/20	17
Vaccines	recommended a	as of: 03/10	5/20	17 No For	ecast						
TB Test Ty	rpe	Date	Da	te Read	Result		Interpreta	ation			
Chest X-Ray	/	03/13/2017					Normal			***************************************	
Blood - Qua	ntiFERON	03/13/2017					Negative				
Family	Vaccine	Date	#	Body Site	MFG	Brar	nd Name	Lot Number	VIS Date	Vaccinator	Other
POLIO	IPV	03/14/2017	1	RA-SC	PMC			N1A461M	07/20/2016	(b)(6)	No
DTP	Tdap	03/13/2017	1	RD-IM	SKB			97.S2S	02/24/2015		No
MMR	MMR	03/14/2017	1	LA-SC	MSD			M017346	04/20/2012		No
HEP B	Hep B-adol or ped	03/14/2017	1	RD-IM	SKB			DA22F	07/20/2016		No
VARIC	Varicella	03/14/2017	1	LA-SC	MSD			M039316	03/13/2008		No
НЕР А	Hep A, ped/adol, 2	03/13/2017	1	RD-IM	SKB			9TS3T	07/20/2016		No
Influenza	influenza,	03/13/2017	1	RD-IM	PMC	FLL	ZONE	7FF3N	08/07/2015		No
Meningococ	MCV4P	03/13/2017	1	LD-IM	PMC	ME	NACTRA	U5462AA	03/31/2016		No
HPV	HPV9	03/13/2017	1	LD-IM	MSD	GAI	RDASIL 9	M033583	12/02/2016		No
		V									

Date: 3/14/2017 Time: 2:35 PM To: (b)(6) @ 1619-442-2245

001746

Page: 001



FINAL Diagnostic Imaging Report

Facility:	East	County	Urgent	Care
Patient:				

Ordering Provider: (b)(6)

, N.P.

MRN: (b)(6)

Born: (b)(6) 2001 (Age 16 at exam)

Accession	Exam date	Exam time	Procedure	
2933619	Mar 13 2017	01:02 pm	CR - CHEST 1 VIEW	

Report

CHEST X-RAY INDICATION:

Evaluate for tuberculosis.

VIEWS:1V

COMPARISON: None.

FINDINGS:

LUNGS: .There are no significant pulmonary parenchymal abnormalities. No pleural effusion or pneumothorax.

VASCULAR: Normal.

CARDIAC: Normal size cardiac silhouette.

MEDIASTINUM: Normal.

BONES: Normal. OTHER: Negative.

CONCLUSION:

Normal chest examination. No radiographic evidence for tuberculosis.

Reported by (b)(6) M.I.	on Mar 14 2017 at 2:03 p.m	
Electronically signed by (b)(6)	M.D. on Mar 14 2017 at 2:03 p.m	

Name: (b)(6)

MRN:

Date: Mar 13 2017

Page 1 of 1



Oxford Diagnostic Laboratories®

5846 Distribution Drive Memphis, TN 38141 1-877-598-2522

CLIA ID#: (b)(6)

Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) Patient ID: (b)(6)

Sex: M

DOB:(b)(6)/2001

Collection Date/Time: 03/13/2017 10:46AM EDT

Provider:(b)(6) DNP

Location: East County Urgent Care

Customer Number: (b)(6)

Sample ID: (b)(6)

Received Date/Time: 03/14/2017 4:00AM EDT Approval Date/Time: 03/15/2017 12:10PM EDT

T-SPOT.TB

T-SPOT.TB

Negative

The test result is Negative because the spot count in (Panel A minus Nil Control) and (Panel B minus Nil Control) is less than or equal to 4.

This includes values less than zero.

Note: Diagnosing or excluding tuberculosis disease, and assessing the probability of LTB1, requires a combination of epidemiological, historical, medical and diagnostic findings that should be taken into account when interpreting T-SPOT.TB test results. Refer to the most recent CDC guidance (http://www.cdc.gov/tb/publications/guidelines/default.htm) for detailed recommendations on diagnosing TB infection (including disease) and selecting persons for testing. Guidelines set forth by the Centers of Disease Control and Prevention (CDC) recommend contacts of a person with tuberculosis (TB) disease who have a negative initial interferon-gamma release assay (IGRA) or TST within 8 weeks of exposure be retested 8 - 10 weeks after last exposure.

Nil (Neg) Control Spot Count 0 Panel A Spot Count 0 Panel B Spot Count Positive Control Spot Count >20

Limitations (from the T-SPOT.TB Package Insert, p.15)

Results from T-SPOT. TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients

A false positive result was obtained for T-SPOT. TB when tested in subjects with M. zenopi, M. kansasii and M. gordonae. While ESAT-6 and CFP10 antigens are absent from BCG strains of M. bovis and from most environmental mycobacteria, it is possible that a positive T-SPOT. TB result may be due to infection with M. kansasii, M. szulgai, M. gordonae or M. marinum. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with M. tuberculasis. Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate possible infection.

A positive test result does not rule in active TB disease; other tests should be performed to confirm the diagnosis of active TB disease such as sputum smear and culture, PCR, and chest radiography.

T-SPOT.TB has not been evaluated in subjects who have received >1 month of anti-TB therapy.

Refrigerated and frozen samples are not recommended for use with T-SPOT.TB test.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

Laboratory Results March 13, 2017

Printed Date: 3/16/2017

(b)(6) Printed By:

Patient Name: (b)(6)

Order:

(b)(6) (b)(6)

Collected:

03/13/2017 12:45

DOB: Sex:

(b)(6) /2001 M

Accession: Status:

Final results

Received:

03/14/2017 00:00 03/14/2017 21:08

Patient ID:

(b)(6)

Lab Acct:

Reported: Physician:

(b)(6)

Race:

Declined to specify

Test Name	In Range	Out of Range	Reference Range	Lab
Chlamydia/GC Amplification				7.00
Chlamydia trachomatis, NAA	Negative		Negative	8
Final results	Urgency: Normal			
Nelsseria gonorrhosas, NAA	Negative		Negative	9
Final results	Urgency: Normal			
Hep B Surface Ag				
HBsAg Screen	Negative		Negative	9
Final results	Urgency: Normal			
RPR				
RPR	Non Reactive		Non Reactive	9
Final results	Urgency: Normal			
Final results	Urgency: Normal			

Performing Laboratory Information
9 = LabCorp San Diego, 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108 Director: Galloway, Jenny R MD

Aviso de salud: Zika





- El zika es una enfermedad transmitida principalmente por los mosquitos.
- También se puede transmitir el zika a través de relaciones sexuales con una persona que tenga el virus.

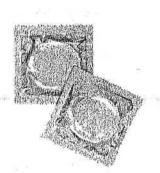


Los síntomas más comunes del zika son:

- fiebre
- sarpullido
- dolor en las articulaciones
- ojos enrojecidos

Muchas personas no tendrán síntomas o solo tendrán síntomas leves que pueden durar desde unos días hasta una semana.

Si tienes estos síntomas, visita a un médico y protégete de las picaduras de mosquitos para que no les pases la enfermedad a otros.



El zika y el sexo

- Puedes enfermarte con zika al tener sexo con una persona que haya estado en un área con zika y que tenga el virus.
- La gente que no tiene síntomas podría pasar el virus al tener sexo.

Cómo protegerte

- Los condones pueden reducir el riesgo de enfermarse con el virus del Zika si tienes sexo con una persona que haya estado en México, Centroamérica, Sudamérica o el Caribe.
- Evita las picaduras de mosquitos por 3 semanas después de haber estado en México, Centroamérica, Sudamérica o el Caribe. Usa repelente de insectos y camisas de manga larga y pantalones largos.



El zika y el embarazo

El zika causa serios defectos de nacimiento.

Una persona que haya estado en México, Centroamérica, Sudamérica o el Caribe debe usar condones cada vez que tenga sexo con una mujer embarazada o no debe tener sexo con ella durante el embarazo.

