

# Berks Family Residential Center

## Bi - Annual Compliance Review Report

Prepared for:



Department of Homeland Security (DHS)  
Immigration Customs and Enforcement (ICE)  
Office of Detention and Removal (DRO)  
Juvenile and Family Residential Management Unit (JFRMU)

By:



The Nakamoto Group, Inc.

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## **BACKGROUND:**

### **Berks Family Residential Facility**

U.S. Immigration and Customs Enforcement (“ICE”) established the Berks Family Residential Facility (“Berks”) in March 2001. Designed as a non-secure residential facility to accommodate the unique needs of undocumented children and their families, Berks became the first of its kind in the U.S. dedicated to keeping families and children together while undergoing immigration proceedings.

Located in Leesport, PA, the eighty-five (85) bed facility that was once a nursing home is nestled in a quiet, small-town community. Berks, along with the 512 bed T. Don Hutto Family Residential Facility (“Hutto”) in Taylor, Texas (established in May 2006), provides non-violent, non-criminal families with a variety of supportive services throughout their stay. Some of these services include:

- Access to on-site, routine medical, dental and mental health care provided by the Division of Immigration Health Services (“DIHS”);
- Educational courses for school age children 5 days per week;
- English as a second language (ESL) classes for adults;
- Age and culturally and linguistically appropriate recreational activities for residents;
- On-site spiritual support ; and
- On-going access to case management services which ensures each resident has access to legal services and social supports.

In addition, each facility is staffed with professionals, paraprofessionals, and officers who undergo training in areas related to the Family Residential Standards (“Standards”) to ensure the provision of safe and humane care to residents.

### **Compliance Support**

Since September 25, 2007, the Nakamoto Group has provided contractor and compliance support services to the Juvenile and Family Residential Management Unit (“JFRMU”) of the Office of Detention and Removal Operations (“DRO”). Created in March 2007, JFRMU serves to optimize DRO’s ability to manage ICE’s immigration policy as it pertains to undocumented and unaccompanied children and their families. To fulfill part of this mission and to ensure the highest level of care and treatment for residents within ICE custody, the JFRMU contracted the services of the Nakamoto Group to assist with providing support and consultation in the areas of family services, education, primary and mental health care, youth and adolescent care and development, and facility development and compliance.

Presently, the Nakamoto Group continues to provide compliance support services to the JFRMU which is inclusive of routine facility inspections, annual compliance reviews, consultation services, and specialized compliance support services. In April 2008, for instance, for eight (8) weeks, the Nakamoto Group's Juvenile and Corrections Subject Matter Experts ("SMEs") provided on-site and telecommuting guidance in several areas, to include: policy and procedure development; fire safety and inspections; resident intake and orientation procedures; and recruitment and training needs. The SME worked closely with Berks facility administrators and staff providing recommendations for facility and service enhancement. Most recently, the JFRMU requested and obtained the assistance of a full-time Compliance Reviewer to provide additional specialized support services, including monthly inspections of each Family Residential Facility. In addition to reviewing areas of the facility each month for compliance, a monthly report of findings is also submitted to the JFRMU to aid facilities in their on-going efforts to achieve 100% compliance with the Family Residential Standards. Finally, as it is JFRMU's personal mission to have each facility achieve 100% compliance, a bi-annual compliance review process was implemented. Hence, approximately every six (6) months, the Nakamoto Group conducts a full review of each Family Residential Facility and provides a report of findings to the JFRMU. This report follows the second review of the Berks Family Residential Facility and includes a summary of findings.

#### Summary of Previous Findings

During the week of July 14<sup>th</sup> - 17<sup>th</sup> 2008, six (6) members of the Nakamoto Group's Compliance Review Team ("Team") completed the first compliance review of the Berks Family Residential Facility. The Team was impressed with the strides Berks made in incorporating recommendations from the specialized compliance support services provided in April 2008, as well as additional enhancements and revisions to the facility. Utilizing an older rating system, Berks achieved 78% compliance by obtaining a rating of "Exceptional" or "Standard" (translating as "Compliant" with the current rating system<sup>1</sup>) on 29 of the 37 Family Residential Standards. Eight (8) of those Standards were rated as "Inadequate" (translating as "Not Compliant" with current rating system) during the baseline review. (Reference *Matrix A* for an overview of rated Standards).

Recommendations for enhancements were provided by the Compliance Review Team and both Berks and ICE administrators worked to incorporate recommendations. Following is an overview of the second and most recent review of the facility. It is the hope of the Nakamoto Compliance Review Team that ICE/JFRMU staff and Berks administrators find the information presented in this report to be beneficial to the ongoing development and compliance attainment of the facility, as well as the continued care of its residents.

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<sup>1</sup>The older rating system included a four (4) item compliance scale consisting of "Exceptional", "Standard", "Minimal", and "Inadequate" ratings. These ratings indicated the facility's level of compliance as compared to the requirements outlined in the Family Residential Standards ("Standards") established on December 21, 2007.

**OVERVIEW**

**Bi-Annual Compliance Review**

During the week of February 17<sup>th</sup> – 20<sup>th</sup>, 2009 five (5) members of the Nakamoto Group’s Compliance Review Team (“Team”) conducted a bi-annual review of the Berks Family Residential Facility. Members of the Team included the following Subject Matter Experts (“SMEs”):

- [REDACTED] **Program Manager/ Team Leader**  
*Certified Financial Planner (C.F.O.)*
- [REDACTED] **Program Analyst/Mental Health SME**  
*Doctor of Education, Candidate (Ed.D.(c))*  
*Master of Social Work (MSW)*  
*Licensed Independent Clinical Social Worker (LICSW)*
- [REDACTED] **Juvenile Correction SME**  
*Master of Education in Psychology (M.Ed.)*  
*Bachelor of Arts in Psychology (B.A.)*  
*Certified Alcohol and Substance Abuse Counselor*
- [REDACTED] **Medical SME**  
*Medical Doctor (M.D.)*  
*Doctor of Philosophy in Environmental Biology (Ph.D.)*  
*Master of Public Health (M.P.H.)*
- [REDACTED] **Education & Development SME**  
*Early Childhood Education- All But Dissertation (ABD)*  
*Master of Arts Early Childhood Education (M.A.)*  
*Bachelor of Arts Public Administration (B.A.)*

**Compliance Ratings**

As indicated previously, to conduct the review, the Team utilized a revised version of the Facility Compliance Monitoring Tool (“Monitoring Tool”). The revised Monitoring Tool was modified to include a two (2) item response scale consisting of “Compliant” and “Not Compliant” ratings. In addition, where the previous Monitoring Tool utilized a quantitative scoring system to determine degree of compliance, the revised version omitted quantitative indicators as it is the goal of the JFRMU that facilities achieve compliance for 100% of items. Hence, the following operational definitions were developed:

- **Compliant** –Facility is operating as required for this Standard and is found to be compliant in the majority of target component areas for this Standard. Minimal, if any, suggestions are indicated and are not vital to effective operation of the facility.
- **Not Compliant** - Facility is not operating as required for this Standard and has less than majority compliance in target component areas for this Standard. Facility is recommended to

implement suggestions within 90 days of site visit report. Documentation of implementation to be received by ICE/DRO within 90 days. Revisit of facility may be warranted.

Further, the revised version of the Monitoring Tool also includes a “Life Health Safety” or “LHS” component document. Developed as a succinct way to review the most critical operational areas of the facility, the LHS document is compiled of component items derived from select ICE/DRO Family Residential Standards (Reference “LHS Components” attached) and replaces the quantitatively scored “Critical Components” section utilized in previous versions of the Monitoring Tool. In general, LHS components are considered to be those by which non-compliance may *significantly*:

- Impair the health and safety of residents and/or staff;
- Diminish the basic quality of life afforded to residents; and
- Undermine the mission and mandate of JFRMU to appropriately manage ICE’s immigration policy as it pertains to undocumented families with children and protecting their safety and dignity.

Rating of the LHS document followed the “Compliant” and “Not Compliant” format with a preponderance of “Not Compliant” ratings resulting in an overall rating of “Not Compliant” for LHS. Per the JFRMU, such a rating warrants a 15-30 day plan of action response by the facility following receipt of report.

#### Organization of the Report

This report provides outcomes and recommendations regarding the Berks review based upon the assessment of the thirty-seven (37) Family Residential Standards in accordance with the aforementioned rating scale. Included in this report are (in-order):

1. Areas of Best Practice
2. Summary of findings
3. Recommendations for Improvement

#### AREAS OF BEST PRACTICE

Review and observation of the facility’s operation revealed that Berks administrators, along with ICE officials, continue to strive to implement recommendations as well as maintain previous levels of best or standard practices. As found previously, several areas of facility operations were found to be well above Standard requirements by way of implementation and practice. These areas are cited as “Best Practices” for a juvenile and family care facility and include the following:

## Recreation

Recreation continues to be a strong program within the facility and a model program for a children and family residential center. The program is well organized, services are tailored for specific age groups, and all services are appropriately and thoroughly documented. The program has also involved the community in previous endeavors and has established plans to continue encouragement of community involvement.

## Religious Practices

The Religious Services program at the Berks facility is one that is of significant importance to residents. As such, the facility contracted a full-time chaplain to provide services for residents and to ensure spiritual needs are addressed. Since his beginning with the facility approximate seven (7) months ago, current residents reference the Chaplain, and the ability to freely engage in religious practices, as being significant sources of support. Volunteers are also in place to provide additional spiritual support services (e.g., Mass services); making the Religious Services program a strong and vital component within the facility.

## **SUMMARY OF FINDINGS**

Overall, Berks continues efforts to incorporate recommendations as well as feedback from consultants and ICE/DRO/JFRMU to enhance facility operation and services. Such implementation has led to Berks rating as “Compliant” in 30, or 81%, of the 37 assessed domains (not including the LHS items; reference Matrix B for performance summary). A complete outline of findings is as follows (in alphabetical order):

**COMPLIANT:** *The following 30 Standards were rated as “COMPLIANT”:*

1. Contraband
2. Correspondence and Other Mail
3. Discipline and Behavior Management
4. Environmental Health and Safety
5. Escorted Trips for Non-Medical Emergencies
6. Funds and Personal Property
7. Grievance System
8. Hunger Strikes
9. Key and Lock Control
10. Law Libraries and Legal Materials
11. Legal Rights Group Presentations

12. Marriage Requests
13. Medical Services
14. News Media Interview and Tours
15. Personal Hygiene
16. Post Orders
17. Recreation
18. Religious Practices
19. Resident Census
20. Resident's Files
21. Searches of Residents
22. Staff Hiring and Training
23. Staff-Resident Communication
24. Telephone Access
25. Terminal Illness and Advanced Directives
26. Tool Control
27. Transfer of Residents
28. Transportation (Land)
29. Use of Physical Force and Restraints
30. Visitation

**NOT-COMPLIANT:** *The following 8 items were rated as "NOT COMPLIANT" (7 of the Standard items plus Life, Health and Safety)*

1. Admissions and Release
2. Educational Policy
3. Emergency Plans
4. Food Service
5. Housekeeping and Voluntary Work Program
6. Life, Health and Safety (LHS) Critical Components

7. Sexual Abuse and Assault Prevention and Intervention
8. Suicide Prevention and Intervention

## **RECOMMENDATIONS FOR IMPROVEMENT**

The following section provides recommendations to improve facility operations based upon the Family Residential Standards. Designed to accompany the completed Monitoring Tool (attached), and therefore not exhaustive of items found to be non-compliant, this section highlights components that are suggested as priority when developing a corrective plan of action. Section A provides compliance recommendations for those Standards rated as “Not-Compliant”, to include areas deemed by the Team as *critical* areas of focus. Section B provides compliance recommendations for those Standards rated as “Compliant”. While not necessarily considered critical, these recommendations support guidelines as indicated in the Standards and will serve to enhance facility operations.

### **SECTION A:**

#### **Not Compliant Ratings**

##### Life, Health and Safety (LHS) (CRITICAL)<sup>2</sup>

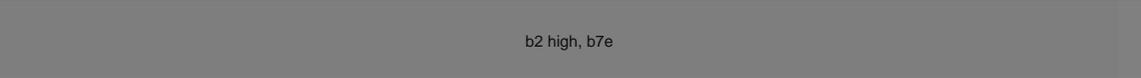
###### *Areas of non-compliance:*

- One of the washbasins and showers in the men’s restroom was found to have only cold water. Another shower area found the temperature to be 87 degrees Fahrenheit (below the required 100-120 degrees Fahrenheit). Although staff indicated they had received complaints about water being too hot in the facility and adjusted temperatures accordingly, the work order had not been resolved to allow for corrected water temperatures and the availability of hot water at the time of the review (Reference: Personal Hygiene, p. 3; #5).
- Arriving residents do not receive a handbook that details the facility rules in a language the resident understands. Although handbooks exist within the facility, they are only provided in English and residents are not provided with individual copies. Instead, one copy is provided for each residential wing within the facility. The present handbook is being translated in Spanish. However, due to the length of time (7 month) that the handbook has been out for translation, some of the information contained will require updating. In addition, residents are not provided with a formal orientation of the facility operations. Although forms are provided for residents to sign, a full overview regarding

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<sup>2</sup> Due to the critical nature of the overall LHS components, it is listed first in order of Non-Compliance.

facility operations, rules, guidelines, tour of facility, introduction to staff, etc...is not provided (Reference: Admissions and Release, p. 7; #6; p. 7, #5.).

- Arriving residents receive a medical screening upon intake; however, in accordance with the Standards and the facility's policy, residents are not screened with any "immediacy" or within the one hour time period outlined within the facility's policy. In addition, intake mental health screenings are not conducted by an appropriately trained staff person or licensed health care provider (Reference: Admissions and Release, p. 6, section h; Medical, p. 13, section 9c).
- The facility does not have an emergency plan that is in line with Standard requirements. Although the facility has developed a policy and is in the process of implementing a plan, at the time of the review, effective practices and procedures, to include training and annual drills, were not in place (Reference: Emergency Plans, p. 1, Section II.2; p. 10, Section n).
- Environmental Health policy and practices do not include fire prevention control and evacuation plan and a chemical control plan (Reference: Environmental Health and Safety, p. 1, Section II, #2).
- Non-inventoried chemicals were located on the facility's premise. (Reference: Environmental Health and Safety, p. 11; Section II, #2).
-  (Reference: Key Control, Section V.6.).
- Health areas do not have their own designated perimeter with restricted access. Due to current facility logistics, medical exam areas are not isolated. Instead, exam areas are along a main corridor of the facility permitting easy viewing in rooms when doors open. In addition, waiting areas for medical services are also located along a main corridor of the facility. (Reference: Medical Care, p. 8, Section 4a).

*Recommendations:*

- Prioritize completion of the work order to ensure hot water is available and at a temperature comfortable for residents.
- Provide individual copies of resident handbooks to residents upon entry and ensure copies are available in a language the resident understands.
- Develop a formalized orientation/intake process to include, *at a minimum*: screening of residents for mental health concerns by appropriately trained or licensed health care provider; tour of facility for new residents; full overview of facility operation and

guidelines; introduction of new residents to staff members; and training of all staff on intake procedures, to include cultural awareness and sensitivity issues.

- Implement and provide training on Emergency Plans.
- Update Environmental Health policy and ensure practices include fire prevention control and evacuation plan and a chemical control plan.
- [REDACTED] b2 high, b7e
- Per discussions with staff, revisions continue to be underway at the facility to allow for a private health care area for medical staff and residents. To ensure resident privacy and minimize health concerns, priority of this task is recommended.

### Admissions and Release

#### *Areas of non-compliance:*

- **CRITICAL:** The Admissions and Release policy does not include a reference indicating searches of children without a parent are not permitted (Reference: Admissions and Release, Section V.C.)
- **CRITICAL:** [REDACTED] b2 high, b7e  
[REDACTED] b2 high, b7e (Reference: Admissions and Release, Section V.C.).
- For lost property claims, the facility provides residents with a staff request form and requests are responded to by ICE staff; however,, staff do not document lost property claims by residents in files (Reference: Admissions and Release, Section V.f.).

#### *Recommendations:*

- Update facility policy to ensure all staff are aware of and practice dictates that [REDACTED] b2 high, b7e  
[REDACTED] b2 high, b7e
- Discontinue practice of [REDACTED] b2 high, b7e  
[REDACTED] b2 high, b7e
- Update practices to ensure appropriate documentation of lost property claims by residents.

## Educational Policy

### *Areas of non-compliance:*

- **CRITICAL:** Pre-kindergarten instruction is not provided to eligible four-year-old children. A resource room is available for children five years of age and for children in need of English as a Second Language (ESL) services and/or more academic preparation (Reference: Educational Policy, p. 2; Section 1h).
- Documentation of educational staff training was not available at time of review. Documentation is maintained in educator files off site (Reference: Educational Policy, p. 5, Section 6f; p. 7, Section 11a).
- Special needs educational assessments are not administered to each student upon arrival (Reference: Educational Policy, p. 2; Section 1g).
- Library holdings are not sufficient in quantity or language diversity for resident's use (Reference: Educational Policy, p. 6, Section 8a).
- A bookmobile is used in lieu of an on-site residential library. The Standards mandate an on-site library be available and an offsite system is not used as an alternate (Reference: Educational Policy, p. 6; 8b).

### *Recommendations:*

- Adapt educational program to provide pre-kindergarten and kindergarten services as required for eligible children four-year olds and up.
- Obtain copies of staff training and other relevant documents and maintain on-site in staff files.
- Develop a formalized system to conduct special educational needs assessments for all school-age residents.
- Collaborate with community resources to enhance diversity and availability of books for resident's use on-site.

## Emergency Plans

### *Areas of non-compliance:*

- **CRITICAL:** The facility has developed an emergency plan *policy* and made contacts with local responders. However, the policy does not take the place of a well written, well rehearsed, and well critique emergency plan (Reference: Emergency Plans: Section V.3.a.2).

- Documentation of once a month emergency list call-down procedure is not available (Reference: Emergency Plans: p. 7; Section C).
- Although a policy has been developed, several specified areas of security and other planning components are not included (Reference: Emergency Plans: p. p. 5; p. 6; p. 6; Section V.B; Section V.J., Section V.M.).

*Recommendation:*

- The facility has not developed a local emergency plan but has been part of a county wide emergency system. While this serves to support the facility, it does not provide the level of preparedness required in the facility as required by the Standards. Priority in the development of a facility-specific Emergency Plan and training on such plan is warranted.

Food Service

*Areas of non-compliance:*

- **CRITICAL:** Timelines from the evening meal to breakfast exceed the timelines as established by the Standard (no more than 14 hours) (Reference: Food Service, p. 6; Section 4a).
- **CRITICAL:** Maintenance of information regarding resident's medical diets does not meet Standard requirements. For instance, facility staff receive notification from residents regarding special dietary needs. Food Service staff (who are located in another facility) obtain resident dietary information from facility staff. Due to lack of effective communication, food service staff do not maintain updated information regarding residents' dietary needs. (Reference: Food Service, p. 16; Section 7a)
- **CRITICAL:** Menus at the facility are changed without consideration of two hot meals per day and with no documentation provided to show changes – resulting in meal selections that are not being appropriately reviewed for nutritional needs/content as required by the Standards. (Reference: Food Service, p. 17, Section 8b).
- A kosher meal system is not in place to meet the needs of participating residents (Reference: Food Service, p. 12; p.15, #2).
- Residents working in the food service area (sanitation) are not provided with training and a supervisor is not assigned to the dining area (Reference: Food Service, p. 4, Section c; p. 7, Section b).

*Recommendations:*

- Establish a timeline for meals that minimizes the 14 hour gap between the evening and breakfast meals. Presently, serving dinner at 4:30 P.M. should be reviewed to consider later evening feeding.
- Establish a system of communication and accountability that ensures resident's medial and religious meal needs are met.
- Work with licensed nutritionist to develop menu items and ensure a system of accountability whereby menu changes must be reviewed and signed off on by the Facility Administrator with notification to ICE as to when and why menu was changed.
- Provide training to residents working in food service and other areas of the facility and ensure documentation of training is maintained. In addition, assign a supervisor to oversee the dining area during meals.

