



Immigration Enforcement: Frequently Asked Questions FAQs

In a rapidly evolving immigration enforcement environment, including increased and more visible ICE activity in Minnesota, aging services providers are seeking clear, timely, and practical guidance to support residents and staff while meeting legal and regulatory obligations.

This FAQ is designed for Minnesota aging services providers including adult day services, assisted living, independent housing, and nursing homes. It is intended to supplement the [Immigration Enforcement Guide: Preparing for ICE & Other Worksite Enforcement Actions](#) and address common, real-time questions that may arise if immigration enforcement activity affects residents, staff, or facilities.

IMPORTANT NOTE: This resource offers general, practical information to help member organizations respond safely, calmly, consistently, and thoughtfully. It is not legal advice. Immigration enforcement situations are highly fact-specific, and providers should consult legal counsel regarding their respective circumstances.

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Section 1: When ICE Is on or Near Your Property & Private vs. Public Areas

What happens if ICE is in our parking lot? Are parking lots considered public or private spaces?

ICE agents may be present in publicly accessible parking areas without a warrant.

If ICE is observed on-site, facilities should:

- Remain calm and notify the designated response representative
- Not physically interfere with ICE activity or volunteer information
- Continue providing care and services to residents

The designated response representative or leadership may approach ICE to ask them to identify themselves and state the purpose of their presence, and to direct them to the organization's point of contact.

Not all parking lots are necessarily public:

- Parking areas open to the general public are more likely to be considered public spaces
- Gated, restricted, or clearly marked parking areas may be treated as private
- Parking lots posted as only for staff and patient parking areas may be enforced

Even if ICE is lawfully present in a parking lot, their presence does not give them the right to enter secure buildings or private areas without a valid judicial warrant or permission.

Are nursing homes, adult day centers, independent housing, and assisted living facilities considered public or private spaces?

Most senior care and aging services settings are private property, even though they are licensed and regulated. Within a facility or campus, some areas may be open to the public, while others are considered private.

Examples of areas often open to the public may include:

- Main lobbies or reception areas (if not secured by key/card access)
- Public meeting or event spaces
- Outdoor areas or walkways that are not restricted

Examples of private areas may include:

- Resident rooms or apartments
- Care units, including memory care or skilled nursing units
- Treatment or therapy areas
- Staff-only areas and offices
- Areas clearly marked and treated as private or restricted

Access to private areas generally requires permission, resident consent, or a valid judicial warrant. Being present in a public area does not give ICE or other government agents the right to enter private spaces.

How should independent housing providers respond to ICE activity?

Independent housing settings raise distinct legal and operational considerations because they function primarily as residential housing, not staffed care environments. Key considerations include:

- Individual units are generally considered residents' private homes, even when owned or operated by a provider
- Providers and staff should not consent to ICE entry into individual units without a valid judicial warrant or resident consent
- Staff should not provide resident information or confirm residency status without legal review
- Providers should avoid assisting ICE in locating or identifying residents in the absence of a judicial warrant

Because independent housing sites often have limited staffing or no on-site staff, providers may wish to:

- Establish clear internal protocols for how staff should respond if contacted by ICE
- Identify leadership or legal contacts to handle enforcement-related inquiries
- Communicate clearly with residents about their rights and who to contact if enforcement activity occurs

Any protocols should be reviewed with legal counsel and aligned with fair housing, privacy, and resident rights obligations.

What happens if ICE tries to enter without a judicial warrant?

If ICE attempts to enter or proceeds without presenting a valid judicial warrant, facilities should not obstruct or physically interfere and should prioritize safety. Facilities should:

- Remain calm and avoid physical confrontation
- Immediately notify the organization's designated response representative and legal counsel
- Document what occurs, including the time, areas accessed, and agent identification if available
- Continue providing resident care and normal operations
- Where feasible, have a designated leader observe or accompany agents to understand the scope of activity and help protect resident privacy

Facilities should not contact local law enforcement for the purpose of stopping or enforcing immigration activity, as local law enforcement generally does not have authority to intervene in federal immigration enforcement.

However, local law enforcement may be contacted if there is a separate safety or de-escalation concern, such as a disturbance, trespassing, risk to resident or staff safety, or disruption of care unrelated to immigration enforcement.

Are resident rooms considered “private spaces?”

Facilities generally treat resident rooms as the resident's home. In most cases:

- Resident rooms are considered private spaces
- Entry typically requires resident consent, staff authorization, or a valid judicial warrant

Facilities may assert that resident rooms are private spaces; however, leadership should be prepared that ICE may challenge this interpretation and should consult legal counsel for further guidance.

Should facilities post signs distinguishing public and private spaces?

Some facilities choose to post signage to help clarify boundaries between public and private areas.

Examples include:

- “Private Area – Authorized Access Only”
- “Private Resident Area”

This type of signage may help staff, visitors, and government agents understand where access is limited, without labeling individual resident rooms.