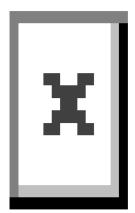


Referred to DHS	

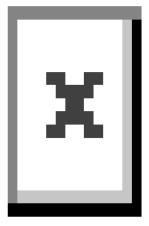
Referred to DHS
E a con Charles Haili (ACE) Facilità Haili Charles Confilhe and I
From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]
Sent: Thursday, December 1, 2016 14:20
m
To: PHO, Juv Placement; juvenile.phoenix@dhs.gov
Cc: Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR)
cer veinzquez, reinie (rier), rigitanie zeznie, eeta (rier) (erit)
Subject: Age Redetermination ADULT: (b)(6) ; SWK
Casa Lighthouse
Importance: High

Please review this information and pictures below of siblings, face sheet, dental forensic that
indicates this UC is over 18 to a probability of 80.85%, probable age of 19.5. He has a 20 year
old sibling. He and family continue to insist he is a minor. Note this UC also made escape
comments. See memo and advise. see photos below also, scroll down.
Thank you.
Heidi T Stanles MSW
Heidi J. Staples, MSW

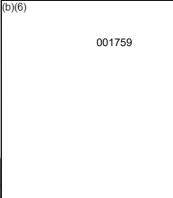
Federal Field Specialist
Office of Refugee Resettlement
Division of Children's Services
San Diego, CA
<u>Heidi.Staples@acf.hhs.gov</u>
(b)(6)
"Vision is seeing the opportunity within the challenge."
Also, these are the pics in (b)(6) s and (b)(6) s school documents:
(b)(6)

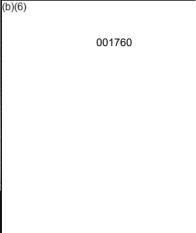


(b)(6)



Referred to DHS		





Referred to DHS	
INCICIEU IO DI IO	

Referred to DHS
From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]
Sent: Thursday, December 1, 2016 17:24
To: PHO, Juv Placement; juvenile.phoenix@dhs.gov
Cc: Agredano-Lozano, Obed (ACF) (CTR); Velazquez, Ivonne (ACF)
Subject: Age Redetermination ADULT (b)(6) A# (b)(6)
Importance: High
Hello please review this information on this UC at Lighthouse. Dental forensics indicate he is an adult. Please advise.
Thank you.
Heidi J. Staples, MSW
Federal Field Specialist
Office of Refugee Resettlement
Division of Children's Services
San Diego, CA

Heidi.Staples@acf.hhs.gov	
(b)(6)	
"Vision is seeing the opportunity within the challenge."	
Referred to DHS	

004704			
001764	UAC Basic Information		
First Name:		(b)(6)	
First Name: (b)(6)			
Last Name:			
(b)(6)			

AKA:

Status: DISCHARGED

 Date of Birth:
 (h)(1999)
 Gender:
 M

 A No.:
 (b)(6)
 LOS:
 11

Age: 17 Current Program: Southwest Key Lemon Grove

Country of Birth: Guatemala Admitted Date: 7/26/2016

Discharge Notification				
Date of Discharge:	8/6/2016	Time of Discharge:	02:30 PM	
Type Of Discharge:	Age Redetermination	Sponsor Name:		
Sponsor DOB:		Relationship to UAC:		
Prove of Relationship:	Minor was determined to be an ac	dult by the Guatemalan Consulate.		
ORR Decision:	C Pending	Date of Decision:	8/6/2016	
	♠ Approve			
	C Disapprove			
	C Remanded, please provide inf	C Remanded, please provide info as detailed in		
	comments			
Program Minor was Transferred to:		DHS Family Shelter:		
Local Law Enforcement:				
Specify, if Other is Selected:				
Address:	880 Front Street			
City:	San Diego			
State:	California	Zip Code:	92101	
Phone:	6195576117			
egal Status of Minor:	NTA (in removal proceedings)			

Deferred to DUC	
Referred to DHS	

Referred to DHS		

Referred to DHS	

Referred to DHS	

Referred to DHS			

Referred to DHS

_				
F	Referred to DHS	S		

Referred to DHS

On Mar 16, 2017, at 11:37 AM, Toscano, Patricia (ACF) (CTR) <<u>Patricia.Toscano@acf.hhs.gov</u>> wrote:

Good Morning Consul Tsai Yu,

Hope this email finds you well. I am reaching out to you on behalf of SWK San Diego to request your assistance in obtaining

birth certificate for UC (b)(6) aka (b)(6) (b)(6) Today client (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) and his real DOB is

(b)(6) 1997. Attached is a copy of his picture and information. Thank you for your time and assistance.

Respectfully,

Patricia Toscano

Patricia Toscano, MFTI

Good Afternoon,
Today client $(b)(6)$ $(b)(6)$ $A\#(b)(6)$ disclosed to clinician that he was an adult and that his real name is and his real DOB is $(b)(6)$ $(b)(6)$ $(b)(6)$ $(b)(6)$ $(b)(6)$ and his real DOB is $(b)(6)$ $(b$
If CFS can provide us a RENAP to process client out, as family in COO and mother in Spain are not answering.
He has written a statement confessing. It is attached.
Here is the information:

UAC	name	on	NTA	(b)(6)
(b)(6)				

A# (b)(6)

BC DOB:(b)(6) 1997

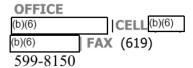
NTA DOB:(b)(6) 2001

Birth Certificate Name: (b)(6)

Entry to program: 03/11/2017
Medical: Client is not medically cleared.
Attached is the Face Sheet.
Thanks,
Thanks,
(b)(6) I Case Manager

Southwest Key Programs, San Diego

|1253 Broadway PMB 408 El Cajon CA 92021



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of the individual or entity to which they are addressed. If you are not the intended recipient or the person responsible for delivering the e-mail to the intended recipient, be advised that you have received this e-mail in error and that any use, dissemination,

forwarding, printing, or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please delete that message and attachments and notify the sender immediately.



(b)(6)		

Name: (b)(6)	AKA Name: (b)(6)						
A #: (b)(6)							
DOB: (b)(6)/2001	BC DOB: (b)(6) /1997						
Country of Origin: Honduras							
Entry Date : 3/11/2017							
Height: 65 Inches	Weight: 160 Lbs						
Case Manager: (b)(6)	Clinician: (b)(6)						
Known Allergies and/or Diagnosis: Penicillin							
Tattoos, Scars, or Birth Marks: Minor has a tattoo on his left hand. The tattoo is an "E" and a heart							
drawing							

Title	Name	Contact Number	
Emergency	(b)(6)	(b)(6)	
Program Director			
Assistant Program Director			
Lead Clinician			
Shift Supervisor			
Lead Case Manager			
Assistant Lead Case Manager			
Lead Medical Coordinator			
ORR/DUCS (Hot Line)		1-800-203-7001	
DHS/ICE Juvenile Coordinator:	(b)(6);(b)(7)(F)	(b)(6);(b)(7)(F)	
(Runaway Only)			
Federal Field Specialist	Heidi Staples	202-577-8083	



TO:

Memo of Age Determination

March 16, 2017

ICE - DHS - SAN DIEGO, CA

FROM:	Heidi Staples Federal Field Specialist ORR/Division of Children's Services
SUBJECT : (b)(6)	ADULT –(b)(6) Southwest Key San Diego, 1160 Broadway, El Cajon, CA 92021
(b)(6) with a rep (b)(6) He said that he Honduran cons stopped respor	d the facility on 3/11/17 as a minor named (b)(6) A#(b)(6) A#(b)(6) orted DOB of (b)(6) /2001, age 16. Today he admitted that his true name is and his true DOB is (b)(6) /1997, which makes him 21 years old. It planned to run away from the facility and so is considered a run risk. The sulate has been contacted to try to obtain his BC as family members in COO have noting to the program. The UC wrote an admission statement, which is g with the face sheet, medical records, and BC from the consulate.
He has been to been fully imm	ested for TB and is not yet medically cleared as TB results are pending; he has unized.
He had no pros	spective sponsor.
minor and ther	this person be transferred to ICE custody based on evidence that he is not a efore cannot be housed in SWK San Diego shelter at $^{\text{(b)(6)}}$ nk you.
Respectfully,	
Heidi Staples, I Federal Field S Division of Chil Office of Refug	pecialist

FORM I-216
001781
U.S. DEPARTMENT OF HOMELAND SECURITY

IMMIGRATION & CUSTOMS ENFORCEMENT
(REV.5/22/07)

Transfer Date:

Sheet No.

3/17/17

RECORD OF PERSON(S) AND PROPERTY TRANSFERRED													
FROM:	SWK			VIA (1)	ICE			TO:	SND	/ICE		MODE:	VAN
ORIGIN FO:	San Diego Field Office	Э	-	VIA (2)				DEST FO:	San [Diego Field C	Office	OTHER:	
File No.	Name of Pers Last	son First	DOB	Nationality	Status	Sex	Convictions	Gang Membership	Class Level	Detainee Money	Property I-77 #	Fins#	Subject ID#
(b)(6)	(b)(6)	(b)(6)	(b)(6)/1997	Hondu	NTA-Transfer	Male		No	1	On Person			
	$\mathbf{AKA}^{(b)(6)} \qquad \mathbf{A\#}^{(b)(6)}$												
I certify compliance with all ICE Detention and Transfer Standards and JPATS Boarding Requirements for this JPATS/Charter movement.													
Name and Title:			Office:	OMDC/CC/	A San Diego FO	Co	ntact Number(s):	(619) 661-	3846				
(1)- Show whet	1)- Show whether transfer or removal. For transfers show whether NTA or Final.												

(2)-Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred.