Housekeeping and Voluntary Work Program

*Area of non-compliance*

- **CRITICAL:** Appropriate training is not available for all residents. For instance, the facility has a limited number of residents that are assigned mainly to the kitchen area sanitation employees. Resident's files did not include required training, job descriptions, and agreements required by the Standards. The facility also has a house keeping plan that requires all adult residents to clean various areas of the facility on a rotating basis, however, training on chemicals was not provided in areas such as "Right to Know" as required by OSHA and the State laws (Reference: Housekeeping and Voluntary Work Program, Section V. 11).

*Recommendation:*

- In accordance with the Standard, ensure all residents are provided appropriate training in areas of work. Include documentation of training in residents' files.

Sexual Abuse and Assault Prevention and Intervention

*Areas of non-compliance:*

- **CRITICAL:** The training coordinator has been assigned as the Sexual Abuse Coordinator. However, the training coordinator is not on-site to ensure ongoing availability to residents (currently located at Juvenile Facility). Additionally, residents are not aware of policies or information regarding sexual abuse and sexual harassment. Documentation is provided on a laminated board near the phone areas in each wing and documents are signed during intake, however verbal discussion regarding resident rights and behavioral expectations while at the facility is not provided to residents. (Reference: Sexual Abuse and Assault Prevention and Intervention, page, 3; paragraph 3; C).

- The facility follows both its own and DIHS national policy. However, the policies are not clear regarding the provision of prevention (e.g., discussion of residents' rights) or discipline/prosecution of assailants. (Reference: Sexual Abuse and Assault Prevention and Intervention, page, 2; Section B).
- Facility policy does not include ICE/DRO and JFRMU as contacts in the event of allegations of sexual misconduct (Reference: Sexual Abuse and Assault Prevention and Intervention, page, 6; #2).

*Recommendations:*

- Officially appoint a coordinator for the Sexual Abuse and Assault Prevention program who, *at a minimum*: is on-site and available for residents and staff; has appropriate background/training/credentials in topic area; is in charge of ensuring resident's awareness of rights and responsibilities; and who collaborates with staff in the development and review of site specific policies, orientation programs, and trainings.
- Facility staff and DIHS collaborate to develop a clear, site specific policy that addresses requirements indicated in the Standards.

Suicide Prevention and Intervention

*Areas of non-compliance:*

- **CRITICAL:** A suicide/homicide screening is currently conducted at resident intake; however, this screening is not a standardized screening tool/assessment and is not conducted by specially trained staff or a licensed health care provider.
- The date of the last policy revision was 2005. The Standard requires an annual review (Reference: Suicide Prevention and Intervention, page 1; Section V1).
- The suicide and prevention training program did not include requisite components such as guidelines for returning a previously suicidal resident to the general population (Reference: Suicide and Prevention Intervention, pages 1-2).

Recommendations:

- Include DIHS staff members in the intake screening process and/or provide specific, ongoing training for designated intake staff in the area of Suicide Prevention and Intervention to include, at a minimum: practice, observation, and cultural and linguistic sensitivity. Additionally, incorporate the use of standardized screening/assessment tools.
- DIHS and ICE/JFRMU collaborate to develop an institutionally-based Suicide Prevention and Intervention policy that meets the requirements outlined in the Standard, to include an annual review.

## **SECTION B:**

### **General Compliance Recommendations (in alphabetical order)**

#### Contraband

##### *Area of non-compliance:*

- A review of contraband definition and policies and procedures are not provided to residents at intake (Reference: Contraband, Section II.4).

##### *Recommendation:*

- Develop a formalized orientation process to include review of specific topics, such as contraband, as required by the Standards.

#### Discipline and Behavior Management

##### *Areas of non-compliance:*

- Current rules established for facility residents do not distinguish between age appropriate behaviors for children and adults (Reference: Discipline and Behavior Management, p. 3, paragraph 5).
- The behavior management program does not include systemic feedback from staff to each resident as required by the Standard. (Reference: Discipline and Behavior Management, p. 3, paragraph 4).
- Although a policy is in place, low level rule infractions are not investigated (Reference: Discipline and Behavior Management, p. 8, MRC)

##### *Recommendations:*

- Develop rules/codes of conduct that account for and distinguish between age appropriate behaviors. Ensure rules/codes of conduct are reviewed verbally with staff and residents and ample opportunities are provided for residents to seek clarification. Also, ensure rules/codes of conduct are posted conspicuously in languages residents understand.
- In accordance with the Standards, incorporate a systemic feedback system from staff to residents as part of the behavior management program.
- Develop practice that follows policy guidelines with regard to investigation of infractions. Ensure full documentation of practice in residents' file and develop practice that ensures residents understand of processes and outcomes.

## Environmental Health and Safety

### *Area of non-compliance:*

- **CRITICAL:** During the review, chemicals were found in the food service area that did not have accompanying Material Safety Data Sheets (MSDSs) as required by the Standard and the Occupational Health and Safety Administration.(OSHA) (Reference: Environmental Health and Safety, Section V.3a).

### *Recommendation:*

- Ensure all chemicals are appropriately recorded in accordance with Standard and OSHA law. Conduct mandatory staff training to review importance of adherence to policy and following Standard and OHSA guidelines.

## Resident Census

### *Area of non-compliance:*

- During the e review, records found the facility to be in compliance with the Standard requirement of [REDACTED] b2 high, b7e However, residents' doors were opened at 6:00 a.m. to begin census, although breakfast did not begin until 7:30 a.m. and school later. While adhering to the Standard, this domain was found non-compliant as practice was not in line with the intention of establishing an "orderly" census for residents (Reference: Resident Census, Section V.1).

### *Recommendation:*

- Staff were made aware of this issue at the time of the review and have made plans to take corrective action. Follow up on actions taken and documentation to ICE/JFRMU is recommended.

## Staff Hiring and Training

### *Area of non-compliance:*

- The cultural and linguistic competency and cultural diversity training programs warrant additional development (Reference: Staff Hiring and Training p. 8; Section B).

*Recommendation:*

- Utilize community resources (e.g., local cultural diversity groups/programs), facility staff and resources (e.g., DIHS Mental Health providers), and other sources of support to strengthen and implement on-going cultural and linguistic competency training for staff.

Transportation

*Area of non-compliance:*

- Transportation post order and emergency plan does not include all information as required by the Standard (Reference: Transportation [Land Transportation], pp. 11-13).

*Recommendation:*

- Update post order and emergency plan accordingly.

**SUMMARY**

The Bi-Annual Compliance Review of the Berks Family Residential Center revealed that facility administrators and ICE/JFRMU staff continue efforts toward achieving 100% compliance. ICE/JFRMU's diligence of instituting a full-time compliance reviewer to assist the facility by having monthly inspections will serve to aid the facility compliance efforts. In addition, the care and compassion displayed by staff for residents, the ongoing interaction between staff and residents, and the consistent communication between ICE/JFRMU and Executive facility staff all contribute to the structural and procedural enhancements that are evident since the first review.

Overall, Berks' greatest asset continues to be its staff. With the addition of DIHS personnel for medical and mental health services and the religious staff to address the on-going spiritual needs of residents, the facility is beginning to branch out in the provision of more comprehensive and innovative services. Combining this with the implementation of recommendations provided in the report could aid the facility in achieving its goal of 100% compliance in the future.

**MATRIX B: Performance Matrix Summary of Findings from Bi-Annual Review**

**Berks Family Residential Facility**  
**Bi-Annual Compliance Review Performance Matrix**  
 February 2009

Standard	Compliant	Not Compliant
Admissions and Release		X
Contraband	X	
Correspondance	X	
Discipline and Behavior Management	X	
Educational Policy		X
Emergency Plans		X
Enviornmental Health	X	
Escorted Trips	X	
Food Service		X
Funds and Personal Property	X	
Grievance	X	
Housekeeping/Volunteer Work		X
Hunger Strikes	X	
Key and Lock Control	X	
Law Libraries	X	
Legal Rights Group	X	
Life, Health and Safety (LHS)		X
Marriage Requests	X	
Medical Care	X	
News Media and Tours	X	
Personal Hyegiene	X	
Post Orders	X	
Recreation	X	
Religious Practices	X	
Resident Census	X	
Resident's Files	X	
Searches of Residents	X	
Sexual Abuse and Assault Prevention		X
Staff Hiring and Trainig	X	
Staff-Residation Communication	X	
Suicide Prevention		X
Telephone Access	X	
Terminal Illness	X	
Tool Control	X	
Transfer of Residents	X	
Transporation (Land)	X	
Use of Physical Force and Restraints	X	
Visitation	X	

**MATRIX A: Summary of Findings from Baseline Review**

**Berks Family Residential Facility  
Baseline Compliance Review Report**

**Performance Summary Matrix**

Standard	Exceptional	Standard	Minimal	Inadequate
Admissions and Release	X			
Contraband	X			
Correspondance	X			
Discipline and Behavior Management				X
Educational Policy	X			
Emergency Plans				X
Enviornmental Health				X
Escorted Trips	X			
Food Service	X			
Funds and Personal Property	X			
Grievance	X			
Housekeeping/Volunteer Work		X		
Hunger Strikes	X			
Key and Lock Control				X
Law Libraries	X			
Legal Rights Group		X		
Marriage Requests	X			
Medical Care		X		
News Media and Tours	X			
Personal Hygiene	X			
Post Orders		X		
Recreation	X			
Religious Practices	X			
Resident Census	X			
Resident's Files		X		
Searches of Residents	X			
Sexual Abuse and Assault Prevention				X
Staff Hiring and Trainig				X
Staff-Resident Communication	X			
Suicide Prevention				X
Telephone Access	X			
Terminal Illness	X			
Tool Control				X
Transfer of Residents	X			
Transporation (Land)		X		
Use of Physical Force and Restraints	X			
Visitation		X		

OFFICE OF DETENTION AND REMOVAL  
**FAMILY AND RESIDENTIAL STANDARDS**

**ADMISSIONS AND RELEASE**

<p><b>PURPOSE AND SCOPE:</b> Residents are admitted to or released from a facility in a secure and orderly fashion.</p>
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**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Each adult resident will be searched upon admission to ensure facility safety, security, and good order.
2. Each minor resident will be searched upon admission using the least intrusive methods available.
3. Each resident's personal property and valuables will be checked upon admission for contraband which, if found, will then be inventoried, receipted, and stored.
4. Each resident's identification documents will be secured in the resident's file.
5. Each resident will be medically screened upon admission to protect the health of the resident and others in the facility.
6. Each resident will be given an opportunity upon admission to shower and be issued clean clothing, bedding, towels, and personal hygiene items.
7. Each resident will undergo screening interviews and complete questionnaires and other forms upon admission.
8. Each newly admitted resident will be kept separated from previously admitted residents until in processing is completed and housing is assigned.
9. Each newly admitted resident will be oriented to the facility through written material on facility policies, rules, prohibited acts, and procedures and, in some facilities, by viewing an orientation video.
10. Residents will be released, removed, or transferred from a facility only when staff have followed specified procedures and completed required forms.
11. The facility will maintain accurate records and documentation on all residents' admission, orientation, and release.
12. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
13. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

OFFICE OF DETENTION AND REMOVAL  
**FAMILY AND RESIDENTIAL STANDARDS**

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

Flores vs. Reno

October 15, 2007, Memorandum from DRO Director John Torres, "Change Notice: Admissions and Release National Detention Standard Strip-Search Policy".

American Correctional Association 4<sup>th</sup> Edition, Standards for Adults Local Detention Facilities: 4ALDF-2A-08, 2A-17, 2A-19, 2A-20, 2A-21, 2A-22, 2A-23, 2A-24, 2A-25, 2A-26, 2A-27, 2A-28, 2A-29, 2A-30, 2A-32, 2A-33, 2C-03, 2C-04, 2C-05, 3A-01, 4B-02, 4B-06, 4C-29, 5B-18, 6A-05, 7D-11, 7D-20.

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3 JDF-5A-02, 5A-04, 5A-11, 5A-14-16, 3C-03, 2E-12

**To determine this rating the reviewer will:**

- Review written Policy and Procedure to verify it is in line with Residential Standards.
- Review current resident handbook.
- Review completed personal property inventory form.
- Review contraband log including destruction documentation.
- Review room assignment to determine appropriateness.
- Review confinement records and place of storage of confinement records.
- Observe admission/orientation process, if possible.
- Observe contraband storage area.
- Observe resident clothing for appropriateness for the season.
- Observe Interview residents regarding orientation process.
- Inspect personal hygiene items.
- Interview staff regarding release of information.
- Interview staff that are responsible for the release of residence to determine their knowledge of the procedures.

OFFICE OF DETENTION AND REMOVAL  
**FAMILY AND RESIDENTIAL STANDARDS**

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Policies and procedures include:			
a. Search of Residents and personal property Ref V.2.a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Showers Ref V.2.d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Missing Resident Property Ref V. 2.f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Funds and Valuables Ref. V.2.g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Medical Screening Ref. V.2.h	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Establishment of a Resident File Ref V.2.i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Clothing and Bedding V.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Housing Ref V.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. Admissions Documentation Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Orientation Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. Resident Handbook Ref V.6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility does not have a resident handbook
l. Releases Ref V.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. "Pat downs" are not conducted unless a reasonable and articulated suspicion can be documented. Ref V.2.a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Searches are conducted in an area that affords as much privacy as possible. Ref V.2.c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS**

Components	Compliant	Not Compliant	Remarks
4. Procedures are in place for the inventory and receipt of resident baggage, personal property, funds and valuables upon admission Ref V.2.b.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Staff completes Form I-387 or similar form for every lost or missing property claim. Ref V. f	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility is providing residents with a staff request form which is being responded to by ICE staff but does not document lost property claims by residents
6. Residents are issued appropriate and sufficient clothing and bedding for the climatic conditions. Ref V.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Families are evaluated for appropriate housing assignment prior to being placed in a living unit. Ref V.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. All releases are coordinated with the ICE office of jurisdiction. Ref V.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
9. Staff marks resident property obtained during searches as contraband or funds/personal property. Ref V.2.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Resident Intake & Orientation**

Components	Compliant	Not compliant	Remarks
10. All residents receive a shower or bath upon arrival to the facility. Ref V.d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Arriving residents are maintained separately from general population until intake/orientation process complete. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
**FAMILY AND RESIDENTIAL STANDARDS**

**Standard:** Admissions and Release

**Facility:** Berks

*Reviewer's Notes:*

Resident screening by medical is not within one hour and not in line with standard. Present system requires residents to be seen by ICE and then go to Medical. The orientation checklist is being filled out but by observation not being used by staff. On 2-17-09 a family arrived at 1330 and was seen by medical at 1830 which is not immediately as required by standards or within one hour as required by local facility policy.

The Orientation program for new residents does not contain all information that is required by standards. As presently delivered by staff the resident gain little information on what is required to access services at the facility and or left to gather the information from other residents or by asking staff.

The facility's staff is engaging with residents and all residents reported they find information by asking staff.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 02-18-2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**CONTRABAND**

**PURPOSE AND SCOPE:** Contraband is identified, detected, controlled and properly disposed, thereby protecting residents and staff and enhancing facility security and good order.

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. Contraband will be identified, detected, controlled, and disposed of properly.
2. Resident's personal property that would be considered contraband within the facility will be mailed to a third party or stored until the resident's release, unless that property is illegal or a threat to safety and security.
3. Contraband that may be evidence in connection with a violation of a criminal statute will be preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.
4. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 2C-01, 2C-02, 2C-06.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**To determine this rating the reviewer will:**

- Review written policies, procedures and practices for contraband.
- Review the following documents for inclusion of procedure for contraband:
  - Admissions and Release Policy and Post Order
  - Mail Policy and Post Order
  - Resident's handbook
  - Unit Officer's Post Orders
  - Transportation Policy and Post Orders
  - Visitation rules and Post Orders
  - Personal Property Policy
- Review Unit logbooks.
- Interview staff to determine their knowledge of the contraband policy and the differences between hard and soft contraband.
- Review facility's list of allowed items to be in personal possession.
- Review destruction of contraband log book and/or documentation
- Interview the director and chaplain to determine handling of religious property.
- Interview medical authority on receipt of medication through intake or mail.
- Observe and review safe area for storage of contraband. *(Note: only look at contraband. If you remove items from storage, you will be in the chain of custody and required to sign chain of custody documents and be subject to subpoena in court.)*

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Policies and procedures are in place for the appropriate handling of contraband by staff. Ref V.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Policies and procedures are in place for the resident dispute of contraband ownership. Ref V.2.c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Staff forwards an arriving resident's medicine to the medical staff. Ref V.1.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Acceptable Chain of Custody procedure is followed for illegal contraband that may lead to prosecution. Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Policies and procedures are in place for the destruction of contraband. Ref V.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The policy is in place but does not include all of the documentation required by Standards.
6. Religious property is not declared contraband without prior approval of chaplain and/or facility director. Ref V.2.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Resident Intake & Orientation**

Components	Compliant	Not Compliant	Remarks
7. Residents receive definitions and policies regarding contraband during intake/orientation process in a language the resident understands (or translated where applicable). Ref II.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The new resident orientation that was observed during the review did not include contraband.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Contraband

Facility: Berks

*Reviewer's Notes:*

The facility continues to have chemicals brought into the perimeter by staff. As long as there is not a system to require staff to use one entrance door and go have personal property reviewed by front entrance staff, then the facility is susceptible to having contraband brought into the facility.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 2-18-09

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**CORRESPONDANCE AND OTHER MAIL**

**PURPOSE AND SCOPE:** Residents will be able to maintain ties with their families, the community, legal representatives, and consular officials through correspondence.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Residents will be able to maintain ties with their families, the community, legal representatives, and consular officials through correspondence.
2. Residents will be notified of the facility's rules on correspondence and other mail through a resident handbook, or equivalent that is provided to each resident upon admittance in English, Spanish and other languages most widely spoken among residents. Translation or interpretation services will be provided to residents who are not proficient in English.
3. The amount and content of correspondence residents send at their own expense will not be limited except if needed for order and security.
4. Indigent residents will receive a specified postage allowance to maintain community ties and the necessary postage for privileged correspondence.
5. Residents will have access to publications.
6. Incoming and outgoing mail will be opened to inspect for contraband and to intercept cash, checks, and money orders.
7. General correspondence will not be read or rejected, except if needed for order and security, and residents will be notified in writing when correspondence is withheld in part or in full.
8. Residents will be permitted to send and receive Special Correspondence to persons and organizations as identified in this standard. Outgoing and incoming correspondence from persons and organizations as identified in this standard will be opened to inspect for contraband only in the presence of the resident, unless waived by the resident or unless contamination of the correspondence is suspected.
9. Incoming and outgoing letters will be held for no more than 24 hours and packages no more than 48 hours, excluding weekends, holidays, and emergency situations.
10. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

11. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Detention Facilities: 4-ALDF-5B-05, 5B-06, 5B-07, 5B-08, 5B-09, 5B-10, 2A-27, 2A-60, 6A-02, 6A-04, 6A-06, 6A-09.

American Correctional Association 3<sup>rd</sup> Edition, Standards for Juvenile Detention Facilities: ACA 3 JDF-5G-01 through 10

**To determine this rating the reviewer will:**

- Review written Policy and Procedure to verify it is in line with Residential Standards.
- Interview staff responsible for mail policy to determine their knowledge of Standards.
- Review contraband log to verify residents were informed and had an opportunity to appeal the decision not to allow items.
- Interview Facility Notary of Public and person responsible for Legal Library to determine system for providing Notary Services for Residence.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Writing paper, writing implements, and envelopes are available at no cost to residents. Ref: V.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The facility has a system in place to handle contraband coming through mail. Ref V.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Resident correspondence guidelines indicate and/or provide:			
a. That a resident may receive mail Ref V.3.a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. That a resident may send mail and the procedure for sending Ref V.3.c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. General correspondence will not be read or rejected, except if needed for order and security, and residents will be notified in writing when correspondence is withheld in part or in full Ref V.3.d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. The definition of Special Correspondence, including instructions on the proper labeling of mail as "Special Correspondence" Ref V.3.E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. That Special Correspondence may only be opened in the resident's presence, and may be inspected for contraband, but not read Ref V.3.F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. That a package may neither be sent nor received without advance arrangements approved by the facility administrator, as well as the mechanism for obtaining such approval	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
g. A description of the type of mail that may be rejected by the facility Ref V.3.H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. The procedure for obtaining writing instruments, paper, and envelopes Ref V.3.J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. The procedure for purchasing postage and the rules for providing residents free postage. Ref V.3.K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Staff Training**

Components	Compliant	Not Compliant	Remarks
4. The facility provides a Notary Public for legal documents Ref V.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Residential Intake and Orientation**

Components	Compliant	Not Compliant	Remarks
5. New residents are notified of policies and procedures relating to correspondence and other mail through a resident handbook, or equivalent, provided to each resident upon admittance in English, Spanish and other languages most widely spoken among residents. Translation or interpretation services are provided to residents who are not proficient in English. Ref II.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Correspondence and Other Mail Facility: Berks

Reviewer's Notes:

Five residents were interviewed regarding correspondence practices. Two had written to family/friends. Three had received letters or packages. Two had packages opened in their presence. Those who had not received or sent mail used telephone or had visitation contact.