Facilities may also consider internal, staff-facing guidance—in addition to or instead of public signage—to support staff safety and continuity of care. Examples may include:

- Identifying private staff-only areas where employees can continue work away from public entry points during enforcement activity
- Ensuring staff know how to contact the organization's designated response representative

Facilities should avoid signage or practices that could be perceived as obstructing enforcement. We recommend consulting with legal counsel prior to implementing signage.

Should we put signs on resident doors identifying them as private?

Generally, facilities may avoid posting signs on individual resident doors. Instead, facilities may rely on broader signage and policies that clearly distinguish public and private areas. If a facility chooses to add signage to individual resident doors, it should review its resident agreements to determine whether resident consent is required.

Section 2: Residents, Staff, and Special Populations

What happens if someone requests to leave the premises during immigration enforcement activity?

Facilities generally should not prevent residents, visitors, or staff from leaving the premises unless there is a separate, care-related, or safety-related reason to do so. Facilities should also not assist or instruct residents, visitors, or staff to destroy evidence or flee.

In the absence of a judicial warrant, facilities should:

- Not assist ICE in detaining individuals
- Not provide directions or information about individuals' whereabouts

Legal counsel should be consulted for guidance in complex situations.

Are people with physical or cognitive disabilities afforded additional legal protections?

There is no general prohibition preventing immigration enforcement against individuals with disabilities. However:

- Facilities have obligations under the Americans with Disabilities Act (ADA), the Fair Housing Act, and Minnesota law
- Providers must prioritize resident health, safety, dignity, and continuity of care
- Additional considerations may apply for residents with dementia, traumatic brain injuries, or other cognitive impairments

Facilities facing complex situations may consider consulting:

- Minnesota Office of the Ombudsman for Long-Term Care
- Minnesota Department of Health
- County Adult Protection agencies

Are memory care units or long-term care units exempt from ICE enforcement?

There is no categorical exemption for memory care or long-term care units. Facilities should focus on maintaining resident safety and dignity while consulting legal counsel regarding enforcement activity affecting vulnerable populations.

Section 3: Legal Observers, Recording, and Disruptions

Are staff, residents, or legal observers allowed to record ICE activity?

Recording is strongly discouraged in senior care and aging services settings, even in areas that may otherwise be considered public. Although some public-facing spaces (such as lobbies or hallways) may

allow recording in other contexts, these areas are regularly used by residents. As a result, recording creates a high risk of intentional or unintentional recording of residents, visitors, or protected health information.

- Recording in private areas (including resident rooms, care units, treatment areas, or memory care units) may be restricted or prohibited under HIPAA, Minnesota privacy laws, and facility policies.
- Residents may move freely throughout the building, and individuals exiting rooms or care areas may be recorded unintentionally.

Facilities should prioritize resident rights, dignity, and privacy and enforce existing privacy and recording policies consistently. Staff may ask individuals to stop recording, relocate, or leave an area if recording compromises resident privacy, dignity, or safety.

Staff, residents, or legal observers may and in fact should document interactions with ICE, including names, badge numbers, purpose of visit, supporting documents, questions asked and answers, items/individuals apprehended, etc.

What if legal observers or other personnel disrupt care or resident well-being?

Facilities may ask individuals to leave if they interfere with care, safety, or resident dignity. Existing visitor and conduct policies should be applied consistently.

Section 4: Staff Protections and Information Requests

What should we do if ICE contacts staff by phone or in person requesting information about an employee?

Staff should:

- Not provide information over the phone or in person
- Refer the request to HR or the organization's designated response representative
- Follow existing confidentiality and record-handling policies

Is there anything facilities can do during the overnight or weekend shifts to protect staff?

Yes. While facilities should not interfere with enforcement activity, advance planning can help support staff safety, reduce confusion, and ensure continuity of care during overnight or low-staffed shifts.

Facilities may consider:

- Establishing clear after-hours escalation protocols, including who staff should contact if ICE or other enforcement agents arrive
- Identifying on-call leadership and legal contacts who are available on-site nights and weekends, noting that if ICE has a warrant they will execute immediately (so it is critical that leadership/contacts are able to quickly arrive on site)
- Training overnight supervisors and staff on how to respond to unannounced enforcement activity, including how to contact leadership
- Restricting after-hours building access to residents and staff and prohibiting visitors and guests (including law enforcement) during non-business hours

- Limiting building access points consistent with existing security and safety practices
- Reinforcing expectations that staff should remain focused on resident care and should not answer questions or voluntarily provide information without direction from leadership

These steps should be reviewed with legal counsel and incorporated into existing emergency or security protocols where possible.

How should staffing schedules be posted if required to be in public areas?

Some regulations require staffing schedules to be posted in locations accessible to residents, families, or the public. When posting is required, facilities should balance transparency requirements with staff privacy and safety. Facilities may consider:

- Omitting full employee names where permitted by regulation
- Using job titles, roles, or first names only, if allowed
- Avoiding the inclusion of unnecessary personal information (such as full names paired with specific shifts or work locations)
- Reviewing posting requirements and current practices with legal counsel to ensure compliance while minimizing risk

Facilities should not alter or withhold required postings, but may adjust the format of postings where regulations allow.