This form is to be executed in sufficient number of copies to allow the receiving officer to retain one copy of his/her personal expense voucher and two additional copies for the station of final delivery.

Received the above listed persons, property, and baggage che

Signature:

Title & Star:

Place & Date:

U.S. E	Department of Homela	nd Security							Form	I-203A	/B,Order to D	Sheet No	o. Release Aliens
To: (Name and Title of Person in Charge of Facility) Warden or Officer in Charge			Name of Facility: Otay Detention Facility San Diego / CCA										
Pleas	e DETAIN / RELEASI	E the alien(s) listed be	elow	Da	to and Time of	admiss.	ion / walaasa.	2/17/2017					
	Special Note:			Date and Time of admission / release: 3/17/2017									
		me											
	Last	First	A- Number	Nationality	Status	Sex	Convictions	Class Level		FINS#	Detainee Funds	I-77	Subject ID#
1	(b)(6)	(b)(6)	(b)(6)	Hondu	NTA-Transfer	Male		1	(b)(6) /97		see I-216		
2											see I-216		
3											see I-216		
4											see I-216		
5											see I-216		
6											see I-216		
7											see I-216		
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17											see I-216		
18											see I-216		
19											see I-216		
20											see I-216		
20									<u> </u>				
		or Detention / Release	(e.g., NTA, Reinsta	tement, Adminis	strative Removal, E						-	Recognizan	
Printe	d Name and Signature	of Receiving Officer						and Signature	of Officer Dir	ecting Action	on		Date
							(b)(6);(b)(7)(3/17/2017
Title,	Office and Telephone N	Number				ſ	Title, Office an (b)(6);(b)(7)(F)	d Telephone Nu	umber				

Form I-203A/B (Rev. 05/23/05)N

SEX Male

Female

NATIONALITY AFGHA ALBAN ALBAN ALGER ANGOL ARGEN ARUBA ASAMO BBAHRA BBAHRA BBAHRA BBAHRA BBAHRA BBLIGI BBELIZ BERMU BOSINI BOTSW BRAZI BULIV BOSNI BOTSW BRAZI BULIV BOSNI BOLIV BOSNI BOSNI BOLIV BOSNI BOSN	STATUS ER-NEW ER-Transfer NTA-NEW NTA-Transfer RR-REW RR-Transfer MED-Transfer MITR-Transfer IC-Transfer V-Transfer V-Tra

CONVICTIONS MEMBERSHIP
Assault Yes CLASS LEVEL MODE Sedan Van Assault Murder No Theft Juv-1 Sex Offender DUI Juv-2 Juv-3 Drugs Fraud Conspiracy Criminal-Other Non-Criminal

ORIGIN FO Alanta Field Office Baltimore Field Office Bus Boston Field Office Air-Commercial Buffalo Field Office Air-DRO/JPATS Chicago Field Office Air-Charter Dallas Field Office Denver Field Office Detroit Field Office El Paso Field Office Houston Field Office Los Angeles Field Office Miami Field Office Newark Field Office New Orleans Field Office New York Field Office Philadelphia Field Office Phoenix Field Office Salt Lake City Field Office San Antonio Field Office San Diego Field Office San Prancisco Field Office San Francisco Field Office Seattle Field Office St. Paul Field Office Washington Field Office

DEST FOAlanta Field Office
Baltimore Field Office Boston Field Office Buffalo Field Office Chicago Field Office Dallas Field Office Denver Field Office Detroit Field Office El Paso Field Office Houston Field Office Los Angeles Field Office Miami Field Office New Art Field Office
New Orleans Field Office
New York Field Office
Philadelphia Field Office
Phoenix Field Office Salt Lake City Field Office San Antonio Field Office San Antonio Field Office San Diego Field Office San Francisco Field Office Seattle Field Office St. Paul Field Office Washington Field Office

Detainee Money check, on-person money order, on-person money on-person no money

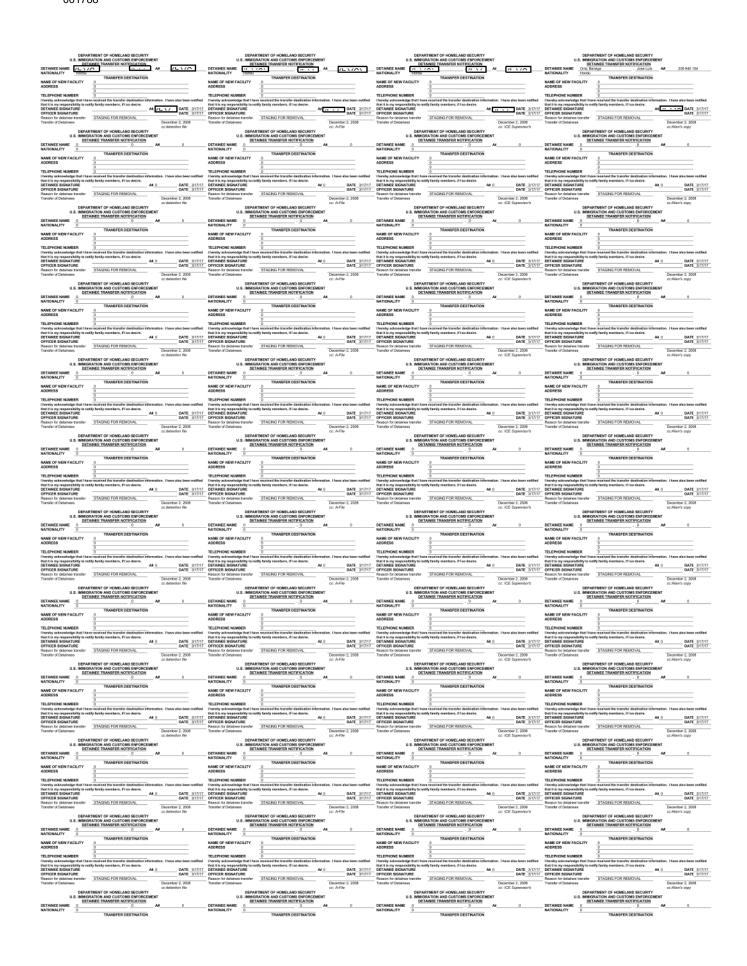
TRANSFER DISPOSTION COV BED SPACE TRANSFER MEDICAL TRANSFER MTR STAGING FOR REMOVAL

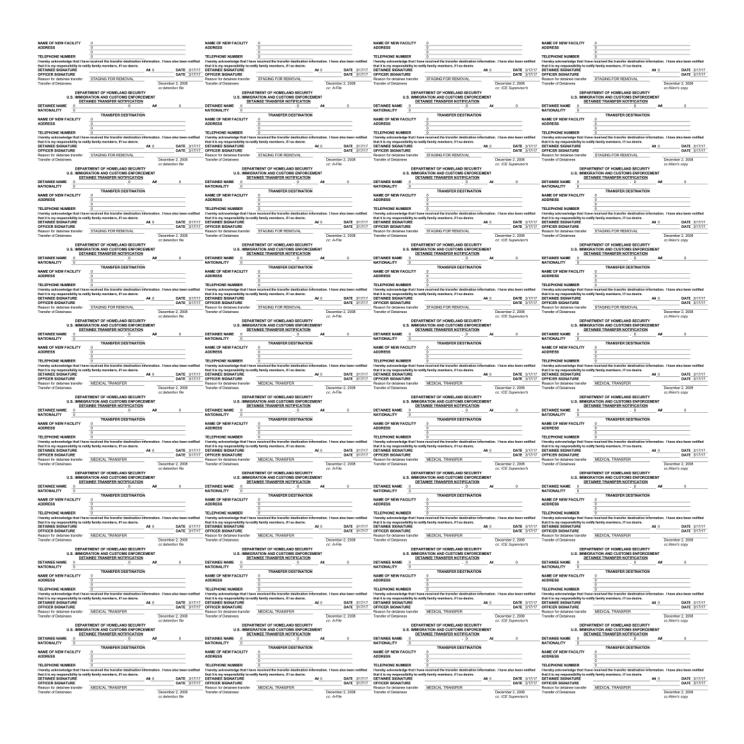
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/h\/.4/97	7	Hondu	(b)(6 97	Hondu	(h)(6)97	Hondu
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From	SWK	To SND/ICE	From SWK	To SND/ICE	From SWK	To SND/ICE

Fr	om SWK	To SND/ICE	From SWK	To SND/ICE	From SWK	To SND/ICE
Fr	om SWK	To SND/ICE	From SWK	To SND/ICE	From SWK	To SND/ICE
Fr	om SWK	To SND/ICE	From SWK	To SND/ICE	From SWK	To SND/ICE
Fr	om SWK	To SND/ICE	From SWK	To SND/ICE	From SWK	To SND/ICE
Fr	om SWK	To SND/ICE	From SWK	To SND/ICE	From SWK	To SND/ICE