Compliance Rating:

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_  \_\_\_\_\_ Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**DISCIPLINE AND BEHAVIOR MANAGEMNT**

**PURPOSE AND SCOPE:** Facility standards of conduct and enforcement of those standards are expected in order to provide a safe and orderly living environment. Facility authorities will manage discipline and behavioral problems in a manner that ensures the safety and welfare of staff, residents, and visitors.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Residents will be informed of facility rules and regulations, prohibited acts, disciplinary sanctions that may be imposed, and the procedure for appealing disciplinary findings.
2. Each facility will have graduated severity scales of prohibited acts and disciplinary consequences.
3. Where permitted by facility policy, staff will informally settle minor transgressions by mutual consent, whenever possible.
4. Staff who witness a prohibited act that cannot or should not be resolved informally, or have reason to suspect one, will prepare a clear, concise, and complete Incident Report.
5. Each Incident Report will be objectively and impartially investigated by a person of supervisory rank.
6. When appropriate, a serious incident that may constitute a criminal act will be referred to the proper investigative agency, and the administrative investigation will be suspended, pending the outcome of that referral.
7. At each step of the disciplinary process, the detainee will be advised of his or her rights.
8. A Management Review Committee (MRC) will further investigate and adjudicate the incident and may impose minor sanctions or refer the matter to a higher level disciplinary panel.
9. A three-member Executive Review Panel (ERP) will conduct formal hearings on Incident Reports referred from an MRC and may impose higher level sanctions for "Greatest" and "High" level prohibited acts.
10. Detainees appearing before the ERP will be afforded a staff representative, upon request, or automatically if the detainee is illiterate, has limited English language skills, or otherwise needs special assistance.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

11. Actions of the ERP will be reviewed by the facility administrator, who may concur with the findings and conclusions or may modify them.
12. At all steps and levels in the disciplinary process, any sanctions imposed will be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to comply with the rules and regulations.
13. All steps of the disciplinary process will be done within the required time limits.
14. At all steps of the disciplinary process, accurate and complete records will be maintained, and the detainee will receive the copies to which he or she is entitled.
15. If a resident is found not guilty at any stage of the disciplinary process, the incident records will not be included in the detainee's file (even if they are retained elsewhere for statistical or historical purposes).
16. Residents will be able to appeal disciplinary decisions through a formal grievance process.
17. Residents do not receive any discipline or punishment that is considered to be harsh, cruel, unusual, unnecessary, demeaning or humiliating.
18. Residents under age 12 will not be referred for disciplinary review.
19. Where required, residents have regular access to translations services and/or are provided information in a language that they understand.
20. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association, 4<sup>th</sup> Edition, Standards for Adult Local Detention Facilities: 4-ALDF-3A-01, 3A-02, 6C-01 through 6C-19.

Pennsylvania Welfare Code Chapter 3800: Child Residential and Day Treatment Facilities.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

Texas Department of Family and Protective Services: Minimum Standards for General Operations and Residential Treatment Centers.

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3-JDF-3C-01 through 06 JDC 3A-05 and 06

### **To determine this rating the reviewer will:**

- Review written policies and procedures to ensure it is in line with standard.
- Review resident handbook and orientation to determine if residents are informed of rules and regulation and behavior management system
- Review Rule violation to determine if they are designated as minor and major rule violations
- Examine documentation to determine if privileges are provided once they are earned.
- Interview staff and residents to determine how rules of conduct are used and penalties for breaking the rules.
- Interview residents to determine their knowledge of the appeal process for rule violations.
- Interview staff and residents to determine their knowledge of the behavior management system and to verify provisions of privileges once they are earned.
- Review written documentation provided staff particularly new staff on unacceptable sanctions and actions within the facility.
- Review incident reports written by staff to determine their accuracy,
- Discuss the behavior management system with key administrators including:
  - Facility Director
  - Education Supervisor
  - Assistant Director
  - Director or chief of security
  - Medical administrator
- Interview Line staff to determine how consequences for inappropriate behavior are determined
- Interview staff and residents to determine if residents are provided an opportunity to learn a better way

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

- Interview staff regarding parent responsibilities and intervention for inappropriate behavior
- Observe staff, parent and youth interaction when youth displays inappropriate behavior
- Review major disciplinary rule infraction from action until final decision to make certain there was due process and a review at the supervisory level...
- Review system for reporting inappropriate disciplinary action against resident, superficially allegations of abuse by youth.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. The behavioral management system is implemented uniformly. Ref: p. 3; para 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Non-restraining procedures (such as verbal interventions, loss of privileges and time out) are the first methods of management for minors. Ref: p. 3; para 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Parental intervention is utilized whenever possible. Ref: p. 3; para 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Rules and discipline are formulated with consideration of the range of ages and maturity and are culturally sensitive to the needs of residents. Ref: p. 3; para 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Present rules are generic and don't deal with education conduct or age appropriate actions
5. The behavioral modification program includes rules, rewards and consequences, and a list of minor and major behavioral infractions with particular attention to the needs of minors. Ref: p. 3; para 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility need more specific education rules of conduct
6. Policy indicates corporal punishment of children is not allowed. Ref: p. 4; b1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. The behavioral modification program includes systemic feedback from staff to each resident. Ref: p. 3; para 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is not part of the behavior management plan.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
<p>8. The rules are written in a way that are easily understandable by residents and provided in the language(s) of the majority of the population.</p> <p>Ref: p. 3; para 5</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>9. Residents are able to appeal disciplinary decisions through a formal grievance process.</p> <p>Ref: p. 2; #16</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>10. If a resident is found not guilty at any stage of the disciplinary process, the incident records are not included in the resident's file.</p> <p>Ref: p. 12; b</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>11. Rules are reviewed at least annually and updated when necessary, with documentation of the review (even if no update occurred).</p> <p>Ref: p. 3; para 2</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>12. At all steps of the disciplinary process, accurate and complete records are maintained, and the resident receives copies.</p> <p>Ref: p. 2; #14</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>13. Staff are available to represent residents who speak limited English, have no means of collecting evidence, or as requested.</p> <p>Ref: p. 9; #4</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>14. Graduated scales of offenses and disciplinary consequences are in place.</p> <p>Ref: p. 14;; #8</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>15. An intermediate level of investigation/adjudication to adjudicate low or moderate rules infractions is established.</p> <p>Ref: p. 8; MRC</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is a process but a review of the resident files did not contain any investigation for low level rule violations.

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FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
16. Duration of penalties is within established limits. Ref: p. 12; #7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. All incident reports are investigated within 24 hours of the incident. Ref: p. 7; #3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Low level offenses were not investigated
18. Care providers written rules that specify acts prohibited while residing at the program and consequences that may be imposed for various degrees of violation. Ref: p. 3; para 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Incident reports are formatted such that: Ref: p. 6; #2			
a. Facts are clear, concise, and complete.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Officers, residents and witnesses are identified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. The relevant rule or standard is cited.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Resident Intake and Orientation**

Components	Compliant	Not Compliant	Remarks
20. The resident handbook includes information on: Ref: p. 19; #11			
a. Managing and handling rules violations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. The prohibited acts and potential sanctions for prohibited acts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. The procedure for appealing sanctions or adverse administrative findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
21. Staff training includes proactive versus reactive interactions. Ref: p. 3; para 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. A Management Review Committee (MRC) conducts administrative reviews. Ref: p. 8; MRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. The MCR consists of 3 members, with at least one manager who holds the rank of Captain or higher, one Unit Manager, and one ICE Supervisory officer. Ref: p. 8; MRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. Unresolved and serious charge cases are forwarded to an Executive Review Panel (ERP). Ref: p. 8; MRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. The ERP does not include the reporting officer, the investigating officer, and a member of the referring MRC, or anyone who witnessed or was directly involved in the incident. Ref: p. 8; MRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Standard: Discipline and Behavior Management

Facility: Berks

*Reviewer's Notes:*

The facility uses least appropriate level of behavior management and discipline. There was not a list of all violations during the last month to review, which is an important part of the review process in a behavior management system. Also, several rule violations were found in the resident files that showed the behavior, the intervention, and the resolution but did not contain an investigation.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 2-20-09

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

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**EDUCATIONAL POLICY**

**PURPOSE AND SCOPE:** All children residing in an ICE Residential Family Facility who reach the minimum age required by applicable state law shall be provided with educational services and programming appropriate to the minor's level of development and communication skills in a structured classroom setting.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. All eligible children will be administered an Initial Educational Assessment within three days of their arrival to the facility.
2. All eligible children will be provided with a minimum of one-hour daily instruction in each of the core subjects, Monday through Friday, on a year-round schedule.
3. All teaching staff are qualified to teach in accordance with state licensing requirements.
4. All curricula and associated texts and learning materials are based on state requirements and best practices.
5. Comprehensive education files will be maintained on each student.
6. All children with disabilities and/or in need of special education and related services are identified, located, evaluated, and referred to an appropriate agency for intervention.
7. All facilities shall convene an IEP Team, consisting of staff from the following disciplines: education, medical, mental health, administration, social work, and physical education.
8. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
9. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

Individuals with Disabilities Education Improvement Act of 2004.

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3 JDF-5C-01- 03, 2E-05, 5D- 01-03, 06, 07 &11- 13

### **To determine this rating the reviewer will:**

- Review school calendar and school schedule.
- Review individual student schedules.
- Review IEP for student services.
- Review student transcripts.
- Observe operation of the education program.
- Review school attendance records and compare with admission to the facility dates.
- Interview school staff.
- Interview students.
- Observe whether classrooms are free of auditory and visual obstruction.
- Observe number of students in regular and special education classes to determine if there are sufficient desks, chairs, unencumbered space for the number of youth in the room on any given day.
- Interview teachers about class sizes.
- Review personnel files for appropriate certifications.
- Review training records.
- Review school schedule and institutional master schedule to see if they are in line with each other.
- Review Lesson Plans to determine appropriate curriculum is being taught.
- Observe classes for subject matter relating to lesson plan.
- Review behavior management program within school.

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**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Children are provided with a minimum one hour daily instruction in science, social studies, math, language arts and physical education. Ref: p. 2; 1d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Pre-Kindergarten instruction is provided to eligible four-year-old children. Ref: p. 2; 1h	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A resource room is available to children who are <u>five years of age</u> and for children in need of ESL and more preparation.
3. Pre-K instruction provides comprehensive child development services (i.e., educational, health, nutritional, and social services). Ref: 2; 1h	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pre-K children are not excluded from developmental services that are available to <u>all</u> children at the facility.
4. Educational field trips are provided. Ref: p. 2; 1j	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Students are assigned to grades according to educational assessment outcomes. Ref: p. 3; 3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Specific grade level assignment is subsumed in assignment to multi-age, multi-level rooms.
6. Lesson plans and curricula are based on a state approved model program and are available for review in each classroom. Ref: p. 4; 4d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Progress reports are distributed to all students on a regular and consistent schedule. Ref: p. 4; 5b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Facility policy encourages the scheduling of parent-teacher conferencing to discuss student achievement. Ref: p. 4; 5b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Components	Compliant	Not Compliant	Remarks
9. Students completing the learning requirements for the maximum learning level are provided the opportunity for learning advancement. Ref: p. 5; 5c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Students approved for GED testing are administered the GED pre-test. Ref; p. 5; 5d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Memoranda confirming student's dates of enrollment are provided to all students at the time of their departure. Ref: p. 5; 5e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. A public awareness effort focusing on the early identification of children eligible for services is in place. Ref: p. 7; 11a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Access to students is permitted to the local educational agency (LEA) instructional and assessment personnel and ARD committee members. Ref: p. 8; 11c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Transportation services are provided to those students whose special education needs cannot be met onsite. Ref: p. 8; 11e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. The Code of Conduct is provided to residents and staff and posted in common areas in English and Spanish. Ref: p. 2; 1i	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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**Staffing & Training**

Components	Compliant	Not Compliant	Remarks
16. The Education Department administrator is qualified and trained as an administrator in the state. Ref: p. 5; 6d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Translation services are available and provided on an as-needed basis. Ref: p. 2; 1i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Lesson plans and curricula are developed by teaching staff. Ref: p. 4; 4d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Teaching staff submit weekly lesson plans to the administrator. Ref: p. 4; 4d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Teaching staff record student attendance twice daily (morning and afternoon). Ref: p. 4; 5a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Student teacher ratio does not exceed 20:1. Ref: p. 5; 6b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Teaching staff is qualified and certified to teach in the state. Ref: p. 5; 6a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Teaching staff are certified ESL instructors, or enrolled in an ESL certification program. Ref: p. 5; 6c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. There is on file and available for review a Staff Development Plan that includes: Ref: p. 5; 6e			
a. ESL strategies and materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No SDP available
b. Instructional best practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No SDP available
c. No Child Left Behind (NCLB) rules and regulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No SDP available

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Components	Compliant	Not Compliant	Remarks
d. Lesson Plan development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No SDP available
25. A member of the IEP team participates in ARD meetings when LEA assistance has been requested. Ref: p. 8; 12 para 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. Staff coordinate with LEA to provide for the education and related services for eligible students. Ref: p. 7; 11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Staff attend trainings on identifying and assessing children potentially in need of early intervention or special education services. Ref: p. 7; 11a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attendance documentation not on site (at BCIU)
28. Assessment administrators are qualified to supervise the respective assessment. Ref: p. 3; 2c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Staff is provided with pre-service and ongoing training that includes, but is not limited to, Ref: p. 5; 6f; and Staffing and Hiring Standard			
a. Responding to emergencies such as suicide attempts or threats (refresher training occurs no less than twice yearly)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attendance documentation not on site (at BCIU)
b. Observing, preventing, documenting and responding to signs and symptoms of depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. PTSD, physical and sexual abuse, and behavior management approaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Cultural awareness and sensitivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. Child development theory and acculturation training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. First Aid, CPR, and AED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g. ICE policies and procedures.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Components	Compliant	Not Compliant	Remarks
h. Privacy and confidentiality.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i. Prohibition of giving legal advice or counsel.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
30. Refresher training is provided at least twice per year. Ref: p. 5; 6f	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Resident Intake & Assessment**

Components	Compliant	Not Compliant	Remarks
31. Assessments are re-administered on a 90-day rotation to track individual student progress. Ref: p. 2; 1f	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Report cards issued
32. A Special Needs Assessment is administered to each student upon arrival. Ref: p. 2; 1g	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
33. Assessment interviews are conducted in the child's primary language. Ref: p. 2; 2e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34. Copies of all assessments are filed in the student's individual education files. Ref: 2; 2h	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35. Educational assessments and/or transcripts are provided upon request to institutions of learning on behalf of student. Ref: p. 5; 5e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
36. Staff complete the Educational Services Eligibility Worksheet form as requested and deliver or make available to LEA within 2 days. Ref: p. 7; 11a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LAS and MATH, and API; No ESEW Form

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Components	Compliant	Not Compliant	Remarks
37. Facility utilizes standardized screening tools as approved by the respective state and in use by the LEA. Ref: p. 7; 11a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAS, BASC2

**Supplies**

Components	Compliant	Not Compliant	Remarks
38. Classrooms are equipped with textbooks and directives for each of the core subjects (excluding Physical Education). Ref: p. 6; 7a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
39. All classrooms are equipped with a desktop computer with Internet access, and attendance and grading software. Ref: p. 6; 7c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
40. Classrooms have manipulatives readily available and developmentally appropriate to each classroom. Ref: p. 6; 7d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
41. Each student has the tools necessary to complete a particular task on their own, except when the curriculum calls for a group or partnered activity. Ref: p. 6; 7d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
42. Classrooms are equipped with writing and other instruments as needed and required by curricula tasks and objectives. Ref: p. 6; 7e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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**Library**

Components	Compliant	Not Compliant	Remarks
43. Library services are provided and available to all residents. Ref: p. 6; 8a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
44. The library provides residents with appropriate reading material in languages other than English for use during leisure time. Ref: p. 6; 8a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Holdings do not seem of sufficient quantity or diversity (language)
45. Reading material reflects racial and ethnic diversity and interests and is appropriate for various levels of competency. Ref: p. 6; 8a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
46. Participation in a local library system is not used in lieu of an on-site residential library. Ref: p. 6; 8b	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bookmobile still scheduled and seems to function as a residential library substitute.
47. Each facility utilizes the U.S. Department of Education's Blue Ribbon School Program's best practices library benchmark in determining the number of items in each library based on how many patrons are eligible to utilize the library. Ref: p. 6; 8c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Although the benchmark has not been located, a review of the shelved materials presented a minimal holding.  It is unlikely that this facility would meet any recommended holdings criteria.

**Files**

Components	Compliant	Not Compliant	Remarks
48. Student files include: Ref: p. 4; 4c			
a. Copies of all assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Progress Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Components	Compliant	Not Compliant	Remarks
c. Report Cards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Depends on timing of arrival of student (quarterly)
d. Copies of all requests testing and test results	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As needed
e. Requests and follow-ups of all conferences, reviews and meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As needed
49. Student files are securely maintained in the Education Department. Ref: p. 7; 9a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
50. All training sessions are documented in staff personnel files. Ref: p. 6; 6j	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BCIU training records are being transitioned to Berks

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Standard: Education

Facility: Berks

Reviewer's Notes:

Library space was used by adult ESL class during observation and residents reported it was also used for religious services.

BCIU training events need to be related to ICE topics – this process is underway.

Compliance Rating:

- Compliant  
 Not Compliant

Reviewer's Signature \_\_\_\_\_  \_\_\_\_\_ Date: 02/17/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

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**EMERGENCY (CONTINGENCY) PLANS**

**PURPOSE AND SCOPE:**

Contingency plans are in place to quickly and effectively respond to any emergency situations that arise and to minimize their severity; thereby providing a safe environment to residents and staff. These general emergency plans are in addition to those developed under the facility's health authority for control of communicable diseases (including avian flu).

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Each facility will have in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.
2. Staff will be trained at least annually in emergency preparedness and implementation of the facility's emergency plans.
3. An evacuation plan will be in place in the event of a fire or other major emergency, and the plan will be locally approved and updated at least annually.
4. Events, staff responses, and command-related decisions during and immediately after emergency situations will be accurately recorded and documented.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

ICE/DRO Residential Standard Environmental Health and Safety that provides requirements and guidelines for avoiding and mitigating dangerous situations, specifically in regard to fires, environmental hazards, and evacuations.

ICE/DRO Residential Standard Use of Physical Force and Restraints that provides requirements and guidelines for emergency situations that require use of force.

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Memorandum dated 7/14/2006 on Escape Reporting from the ICE/DRO Director, which specifies requirements for the reporting, tracking, and investigating of the escape of an ICE/DRO resident.

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3-JDF-3B-06 through 08, 3B 10 through 13, 4C-26.

**Reviewer Guidelines:** To determine this rating the reviewer will:

- Review emergency plan manual to determine its completeness.
- Review recent fire marshal reports.
- Review documentation of monthly and quarterly tests and inspections of all emergency equipment
- Review written agreement(s) for emergency services and other health care services.
- Review documentation of special incident reports and ensure appropriate documentation.
- Review documentation of first aid and emergency protocols.
- Review records of CPR and first aid training.
- Review evacuation egress plans to determine if they accurately depict exits and equipment and are prepared according to policy.
- Review fire drill procedures and logs for documentation of fire drills and determine if conducted with all shifts.
- Review reports of emergency response drills for appropriate triage, timeliness of response, and completeness of documentation.
- Ensure the contact information inside the emergency plan is current.
- Ensure evacuation plans are posted in English and Spanish, minimally.
- Observe posted plans to determine if conspicuously located.
- Observe smoking procedures and receptacles.
- Interview staff and residents to determine their knowledge of the evacuation plan and procedures for fire drill practice.
- Interview staff to determine knowledge of location of fire alarm box or outside telephone and participating in and frequency of unannounced fire drill practice.
- Interview facility administrator about fire prevention and inspection procedures

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**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Contingency plans have been developed with local, State, and Federal law enforcement agencies and formalized agreements with Memoranda of Understanding (MOU) are in place. Ref V.E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Annual reviews of the contingency plan are in effect. Documentation of each annual review is available even if the review resulted in no modifications. Ref V.3.a.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility has developed and emergency plan policy and made contacts with local responders. However, a policy does not take the place of a well written, well rehearsed, and well critiques emergency plan.
3. Finalized or developed contingency plans include a statement prohibiting unauthorized disclosure of the plan. Ref V.2.c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. A listing is available of who is designated to have access to the contingency plans and whether they are employees of ICE/DRO or other cooperative entities Ref V.3.c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Guidelines of the contingency plans list include:			
a. Where copies of the various plans are stored Ref V.3.c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. In what quantity the plans are to be reproduced Ref V.3.c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. A master copy of each plan is kept outside the facility, along with an itemized list of the number of plans that have been created, the names of the persons who are authorized access to the plans, and where to find each specific copy of the plans. Ref V.3.c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Components	Compliant	Not Compliant	Remarks
7. A checkout system that accounts for all plans at all times, with safeguards against resident access, is implemented. Ref 3.C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Emergency preparedness plans include activation of the Command Post phone lines and other logistical support systems at least monthly. Ref V.4.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is contained within the policy.
9. Documentation of once a month emergency list call-down procedure is available. Ref Pg 7 Sec C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No documentation available at the facility.
10. The contingency plan specifies procedures for providing immediate and follow-up medical care to residents and staff, with alternative or back-up procedures explained for a variety of emergency scenarios. Ref V.k Pg 9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. The contingency plan specifies procedures for updating the Food Service Administrator when emergency conditions change the number of people who will be requiring food service. Ref V.l	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. The contingency plan provides for emergency utility control, including plot plans identifying water and gas shut-off valves and electricity on-off switches. Ref V.l.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. The contingency addresses professional conduct and responsibility, including what to do if taken hostage. Ref V.l.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. The contingency plan specifies alternative access routes. Ref V.l.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Components	Compliant	Not Compliant	Remarks
15. The contingency plan specifies how and when staff shall notify nearby residences of the situation, including the type of emergency, actions being taken, evacuation routes, and special precautions. Ref V.I.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy.
16. The process of notifying nearby residents of the emergency situation is coordinated with the ICE Public Affairs Office. Ref V.I.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
17. The contingency plan specifies whether the remote battery-charging units are maintained in the Control Center or outside the secure perimeter. Ref V.I.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
Written procedures include:			
a. Resident roll-call Ref V.J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
b. Intensifying security Ref V.J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
c. Emergency Security Measures Ref V.J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
d. Security Key Access Ref V.J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
e. Evidence Preservation Ref V.J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
f. Chain of command Ref V.4 Pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
g. Incident command post/center staff recall Ref V.4 Pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
h. Staff assembly Ref V.4 pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
i. Emergency response components Ref V.4 pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy

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FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
j. Use of force Ref V.4 pg 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. Videotaping Ref V.4 pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
l. Records and logs Ref V.4 pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
m. Utility shut-off Ref V.4 pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
n. Employee conduct and responsibility Ref V.4 pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
o. Public relations Ref V.4 pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
p. Facility Security Ref V.4 pg 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
18. The post-emergency plan includes:			
a. Segregating the residents involved in the incident Ref V.m Pg 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
b. Collecting written reports Ref V.m Pg 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
c. Preserving evidence Ref V.m Pg 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
d. Accountability Ref V.m pg 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
e. Damage assessment and repair of the facility Ref V.m Pg 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
f. Documentation of the nature and extent of any injuries Ref V.m Pg 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
g. Coordination legal actions/prosecution Ref V.m Pg 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
h. Debriefing and follow up Ref V.m Pg 10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
i. General review and critique of the emergency operations and management Ref V.m Pg 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy

**Structure and Maintenance**

Components	Compliant	Not Compliant	Remarks
19. Primary command posts are established outside the perimeter that are equipped with:			
a. A speakerphone Ref V.b.1 Pg.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do not have a primary control post but would use an area at Juvenile Facility based on staff interview.
b. A second line and a separate line for internal communications Ref V.b.1 Pg.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Radio equipment Ref V.b.1 Pg.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Computer with internet Ref V.b.1 Pg.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Facility plot plan Ref V.b.1 Pg.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
f. Videotapes Ref V.b.1 Pg.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
g. Escape post kits Ref V.b.1 Pg.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
h. Contingency plans Ref V.b.1 Pg.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
i. Hostage negotiation equipment Ref V.b.1 Pg.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
j. Videotape player/television	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy

OFFICE OF DETENTION AND REMOVAL  
 FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
Ref V.b.1 Pg.5			
k. Video camera Ref V.b.1 Pg.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
l. Voice activated or conventional recorder Ref V.b.1 Pg.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
m. Assault/breach plans Ref V.b.1 Pg.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
20. Appropriate personnel are trained under the Disturbance Control Program (DCP). Ref Pg 7. Sec e	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
21. A Special Response Team (SRT) and Hostage Negotiation Team (HNT) are established and maintained in accordance with ICE policies and directives. Ref pg 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is not in policy
22. Emergency preparedness is a part of the initial orientation and training provided to all new employees. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Emergency (Contingency) Plan Facility: Berks

*Reviewer's Notes:*

The facility has not developed a local emergency plan but has been part of a county wide emergency system. While this serves to support the facility it does not provide the level of preparedness required in the facility base on the national residential standards

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature  Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**ENVIRONMENTAL HEALTH AND SAFETY**

**PURPOSE AND SCOPE:** High facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment are employed at the facility, thereby protecting residents, staff, volunteers, and contractors from injury and illness

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Maintenance of facility cleanliness and sanitation.
2. Compliance with all applicable safety and sanitation laws, ensured by documented internal and external inspections and corrective action when indicated.
3. Compliance with all applicable fire safety codes. Facility furnishings will meet fire safety performance requirements. Periodic safety drills will be scheduled.
4. Control and safe use of flammable, poisonous, toxic, and caustic materials.
5. Written plans and training will advise staff of required procedures in emergency situations, including those that require evacuation from the facility.
6. A plan providing for immediate release of residents from locked areas, will be in place and will include a secondary back-up system.
7. Emergency exits will be clearly marked, clear from obstruction, sufficient in number, and properly positioned.
8. The need for emergency repairs will be negated and if necessary, replacement parts will be available to minimize or avoid the creation of life-threatening situations.
9. Disease transfer will be minimized by proper sanitation of barbering equipment and supplies.
10. Pests and vermin pests will be controlled and eliminated.
11. The facility's potable water source will be safe.
12. Emergency lighting and life-sustaining functions will be maintained and periodically tested.
13. Garbage and hazardous waste will be disposed of safely and in compliance with applicable government regulations.
14. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

15. The standard complies with federal laws and with DHS regulations regarding residents with special needs

### **REFERENCES:**

The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-ALDF-1A-01, 1A-02, 1A-03, 1A-07, 1C-01, 1C-02, 1C-03, 1C-04, 1C-05, 1C-07, 1C-08, 1C-09, 1C-10, 1C-11, 1C-12, 1C-13, 1C-14, 1C-15, 4B-07, 4C-18.

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3 JDF-5G-01 through 10.

### **To determine this rating the reviewer will:**

- Observe storage of all toxic and caustic materials to ensure areas are secured and inaccessible to youth.
- Interview staff to verify practice of use of toxic and caustic materials.
- Observe chemical storage area for material safety data sheet (MSDS) forms and perpetual inventory sheets.
- Observe containers for accurate labeling of product in container.
- Interview residents to determine if supervision of chemical usage occurs.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. The MSDSs are readily accessible to staff and residents in the work areas. Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Hazardous materials are always issued under proper supervision Ref V.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Hazardous material quantities are limited Ref V.a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. All products containing diluted methyl alcohol are clearly labeled. Ref V.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Products containing diluted methyl alcohol that are distributed to residents are issued in the smallest workable quantities Ref V.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility conducts fire and safety inspections periodically. Ref Pg.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Complex has a safety committee that serves the entire complex. The facility conducts regular safety inspection.
7. Written procedures regulate the handling and disposal of used needles and other sharp objects Ref VIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Standard cleaning practices include:			
a. Using specified equipment; cleansers; disinfectants and detergents. Ref V.6.a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. An established schedule of cleaning and follow-up inspections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
Ref V.6.a			
9. The pest control program includes preventive spraying for indigenous insects. Ref IX.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Files**

Components	Compliant	Not Compliant	Remarks
10. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. Ref V.4.a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There were chemicals found in the food service area that did not have MSDS provided for the chemicals in the food service area.

**Inventory and Storage**

Components	Compliant	Not Compliant	Remarks
11. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials. Ref V.3.a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There were chemicals found in the food service area that did not have MSDS provided for the chemicals in the food service area.
12. Constant Perpetual inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility. Ref V.3.a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Structure**

Components	Compliant	Not Compliant	Remarks
13. The facility has sufficient ventilation and provides and ensures clean air exchanges throughout all buildings. Ref V.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Vents, return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Complaint	Not Compliant	Remarks
(TBD)			
15. Living units are maintained at appropriate temperatures in accordance with industry standards. REQ. JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Shower and sink water temperatures do not exceed the industry standard of 120 degrees. REQ. JFRMU	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Staff and Training**

Components	Compliant	Not Compliant	Remarks
17. Staff receives training centered on universal precautions. Ref VIII.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All personnel using flammable, toxic, and/or caustic substances adhere to the following procedures:			
a. wear personal protective equipment Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. report hazards and spills to the designated official. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Staff receives a list of products containing diluted methyl alcohol (e.g. shoe dye) Ref V.9.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Staff directly supervises and accounts for products with methyl alcohol Ref V.9.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Staff always supervise residents utilizing hazard waste and materials 21. Ref V.9.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin at least monthly. Ref IX.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Environmental Health & Safety Facility: Berks

*Reviewer's Notes:*

\_\_\_\_ The facility has developed some best practices in the handling and inventory of hazardous material and continues to make progress in the area. However, the major obstacle left is the training of staff and staff recognition of why the need to control and manage chemical in a residential program

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 2-19-09

**COMPLIANCE RATING DEFINITIONS:**

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**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES**

**PURPOSE AND SCOPE:** Residents may visit critically ill members of their immediate family or attend their funerals under certain circumstances through emergency staff-escorted trips into the community.

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. Within the constraints of safety and security and while under constant staff supervision, selected residents will be able to visit critically-ill members of their immediate family or attend family member's funerals.
2. Safety and security will be primary considerations in planning, approving, and escorting a resident from a facility for a non-medical emergency.
3. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
4. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-ALDF-1B-06.

ICE/DRO Residential Standard on “**Searches of Residents**”

ICE/DRO Residential Standard on “**Land Transportation**”

ICE/DRO Residential Standard on “**Use of Force**”

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**To determine this rating the reviewer will:**

- Review written policies, procedures and practices.
- Interview the facility director and the office in charge (OIC) to determine understanding of policy and implementation of appropriate procedures.
- Review handbook, bulletin boards or other information sharing documents (town meeting) to determine if information is made available to residents.
- Review any documented request non emergency trips.
- Interview residents for their understanding of policy and procedure.
- Review any documentation provided to residents regarding Rules and Expectations during the trip.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. All trips are accompanied by no fewer than two escorts, of which no more than one may be a probationary staff member. Ref V.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Resident's are informed of expectations during non medical emergency trips in a language the resident understands. Ref II.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
3. The facility appoints a staff member to help residents prepare requests for non medical emergency trips. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. The district director establishes criteria for non medical emergency trips Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. All staff receive training on policies and procedures Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Escorted Trips for Non-Medical Emergencies

Facility: Berks

Reviewer's Notes:

Compliance Rating:

- Compliant**  
 **Not Compliant**

b6

Reviewer's Signature \_\_\_\_\_ Date: 02/19/2009

**COMPLIANCE RATING DEFINITIONS:**

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OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**FOOD SERVICE**

**PURPOSE AND SCOPE:** Residents are provided a nutritionally balanced diet that is prepared and presented by a sanitary and hygienic food service operation.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. All residents will be provided nutritionally balanced diets that are reviewed at least quarterly by food service personnel, and at least annually by a certified dietician.
2. Sound safety and sanitation practices will be applied in all aspects of food service and dining room operations.
3. Dining room facilities and operating procedures will provide sufficient space and time for residents to eat meals in a relatively relaxed, unregimented atmosphere.
4. Food service facilities and equipment will meet established government health and safety codes, as documented by an independent, outside source.
5. Any resident assigned to work in food service operations will be screened and cleared medically in advance.
6. Food service areas will be continuously inspected by food service staff and other assigned personnel on schedules determined by the food service administrator and in accordance with applicable policy requirements.
7. Stored food goods will be maintained in accordance with required conditions and temperatures.
8. Therapeutic medical diets and supplemental food will be provided as prescribed by appropriate clinicians.
9. Special diets and special ceremonial meals will be provided for residents whose religious beliefs require the adherence to religious dietary laws.
10. Where required, residents have regular access to translations services and/or are provided information in a language that they understand.
11. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association Standards for Adult Local Detention Facilities, 4<sup>th</sup> Edition: 4-ADLF-4A-01 through 4A-18. (Five of those Expected Practices are mandatory for accreditation: 4A-07, 4A-11, 4A-13, 4A-15, and 4A-16.)

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3 JDF-4A-03, 04, 06, 08 through 12, 14 & 3A-23.

**To determine this rating the reviewer will:**

- Review Organizational Chart and Job Descriptions of Food service staff including any Residents working in Food Service area.
- Review Current Handbook
- Review completed personal property inventory form
- Interview Food Service Manager
- Observe Meals at various time
- Review documentation of menu approval by Registered Dietitian
- Review a minimum of three planned menus and compare to what is actually served
- Observe food appearance and check temperature of food being served to determine if hot foods are served at 140 degrees Fahrenheit and cold foods are at 40 degrees Fahrenheit.
- Taste test the food served to residents for food flavor, texture, and palatability
- Compare quantity of food being served with the menu
- Interview staff and residents about food flavor types of food served and if food is served at the correct temperature
- Review food service Diet Manual for special diets

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

- Review snack and drink area in living units to determine amount and restocking systems.
- Interview food service personnel about the handling and documentation of special diets
- Interview residents and staff about the procedure for setting up a special diet and if the diet is served
- Review special diet forms for original signature of dentist , physician, nurse practitioner, or physician's assistant
- Interview facility administrator or designee about process for ordering religious diet
- Observe various meals to determine if special diet meals are prepared as ordered.
- Review meal schedule.
- Count the number of hours between the start of the evening meal being served to the start of breakfast being served.
- Interview staff and youth regarding meal schedules.
- Review daily documentation of temperatures of refrigerators, freezers.
- Observe dishwasher in operation to ensure the wash and rinse cycles are the appropriate temperature.
- Observe storage of food in dry storage, refrigerators, coolers, and freezers.
- Review pack out lunches for resident being out of the facility for compliance with approved dietary requirements.
- Observe area for storage of "hot" food service items such as mace, yeast, sugar to ensure it is behind lock doors with a perpetual inventory control system.
- Check current temperature of dry storage food area.
- Observe storage of knives to determine if they are shadowed and secured.
- Review documentation of sharps inventory and check in/out system.
- Observe for cleanliness in the kitchen and dining area.
- Interview food service staff to verify availability and frequency of pest control services.
- Observe for evidence of pests and vermin to determine adequacy of pest control services.
- Observe dining area for appropriate furniture and suitable decoration
- Review written housekeeping or cleaning schedule.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

- Observe that food is ample in refrigerator and check dates (food may be saved in plastid bags).
- Interview food service staff regarding procedure and practice for saving sample trays of food.
- Review documentation of medical clearance for residents working in food service.
- Observe for hairnet/cap use.
- Observe uniforms of food service staff and residents for cleanliness.
- Interview food service and residents about hand washing practices.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**General Components**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Meals are nutritionally balanced. Ref: p. 1; purpose and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Signs are posted instructing staff to wash hands after using the restroom. Ref: p. 19; b1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Adequate and conveniently located toilet facilities are provided for all food service staff and resident workers. Ref: p. 25; o	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Residents are able to volunteer in the food service program. Ref: p. 4; 3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Documentation is available of resident volunteers. Ref: TBD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Before starting work in the department, residents sign for receipt of his or her job description. Ref: p. 4; 3b	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. A copy of the resident's job description is on file for as long as the resident continues to work in the food service department. Ref: p. 4; 3b	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Residents assigned to the food service department have a neat and clean appearance. Ref: p. 5; f	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Resident uniform consists of the white, summer-type uniform pants and short-sleeved shirts; safety work shoes; a white paper hat or white "baseball" cap and white aprons or smocks. Ref: p. 5; f	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
10. Table arrangement facilitates free seating, ease of movement and accommodates all ages including infants and toddlers. Ref: p. 5; 4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Residents are afforded a reasonable amount of time to complete their meal while assisting children. Ref: p. 5; 4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. No time limits are established regarding total time allowed to complete meals. Ref: p. 5; 4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. No more than 14 hours elapse between the last meal served and the first meal of the following day. Ref: p. 5; 4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Timelines from the evening meal to breakfast exceed the time lines as established by standards.
14. Sugar, condiments, seasonings, and dressings available for self-service are provided in individual packages, closed dispensers, or automated condiment-dispensing systems. Ref: p. 6; 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Salad dressings served in open containers include a ladle that extends beyond the top edge of the container. Ref: p. 6; #6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. The serving line is constructed in a manner that allows residents to view and choose from a variety of selections. Ref: p. 7; d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Self-service beverage-and-ice stations are sanitary. Ref: p. 7; f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Residents whose religious beliefs require adherence to particular dietary laws are referred to the chaplain through an Authorization for Common Fare Participation Form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
Ref: p. 12; 6a			
19. During Ramadan, residents participating in the fast receive approved meals after sundown. Ref: p. 15; k1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. During Passover, the facility has standard Kosher-for-Passover foods for participating residents. Ref: p. 15; #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Common fare program is not in place to meet the needs of all religions. There is not kosher meals system in place
21. No-flour meals are served during Passover. Ref: p. 15; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. During Lent, a meatless meal (lunch or dinner) shall be served Fridays and on Ash Wednesday. Ref: p. 16; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. The Common Fare program accommodates residents abstaining from particular foods or fasting for religious purposes at prescribed times of year. Ref: p. 12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Common fare program is not in place to meet the needs of all religions. There is not kosher meals system in place.
24. Residents with certain conditions-chronic or temporary- are prescribed special diets as required and appropriate. Ref: p. 16; 7a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. The food service program addresses medical diets. Ref: p. 16; 7a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local staff indicated they rely on resident to let staff know of any medical diets. Complex staff indicated they rely on information rec'd from the facility. Medical staff provides information to facility staff. Due to lack of communication the facility food service did not have any information of diets while the medical provided information on several residents that had been place on medical diets within the week of the review. A more timely information sharing system needs to be put in place.
26. Snacks, fruits, juice and milk are available via self-service within each housing unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
Ref: p. 17; 8a			
27. A food service program is in place which provides for the minimum nutritional needs of toddlers and infants, ranging in age from newborn to four years old. Ref: p. 17; 8b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Menu is changed without notification of facility managers.
28. The infant-toddler menu program meets recommended government guidelines for well-baby and well-child growth and development. Ref: p. 17; 8b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Infant and toddler bottles and utensils are properly sterilized. Ref: p. 17; 8b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30. Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. Ref: p. 28; s	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This task is not being completed by staff.
31. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation. Ref: p. 28; 3:1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32. All knives not in a secure cutting room are physically secured to the workstation. Ref: p. 3; b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
33. All flammable, toxic, and caustic materials are distinctively labeled and stored in a locked cabinet or room. Ref: p. 27; bullets 3&4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
34. The food service program is supervised by a Food Service Administrator (FSA). Ref: p. 2; #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35. Staff monitor the condition of knives and dining utensils.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
Ref: p. 3; b			
36. A supervisor is assigned to the dining room. Ref: p. 7; b	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
37. Cook Supervisors (CS) instruct newly-assigned resident workers in the rules and procedures of the food service department. Ref: p.4; c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Residents are only assigned to the food service sanitation area but are not provided with all training required.
38. A registered dietitian with experience in both adult and pediatric meal service conducts a complete nutritional analysis, at least annually, of every master-cycle menu planned. Ref: p. 1; #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
39. Food service personnel requirements include:			
a. Residents with hair shoulder-length or longer wear a hair net or caps Ref: p. 5; f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Residents with facial hair wear beard guards Ref: p. 5; f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Residents working in the garbage room, dish machine room, pan-washing area, etc., wear rubber or plastic aprons and rubber boots Ref: p. 5; f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Residents working in refrigerated and freezer areas are provided with appropriately insulated clothing Ref: p. 5; f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Residents serving food wear plastic gloves Ref: p. 6; 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Resident Intake and Orientation**

Components	Compliant	Not Compliant	Remarks
40. Residents have regular access to translations services and/or are provided information in a language that they understand. Ref: p. 1; #10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
41. Orientation and training sessions include: Ref: p. 4; c			
a. explanation and demonstration of safe work practices and methods in a language the resident understands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The facilities voluntary work program provides general information on job responsibilities but does not provide for a formal training program, signed off by the resident and place in facility file.
b. identification of safety features of individual products and equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. workplace hazard recognition and deterrence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. protective devices and clothing, and how to report any malfunctions or other safety-related problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**ADD IN: The facility will maintain a high level of sanitation and cleanliness in all areas of food service preparation and dining.**

Dining area and food service area were clean during the time of the visit. The facility does not have a formal inspection system of this area. However, persons assigned to work in food service are showed a lot of enthusiasm for maintaining a clean work area.