	New Facility Name Entered in Highlighted Area
Name	
Address	
City State Zip	
	New Facility Phone Number Entered in Highlighted Area
Phone #	





MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT U.S. Department of Justice I. PRISONER/ALIEN TB Clearance Yes No 1) PPD Completed: Prisoner/Alien Reg# D.O.B Name: (b)(6)(b)(6)(b)(6)Date 1997 2 CXR Completed: Date **Departed From: Date Departed: SWK** 03/17/17 3) Health Authority San Diego Field Office Clearance: Destination: Reason for Transfer: SND/ICE Sign Date Dist.# Dist. Name: Date in Custody: Note: San Diego Field Office Dates listed above must be Current II. 1 4 Medical 2 Within one year of this transfer. 5 **Problems** 3 Medication Required For Care En Route Medication Route **Instructions for Use** (Include proper time for Administering) Dose Stop *DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS* DETAINEE TRANSFER MEETS REQUIREMENTS PER JPATS CABIN CREW POLICIES & PROCEDURES MANUAL "Medical Regulations, Section D 4.(a), page 33, regarding TB clearance. ADDITIONAL Comments: III. SPECIAL NEEDS AFFECTING TRANSPORTATION Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not? Is prisoner medically able to travel by airplane? Yes If no. Why not? No Is prisoner medically able to stay overnight at another If no, Why not? facility en route to destination? Yes No Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason: Does prisoner require any medical equipment while in If yes, What equipment? Transport status? Yes No Sign & Print Name Certifying Health Authority: Date Signed: Phone Number Prisoner File Form USM-553 (Est 6/98) MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT U.S. Department of Justice I. PRISONER/ALIEN TB Clearance Yes No 1) PPD Completed: Name: Prisoner/Alien Reg# D.O.B Date 0 December 31, 1899 0 2 CXR Completed: ☐ Date D arted: Date **Departed From:** 03/17/17 SWK Health Authority San Diego Field Office Clearance: Destination: Reason r Transfer: SND/ICE Sign Date Dist. Name: Dist. # Date in Custody: Note: San Diego Field Office II. 1 Dates listed above must be Current 4 Medical 2 5 Within one year of this transfer.

time prisoner can be in travel status?

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			Froblems		3)
						r Care En Route	
Medication	Dose	Route				ne for Administering)	Stop
			*DETAINEE IN ICE C				
			DETAINEE TRANSFE				
			JPATS CABIN CREW				
			"Medical Regulations,	Section D) 4.(a), pag	e 33, regarding TB	
			clearance.				
ADDITIONAL (_		
III. SPECIA	L NEEDS	S AFFECT	TING TRANSPORT	ATION			
Is prisoner med	lically able	to travel by B	US, VAN or CAR?	Yes	No	If no, Why not?	
Is prisoner med	lically able	to travel by a	irplane?	Yes	No	If no, Why not?	
Is prisoner med	lically able	to stay overn	ight at another				
facility en route	to destinati	on?		Yes	No	If no, Why not?	
Is there any me	dical reaso	n for restricti	ng the length of				
time prisoner c	an be in tra	vel status?		Yes	No	If yes, state reason:	
Does prisoner	require any	medical equ	ipment while in				
Transport statu	s?			Yes	No	If yes, What equipmen	t?
Sign & Print Na	me Certifyii	ng Health Au	thority: Phone N	Number		Date Signed:	
Prisoner File							
						Form USM	1-553
							(Est 6/98)
MEDICAL S	SUMMAF	RY OF FE	DERAL PRISONEI	R / ALIE	N IN TRA	ANSIT	
U.S. Departi	ment of J	lustice					
TB Clearance	Yes	No	I. PRISONER/ALI	EN			
1) PPD Compl			Name:		Prisoner	Alien Reg# D.	O.B
	otou.	Date	0		0	(b)(6)	1899
			0		Ü	K // /	1077
2 CXR Comple	eted:	i	v				
		Date	Departed From:		Date Dep	parted:	
			SWK		03/17/17		
3) Health Auth	oritv		San Diego Field Office				
Clearance:	,		Destination:		Reason f	or Transfer:	
			SND/ICE				
Sign		Date					
9			Dist. Name:	Dist.#		Date in Custody:	
	Note:	İ	San Diego Field Office			,	
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Within one yea	ar of this tr	anster.			2	Ę	
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			clearance.				
ADDITIONAL (_	_	
III. SPECIA	L NEEDS	S AFFECT	TING TRANSPORT	ATION			
Is prisoner med	lically able	to travel by B	US, VAN or CAR?	Yes	No	If no, Why not?	
Is prisoner med				Yes	No	If no, Why not?	
Is prisoner med] [
facility en route	-	-	-	Yes	_ No _	If no, Why not?	
-			ng the length of				

Yes

No

If yes, state reason:

Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment? Sign & Print Name Certifying Health Authority: Phone Number Date Signed: Prisoner File Form USM-553 (Est 6/98) MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT U.S. Department o ☐usti ☐ TB Clearance Yes I. PRISONER/ALIEN Nο 1) PPD Completed: Name: Prisoner/Alien Reg# D.O.B Date 0 (b)(6)1899 0 2 CXR Completed: **Departed From: Date Departed:** Date SWK 03/17/17 3) Health Authority San Diego Field Office Clearance: **Destination:** Reason for Transfer: SND/ICE Sign Date Dist. Name: Dist.# Date in Custody: San Diego Field Office Note: Dates listed above must be 11. Current 1 4 Medical 2 5 Within one year of this transfer. **Problems** 3 6 Medication Required For Care En Route Medication Route Instructions for Use (Include proper time for Administering) Stop Dose *DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS* DETAINEE TRANSFER MEETS REQUIREMENTS PER JPATS CABIN CREW POLICIES & PROCEDURES MANUAL "Medical Regulations, Section D 4.(a), page 33, regarding TB clearance. **ADDITIONAL Comments:** III. SPECIAL NEEDS AFFECTING TRANSPORTATION Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not? Is prisoner medically able to travel by airplane? Yes If no, Why not? No Is prisoner medically able to stay overnight at another If no, Why not? facility en route to destination? Yes No Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason: Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment? Sign & Print Name Certifying Health Authority: Phone Number Date Signed: Prisoner File Form USM-553 (Est 6/98) MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT U.S. Department of Justice TB Clearance I. PRISONER/ALIEN Yes No 1) PPD Completed: Name: Prisoner/Alien Reg# D.O.B

1) PPD Completed:

Date

Date

Date

Date

Departed From:
SWK
San Diego Field Office

Clearance: 00	1797		Destination: SND/ICE		Reason	for Transfer:	
Sign		Date	SINDACE				
			Dist. Name:	Dist.#		Date in Custody:	
	Note:		San Diego Field				
Dates listed ab	ove must b	e	II. Cu	rrent	1	4	4
Within one yea	ar of this tra	insfer.	Me	edical	2	Ę	5
			Pro	blems	3	6	6
				Medication F	Required F	or Care En Route	
Medication	Dose	R⊟te				me for Administering)	Stop
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			DETAINEE TR	ANSFER MEE	TS REQUIR	EMENTS PER	
			JPATS CABIN	CREW POLIC	ES & PROC	EDURES MANUAL	
			"Medical Regul	ations, Section	n D 4.(a), pa	ge 33, regarding TB	
			clearance.				
ADDITIONAL (
II. SPECIA	L NEEDS	AFFEC	ΓING TRANSP	ORTATION	Ī		
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s prisoner med	•	•	•	Yes	No	If no, Why not?	
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acility en route				Yes	No	If no, Why not?	
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ime prisoner ca				Yes	No	If yes, state reason:	
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Γransport statu	s?			Yes	No	If yes, What equipmen	t?
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MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT U.S. Department of Justice TB Clearance Yes No I. PRISONER/ALIEN	
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Is prisoner medically able to travel by BUS, VAN or CAR?

Yes No If no, Why not?

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					uired Fo	r Care En Route		
Medication	Dose	Route	Instructions for Use					Stop
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			DETAINEE TRANSFER				
			JPATS CABIN CREW				
			"Medical Regulations,	Section D 4	۱.(a), pa <u>c</u>	ge 33, regarding TB	
			clearance.				
ADDITIONAL					_	¬	
			TING TRANSPORTA		L		
-	-	-	US, VAN or CAR?	Yes	No	If no, Why not?	
Is prisoner med	-	-	-	Yes	No _	If no, Why not?	
Is prisoner med	-	-	ight at another		_ L		
facility en route				Yes	No	If no, Why not?	
			ng the length of	\Box		7	
time prisoner o				Yes	No L	If yes, state reason:	
	-	medical equ	ipment while in	V	NI.	If	,
Transport statu		I I I4I- A	tharitu Dhana N	Yes	No	If yes, What equipment	?
Sign & Print Na	ime Certifyi	ng Health Au	thority: Phone N	umber	L	Date Signed:	
Prisoner File						Form LICM	EEO
						Form USM-	
MEDICAL	STINANAA	OV OF FE	DERAL PRISONER	/ ALIEN	IN TO	ANCIT	(Est 6/98)
			DERAL PRISONER	ALIEN	IIN I KA	ANSII	
U.S. Depart			I DDICONED/ALII	731			
TB Clearance		No	I. PRISONER/ALII			/AI: D # D /	
1) PPD Comp	leted:	Data	Name:			/Alien Reg# D.0	
		Date	0	()	(b)(6)	, 1899
2 CVD Comple	stod:		0				
2 CXR Comple	elea:	- Dota-	Departed Frame		Doto Do	nartadi	
] Date	Departed From: SWK		Date De _l 03/17/17	parteu:	
3) Health Auth	ority		San Diego Field Office	,	J3/11/11		
Clearance:	ЮПц		Destination:		Passon f	for Transfer:	
Clearance.		1	SND/ICE	r	\cason	or mansier.	
Sign		Date	SND/ICE				
Olgii		Date	Dist. Name:	Dist. #		Date in Custody:	
	Note:	l	San Diego Field Office)		Duto III Guotouji	
Dates listed a		he	II. Current	1		4	
Within one yea	ar of this tr	anster.	Medical	2		5	
			Problems	3_		6	
						or Care En Route	
Medication	Dose	Route				ne for Administering)	Stop
			*DETAINEE IN ICE CU				
			DETAINEE TRANSFER				
			JPATS CABIN CREW				
			"Medical Regulations,	Section D 4	ł.(a), pag	ge 33, regarding TB	
			clearance.				
ADDITIONAL			THE CONTRACTOR	TION			
			ING TRANSPORTA				
•	-	-	US, VAN or CAR?	Yes	No	If no, Why not?	
Is prisoner med	•	•	•	Yes	No	If no, Why not?	
Is prisoner med	-	-	ight at another	.,			
facility en route				Yes	No	If no, Why not?	
			ng the length of			Maria and A	
time prisoner o				Yes	No	If yes, state reason:	
		medical equ	ipment while in	Vac	N 1 -	Marian Marian Company	
Transport statu Sign & Print Na		مم المحالال ٨	though a Discuss N	Yes	No	If yes, What equipment	'
SIDD & Print Na	ime Certiivi	nu neamh Au	thority: Phone N	umber		Date Signed:	

Prisoner File

3) Health Authority

Clearance:

Sign

MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT

U.S. Departi			DENALT KISONE	IX / ALIL				
TB Clearance	Yes	No	I. PRISONER/AL	IEN				
1) PPD Compl	eted:		Name:		Prison	Alien Reg#	D.O	.B
		Date	0	_		(b)(6)		1899
			0] []		
2 CXR Comple	ted:	İ				_		
·		Date	Departed From:		Date Dep	arted:		
			SWK		03/17/1]		
3) Health Auth	ority		San Diego Field Office					
Clearance:			Destination:		Reason fo	or Transfer:		
			SND/ICE] []		
Sign		Date						
			Dist. Name:	Dist.#		Date in Custody	/ :	
	Note:		San Diego Field Office	ce _				
Dates listed at	ove must l	be	II. Current	•	1		4	
Within one year of this transfer.			Medica	1 2	2		5	
			Problem	s 3	3		6	
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			clearance.					
ADDITIONAL O			IDIO ED ANGRODA	TA TON	_			
			ING TRANSPORT					
•	-	-	US, VAN or CAR?	Yes	No	If no, Why not?		
Is prisoner med	-			Yes	No	If no, Why not?		
Is prisoner med			ight at another	.,		16 14/1 10		
facility en route			na tha lanath of	Yes	No	If no, Why not?		
time prisoner c			ng the length of	Yes	No	If you state recess	n ·	
			ipment while in	168	No	If yes, state reason	11.	
Transport statu	-	medicai equ	ipinent wille in	Yes	No	If yes, What equip	mont?	
Sign & Print Na		na Health Au	thority: Phone	Number	NO	Date Signed:	memi	
Prisoner File	ille Certilyii	ig Health Au	unonty. Phone	Number		Date Signed.		
T HISOTICI T IIC						Form	USM-5	553
								Est 6/98)
MEDICAL S	SUMMAR	Y OF FE	DERAL PRISONE	R / ALIE	N IN TRA	NSIT	`	,
U.S. Departi								
TB Clearance	Yes	No	I. PRISONER/AL	IEN				
1) PPD Compl			Name:		Prisoner/	Alien Reg#	D.O	.B
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San Diego Field Office

Dist.#

Reason for Transfer:

Date in Custody:

Destination:

Dist. Name:

SND/ICE

Date

Dates listed above must be Within one year of this transfer. Medical 2 5 Problems 3 6	00	1807 Note :	- 1	San Diego Field Office			
Medical 2 5 6	Dates listed ab	ove must l	be	•	4		
Problems 3 Medication Required For Care En Route				Medical 2			
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Medication Dose Route Instructions for Use (Include proper time for Administering) St							
DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS	Medication	Dose	Route	_	Stop		
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"Medical Regulations, Section D 4.(a), page 33, regarding TB clearance. ADDITIONAL Comments: III. SPECIAL NEEDS AFFECTING TRANSPORTATION							
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ADDITIONAL Comments: III. SPECIAL NEEDS AFFECTING TRANSPORTATION				- Friction Neurialions, Oction D 4.(a), Dauc 33, Icualullu ID	1		
III. SPECIAL NEEDS AFFECTING TRANSPORTATION							
	ADDITIONAL C	Comments:					
s prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?				clearance.			

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not? Is prisoner medically able to travel by airplane? Yes No If no, Why not?

Is prisoner medically able to stay overnight at another

001808 facility en route to destination? Is there any medical reason for restricting the length of		Yes	No	If no, Why not?
time prisoner can be in travel status? Does prisoner require any medical equipment while in		Yes	No	If yes, state reason:
Transport status? Sign & Print Name Certifying Health Authority:		Yes nber	No	If yes, What equipment? Date Signed:
Prisoner File				Form USM-553
				(Est 6/98)
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		V ADJ Custody	Hearing & Case T/N	A-Number	Hearing Location	#	End Time	Start Time
1:00 1:30 1 ARMW 2 Detained MX SP	2 Detained MX SF	2 Detained	ARMV			1	1:30	1:00
1:00 1:30 2 ARMV 2 Detained MOX ENG	2 Detained MK ENG	2 Detained	ARMV			2	1:30	1:00
1:00 1:30 3 ARMV 1 Detained ER TIG	1 Detained ER TIG	1 Detained	ARMV			3	1:30	1:00
1:00 1:30 4 ARMV 5 Detained MX SP	5 Detained MX SP	5 Detained	ARMV			4	1:30	1:00
1:00 1:30 5 IRW NA Detained MX SP	NA Detained MK SP	Detained	IRMV NA			5	1:30	1:00
1:00 1:30 6 IRW NA Detained ES SP	NA Detained ES SP	Detained	IRMV NA			6	1:30	1:00
1:00 1:30 7 ARMV 2 Detained MX SP	2 Detained MX SP	2 Detained	ARMV			7	1:30	1:00
1:00 1:30 8 ARMV 1 Detained MK SP								

FORM I-216

001.8.16 EPARTMENT OF HOMELAND SECURITY IMMIGRATION & CUSTOMS ENFORCEMENT (REV.5/22/07)

DECORD OF DEDSON(S) AND DROBERTY TRANSFERDED

ransfer	Date:	3/2/11
lansici	Date.	0/2/11

Sheet No.

		KECOK	D OF PERSON(S) AND PRI	JPEKII IKANSFEKKI	ED		
FROM:	ODF/CCA	VIA (1)	San Ysidro POE	TO:	Mexico	MODE:	Van
ORIGIN FO:	San Diego Field Office	VIA (2)		DEST FO	:	OTHER:	

File No.	Name of Person	rst DOB	Nationality	Status	Sex	Convictions	Gang Membership	Class Level	Detainee Money	Property I-77 #	Fins#	Subject ID#
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I certify compliance with all ICE Detention and Transfer Standards and JPATS Boarding Requirements for this JPATS/Charter movement.

Name and Title: Office: ODF/CCA San Diego FO Contact Number(s):

(2)-Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred.

This form is to be executed in sufficient number of copies to allow the receiving officer to retain one copy of his/her personal expense voucher and two additional copies for the station of final delivery.

			•	
Signature:				
Title & Star:				

Place & Date:

Received the above listed persons, property, and baggage checks

⁽¹⁾⁻ Show whether transfer or removal. For transfers show whether NTA or Final.