The facility has shown much improvement since last review in the area of food availability to residents. There is more than fourteen hours between the evening meal and breakfast meal.

The breakfast meal is always the same than does not include any hot entrees.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_ Date: 02/18/2009

b6

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**FUNDS AND PERSONAL PROPERTY**

**PURPOSE AND SCOPE:** Residents' personal property, including funds, valuables, and baggage, is safeguarded and controlled, and contraband does not enter a residential facility.

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. That the security, safety, and good order of each facility will be maintained through an immediate and thorough search of each newly-admitted resident and his or her property.
2. That every resident's funds, valuables, baggage, and personal property will be inventoried, receipted, stored, and safeguarded.
3. That every resident will be informed about what happens to funds and property that cannot be retained in his or her possession, and the procedures necessary to report missing or damaged property
4. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Detention Facilities:  
4-ALDF-2A-20, 2A-23, 2A-24, 6A-07(M)

**To determine this rating the reviewer will:**

- Review written Policy and Procedure to verify it is in line with Residential Standards.
- Review current resident handbook.
- Review completed personal property inventory form.
- Interview residents regarding personal property.
- Interview business manager to determine understanding of policy and procedures.
- Interview staff responsible for Admission and Release to determine their knowledge of Standards.
- Interview person responsible for mail and packages to determine understanding of policy and procedures.
- Interview person responsible for commissary to determine understanding of policy and procedures.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. An audit system in place to ensure accountability. Ref V.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Procedures are in place to ensure staff searches of arriving residents and their personal property for contraband are within parameters established by Admission and Release Standards. Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. The facility allows residents to keep religious jewelry. Ref V.f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Observed
4. There is a written policy for returning property to residents. Ref: p. 2; #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewed
5. There is a written policy for property discrepancies. Ref V.12.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewed

**Inventory and Storage**

Components	Compliant	Not Compliant	Remarks
6. Resident funds and valuables are properly separated and stored away. Ref II.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	observed
7. Resident funds and valuables are accessible to designated supervisor(s) only. Ref V.b.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supervisor walked reviewer thru process of accessing valuables
8. The business office has a system in place for putting funds in an account accessible by residence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Observed
9. The facility utilizes a system to ensure accountability for resident's property. Ref: V1; V9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
10. Residents' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only. Ref, V .b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspected

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
11. A supervisor verifies funds and valuables. Ref: p. 5; #8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Staff forwards an arriving resident's medicine to the medical staff. Ref. V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Funds and Personal Property

Facility: Berks

Reviewer's Notes:

Compliance Rating:

- Compliant**  
 **Not Compliant**

Reviewer's Signature

b6

Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**GRIEVANCE SYSTEM**

**PURPOSE AND SCOPE:** Residents are provided a procedure by which they may file formal grievances and receive timely responses.

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. Residents will be informed about the facility's informal and formal grievance system.
2. Staff and residents will mutually resolve most complaints and grievances orally and informally in their daily interaction.
3. Residents will be able to file formal grievances, and receive written responses, in a timely manner.
4. Residents will be able to file emergency grievances that involve an immediate threat to their safety or welfare.
5. Residents will be able to appeal decisions on grievances to a higher level (Resident Grievance Committee or designated single Grievance Staff) and, if still not satisfied, to the facility administrator.
6. Accurate records will be maintained on grievances filed and their resolution.
7. No resident will be harassed, disciplined, punished, or otherwise retaliated against for filing a complaint or grievance.
8. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
9. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association Standards for Adult Local Residential Facilities, 4<sup>th</sup> Edition: 4-ALDF-2A-27, 6A-07, 6B-01.

### **To determine this rating the reviewer will:**

- Review written policies and procedures.
- Review grievance forms to determine that timeframes and policy are followed.
- Interview staff and residents to determine their level of awareness and understanding of the grievance process.
- Determine if the process is unimpeded.
- Observe the grievance system in action, if possible.
- Monitor the number of residents that discuss concerns with you during the interview process to determine if they are receiving resolution from staff (inform staff of any concerns and follow-up on resolution during facility visit).

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Procedures are in place for residents to orally present the issue of concern informally – to include translation assistance. Ref: p. 3; #3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. A supply of grievance forms is available in common areas and/or day rooms along with a locked box where residents may submit grievances. Ref: p. 3; b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Grievance forms and signage for grievance boxes is written in English, Spanish and other dominant languages of the resident population or translation services are available). Ref: TBD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Grievances are collected on a daily basis. Ref: p. 3; b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. The grievance system allows for resolution at the lowest level (when applicable) Ref II.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The handbook and information posted on unit bulletin boards explains the process for reporting incidents directly to Immigrations and Customs Enforcement (ICE) Offices, in English and the dominant language of the residents. Ref: p2; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
7. An appeal process is in place for the resident grievance process. Ref: p. 5; #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. A Resident Grievance Log or other appropriate method of recording resident grievances is in place. Ref: p. 6; #8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Grievance System

Facility: Berks

Reviewer's Notes:

No additional notes.

Compliance Rating:

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 2-18-09

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**HOUSEKEEPING AND VOLUNTARY WORK PROGRAM**

**PURPOSE AND SCOPE:** Residents will be provided with opportunities to work and earn money while confined, subject to the number of work opportunities available and the constraints of safety, security, and good order. Residents will be responsible for personal housekeeping at the facility.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Eligible adult residents will have opportunities to work and earn money while in residence, subject to the number of work opportunities available and the constraints of safety, security and good order.
2. Residents will be able to volunteer for work assignments, but otherwise not be required to work, except to do personal housekeeping.
3. Essential operations and services will be enhanced by the work accomplished by residents.
4. The negative impact of confinement will be reduced because of improved morale, and fewer incidents requiring corrective action.
5. Resident working conditions will comply with all applicable federal, state, and local work safety laws.
6. There will be no discrimination regarding access to the work program based on race, religion, national origin, gender, sexual orientation, or disability.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Residential Facilities. 4-ALDF-5C-06, 5C 08, 5C – 11(M), 6B-02.

### **To determine this rating the reviewer will:**

- Review written policies, procedures and practices.
- Review handbook for information regarding work opportunities.
- Review work rosters for residents.
- Review resident job descriptions.
- Interview residents regarding job opportunities.
- Interview work area supervisors regarding the following:
  - Resident's selection process
  - Hiring of Physical and Mentally challenge Residents
  - Hours of work
  - Compensation
  - Removal from work detail
  - Job training
- Review medical clearance for residents assigned to food service.
- Observe living areas for sanitation.
- Interview unit officers in reference to house keeping plan.
- Review daily, weekly and monthly sanitation reports.
- Review facility wide house keeping plan.
- Review post orders in sensitive areas such as mail room, medical, commissary, control rooms to determine limitation of access by residents.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. No resident under the age of 18 is authorized to perform work, other than general cleaning of their personal housing area under the supervision of a parent. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Residents who are physically and mentally able to work are provided the opportunity to do so. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Rules have been developed for selecting work detail volunteers. Ref V.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Residents receive monetary gratuity for work completed (\$1.00 per day) Ref V.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Monetary compensation is placed into the family units' commissary account. Ref V.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility has a system in place that ensures residents receive the pay owed to them prior to being transferred or released. Ref V.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Procedures are in place for informing resident volunteers about job responsibilities and reporting procedures. Ref V.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is a system that is not formal are written but general understanding by the residents that they can volunteer to work in the food service area "washing dishes".
8. Appropriate training is available for all resident workers. Ref V.11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no training program in place for residents.
9. Procedures are in place for immediately and appropriately responding to on-the-job injuries, including immediate notification to ICE/DRO. Ref V.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
10. The facility has a housekeeping plan for residents – to include residents' care of personal living areas. Ref: p. 2; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. The facility conducts and documents inspection of living and common areas on daily sanitation reports Ref: TBD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Standard:** Housekeeping and Voluntary Work Program **Facility:** Berks

*Reviewer's Notes:*

The facility has a housekeeping plan in place that maintains the facility at a high level of sanitation,

The volunteer work program employs three to five persons on an average basis.

In interviewing the workers they do not have any formal training that includes elements of the standards but all had a good understanding of job responsibilities and safety rules in their work area.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 2-18-09

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

HUNGER STRIKES

**PURPOSE AND SCOPE:** The health and well-being of adult residents is protected by monitoring, counseling, and, when appropriate, treatment of any adult resident on a hunger strike.

*(Nothing in this Residential Standard is intended to limit or override the exercise of sound medical judgment by the medical authority responsible for a resident's medical care. Each case must be evaluated on its own merits and specific circumstances, and treatment shall be given in accordance with accepted medical practice.)*

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. Any resident who does not eat for 72 hours will be referred to the medical department for evaluation and possible treatment.
2. When medically advisable, a resident on a hunger strike will be placed under close supervision for observation and monitoring.
3. The Chief, JFRMU and ICE/DRO Field Office Director will be notified when a resident is on a hunger strike.
4. The resident's health will be carefully monitored and documented, along with the resident's intake of food and liquids.
5. A resident on a hunger strike will be counseled and advised of the medical risks, and will be encouraged to end the hunger strike or to accept medical treatment.
6. Medical treatment will be administered against a resident's will only with the medical, psychiatric, and legal safeguards specified herein
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-52, 4D-15.

### **To determine this rating the reviewer will:**

- Review written policies, procedures and practices or medical protocols maintained in the health services unit to determine review dates and sign off.
- Review staff training plans for training on recognition of hunger strikes.
- Review medical files if resident has gone on hunger strike.
- Review emergency drill or table top discussions if no hunger strike has occurred.
- Randomly interview medical staff for awareness of hunger strike plan.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Initial medical evaluation of resident includes: Ref: p. 2; #3a			
a. Record of height and weight.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Vital Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Urinalysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Psychological/psychiatric evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. General physical condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Radiographs/laboratory studies as warranted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Residents requiring forced medical treatment are transferred to an alternate ICE facility or other facility, as appropriate for intervention. Ref: p. 4; #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. All staff are trained annually to recognize the signs of a Hunger Strike and the treatment and referral process. Ref: p. 2; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appropriate documentation is noted within training folders.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Hunger Strikes

Facility: Berks

*Reviewer's Notes:*

The medical unite follows the policies/procedures established by the Division of Immigration Health Services (DIHS) including the use of The Hunger Strike Monitoring form 9DIHS -839). No history of a hunger strike at Berks facility.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature: \_\_\_\_\_

b6

Date: 02/19/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

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OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**KEY AND LOCK CONTROL**

**PURPOSE AND SCOPE:** Keys and locks are properly controlled and maintained, enhancing safety and security at the facility.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. All staff will be trained in the proper care and handling of keys and locks.
2. Keys will be controlled and accounted for.
3. Locks and locking devices will be continually inspected, maintained, and inventoried.
4. Firearms will be stored in secure gun lockers before their carriers enter the facility.
5. Where required, residents have regular access to translations services and/or are provided information in a language that they understand.
6. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

Individuals with Disabilities Education Improvement Act of 2004.

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3 JDF-5C-01- 03, 2E-05, 5D- 01-03, 06, 07 &11- 13

**To determine this rating the reviewer will:**

- Review written Policy and Procedure to verify it is written in line with accepted Practices and Residential Standards.
- Interview staff responsible for key control to determine understanding of policy and key control system.
- Observe the issuance of keys during shift change.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

- Randomly review key rings to determine compliance with policy.
- Review monthly inspections of emergency key log.
- Review incident reports for broken keys.
- Observe and compare the back up key box to ensure enough back up keys are present in light of the reports of broken keys.
- Review training record if lock smith is on staff or cooperative agreement of lock smith if contracted for services.
- Interview random staff about knowledge of key control system including reporting of lost or broken key.
  
- Have key control officer access an isolated area of the facility through the use of the emergency key ring for that Zone or area.
- Review logbooks for quarterly audit of all keys.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Procedures are documented for identifying all key rings, including individual keys and preventing keys from being removed once issued Ref V.4.d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Written policy is available regarding procedures to ensure key accountability Ref Sec D pg 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Padlocks and/or chains are not used on residents' room doors Ref V.d.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. A preventive maintenance program is in place and includes:			
a. adjusting and servicing vehicle-gates for changing (hot/cold) weather conditions twice a year, in the spring and early fall Ref V.e.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. adjusting and servicing front-entrance and other gate operations at least once a year Ref V.e.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. lubricating all other locks quarterly Ref V.e.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
d performing maintenance checks on locks and locking systems, taking corrective action as necessary; at least once every five years Ref V.e.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e Clean locking mechanisms of front-entrance gates, other gates, and other critical locking mechanisms using steam or other means. Ref V.e.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Files**

Components	Compliant	Not Compliant	Remarks
5. Preventive maintenance files/records include: Ref Sec V.f			
a. Date	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
b. Location of lock or locking mechanism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
c. Type of maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
d. Rationale for changing key combination(s), and signature of service provider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments

**Structure**

Components	Compliant	Not Compliant	Remarks
6. The facility uses a key accountability system Ref V.5.a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Individual gun lockers are provided for staff. Ref V.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Individual gun lockers are	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b2 high, b7e

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
located in an area that permits constant officer observation. Ref V.6			b2 high, b7e
9. An operational keyboard that accommodates all facility key rings is located in a secure area. Ref V.4.a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Two metal tags of unequal length are attached to each key ring. The larger tag identifies the key ring with the number/letter corresponding to the hook number/letter. The smaller tag identifies the number of keys on the key ring. Ref V.d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. A chit system or other standard system for the issuance and accountability of key rings is in place. Ref V.5.a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
12. The chit is labeled with the staff's first initial and last name. Ref V.5.a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
13. Keys to ICE and EOIR (Executive Office of Immigration Review) are restricted and controlled. Ref V.5.b.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. There is a back up key board with an inventory of all keys. Sec V.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. The key cabinet is constructed so that keys are visible only when being issued. Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
16. The position description of the key control officer includes duties, responsibilities, and chain of command Ref V.2.a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys Ref II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. The key control officer reviews all key rings quarterly to ensure they are in good condition Ref V.2.a.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Key and Lock Control

Facility: Berks

*Reviewer's Notes:*

b2 high, b7e

By design there are not restricted areas in the facility such as pharmacy. The key control officer is assigned the duties for the complex that includes a juvenile detention facility.

b2 high, b7e

b2 high, b7e

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

b6

Reviewer's Signature \_\_\_\_\_

Date: 2-20-09

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**LAW LIBRARIES AND LEGAL MATERIAL**

<p><b>PURPOSE AND SCOPE:</b> Residents will have access to courts, counsel, and legal materials.</p>
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**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Resident rights will be protected.
2. Residents will have access to courts and counsel.
3. Residents will be able to confidentially correspond with attorneys and/or the attorney's authorized representatives.
4. Residents will have access to a law library, legal materials, and equipment to facilitate the preparation of documents.
5. Residents who are illiterate, non-English-speaking, or indigent will receive appropriate special assistance.
6. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
7. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-ALDF-6A-01, 6A-02, 6A-03, 6A-09, 2A-62.

Residential Standard on “**Correspondence and Other Mail**,” in regard to correspondence with attorneys and other legal representatives, judges, courts, embassies, and consulates.

Residential Standard on “**Telephone Access**,” in regard to phone calls to legal representatives or to obtain legal representation.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

Residential Standard on “**Visitation**,” in regard to visits from attorneys, other legal representatives, and legal assistants.

Residential Management (Access times and parental supervision).

**To determine this rating the reviewer will:**

- Review written Policy and Procedure to verify it is written in line with Residential Standards.
- Interview staff responsible for legal library to determine their knowledge of Standards.
- Interview staff responsible for orientation to ensure information is provided during orientation.
- Interview residents to determine their knowledge of Law Library.
- Observe and/or operate computer program to ensure information is available and computer is in good working condition.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. The law library is inspected a minimal of weekly to ensure all items are in working condition. Ref V.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident Handbook rev 1/09
2. Law library hours of operation are scheduled between 8:00 a.m. and 8:00 p.m. daily. Ref V.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Guidelines permit: a) all residents to use the law library on a regular basis, b) enables the maximum use possible, without interfering with the orderly operation of the facility, and c) establishes the maximum number of residents permitted to use the law library simultaneously. Ref V.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Policy manual revised 02/09
4. The Law Library is appropriately staffed to ensure residents' ability to request additional legal material and photocopy documents. Ref V.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Guidelines are in place for denying requests for photocopies of legal material. Ref V.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Guidelines are in place regarding assistance of residents by other residents to include disallowance of charges for services by residents or employees. Ref V.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Guidelines are in place related to the prohibition of retaliation against residents seeking legal/judicial relief on any matters. Policy includes corrective measures for such retaliation. Ref V.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Staffing**

Components	Compliant	Not Compliant	Remarks
8. An employee is designated as the law library coordinator to ensure all law materials are up to date. Ref V.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Library coordinator also functions as recreation coordinator. Ice is responsible for update of Lexus/Nexus CD-R

**Supplies and Materials**

Components	Compliant	Not Compliant	Remarks
9. Mail, document storage and notary public services are available to residents as warranted, to include free stamps and envelopes. Ref V.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Case worker is point of contact for these services and items.
10. All unpublished material is appropriately categorized to include: identification of submitter, date of preparation, and clear and visible notification that ICE/DRO is not responsible for contents. Ref V.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Law Libraries and Legal Material Facility: Berks

*Reviewer's Notes:*

Five residents were interviewed regarding use of the law library. All had used the law library but apparently for prayer or bible study.

It did not appear those that any of those interviewed used the library for legal purposes.

Only three entries since 1/01/09 were made in the resident utilization log.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_  \_\_\_\_\_ Date: 02/17/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**LEGAL RIGHTS GROUP PRESENTATIONS**

**PURPOSE AND SCOPE:** Residents are to be provided access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

*Consistent with the safety and orderly operation of each facility, ICE/DRO encourages such presentations, and all facilities shall cooperate fully with authorized persons seeking to make such presentations.*

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Residents will have access to group presentations on U.S. immigration law and procedures and an overview of available options under the law.
2. Persons and organizations wanting to make group presentations will be provided with information on procedures to follow and required conduct if requesting the opportunity to make a legal rights presentation.
3. Facility safety and good order will be maintained.
4. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

OFFICE OF DETENTION AND REMOVAL  
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American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention

Facilities: 4-ALDF-6A-04, 6A-06.

**To determine this rating the reviewer will:**

- Review written policies, procedures and practices.
- Interview the facility director and the officer in charge (OIC) to determine understanding of policy and implementation of appropriate procedures.
- Review schedule to determine if group presentation has occurred.
- Review handbook, bulletin boards and/or other information sharing documents (town meeting) to determine if information is made available to residents
- If possible, interview group making presentation to determine their observations of facility's willingness to cooperate.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

Components	Compliant	Not Compliant	Remarks
1. Policies are readily available to groups and residents in a language the resident understands. Ref. V.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Word of mouth advisement effective. Residents unaware of "Flyer" documents posted in pods, however, didn't seem to curtail participation.
2. A policy is in place for providing clearly defined reason(s) for denial of presentation requests. Ref p. 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Guidelines include submission of a written request to JFRMU. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Legal Rights Group Presentations Facility: Berks

Reviewer's Notes:

Witnessed VERA sponsored legal presentation. Open, clear and informative.  
Interviewed VERA representatives and presenter, both praised facility for making it very  
easy for residents to access information and attend presentation- corroborated by  
interview with three Spanish speaking residents.

Compliance Rating:

- Compliant**  
 **Not Compliant**

Reviewer's Signature

b6

Date: 02/17/2009

**COMPLIANCE RATING DEFINITIONS:**

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OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**MARRIAGE REQUESTS**

**PURPOSE AND SCOPE:** Each marriage request from an ICE/DRO resident receives a case-by-case review, based on internal guidelines for approval of such requests.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows

1. Each marriage request from an ICE/DRO resident will receive a case-by-case review.
2. Consistency in decisions to approve or deny a marriage request will be achieved by the application of guidelines.
3. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
4. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**To determine this rating the reviewer will:**

- Review written policies, procedures and practices.
- Interview the facility director and the officer in charge (OIC) to determine understanding of policy and implementation of appropriate procedures.
- Review handbook, bulletin boards or other information sharing documents (town meeting) to determine if information is made available to residents
- Review any documented request for marriage and chronological order of processing the request.
- Interview resident for their understanding of policy and procedure

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Resident Intake & Orientation**

Components	Compliant	Not Compliant	Remarks
1. Residents are provided with information regarding marriage in the intake/orientation handbook. Rev V.2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information is in handbook; however, residents are not provided with a handbook at intake.

**Files**

Components	Compliant	Not Compliant	Remarks
2. Denial decisions for marriage, to include reason, are documented in the appropriate file(s). Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No requests/denials on file.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Marriage Requests

Facility: Berks

Reviewer's Notes:

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Compliance Rating:

- Compliant**  
 **Not Compliant**

Reviewer's Signature



Date: 02/20/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

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MEDICAL CARE

**PURPOSE AND SCOPE:** Residents have access to health care maintenance services, including those related to mental health, dental care, prevention, health education, and emergency care in a timely and efficient manner.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Every facility shall directly or contractually provide the following to its resident population:
  - a) Cost-effective primary medical and dental care as required by the health authority to maintain the health of the resident.
  - b) Emergency care
  - c) Specialized health care, as deemed necessary by the health authority to maintain the health of the resident
  - d) Communicable Disease and Infectious Control
  - e) Notifying Residents about Health Care Services
  - f) Medical Facilities
  - g) Medical Housing
  - h) Pharmaceutical Management
  - i) Nonprescription Medications
  - j) Periodic Health Examinations
  - k) Mental health care
  - l) Hospitalization as needed within the local community
  - m) Dental Treatment
  - n) Health Education and Wellness Information
  - o) Informed Consent and Forced Treatment
  - p) Special provisions for care of children
  - q) Special provisions for adolescents
  - r) Medical Records
  - s) Transfer and Release of Residents
2. A designated health authority shall have the overall responsibility for health care services pursuant to a written agreement, contract, or job description. The health

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgment shall rest with a single, designated, responsible physician, referred to in this Residential Standard as the clinical director.

3. The health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.
4. All facilities shall employ, at a minimum, a medical staff and support personnel large enough to perform basic exams and treatments for all residents. The essential positions needed to perform the health services mission and provide the required scope of services shall be described in a staffing plan that is reviewed at least annually by the health authority.
5. Health care personnel shall perform duties for which they are qualified by training, licensure, certification, job descriptions, and/or written standing, or by direct orders by personnel authorized by law to give such orders. The facility administrator, with the cooperation of the health care authority, shall negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, including securing appropriate custodial staffs to transport and remain with residents for the duration of any off-site treatment or hospital admission.
6. Ordinarily, clinical decisions shall be made by the responsible physician and shall not be countermanded by non-clinicians. If there is disagreement on the type or extent of treatment that is medically necessary, JFRMU shall make the determination, in consultation with the clinical director and in accordance with the policies and procedures of DIHS. The health care program and the medical facilities shall be under the direction of a health services administrator (HSA) and shall be accredited and maintain compliance with the standards of the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). The facility has a quality assurance plan that includes but is not limited to self review, peer review, quarterly meeting with all medical staff and facility administration and review by independent Medical Service Providers and Experts

**REFERENCES:** American Correctional Association 4<sup>th</sup> Edition Standards for Adult Detention Facilities: 4-ALDF-2A-15, 4C-01 through 4C-31, 4C-34 through 4C-41, 4D-01 through 4D-21, 4D-23 through 4D-28, 2A-45, 7D-25. American Correctional Association 3<sup>rd</sup> Edition Standards for Juvenile Detention Facilities; ACA 3- JDF-4C- 01through- 34

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

### To determine this rating the reviewer will:

- Review written policies, procedures and practices or medical protocols maintained in the health services unit to determine review dates and sign off.
- Review Job Description of Medical authority or administrator if different from clinical director
- Interview medical Administrator or Authority to determine role in medical decisions and general knowledge of contracts for outside services.
- Review formal agreement or contract for health care, if applicable
- Review Job Description of Clinical Director
- Review work schedules, sign-in sheets and other related documentation to ensure that required hours of health care services are provided.
- Interview facility administrator, health authority, and designated facility to determine final medical authority.
- Review license of full-time, part time and contract health care professionals within the facility.
- Interview clinical director to determine overall support for the transfer of patients,
- Review cooperative agreements with outside medical services for an overall appraisal of support for health care decisions by facility administrator, Immigrations and Customs Enforcement staff, and line staff.
- Review JCAHO certification or working papers to become JCAHO certified.
- Review system of data collection
- Review monthly health services statistical reports for past 3 months
- Review documentation of formal review of health records and health care services
- Review meeting minutes of health care staff monthly meetings, quality assurance meetings and facility quarterly administrative meetings
- Review the health services unit for appropriate space to provide simultaneous treatment to more than one resident.
- Review individual health records for diagnostic services provided
- Review each treatment area's supplies and equipment
- Interview health authority and clinical director to ascertain any concerns with medical space.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

- Interview health care staff regarding services provided to females
- Interview female residents regarding health care offered and how request for gynecological care are handled
- Review agreements with providers of obstetric and gynecological care
- Review health records for documentation of education during health care encounters, particular sick call,
- Review health education records or rosters
- Interview health care staff and teachers regarding health education curriculum.
- Interview health care staff about infectious disease control, especially tuberculosis, HIV, and ectoparasites control
- Interview direct care staff about infection control procedures
- Review the facility's exposure control plan
- Review procedure for containment, isolation and referral for cases of suspected active tuberculosis
- Interview residents to determine if they were individually screened for tuberculosis
- Review employee records for tuberculosis skin testing and hepatitis B educations and vaccine series.
- Interview residents and staff to verify compliance with education and counseling
- Interview health care authority on educational programs provided staff and residents about infectious disease control.
- Review Pharmacy Policies and Procedures
- Review timeliness in which prescription are filled
- Review the previous three pharmacist reports
- Review individual health records for copies of prescriptions and compare with the medication administration records.
- Review procedure for intake medication
- Review individual health records to determine how medication was verified when necessary
- Inspect security of medication
- Review medical administration records for completeness including start and stop orders, timeliness and accuracy

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

- Review MARs or individual health records for documentation of side effect monitoring.
- Review documentation for medication oversight.
- Review documentation of shift exchange information.
- Review medication administration time with facility schedules to determine if they are within the acceptable time lines.
- Observe medication administration for acceptable practices including watching resident swallow medication.
- Review inventories of controlled substances (if applicable) and over the counter medication, needles and sharps.
- Observe health services unit operations and resident access to health care services
- Review individual health records for presence of current entry medical screening completed by a trained admitting staff member within the specified timeframe, with a documented disposition
- Review individual health records for documentation of dental screening, oral hygiene instruction and dental examination completed by appropriate health care professional within the specified timeframe.
- Interview medical staff and residents regarding dental services and education.
- Review roster or other documentation designating residents with special needs or chronic care.
- Review documentation for a documented treatment plan for chronic care residents
- Review individual health records for documented immunization administration and appropriate informed consent in compliance with ACIP guidelines
- Review health care staff about immunization procedures including educating resident families about immunization.
- Review facility and health care procedures on terminally ill residents
- Review any completed refusal of treatment forms and documented counseling with residents who refuse treatment.
- Review individual health records for appropriate follow-up by health care staff when a youth refuses treatment.
- Review storage of health records
- Review procedure used to maintain confidentiality of the health records

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

- Observe medical areas for any unsecured medical records.
- Review individual records of transferred youth for transfer form documentation
- Review individual health records of discharged residents for documentation of referral for follow-up and furnishing of required supply of medication as needed.
- Review resident orientation and handbook for including of accessing medical, dental and mental health services.
- Interview direct care and mental health staff regarding their role and responsibilities in the screening process.
- Observe the screening process if possible.
- Review mental health screening forms to determine if screening results were thoroughly and clearly documented
- Review individual health care records to determine if mental health assessment was completed within the required timeframes.
- Interview mental health staff to determine how they receive referrals and coordination with other areas of facility operations.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Medical**

Components	Compliant	Not Compliant	Remarks
1. Medical services are provided in English and the most common language(s) spoken by the resident population. REQ: JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Most common non-English language in use by residents is Spanish. However, residents do originate from other countries with varying language (e.g Sri Lanka). Berks utilizes a telephonic translation service that is functioning well.
2. Female residents are provided with a female escort for medical examinations with male health care providers. Ref: p. 12; b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Female residents have access to pregnancy testing. Ref: p. 1; #8; p. 19; #17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Pharmaceuticals are stored in a secure area. Ref: p. 10; #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pharmaceuticals are stocked within the medication dispensing carts. Inventory of drugs/supplies are maintained in locked cabinet and tracked/re-ordered by a nurse.
5. A resident toilet and drinking fountain are accessible from the waiting area. Ref: p. 8; #19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Structural limitations require the waiting area to be along the main corridor of the facility. Potable water is located in the housing wing which is nearby.
6. Exercise areas are available to meet exercise and physical therapy requirements. Ref: p. 20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indoor gymnasium area used for various activities. As well as ample outdoor space available when weather permitting.
7. The medical unit keeps written record of medication that is distributed. Ref: p. 19; #15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The medication administration record codifies the distribution of medication to residents when dispensed.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
8. Sick call request slips are provided in English and the most common language(s) spoken by the resident population. Ref: p. 17; #12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sick call request slips are available in English and Spanish

**Dental**

Components	Compliant	Not compliant	Remarks
9. Dental services are provided in English and the most common language(s) spoken by the resident population. REQ. JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Initial dental screening exams are performed within 14 days of the resident's arrival.  Ref: p. 16; #11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. A system is in place to provide dental care at the facility or through contracted services. Ref: p. 4; #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A contract dentist provides pediatric screening and cleaning every Friday. Berks has an agreement with a local dental group for more restorative or emergency care.

**Mental Health**

Components	Compliant	Not Compliant	Remarks
12. Mental Health services are provided in English and the most common language(s) spoken by the resident population. REQ. JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Referrals are immediately submitted for newly admitted residents with possible mental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
health/substance abuse concerns. Ref: p 13, c			
14. Residents receiving mental health services have a documented treatment and management plan. Ref: p. 14, f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation of mental health services provided is included within the residents medical record.
15. At-risk residents are removed from the facility and placed in an appropriate care facility. Ref: p. 14, f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Restraints are authorized only by qualified medical or mental health providers with written documentation. Ref: p. 14, g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No history of use of restraints within the residential facility

**Telepsychiatry** (*Note Reviewer: Only review if telepsychiatry services are in place*)

The facility has telepsychiatry services in place –  Yes  No (check one)

Components	Compliant	Not Compliant	Remarks
17. Policies and procedures are in place governing telepsychiatry services, Ref: p. 16, i	<input type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Policies & Procedures**

Components	Compliant	Not Compliant	Remarks
18. The medical unit staffing plan is reviewed annually. Ref: p. 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recent restructuring of medical staff with the addition of sufficient number of nurses to provide 24 hr coverage
19. The medical unit maintains compliance with the standards of the Joint Commission on the Accreditation of Health Care Organizations (JCAHCO). Ref: p. 5; para. 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Numerous barriers, especially structural/facility ones, present challenges in compliance with this standard
20. The contents, number, location(s), use protocols, and monthly inspections procedures for first aid kits is documented. Ref: p. 18; #14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First aid kits are the property of Berks county, both are maintained and re-stocked by the medical unit.
21. The 24- hour emergency health care plan includes an on-call provider and a list of telephone numbers for local hospitals. Ref: p. 6; 2a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Written agreement with St. Joseph's Hospital
22. Medical staff have regularly scheduled sick call times available to see residents requesting medical services. REQ. JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RN's conduct sick calls. Then schedule appointments between 9-11:30am and 6-8 pm. Only "urgent" care accepted at other times
23. ICE facility administrator is notified in writing of residents with special needs or requiring close medical supervision. Ref: p. 19; #17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
<p>24. Medical protocol is in place for the specialized treatment of children and adolescents including immunizations. Ref: p. 22-23</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Follows standard DIHS procedures
<p>25. A written plan is available that addresses the management of infectious and communicable disease including prevention, education, identification, surveillance, immunization, treatment, follow-up, isolation and reporting. Ref: p. 6</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Follows standard DIHS procedure
<p>26. Policy and procedures provides a guideline on a system of internal review and quality assurance. Ref: p. 26--27</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Follows DIHS policies and procedures. For quality assurance /quality improvement. However, in the initial stages of implementation of the system at the local level in the residential facility.
<p>27. There is at least 1 toilet for every 12 male residents. Ref: p. 9; C2</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>28. There is at least 1 toilet for every 8 female residents. Ref: p. 9; C2</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Facility Staffing & Training**

Components	Compliant	Not Compliant	Remarks
29. The facility administrator and health services administrator meet at least quarterly and include other facility and medical staff as appropriate. Ref: p. 26; #25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Meetings between facility administrator and the health services administrator occur on an ad hoc basis.
30. Facility staff is trained to respond to health-related emergencies within a 4-minute response time. Ref: p. 18; #14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31. New staff receives tuberculosis tests prior to the job assignment and obtain the hepatitis B vaccine series. Ref: p. 8; d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32. Health care employee orientation for full-time employees includes: Ref: Staff Hiring & Training; p. 10; d3			
a. The purpose, goals, policies and procedures for the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Key control and contraband regulations;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Responsibilities and rights of employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Standard precautions and appropriate conduct with detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Occupational exposure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
f. Personal protective equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Bio-hazardous waste disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Overview of resident operations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Files**

Components	Compliant	Not Compliant	Remarks
33. Resident medical records are organized uniformly. Ref: p. 23; #21a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical records are organized in a fashion that problem list, medication received, and progress is easily determined.
34. Resident medical files are available to all practitioners and used for all health care documentation. Ref: p. 24; #21a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35. Resident medical files are properly maintained and safeguarded in a securely locked area within the unit. Ref: p. 24; a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical records of the residents are maintained in a secure room that is locked when personnel are not present in the room.
36. Medical files are kept separate from residents' residential records. Ref: p. 9; 4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
37. Medical files maintain a permanent record of all sick call requests. Ref: p. 14; #12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Requests for sick call are filed within the residents medical record after services are provided.

**Resident Intake & Orientation**

Components	Compliant	Not Compliant	Remarks
38. All residents receive a handbook outlining policies and procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At intake screening residents receive a brochure (English and Spanish) on medical unit guidelines.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
for accessing medical care. Ref: p. 8; #3			



OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**NEWS MEDIA INTERVIEWS AND TOURS**

**PURPOSE AND SCOPE:** This Residential Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. The public and the media will be informed of operations and events within the facility's areas of responsibility.
2. The privacy of detainees and staff will be protected, including the right of a detainee to not be photographed or recorded.
3. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
4. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association Standards for Adult Local Residential Facilities, 4<sup>th</sup> Edition: 4-ADFL-7D-21, 7F-01.

**To determine this rating the reviewer will:**

- Review policy and procedure guidelines
- Interview staff to validate knowledge of policy
- Review news media guidelines

OFFICE OF DETENTION AND REMOVAL  
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**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. News media representatives, academics and other parties are permitted access to the facility only by special arrangement and with prior approval of JFRMU. Ref V.a.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Guidelines are in place for media requesting personal interviews - to include receiving prior approval from JFRMU. Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Resident consent is obtained prior to an interview, being photographed (still, movie or video), and having voice recorded. A copy of the consent form is maintained in the resident's file. Ref.v.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Guidelines are provided on the establishment of a press pool - to include receiving prior approval from JFRMU. Ref V.4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Guidelines are available regarding requests for tours, interviews and other requests for facility access. Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: News Media and Interviews

Facility: Berks

Reviewer's Notes:

Good policy and procedure section written to support Standard requirements.

Compliance Rating:

- Compliant**  
 **Not Compliant**

Reviewer's Signature

b6

Date: 02/20/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERSONAL HYGIENE**

**PURPOSE AND SCOPE:** Each resident is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities, and the issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Each facility will maintain an inventory of clothing, bedding, linens, towels and personal hygiene items that is sufficient to meet the needs of residents.
2. Each resident will have suitable clean bedding, linens, blankets, and towels.
3. Each resident will have sufficient clean clothing that is properly fitted, durable, presentable, and climatically suitable.
4. Residents will be held accountable for clothing, bedding, linens, and towels assigned to them.
5. Residents, including those with disabilities, will be able to maintain acceptable personal hygiene practices.
6. Where required, residents have regular access to translations services and/or are provided information in a language that they understand.
7. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Detention Facilities: 4-ALDF-4B-01 through 4B-09, 6A-08, 6B-05 through 6B-08.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-4B-01 through 4B-09, 6A-08, 6B-05 through 6B-08. American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3-JDF-4B-13 through 15.