U.S. Dep	partment of Homelan	d Security							Form	ı I-203A	/B,Order to D	Sheet No etain / R	elease Aliens
To:	(Name and Title Warden or Office	of Person in Charge o	of Facility)		Name of I	acility:	Otay Detenti	ion Facility Sa	n Diego	/ CCA			
Please [DETAIN / RELEASE		low	D - 4			/ 1	03/33/00 140	0				
	Special Note:			Date	and Time of	admiss	ion / release:	03/22/09 140	v				
	Nam												
	Last	First	A- Number	Nationality	Status	Sex	Convictions	Class Level	DOB	FINS#	Detainee Funds	I-77	Subject ID#
1											SEE I-216		
2											SEE I-216		
3											SEE I-216		
4											SEE I-216		
5											SEE I-216		
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	* Cite Basis for	Detention / Release	(e.g., NTA, Reinsta	atement, Administr	ative Removal.	Expedite	d Removal, Ro	om & Board. Bo	nd, IJ orde	er, Order of S		Recognizano	ce, etc.)
Printed N	Name and Signature		(,,,	,		•		and Signature o			•		Date
	and orginatore												3/2/2011
Title, Off	ice and Telephone Nu	umber					Title, Office and	d Telephone Nu	mber				

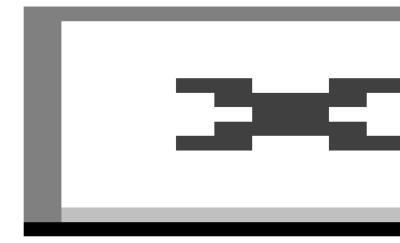
Form I-203A/B (Rev. 05/23/05)N

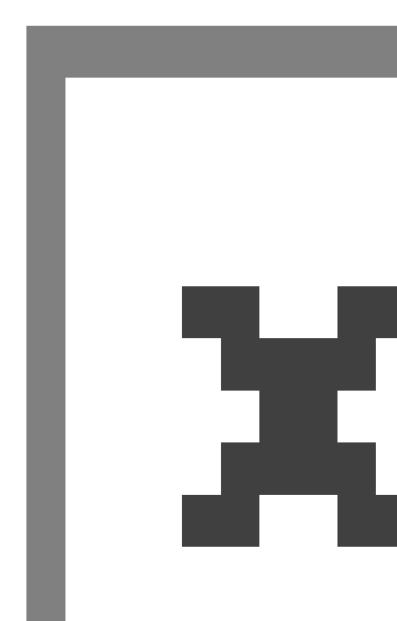
Detainee Name:	Detainee Free Admis	/b//d/b	Detainee Name:	Dotained Free France	sion Telephone Call
Detaillee Name.	Last Name	First Name		Last Name	First Name
ICE A-Number: Telephone call co	<u>(Ի\/Բ\</u> mpleted successfully: Yes or No	Date/time of the call: (Circle One)	ICE A-Number: Telephone call cor	<u>0</u> npleted successfully: Yes or No	Date/time of the call:(Circle One)
If the call was not	completed, state reason: Declin		If the call was not	completed, state reason: Decline	
Name of the person Relationship:		Telephone Number: Length of the call:	Name of the person Relationship:		Telephone Number: Length of the call:
Name of Officer:		Signature of Officer:			Signature of Officer:
	Dataina Fran Dalana	T-lb O-II		Deteines Free Deleges	Talankana Call
Detainee Name:	Detainee Free Release	(h)(h)	Detainee Name:	Detainee Free Release	Telephone Call
	Last Name	First Name		Last Name	First Name
ICE A-Number:	/h//6\	Date/time of the call:	ICE A-Number:	0 npleted successfully: Yes or No	Date/time of the call:
relephone can co	mpleted successfully: Yes or No	(Circle Offe)	relephone can cor	ripleted successfully: res or No	(circle one)
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Name of Officer:		Signature of Officer:	Name of Officer:		Signature of Officer:
	This form will be placed on t	he right side of the ICE A-file		This form will be placed on the	ne right side of the ICF A-file
	Detainee Free Admis			Detainee Free Admis	-
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ICE A-Number:	Last Name 0	First Name Date/time of the call:	ICE A-Number:	Last Name 0	First Name Date/time of the call:
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Relationship:	on called.	Length of the call:	Relationship:		Length of the call:
Name of Officer:		Signature of Officer:	Name of Officer:		Signature of Officer:
	Detainee Free Release	Telephone Call		Detainee Free Release	Telephone Call
Detainee Name:	/h\/ 1899	0%	Detainee Name:	(h)(1899	<u>0</u>
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Name of Officer:		Signature of Officer:	Name of Officer:		Signature of Officer:
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Detainee Name:	<u>0</u>	<u>0</u>	Detainee Name:	<u>0</u>	<u>0</u>
ICE A-Number:	Last Name 0	First Name Date/time of the call:	ICE A-Number:	Last Name 0	First Name Date/time of the call:
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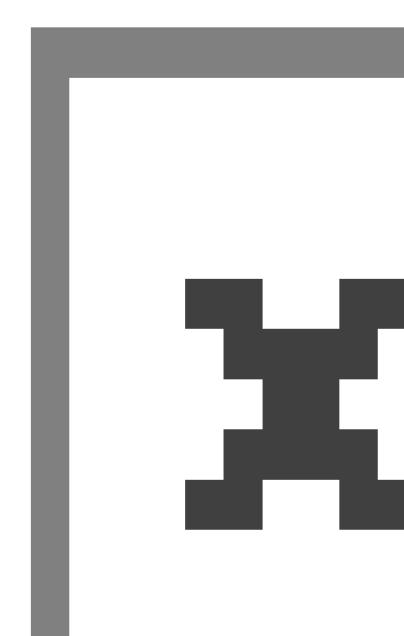
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	Last Name	First Name		Last Name	First Name

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New Facility Name Entered in Highlighted Area	
Name Theo Lacy Facility	
Address 501 The City Drive South	
City State Zip Orange, CA 92868	
New Facility Phone Number Entered in Highlighted Area	_
Phone #	
New Facility Name Entered in Highlighted Area	_
Name MESA VERDE DETENTION FACILITY	
Address 425 GOLDEN STATE AVE.	
City State Zip BAKERSFIELD, CA 93301	
New Facility Phone Number Entered in Highlighted Area	_
Phone # 661-859-1028	
New Facility Name Entered in Highlighted Area	_
Name LaSalle Detention Center	
Address 830 Pinehill Rd.	
City State Zip Jena, LA 71342	
New Facility Phone Number Entered in Highlighted Area	_
Phone # (318) 992-7800	
New Facility Name Entered in Highlighted Area	_
Name Orange County Jail (IRC)	
Address 550 N. Flowers St.	
City State Zip Santa Ana, Ca. 92703	
New Facility Phone Number Entered in Highlighted Area	_
Phone # (714) 647-4666	
New Facility Name Entered in Highlighted Area	_
Name Adelanto Detention Facility	
Address 10400 Rancho Road	
City State Zip Adelanto, CA 92301	
New Facility Phone Number Entered in Highlighted Area	_
Phone # 760-561-6300	
New Facility Name Entered in Highlighted Area	_
Name Imperial Regional Detention Facility	
Address 1572 Gateway Road	
City State Zip Calexico, CA 92231	
New Facility Phone Number Entered in Highlighted Area	_
Phone # (760)336-4600	
New Facility Name Entered in Highlighted Area	_
Name	
Address	
City State Zip	
New Facility Phone Number Entered in Highlighted Area	_
Phone #	







On Mar 16, 2017, at 11:37 AM, Toscano, Patricia (ACF) (CTR) < Patricia.Toscano@acf.hhs.gov> wrote:

Good Morning Consul Tsai Yu,

Hope this email finds you well. I am reaching out to you on behalf of SWK San Diego to
request your assistance in obtaining birth certificate for UQ ^{(b)(6)}
(b)(6) Today client (b)(6) $A\#^{(b)(6)}$ isclosed to
clinician that he was an adult and that his real name is (b)(6) and
his real DOB is (b)(6) 1997. Attached is a copy of his picture and information. Thank you
for your time and assistance.
Respectfully,
Patricia Toscano
Patricia Toscano, MFII
Contract Field Specialist (CTR)
U.S. Department of Health & Human Services
Office of Refugee Resettlement
Division of Unaccompanied Children Operations (DUCO)
Los Angeles & San Diego Area
Mobile # (b)(6)
Patricia.Toscano@acf.hhs.gov
Confidentiality Note: The information contained in this email message constitutes legally privileged
and confidential information, intended only for the use of the individual or entity to whom it is
addressed. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this message is strictly prohibited.
any dissemination, distribution of copy of this message is strictly prohibited.
From:(b)(6) (b)(6)
Sent: Thursday, March 16, 2017 10:42 AM
To: Staples, Heidi (ACF); Toscano, Patricia (ACF) (CTR) Cc((b)(6) (b)(6) ; (b)(6) (b)(6)
(b)(6)
Subject: ADULT IN CARE: (b)(6) A# (b)(6)
Good Afternoon,
Today client (b)(6) A#(b)(6) disclosed to clinician that he was an
adult and that his real name is (b)(6) and his real DOB is
(b)(6) 1997.