### **To determine this rating the reviewer will:**

- Review policy, procedures, practice to determine compliance with standards.
- Interview staff and residents to validate practice.
- Observe youth during grooming and hygiene activities.
- Review laundry schedule.
- Review showering area for privacy curtains or partitions.
- Review bathroom for privacy curtains or partitions.
- Review water temperature in wash basin and showers.
- Count number of toilets, showers and wash basin for compliance with standards.
- Review clothing exchange in operations.
- Check at least three rooms for the following:
  - 2 sheets
  - Pillow case
  - Pillow
  - Mattress
  - Blanket ( sufficient number for weather conditions)
  - Up to 10 changes of clothing
  - Clean under garments
  - Wash cloth
  - Towels
  - Soap
  - Shampoo
  - Toothbrush
  - Tooth paste
  - Female personal hygiene ( Pads or Tampons)
  - Combs or brushes
  - Skin lotion (appropriate to culture)
  - One container of antiperspirant.
  - Reading material

OFFICE OF DETENTION AND REMOVAL  
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**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Personal care facilities support resident's need for self-care and are within a reasonably private environment. Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Personal hygiene items are provided to residents and replenished as needed. Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Residents are provided hair care service. Ref V.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Residents are provided the opportunity to maintain a combination of personal and facility clothing, not to exceed ten sets at any one time. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Children are provided with up to three (3) sets of pajamas upon parent's request. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Excess clothing, bedding, linen and towels are readily available to supply the maximum funded resident capacity. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Feminine hygiene products are accessible as needed. Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Showers are thermostatically controlled with temperatures set between 100 and 120 degrees Fahrenheit. Ref V.5.c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Element to me verified by <span style="background-color: gray; color: white; padding: 0 5px;">b6</span> There is a record of temperature checks.
9. Communal toys are appropriately sanitized. Ref: TBD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS**

Components	Compliant	Not Compliant	Remarks
Each resident has: Ref V.4			
a. One bar of soap or equivalent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. One comb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. One tube of toothpaste	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. One toothbrush	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. One bottle of shampoo or equivalent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. One container of skin lotion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Clean bedding, linens and towel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Resident Intake and Orientation**

Components	Compliant	Not Compliant	Remarks
10. Arriving residents who do not have serviceable clothing are provided a minimum of six sets of clothing. Ref V.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Residents have freedom in personal grooming unless a valid safety, security, or medical interest requires an exception that is justified and documented. Ref: p.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Structure and Maintenance**

Components	Compliant	Not Compliant	Remarks
12. There is a minimum of 1 toilet for every 8 residents. Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Toilets are adequate and sanitary. Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. There is a minimum of 1 wash basins for every 8 residents. Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Basins are adequate and sanitary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. There is a minimum of 1 shower for every 6 residents. Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Showers are adequate and sanitary. Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Personal Hygiene

Facility: Berks

*Reviewer's Notes:*

No problems noted. Residents provided sufficient clothing and personal hygiene items as needed. Due to the usual mix of gender of residents, the availability of bathroom/shower facilities are within the requirements of the standards.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 02/19/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**POST ORDERS**

**PURPOSE AND SCOPE:** Each staff assigned to a standing post knows the procedures, duties, and responsibilities of that post, enhancing security and good order.

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. Each staff member will have current written Post Orders that specifically apply to the assigned post, with step-by-step procedures in sufficient detail to guide a staff member assigned to that post for the first time.
2. Assigned staff will acknowledge that they read and understood the Post Orders by signing and dating records.
3. Post Orders will be formally reviewed annually and updated as needed.
4. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** American Correctional Association 4th Edition Standards for Adult Local Detention Facilities. 4-ALDF-2A-04.

**To determine this rating the reviewer will:**

- Review assignment rosters to determine areas requiring Post Orders.
- Review Master Post Order Manual.
- Review Post Orders on job assignments.
- Review Signature Sheets to determine annual review and new assignments.
- Interview staff regarding knowledge of post orders and verify practice of review.
- Review Post Order signature sheets for their completeness.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Written policies and procedures include allowance of sufficient time for staff to read post orders and method for ensuring that post orders are read. Ref V.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Orders at stations reviewed were readily available. Freshly updated assignee knew exactly where they were
2. Preparation format of post orders specifically state the duty hours for each post. Ref V.3.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Housing Unit post orders follow event schedule format (e.g., 0515 - lights on) Ref V.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Post orders are reviewed annually and updated. Documentation of review is available, even if not updated. Ref V.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Last reviewed 2/11/09
5. The Post Orders for each post are issued in a six-part classification folder (stock number #7530-00-990-8884). Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Folder is not six part suggestion, but has all six part .

OFFICE OF DETENTION AND REMOVAL  
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Components	Compliant	Not Compliant	Remarks
<p>6. The post orders are organized as follows. Ref V.4 <u>Section 1</u>: Specific Post Orders, listing activities chronologically, with responsibilities clearly defined; <u>Section 2</u>: Special instructions, if any, relating to the specific post; <u>Section 3</u>: General Post Orders applicable to all posts; <u>Section 4</u>: Memoranda changing or updating the Post Orders; <u>Section 5</u>: ICE/DRO Residential standards &amp; policies and facility practices relevant to the post; <u>Section 6</u>: Review and Signature Form, with the staff's name printed signed and dated. Ref: p. 2; #4</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>All parts are present but not in order listed in Standard. Do not see this as a problem but might save time if specifics related to post appeared 1<sup>st</sup>.</p>

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
7. Staff members read, sign and date post orders to acknowledge receipt and understanding. Ref V.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Only sign if there are changes posted in post orders
8. The facility administrator (or designee): a. Approves, signs, and dates each Post Order on the last page of each section, b. Initials and dates all other pages, and c. Initials and dates any subsequent page changes. Ref V.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Only signs initial order at revision, then change orders

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Post Orders

Facility: Berks

*Reviewer's Notes:*

All posts had orders readily available. Each order contained required parts and were recently reviewed and updated (2/11/2009).

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_ Date: 2/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
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**RECREATION**

**PURPOSE AND SCOPE:** Each resident has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Residents will have daily opportunities to participate in leisure-time activities outside their housing areas.
2. Residents will have access to exercise opportunities and equipment.
3. Each citizen volunteer who provides or participates in facility recreational programs will complete an appropriate, documented orientation program and sign an acknowledgement of his or her understanding of the applicable rules and procedures as an agreement to comply with them.
4. Each recreational program will provide for specialized needs of adults and children in a residential environment.
5. Structured physical activities are provided for children when not in school, such as organized sports, physical activities such as dance, intellectually stimulating activities, arts, crafts, and music.
6. Facilities provide recreational opportunities that are age appropriate for children, including children with disabilities.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:**

The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3-JDF-5E-04.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-5C-01, 5C-02, 5C-03, 5C-04, 2A-66, 5A-01, 6B-04, 7B-03, 7C-02, 7F-05.

**To determine this rating the reviewer will:**

- Review written policies, procedures and practices for recreational programming.
- Review written schedule and observe practices.
- Interview residents and staff.
- Review unit logbooks.
- Observe recreational activities.
- Review the dimensions of recreational areas.
- Interview recreational staff about services and activities provided for youth.
- Interview education director to determine educational utilization of recreation area.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedure**

Components	Compliant	Not compliant	Remarks
1. Residents have daily access to indoor and/or outdoor recreation from 8:00 a.m. to dusk. Ref V.1.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The facility provides recreational opportunities for residents with disabilities. Ref V.5.a-i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADA Compliant
3. Recreation areas offer a variety of equipment Ref V.5.a-i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Recreational activities include limited-contact sports (e.g. soccer, basketball, volleyball, table games, intramural competitions among units) Ref V.5.a-i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Dayrooms offer board games, television, and other sedentary recreation activities. Ref V.5.a-i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Residents participating in recreation have access to drinking water and toilet facilities. Ref V.5.a-i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Residential or recreation staff search recreation areas before and after their use to detect altered or damaged equipment. Ref V.5.a-i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P.E done each Shift – 2X day. Fill in sheet documenting review.
8. Recreation areas are under continuous supervision by staff equipped with radios or other communication devices. Ref V.5.a-i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not compliant	Remarks
9. The facility has policy concerning television viewing in dayrooms. Ref V.5.a-i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adults allowed free access during day. Staff supervises evening viewing

**Structure**

Components	Compliant	Not Compliant	Remarks
10. Each outdoor exercise area provides ample outdoor green space for use by children and adults. Ref V.1.a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. The outdoor exercise areas includes: Ref V.1.a			
a. shaded areas with seating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. commercial-grade, age-appropriate play areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. a soccer-style field	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Indoor exercise area(s) provide a minimum of 2500 square feet of unencumbered space that provides access to age-appropriate play, physical education areas and at least 18-foot ceilings. Ref V.1.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Restrooms are adjacent to indoor and outdoor recreation areas. Ref V.1.c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Recreation

Facility: Berks

*Reviewer's Notes:*

Observed what reviewer would call a model recreation program for residents.  
Well organized, appropriately tailored to each age and thoroughly documented.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature

b6

Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**RELIGIOUS PRACTICES**

**PURPOSE AND SCOPE:** Residents of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Residents will have opportunities to participate in practices of their religious faith that are deemed essential by the faith's judicatory, limited only by a documented threat to the safety of persons involved in an activity or to the order of the facility.
2. All religions represented in a resident population will have equal status without discrimination based on race, religion, national origin, gender, sexual orientation, or disability.
3. Each facility's religious program will be planned, administered, and coordinated in an organized and orderly manner.
4. Adequate space, equipment and staff (including security and clerical) will be provided for conducting and administering religious programs.
5. Residents of faiths not directly represented by chaplaincy staff will be assisted in contacting external representatives.
6. Each facility's religious program will be augmented and enhanced by community clergy, contractors, volunteers and groups that provide individual and group religious services and counseling.
7. Special diets will be provided for residents whose religious beliefs require the adherence to religious dietary laws.

**REFERENCES:**

The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-ALDF-5C-17, 5C-18, 5C-19, 5C-20, 5C-21, 5C-22, 5C-23, 5C-24, 2A-66, 4A-10, 6B-02, 6B-05, 7B-03, 7F-04.

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3 -JDF-3F-03

### **To determine this rating the reviewer will:**

- Review Program schedules for present week and at least 3 others randomly select weeks.
- Interview staff and residents to validate religious services are provided and resident participation is voluntary.
- Interview staff and residents to validate other activities are provided or regular schedule is continued for resident that choose not to participate in religious activities.
- Interview Chaplain or religious coordinator to determine if the needs of the population are served by the community, and if not, what steps have been taken to meet their needs.
- Review initial screening to determine if religious affiliation is recorded in the intake process.
- Review the space available for religious services to determine if it meets the needs of the population.
- Review food service special diets for religious purposes to determine if they meet requirements of the religion.
- Interview religious coordinator and food service director to determine system for requesting religious diet.
- Interview Director to determine system for celebrating religious holy days and feast.

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**PERFORMANCE STANDARDS**

**Policy and Procedure**

Components	Compliant	Not Compliant	Remarks
1. An "Authorization for Common Fare Participation Form" is available for residents wishing to participate in a specific religious diet. Ref: p. 7; para#2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chaplain provides and maintains forms in office. Copies of completed forms also maintained.
2. Food service provides religious diets based on requests. Ref: p. 6; #10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation maintained in Chaplain's office.
3. The facility has a system in place for pastoral visits including conducting background checks. Ref: p. 5; #6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cleared by NCIC, child abuse background checks, etc.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Religious Practices

Facility: Berks

Reviewer's Notes:

Chaplain [REDACTED] b6 is providing positive services for residents per resident's reports. Services and availability of Chaplain are important to the well-being of residents while at the facility. Chaplain [REDACTED] b6 maintains excellent documentation in accordance with Standard for meal requests and religious identification.

Compliance Rating:

- Compliant  
 Not Compliant

Reviewer's Signature

[REDACTED] b6

Date: 02/20/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**RESIDENT CENSUS**

**PURPOSE AND SCOPE:** Each facility has an ongoing, effective system of resident census to verify presence within the facility at specified times, thereby protecting the residential community from harm and enhancing facility security, safety, and good order.

**EXPECTED OUTCOME:** The expected outcomes of this Residential Standard are as follows:

1. The security, safety, and orderly facility operations will be maintained through an ongoing, effective system of resident census.
2. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
3. The standard complies with federal law and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-ALDF-2A-16, 2A-17.

**To determine this rating the reviewer will:**

- Interview staff to determine their understanding of the policy, procedures and system for conducting census.
- Observe the system in operations at various times.
- Interview a shift supervisor to determine method of verifying the census.
- Interview up to five residents to determine if they have been instructed on the census system and if they fulfill the requirement.

OFFICE OF DETENTION AND REMOVAL  
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**PERFORMANCE STANDARDS**

**General Components**

Components	Compliant	Not Compliant	Remarks
1. Resident census is conducted at specific times of the day and night in a predetermined manner. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Designated census time (3x daily) are clearly identified – residents obviously aware of
2. A formal resident census is conducted no more than three times a day & the shift supervisor verifies census accuracy. Ref V.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6:30 – 7:30 am; 3:00 – 4:00 p.m.; 8:00 – 8:30 p.m. – Residents' doors are opened at 6 a.m. Breakfast not served until 7:30 a.m.
3. A census control log is maintained daily. Ref V.1.b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Master census is up to the minute and includes resident admissions, releases, housing changes, hospital admissions, and any other changes affecting resident accountability. Ref V.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Policies and procedures include guidelines regarding verifying census accuracy. REQ: JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Residents report to a predetermined location during census reporting. Ref V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Census reports are maintained in a central location. REQ: JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Resident Census

Facility: Berks

Reviewer's Notes:

Witnessed compliant resident census procedure in "C" pod. Minor concern – was informed that morning census is conducted between 6:30 a.m. – 7:30 a.m. but residents' doors are opened at 6:00 a.m. The 6:00 a.m. door opening serves no purpose and lends to unnecessary practice. Note: Was informed during review that this practice will end as of the day of the review.

Compliance Rating:

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

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OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**RESIDENT'S FILE**

**PURPOSE AND SCOPE:** A Residential File is maintained for each resident and includes all significant information about that person, thereby contributing to the safe and efficient operation of the facility. The Residential File is separate from the Alien File (or A-File), which is the legal file maintained by ICE/DRO for each resident.

**EXPECTED OUTCOME:** The expected outcomes of this Standard are as follows:

1. Residential Files will be grouped by family and maintained on each resident admitted to a Residential facility.
2. Each Residential File will include all documents, forms, and other information specified herein.
3. The security of each Residential File and its contents will be maintained.
4. Staff will have access to Residential Files, as needed for official purposes
5. Release of information from the Residential File will be accomplished in accordance with applicable federal and state regulations.
6. Electronic record-keeping systems and data will be protected from unauthorized access.
7. Inactive, closed Residential Files will be properly archived.
8. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
9. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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FAMILY AND RESIDENTIAL STANDARDS**

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Detention Facilities: 4-ALDF-7D-19, 7D-20, 7D-21, 7D-22

**To determine this rating the reviewer will:**

- Observe place of storage of confinement records.
- Interview staff regarding release of information.
- Review individual confinement records and check for completeness.
- Review written policy and procedures on records and record's retention.
- Review list of approved visitors.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Cabinets containing residential files are lockable and distribution of the keys is limited to supervisors. Ref: p. 3; c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. A designated staff member is responsible for issuing and retrieving resident files and ensuring proper documentation is completed. Ref: p. 3; d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Residential Release**

Components	Compliant	Not Compliant	Remarks
3. All residential files remain active during the resident's stay. Ref: p. 3; e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. When a resident is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation. Ref: p. 4; #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Staff makes copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office. Ref: p. 4; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The staff closing the file makes a notation that the file is complete and ready to be archived. Ref: p. 4; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Residential Files

Facility: Berks

Reviewer's Notes:

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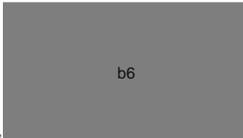
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Compliance Rating:

- Compliant  
 Not Compliant

Reviewer's Signature \_\_\_\_\_



Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

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OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**SEARCHES OF RESIDENTS**

<p><b>PURPOSE AND SCOPE:</b> Contraband is detected, controlled and/or properly disposed of, protecting residents and staff and enhancing facility good order and security.</p>
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**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Resident will work and live in a safe and orderly environment.
2. Contraband will be controlled.
3. Searches of residents, housing and work areas will be conducted without unnecessary force and in ways that, insofar as is practical, preserve the dignity of residents.
4. When body searches are conducted, the least intrusive practicable search method will be employed, as determined by the type of contraband and the method of suspected introduction or concealment.
5. A pat-down search will be conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and if required, when properly authorized by a supervisor.
6. Contraband that may be evidence of a criminal law violation will be preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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American Correctional Association Standards for Adult Local Detention Facilities, 4<sup>th</sup> Edition: 4-ALDF-2C-01, 2C-02, 2C-03, 2C-04, 2C-05, 2C-06, 2A-20, 6C-19.

October 15, 2007, Memorandum from DRO Director John Torres, "Change Notice: Admission and Release-National Detention Standard Strip Search Policy."

### **To determine this rating the reviewer will:**

- Review written policies and procedures on resident and area searches.
- Review annual training plan for training on search procedures.
- Observe staff during the return of residents, if possible.
- Interview staff and residents regarding search policy and practice.
- Review visitation rules posted to determine information shared about searches of persons and property.
- Review log book and residents file for documentation of searches.
- Review log books for area searches.
- Observe intake process for compliance with search policy.
- Observe and review safe area for storage of contraband. *(Note: only look at contraband. If you remove contraband from storage you will be in the chain of custody and required to sign chain of custody documents and be subject to subpoena in court.)*
- Interview chief of security to determine procedures for conducting searches and understanding of the policy and procedure.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Policies and procedures on searches include : Ref: p. 2; #1			
a. Employment of the least intrusive method of search practicable, as determined by the type of contraband and the method of suspected introduction or concealment;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Conduct of body searches, including frisks ("pat-downs"), visual searches ("strip searches"), body cavity searches, and x-rays;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Avoidance of unnecessary force and efforts to preserve the dignity of residents during searches, to the extent practicable;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Avoidance of unnecessary disorder during a search of housing or work areas; such searches shall not be conducted on a routine basis;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Handling of contraband;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Preservation of evidence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The facility has established procedures to ensure all housing units and work areas are searched at least daily. Ref: p. 2; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. All searches of residents and respective housing areas are documented, available, legible and secure. Ref: p. 2; #3 & p. 3; #4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Confiscated contraband is preserved, inventoried, controlled and stored. Ref: p. 4; #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A documented system is not in place for the destruction of contraband.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Staffing**

Components	Compliant	Not Compliant	Remarks
5. The Assistant Facility Administrator for Operations maintains the inspectors' documentation Ref: p. 2; last sentence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Searches of Residents

Facility: Berks

Reviewer's Notes:

The facility is in compliance with this standard. The Spanish version of the new intake advisement that residents sign includes a paragraph describing a strip search which does not occur. The staff indicated it would be removed during the review period but was still in folder the last day of the review.

Compliance Rating:

- Compliant  
 Not Compliant

Reviewer's Signature \_\_\_\_\_

b6

Date: 2-18-09

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION**

**PURPOSE AND SCOPE:** This Residential Standard requires that facilities that house ICE/DRO residents/residents in residential facilities affirmatively act to prevent sexual abuse and assaults on residents, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. Sexual abuse and assault of residents will be prevented.
2. Residents will be informed about the facility's sexual abuse or assault prevention and intervention program.
3. Residents will be screened to identify those likely to be sexual aggressors or sexual victims and will be housed to prevent sexual abuse or assault.
4. All allegations of sexual abuse or assault will be promptly and effectively reported and investigated.
5. If sexual abuse or assault of any resident occurs, the medical, psychological, safety, and social needs of the victim will be promptly and effectively met.
6. Where possible and feasible, a victim of sexual assault will be referred under appropriate security provisions to a specialized community facility for treatment and gathering of evidence.
7. Assaultants will be controlled, disciplined, and/or prosecuted.
8. Sexual conduct between staff and residents, volunteers, or contract personnel and residents, regardless of consensual status, will be prohibited and subject to administrative, disciplinary, and criminal sanctions.
9. All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment and/or counseling will be retained in accordance with an established schedule.
10. Each facility will separately track incidents of sexual abuse and assault.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

11. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
12. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

4-ALDF-4D-22, 4D-22-1, 4D-22-2, 4D-22-3, 4D-22-4, 4D-22-5, 4D-22-6, 4D-22-7, 4D-22-8, 2A-29.