If CFS can provide us a RENAP to process client out, as family in COO and mother in Spain are not answering.

He has written a statement confessing. It is attached.

Here is the information:

UAC name on NTA: (b)(6)

A# (b)(6)

BC DOB: (b)(6) 1997

NTA DOB: (b)(6)/2001

Birth Certificate Name: (b)(6)

Entry to program: 03/11/2017

Medical: Client is not medically cleared.

Attached is the Face Sheet.

Thanks,
(b)(6)

I Case Manager

Southwest Key Programs, San Diego
| 1253 Broadway PMB 408 El Cajon CA 92021

OFFICE(b)(6)

| CELL (b)(6) | FAX (619) 599-8150

Disclaimer: This e-mail and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. If you are not the intended recipient or the person responsible for delivering the e-mail to the intended recipient, be advised that you have received this e-mail in error and that any use, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please delete that message and attachments and notify the sender immediately.

<Central brief Standard Form 3-1-17 (1).docx>

001929

ciento trainta y seis



ALCALDIA MUNICIPAL DE SANTIACO DE LA FRONTERA REGISTRO CIVIL

ARTIDA MMERO, ciento treinta y seis
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del dia (b)(6) corrients
, en el Cantón Chilamates de esta jurisdicción
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(b)(6) el primer g de veintisiets años de edad ,
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de este domicilio; la segunda de veintiseis años de edad , de oficios domésticos, originaria de esta población y de este domici-
lio; ambos de nacionalidad salvadoreñs Dió estos datos el padre del
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nal numero (b)(6)
dide por les autoridades municipales de teta poblacion
no firma por no eaber, dejando como constancia la impresión
digital de su pulgar derecho

MINICIPAL:	Santiago de la Front	era, quince tos noventa y ocho	
	(b)(6)		
	Alcalde N	amicipal.	
and Alexander			
		(b)(6)	

001830

Quedan exentas de papel Sellado y Timbres todas las Certificaciones de Partidas del Registro, según D. No. 384, Tomo 305 No. 232, Artículo 12, Lit. J. Ley del Papel Sellado y Timbres.

La Infrascrita Jefe del Registro del Estado Familiar, CERTIFICA: Que la original de la presente fotocopia se encuentra en el Libro de Partidas de nacimiento	
Folio(s) Se expide para Efectos Legales Según D.L. Nº 1872, del 24-07-55, D.O. 119 Torso 167, del 28 de junio del mismo año. Alcaldía Municipal Sentisco de la Frontera, 12 de de	
laudia Lizaratu Lineres Li	•



From:	Velazquez, Ivonne (ACF)
	(b)(6)
CC:	"Laurie, Catherine (ACF) "; "(b)(6)
Subject:	Age Redetermination (ADULT)-(b)(6) A# (b)(6)
Date:	2016/08/12 20:23:23
Priority:	Normal
Туре:	Note

Please be advised that the client's correct name and AKA as per birth certificate is as follows:

Name on BC: (b)(6)

DOB on BC (b)(6)

Name on I-216: (b)(6)

Name on I-216: (b)(6)

AKA DOB: (b)(6)

Date of entrance to shelter: 08/05/2016

LOS in shelter: 15

Please contact the program for pickup

Southwest Key, Estrella del Norte

Phone: (b)(6)

CM sent verification of original BC to CFS on 08/12/16 and shelter received verification of BC on 08/12/16 stating that the correct DOB was 1997. (see email below) CM confronted sponsor (father) and he admitted that the client is an adult and that he lied because he wanted her to be reunified . Parent was able to send a copy of the original BC to this CM which is attached to this email. The assigned CM does believe this client is an adult for her physical appearance.

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services
Cell: (b)(6)

http://www.acf.hhs.gov/programs/orr



Get answers about the Health Insurance Marketplace & Obamacare



cobertura.

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de

Case Manager (RM (b)(6))
Southwest Key, Estrella del Norte
Unaccompanied Minor Program
Phone: (b)(6)
Fax: (520) 844 - 8042

Kraetz, Janett (ACF) (CTR) < <u>Janett.Kraetz@acf.hhs.gov</u>>

Reply all Fri 8/12/2016 2:41	PM
To:	
(b)(6)	
Catherine Laurie	
Cc:	
(b)(6)	
b)(6)	
0)(6)	
Carlos Valdes	

Download

48.pdf127 KB

Save to OneDrive - Southwest Key Programs

Hi(b)(6)

Per the Consulate, (b)(6) adult. Please contact FFS Casey La		date of birth is (b)(6) 1997	7. The UC is an
Thank you			
Janett Kraetz Contract Field Specialist U.S. Department of Health &Ho Division of Children Services Office of Refugee Resettlemen Tucson, Arizona Cell: (b)(6) Janett.Kraetz@acf.hhs.gov			
From: (b)(6) [ma	ailto(b)(6)	@gmail.com]	
Sent: Friday, August 12, 2016	2:25 PM	<u></u>	
To: Kraetz, Janett (ACF) (CTR) Subject: RE: Verificación de Ac			
Subject. RE. Verificación de Ac	ta De Nacilillento	,	
Buenas Tardes,			
La fecha de nacimiento de (b)(6)	es el (b)(6	de 1997, adjunto la	hora de verificación,
(b)(6) Consulado de Guatemala			
Tucson, Arizona			

×

cid:image 003.png@01D1F4A5.52A10300

Sender:	Velazquez, Ivonne (ACF)
	(b)(6) @swkey.org)"; "Staples, Heidi (ACF) "; "PHO, Juv Placement <juvplacement.pho@ice.dhs.gov>"; "Laurie, Catherine (ACF) ";</juvplacement.pho@ice.dhs.gov>

	(b)(6)
Sent Date:	2016/08/12 20:23:20
Delivered Date:	2016/08/12 20:23:23



REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-08-12

2	J1	6-	08	-1

				No. soli	citud:	(b)(6)
Datos de Pago						
	No. C	Oficina Ren	nap Solicitud:			
Datos Personales						
Primer Nombre: (b)(6)		Nombre:		Tercer Nom	bre:	٦
(b)(0)		,(0)				_
Primer Apellido:		o Apellido:		Apellido Cas	sada:	¬
García		Pérez				
CUI:	ID Partida:	Sexo:		Fecha de Na	acimiento:	<u>:</u>
(b)(6)	(b)(6)	FEM	MENINO	(b)(6)	1997	
País, departamento y mun	nicipio de nacimiento:					_
GUATEMALA		HUEHUE.	TENANGO	(b)(6)		
Libro:	Folio:		Partida:		Estado (ais iile
(b)(6	(b)(6)		(b)(6)	ıπ Π		SOLTERO
	T 145 calular					
Teléfono casa:	Teléfono celular: (b)(6)	- -	Teléfono trab	ajo:	Correo	electrónico:
Nombre Usual:	Identificación de Pers		Pueblo:		No Inc	cripción:
Noffible Osual.	Identilicación de Fers	sona criip.	Puebio.		NO. IIIS	1120
Oidad Lingüística:						
Comunidad Lingüística:						
Direction				Cádia	Deatal:	
Dirección:	(b)(6)			Codigo	o Postal:	(b)(6)
Datos Padres						
Nombre de la madre:				Fecha n	acimiento	de la madre:
(b)(6)						
Nombre del padre:				Fecha n	iaci <u>miento</u>	del padre:
(b)(6)						
Datos de Entrega						
	idonoio:					
País, estado y condado de ESTADOS UNIDOS D			ARIZONA		TU	CSON
Entrega de documento (Co						330
Lilliega de documento (oc	Juliei/Coristiado _j .					

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

USUARIO: (b)(6)

CONSULADO: TUCSON, ARIZONA

Firma titular Firma cónsul u operador

Facility #: --

Date: Aug 2, 2016

Time: 17:17:55 MT

Immunization Report

Estrella del Norte - Tucson, AZ - ALF

Resident Seident Serident Serial Seri (chicken pox)

001837

Facility Code: -

User

Rotavirus, TB 1 Step Manto	oux (PPD), TB	2 Step Mantoux Skir	Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella
6)	<u>©</u> (1112) - Build	©©(1112) - Building 6- Intake Building 212 B - DOB	212 B - DOB (9.0) Sex: F
<u>Type</u> o <u>f Immunization</u>	Consent Status	Administered Results	
Hepatilis B	Consented		
Varicella (chicken pox)	Consented	08/01/2016	
Тфар	Consented	08/01/2016	
Adi	Consented	08/01/2016	
MMR	Consented	08/01/2016	
Meningicoccal	Consented	08/01/2016	
НРV	Consented	08/01/2016	
Hepatitis A	Consenled	08/01/2016	

08/01/2016

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(A .	100			
					100

Registro Nacional de las Personas

Aepública de Guatemala Santiago Chimaltenango, Huehuetenango Registro Civil de las Personas Certificado de Nacimiento



El infrascrito Registrador Civil del Registro Nacional de las Personas de Santiago Chlimaltenango CERTIFICA

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que con fecha once de jun	o de mil novecientos n y libro-06, fue inscrito	9/enta y nueve la pa el nacimiento acc	irtida (b)(6) del folio (b)(6)
		- Sinchineste de	
American State (Sec.	(b)(6)		
(b)(6)	Nombres y Apeliido	s del Inscrito COVERTA Y Inveve	
I	- Fécha de Nacimiento	, ———) iucie	Atemenins Sexo
Guatemala, J	luehuetenango, Santiago	Chimaltenango, (b)(6)	
Datos de la Madre	≓tugar de Naci	miento	
	(b)(6)		
	Nombres y Apellans	de la Madre	7 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
	(b)(6)		
Datos del Padre	CONTRACTOR OF	igen.	
	(b)(6)		and the state of t
7.7	Nonitres @Apollido	s sel Petire	

Extendida en el municipio de Santiago Chima enango, departamento de Huebuetenango, el día ocho de enero de dos mil nueve ante el Registrador Civil, la cual es auténtica por ser una copia fiel de su oliginal.

tugar : Þ.Drigen



Doy fe

(b)(6)

(p)(p)

i de j



Memo of Age Determination August 12, 2016

TO:	ICE – ERO – Phoenix, AZ
	Phoenix Juvenile Coordinators
	JuvPlacement.PHO@ice.dhs.gov
Through:	SWK CASA PHOENIX
FROM:	Ivonne Velazquez FFS Supervisor
1101.1.	Federal Field Specialist
	Division of Children's Services
SUBJECT:	Age Re-Determination of an UC in ORR care
<u>RE</u> : (b)(6)	A# (b)(6)
1 (b)(6)	
Mr. (b)(6)	was transferred and placed in HHS-ORR care on
	s a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth as
199/1	o apprehending officers at the time of his apprehension.
Upon placem	nent in ORR it was immediately apparent to assigned Case that Mr. (b)(6) could be
_	se Manager received from Mr. (b)(6), a copy of his son's birth certificate stating
^{(b)(6)} 1997.	CM sent verification BC to the consulate, the shelter received verification of BC on
08/12/16 stat	ing that the correct DOB was (b)(6) /1999 Parent was able to send a copy of the original
BC (b)(6) /19	which is attached to this email.
Accordingly,	under these procedures, the age determination process for Mr. (b)(6) was evaluated
carefully bas	ed on the totality of all available evidence and Mr. (b)(6), now determined to be an
	e separated from the main population to ensure the safety of the minors in care and
consistency v	with the statutory requirements of the Flores Agreement and the Trafficking Victims
Protection A	ct of 2008 (TVPRA) which mandate that unrelated adults be separated from
unaccompani	ied minors.
Along with the	his Memo ORR is submitting the following documents:

- Altered birth certificate
- Verified BC

• TB clearance

In accordance with ORR policy, FFS Supervisor Ms. Ivonne Velasquez reviewed all the new	
information and documents mentioned above indicating that (b)(6)	is 18
years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of	·
custody of Mr. (b)(6) to an adult DRO facility.	
Respectfully,	
Ivonne Velasquez, LCSW	

Federal Field Specialist Supervisor United States Department of Health and Human Services Administration of Children and Families Office of Refugee Resettlement Division of Children's Services Velazquez, Ivonne (ACF)

Ivonne.Velazquez@ACF.hhs.gov

Referred to DHS		

Referred to DHS		
Referred to D113		

Referred to DHS			

Referred to DHS	
From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]	
Trom: Staples, field (Acr.) [mailto.fieldi.Staples@acr.fiiis.gov]	
Sent: Tuesday, March 20, 2018 12:07 PM	
•	
(b)(6)·/b)(7)(E)	
To: ((b)(6);(b)(7)(F)	
Cc: (b)(6);(b)(7)(F)	

Subject: [WARNING: MESSAGE ENCRYPTED][WARNING: MESSAGE
ENCRYPTED]AGE OUT ADDENDUM **URGENTE** Age Redetermination: (b)(6)
(b)(6) A#**-**(b)(6)
Please see attached BC verification from Consulate obtained today via interview on Age out for tomorrow.
Standard password.
Thank you
Thank you.
Heidi J. Staples, MSW
Federal Field Specialist
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
San Diego, CA
Heidi.Staples@acf.hhs.gov
(b)(6)
"Vision is seeing the opportunity within the challenge."

Sender:	(b)(6);(b)(7)(F) @ice.dhs.gov>
Recipient:	(b)(6) (b)(7)(F)
Sent Date:	2018/03/20 16:12:08
Delivered Date:	2018/03/20 16:13:44

From:	LaGrow, Debra (ACF)			
To:	(b)(6) @ice.dhs.gov>"; "Mortuiccio, Beth E (ACF) "; "Hillin, Myriam (ACF) "; "Calero, Wilfred (ACF) "; "Staples, Heidi (ACF) "; "Laurie, Catherine (ACF) "; "Zapata, Richard (ACF) "			
CC:	"Velazquez, Ivonne (ACF) "; "PHO, Juv Placement <juvplacement.pho@ice.dhs.gov>"</juvplacement.pho@ice.dhs.gov>			
Subject:	RE: Phoenix Field Office Juvenile Coordinators			
Date:	2016/04/20 18:55:48			
Priority:	Normal			
Туре:	Note			

Yes, I will follow your guidance who you want the memo addressed to and to only submit it to the email address below.

Respectfully,

Debra LaGrow, BSW, MPA
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Debra.LaGrow@acf.hhs.gov

Referred to DHS	

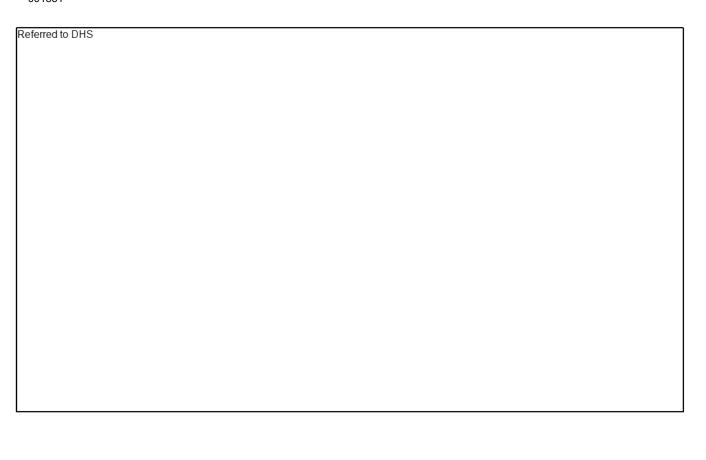
Referred to DHS		
l		

	LaGrow, Debra (ACF)
Recipient:	(h)(6) @ice.dhs.gov>"; "Mortuiccio, Beth E (ACF) "; "Hillin, Myriam (ACF) "; "Calero, Wilfred (ACF)

(FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"; "Staples, Heidi (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6b76f6e1e284887a4d9e4da12a0252f-Staples, He>"; "Laurie, Catherine (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73e9bec310144ff3add360755f8041bf-Laurie, Cat>"; "Zapata, Richard (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fe5f35855edc43ebbc6926ff5a6d6590-Zapata, Ric>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"

Sent Date: 2016/04/20 18:55:46 **Delivered Date:** 2016/04/20 18:55:48

Referred to DHS		



From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]

Sent: Wednesday, April 20, 2016 1:41 PM

To: (b)(6);(b)(7)(F); Mortuiccio, Beth E (ACF); Hillin, Myriam (ACF); Calero, Wilfred (ACF); Laurie, Catherine (ACF); LaGrow, Debra (ACF); Zapata, Richard (ACF)

Cc: Velazquez, Ivonne (ACF); PHO, Juv Placement

Subject: RE: Phoenix Field Office Juvenile Coordinators

Will do but just to be clear that the memos from the FFS not from the programs directly.

	Thank you.
	Heidi J. Staples, MSW
	Federal Field Specialist
	Office of Refugee Resettlement
	Division of Children's Services
	San Diego, CA
	Heidi.Staples@acf.hhs.gov
	(b)(6)
	"Vision is seeing the opportunity within the challenge."
Referred to	DHS

Referred to DHS		

Referred to DHS		

Referred to DHS	