Prison Rape Elimination Act of 2003 (PREA)

### **To determine this rating the reviewer will:**

- Review policy and procedure guidelines
- Interview staff and residents to validate knowledge of policy
- Review resident orientation handbook.
- Review resident files.
- Review housing unit bulletin boards for information.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Policies and procedures address: Ref: p. 2; B			
a. Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not clearly outlined in policy
b. Prompt and effective intervention procedures that address the safety and treatment needs of resident victims in case of assault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Investigation, discipline, and prosecution of assailants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not clearly outlined in policy(discipline/prosecution)
2. Policy identifies specific site staff resources as well as specialized community based services such as rape crisis/trauma units, clinics and hospitals. Ref: p. 3; para 1; bullet 2			
3. Policy indicates that any staff, contractor or volunteer as alleged perpetrators are to be reported to the facility administrator, highest ranking ICE/DRO representative, JFRMU Chief and the respective Field Office Director. Ref: p. 6; #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	JFRMU Chief not mentioned in policy. Although contact with ICE/DRO representative is noted (presume appropriate line of communication is from ICE/DRO to JFRMU Chief).
4. Policy and procedure provides guidance on investigation of sexual assault to include treatment and gathering of evidence. Ref: p. 7; para 1			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Staffing**

Components	Compliant	Not compliant	Remarks
5. A coordinator has been designated to oversee the Sexual Abuse and Assault Prevention and Intervention Program Ref: p. 3; C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Policy indicates training coordinator oversees SAAP Program. However, the training coordinator is not on-site and, therefore, not fully accessible to residents.
6. An ICE staff member is designated to conduct investigations of sexual abuse or assault incidents. Ref: p. 6; j; JFRMU Req.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Policy and procedure manual indicates program manger is responsible for conducting investigations. JFRMU requirement is that ICE staff conduct investigations.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Files**

Components	Compliant	Not Compliant	Remarks
7. Both General Files and Investigative Files are maintained within the facility for Sexual Abuse/Assault cases. Ref: p. 7; M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility indicates there have been no incidents of sexual assault/abuse/harassment cases reported by or on behalf of residents. There were no files to review in this regard. Policy does not provide information on development of file system.
8. General Files include victims and assailants of a sexual assault, crime characteristics and formal and/or informal action taken. Ref: p. 7; M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Investigative files include all reports, medical forms, supporting memos and videotapes, and any other evidentiary materials pertaining to the allegation. Ref: pp. 7&8; M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
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Standard: Sexual Abuse/Assault

Facility: Berks

Reviewer's Notes:

The facility aims to be in compliance with Standard and has made positive strides. However, lack of resident's awareness regarding rights, limited availability of information regarding behavioral guidelines and expectations, and failure to assign an on-site program coordinator for residents warrants a non compliant rating.

Compliance Rating:

- Compliant  
 Not Compliant

Reviewer's Signature

b6

Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

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OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**STAFF HIRING AND TRAINING**

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

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

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

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

11. Personnel assigned to emergency response units or teams will receive initial and annual training commensurate with their position.
12. Personnel authorized to use firearms will receive appropriate training before being assigned to a post involving their use and will demonstrate competency in firearms use at least annually.
13. Personnel authorized to use chemical agents will receive thorough training in their use and in the treatment of individuals exposed to a chemical agent.
14. Security staff will be trained in self-defense and the authorized use of force to control all ages of residents.
15. Employees will be encouraged to continue their education and professional development through such incentives as salary enhancement, reimbursement of costs, and administrative leave.
16. Initial orientation, initial training, and annual training programs will include information on drug-free workplace requirements and procedures.
17. Initial orientation, initial training, and annual training programs will include information on the facility's written code of ethics.
18. New staff, contractors, and volunteers will acknowledge in writing that they have reviewed facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement will be maintained in each person's personnel file.

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

Pennsylvania Code Section 3800

Texas Welfare Code

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**To determine this rating the reviewer will:**

- Review policy and procedure guidelines
- Interview staff to validate knowledge of training and hiring policy
- Interview Program Director to validate staff roles and responsibility
- Review personnel files
- Review scope of work for key and other staff persons
- Interview Program Director to obtain information regarding recruitment process
- Review training and orientation programs and manuals
- Interview training and orientation coordinators
- Interview all key staff members

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. The policy and procedure manual includes a clear description of the organizational structure. Ref: p. 2; A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The organizational structure document was in policy, but difficult to locate.
2. The ratio of residents (minors) to Mental Health clinicians is not greater than 25:1 Ref: p. 4; #3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	During review, the facility lost a Mental Health clinician resulting in only one Mental Health provider on-site. Thirty-seven (37) children at facility at time of review.
3. The ratio of residents to case management staff is not greater than 30:1 Ref: p. 5; #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Three (3) case mangers and 30 residents at time of review.
4. Staff are provided with adequate levels of individual leave, sick leave and compensation time for staff. Ref: p. 6; #7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Staffing**

Components	Compliant	Not Compliant	Remarks
5. All staff positions possess a current job description. Ref: p. 5; C1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Regular staff meetings are conducted that involve all staff. Ref: p. 6; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Minimally, weekly meetings take place to discuss service plans, resident progress, and other resident related issues. Ref: p. 6; #7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Facility personnel includes: Ref: p. 4&5			
a. Program Director and Assistant Director (if more than 75 employees and 80 adult and minor residents. Position optional)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Lead Case Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Case Manager(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS**

Components	Compliant	Not Compliant	Remarks
d. Lead Clinician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A lead Mental Health clinician is not in place. During review, the facility lost a Mental Health clinician resulting in only one Mental Health provider on-site.
e. Clinician(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Recreation Specialist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Family/Youth Care Specialist/Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Teacher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. The Program Director has at least a Master's Degree in Social Work, Education, Psychology, Sociology or similar field of study; or a Bachelor's Degree in one of the above plus 5 yrs relevant experience; or 5 yrs progressive project management experience. Ref: p. 3; #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. The Clinician has at least a Master's Degree in Social Work and 2 yrs of postgraduate direct service delivery experience; or a Master's Degree in psychology, sociology, or other relevant field of study; or a Bachelor's Degree in a relevant field of study plus 5 yrs progressive employment experience. Ref: p. 4; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. The Lead Clinician has at least a Master's Degree in Social Work and 5 yrs postgraduate experience; or a Master's Degree in relevant field of study with clinical training and experience. Ref: p. 4; #4	<input type="checkbox"/>	<input type="checkbox"/>	N/A
12. The Recreation Specialist has at least a Bachelor's Degree in physical education; or a high school diploma plus 5 yrs progressive experience. Ref: p. 5; #6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elementary Education
13. The Family/Youth Care Specialist/Worker has at least a high school diploma or equivalent and one year relevant experience. Ref: p. 5; #7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS**

Components	Compliant	Not Compliant	Remarks
14. The Teacher has at least a 4 yr college degree plus relevant training. Ref: p. 5; #8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Staff Training & Orientation**

Components	Compliant	Not Compliant	Remarks
15. Staff training and development is coordinated by at least one individual with specialized training. Ref: p. 7; A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b6
16. A facility training plan is available and reviewed and approved annually by the facility administrator. Ref: p. 7; A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. The employee initial training and orientation program includes: Ref: p. 8; B			
a. JFRMU National Residential Standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Prohibition against providing legal advise or legal counsel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Cultural competence, including awareness of and sensitivity to different cultural backgrounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Marginal. Needs Work.
d. Behavior management approaches including conflict resolution, problem solving, negotiation, applying choices, and rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Non-violent restraint techniques approved by JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Occupational Safety and Health Administration (OSHA) or equivalent course	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Child Development Theory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Common health and mental health diagnosis of adults and children in program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. Confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Child trafficking and smuggling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. Child abuse reporting requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS**

Components	Compliant	Not Compliant	Remarks
l. Working conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m. Cultural diversity for understanding staff and residents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n. Code of ethics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
o. Personnel policy manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
p. Employees' rights and responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
q. Drug-free workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
r. Health-related emergencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
s. Suicide prevention and intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
t. Hunger strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
u. Keys and Locks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
v. Tour of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
w. Facility goals and objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
x. Facility organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
y. Staff rules and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
z. Sexual harassment/sexual misconduct awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
aa. Personnel policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
bb. Program overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Files**

Components	Compliant	Not Compliant	Remarks
18. All completed training is clearly documented in personnel files. Ref. p. 8; B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Staff Hiring and Training

Facility: Berks

Reviewer's Notes:

Comprehensive training program. Fully compliant with regard to content. Cultural sensitivity needs to be assessed by SME.

Compliance Rating:

- Compliant  
 Not Compliant

Reviewer's Signature

b6

Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**STAFF-RESIDENT COMMUNICATION**

**PURPOSE AND SCOPE:** Informal direct and written contact among staff and residents, as well as informal supervisory observation of living and working conditions, is encouraged thereby enhancing security, safety, and orderly facility operations.

*Also required is the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.*

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. Residents will have daily opportunities for informal contact with facility managerial and supervisory staff and with ICE/DRO Field Office staff.
2. Facility managerial and supervisory staff and ICE/DRO Field Office staff will frequently and directly observe facility operations and living and working conditions.
3. Residents will be able to submit written questions, requests, and concerns to ICE/DRO staff and receive timely responses.
4. Residents will be informed about how to directly contact the Department of Homeland Security Office of the Inspector General.
5. Resident telephone serviceability will be monitored and documented by ICE staff and any problems immediately reported.
6. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
7. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-05, 2A-06, 2A-12, 5A-03.

### **To determine this rating the reviewer will:**

- Review written policies, procedures and practices soliciting communication between facility, ICE and Resident Populations through scheduled and unscheduled visits to differing areas of the facility.
- Review residents handbook for inclusion of process to contact ICE representative through mail services and expected response time.
- Review Visitor Log Books for visits by facility administrative staff and ICE Representative.
- Review bulletin boards for inclusion of Hotline Information Posters.
- Interview resident about contact with ICE and Facility Administrators.
- Observe the presence of key staff during visits to differing areas of the facility during your visit to the facility.
- Review ICE and Administrative staff regarding their daily schedule to determine if it includes visits to areas of the facility such as education, medical, food service.
- Review Line Staff about the presence of ICE and administrative staff in their work area.
- Check phones in each living unit for ability to call ICE hotline.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not compliant	Remarks
1. Policy and procedures ensure and document that the ICE/DRO department heads conduct frequent unannounced, unscheduled visits to the facility's living and activity areas. Ref: p. 2; #1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. A method is in place to document unannounced ICE/DRO visits. Ref: p. 2; 1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The facility has recently (2-10-09) implemented a system to document unannounced visits. The information is presently on a clip board that will be placed in notebook as more visits occur.
3. Resident Request Forms are available to submit to ICE/DRO staff. Ref. p. 3; d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The forms are submitted. Presently the staff assigned this task calls the residents to her office to review the request and provide instants information to the residents. In residential programs this serves as a best practice as part of the program model is to be open, available, and transparent.
4. Weekly telephone tests include: random calls to pre-programmed numbers, interview of residents, and review of written resident complaints. Ref: p. 4; 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Structure**

Components	Compliant	Not Compliant	Remarks
5. Written schedules of weekly visits are developed and posted in resident living and other appropriate areas in a language the resident understands (or translated as appropriate). Ref: p. 3; para 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
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Components	Compliant	Not Compliant	Remarks
6. Office of Inspector General (OIG) Hotline Informational Posters is present and available at designated locations. Ref: p. 4; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Staff-Resident Communication

Facility: Berks

*Reviewer's Notes:*

Though the present system is in the early stages of implementation, if it is maintained at the present level it will be a best practice that can serve as a model for other facilities. There was a measurable improvement in resident's satisfaction with the availability of ICE presence since the last review. While the resident disagreed with the ICE staff on some issues they did not complain about not being able to see the staff.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

b6

Reviewer's Signature \_\_\_\_\_

Date: 2-18-09

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**SUICIDE PREVENTION AND INTERVENTION**

**PURPOSE AND SCOPE:** Residential Staff are trained to prevent suicide by recognizing potential risk signs and situations, and to intervene with appropriate sensitivity, supervision, referral, and treatment.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. All staff with responsibility for resident supervision will be trained, at least annually, to identify warning signs and symptoms of impending suicidal behavior; demographic, cultural, and precipitating factors of suicidal behavior; how to respond to suicidal and depressed residents; communication between residential staff and health care personnel; referral procedures; housing observation and suicide-watch level procedures; and follow-up monitoring of residents who have attempted suicide.
2. Staff will act to prevent suicides with appropriate sensitivity, supervision, and referrals.
3. Any identified clinically suicidal resident will receive preventative supervision, treatment, and follow-up.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Detention Facilities: 4-ALDF-4C-32, 4C-33, 2A-52.

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FAMILY AND RESIDENTIAL STANDARDS

**To determine this rating the reviewer will:**

- Review written Policy and Procedure to verify it is in line with accepted Practices and Residential Standards
- Review training records of staff to determine if they receive training in prevention and responding to actual events.
- Review orientation process and documentation for suicide screening by trained staff.
- Review shift pass on log for relaying information to staff coming on duty of potential suicide risk
- Review monitoring logs on residents that have been placed on close observation by mental health or medical staff.
- Interview staff to determine their knowledge of suicide prevention program
- Interview medical records for persons placed on special observations to determine appropriate treatment plan
- Interview medical mental health staff to determine system for placing resident in hospital setting.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. The suicide intervention and prevention training program includes: Ref; pp. 1&2			
a. Intake screening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Screening is done at intake, however, the screening process is not conducted by a licensed mental health provider or trained staff.
b. Identifying and supervising a suicide-prone resident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noted in training manual
c. Staff training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noted in training manual
d. Management of suicidal incidents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In DIHS policy; not found in training manual
e. Review of critical incidents by administrative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In DIHS policy; not found in training manual
f. Guidelines for returning a previously suicidal resident to the general population following written authorization by the clinical director.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not found in DIHS or facility policy.
2. The facility's suicide prevention and intervention policy is reviewed annually by the health authority and facility administrator. Ref: p. 1; V1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility uses DIHS policy. Policy last reviewed June 2005.

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
3. Policy and practice allows the Clinical Director to place resident on special observation. Ref: p. 2; #4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In DIHS policy.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Suicide Prevention & Intervention Facility: Berks

*Reviewer's Notes:*

There is suicide information in the county staff orientation and information in DIHS policy; however, the two do not appear to be in sync. Additionally, intake screening for risk is currently conducted by county staff, not DIHS as indicated in DIHS's policy.

**Compliance Rating:**

- Compliant  
 Not Compliant

Reviewer's Signature

b6

Date: 02/20/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

TELEPHONE ACCESS

**PURPOSE AND SCOPE:** Residents may, through the reasonable and equitable access to telephone services, maintain ties with their families and others in the community.

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. Residents will have reasonable and equitable access to reasonably-priced telephone services.
2. Residents with hearing or speech disabilities will be provided reasonable accommodations.
3. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
4. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-65, 2A-66, 5B-11, 5B-12, 6a-02, 6A-09.

ICE/DRO Residential Standard on “**Staff-Detention Communication,**” in regard to monitoring and documenting telephone serviceability.

**To determine this rating the reviewer will:**

- Review policy and procedure to determine compliance with standard.
- Review resident handbook to determine information provided on phone system and number of calls allowed.
- Observe phone calls by residents.

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- Review bulletin boards for correct information on phone number to Consular officials, Office of the Inspector General of the U.S. Department of Homeland Security and free legal assistance.
- Test the phone system by calling a consular office.
- Interview staff to determine knowledge of phone system.
- Observe the overall maintenance level of the phone system.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Residents have access to telephone service at a cost equal to community standards. Ref: p. 2; b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Contracts for calls provide the broadest range of calling options. Ref: p. 2; b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Reasonable accommodations are available for residents with communication impairments (e.g., hearing/speech impaired). Ref: p. 2; c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contact case worker for assistance.
4. Policies include: notification that calls may be recorded and procedure for obtaining unmonitored call recordings. Ref: p. 2; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Calls are not monitored. Listed in handbook that some calls are not monitored. Facility will omit this reference.
5. Residents are afforded a reasonable degree of privacy for legal phone calls. Ref: p. 4; #6b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Phones located at end of halls.
6. Emergency phone call messages are immediately given to residents. Ref: p. 5; #8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Residents are allowed to return emergency phone calls as soon as possible. Ref: p. 5; #8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Requests for free or direct calls which are denied are documented. Ref: p. 3; a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No calls have been denied. Residents informed re free calls and phone cards by case manager.

**Structure**

Components	Compliant	Not Compliant	Remarks
9. At least one telephone is available for every 16 residents. Ref: p. 2; #1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10 phones, 84 bed max facility.
10. Rules for telephone access are visibly posted. Ref: p. 2; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Notification is visibly posted in housing units informing residents that free or direct phone calls are allowed to: Ref: p. 3; #5			

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FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
a. Board of Immigration Appeals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Federal and state courts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Consular officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Office of the Inspector General of the U.S. Department of Homeland Security at: (800) 323-8603	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Legal representatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Government offices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Immediate family or others for residents in personal or family emergencies, or who otherwise demonstrate a compelling need.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Document in phone pd refers resident to case worker to make call.
h. United Nations High Commissioner for refugees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Telephones are not placed near television sets or where it can be reasonably expected that excessive noise may interfere with the ability to communicate privately. Ref: p. 5; para 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Notification is posted by resident telephones that phone calls made by the resident may be monitored. Ref: p. 2; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Calls are not monitored.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Telephone Access

Facility: Berks

*Reviewer's Notes:*

The facility is compliant with the Standard. However, following interviews with several residents, it seems development of a formalized orientation program that includes an overview of how to use phones and access various services would be beneficial to residents. Several residents indicate "figuring it out on my own" as a way to learn how to use the phone system. It is also recommended that more than one book of pro bono calls be place in the phone areas for residents use.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature

b6

Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH**

**PURPOSE AND SCOPE:** Health care services of the facility address terminal illness, fatal injury, and advance directives, and provide specific guidance in the event of a resident's death.

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. Health care services will provide residents information and assistance that address terminal illness, fatal injury, and advance directives.
2. Each resident who has a terminal illness or potentially fatal injury will receive appropriate medical care.
3. In the event of a resident's death, specified ICE/DRO officials and the resident's immediate family will be immediately notified.
4. In the event of a resident's death, required notifications will be made to ICE/DRO and to authorities outside of ICE/DRO (such as the coroner), and required procedures will be followed regarding such matters as autopsies, death certificates, burials, and the deceased's property.
5. The medical records of residents addressed herein will be complete.
6. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
7. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-ADLF-4C-19, 4D-23, 4D-26

**To determine this rating the reviewer will:**

- Review written Policy and Procedure to verify it is in line with accepted Practices and Residential Standards.
- Review emergency plans for Death of Resident including notification check list.
- Interview clinical director and medical administrator to determine knowledge of policy.
- Review any emergency drill or table top discussion regarding death of resident.
- Interview officer in charge (OIC) to determine knowledge of policy.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Policies and procedures include: Ref: p. 2; #1			
a. Notifying the facility administrator of the resident's condition by phone or in person, and documenting the resident's condition in a memorandum to the facility administrator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Arranging the transfer of the resident to an appropriate off-site medical facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Notification of a family member.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Advanced directive forms or Living Wills are in use. Ref: p. 2; #2			
3. Guidelines are available for residents wishing to donate an organ. Ref: p. 2; #4			
4. Written policies and procedures are in place regarding autopsies. Ref: p. 6; #10			
5. Policies and procedures in place in the event of a resident's death, include: Ref: p. 3; #5a			
a. Notification of next-of-kin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Notification of ICE/DRO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Coordination of religious rituals, if requested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
6. The Clinical Director is aware of the terminal illness, advanced directives and death policies and procedures. Ref: p. 2; #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Term. Illness, Advanced Direc. & Death Facility: Berks

*Reviewer's Notes:*

The policies and procedures of DIHS are followed regarding terminal illness, death and advanced directive. Medical staff was knowledgeable about the policy. However a copy of the actual policy/procedure was not found in the medical unit policy/procedure binder.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature  Date: 02/20/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

TOOL CONTROL

**PURPOSE AND SCOPE:** Control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies is maintained, protecting residents, staff, contractors, and volunteers from harm and contributing to orderly facility operations

**EXPECTED OUTCOME:** The expected outcome of this Standard is as follows:

1. Tools, culinary utensils, and medical and dental instruments, equipment, and supplies (particularly syringes, needles and other sharps) will be continually controlled and accounted for.
2. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
3. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-ALDF-2D-02, 2D-03.

**To determine the rating the reviewer will:**

- Review written policy and procedure.
- Review tool control inventory log.
- Interview Tool Control Officer to determine knowledge of policy and practice.

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

- Review tool receiving reports and master inventory of tools for proper documentation.
- Review tool marking/identification and compare to inventory log.
- Observe all shadow boards for accuracy. Should be located in:
  - Tool Room
  - Food Service
  - Control Room
  - Vocational Area and
  - Grounds Maintenance area
- Review lost tool and unserviceable tool documentation.
- Interview medical Staff responsible for tool control.
- Review inventory control of syringes, needles and sharp tools to make certain inventory is perpetual and accurate.
- Review medical handling of used needles and sharps.
- Ensure that kitchen staff is familiar with signing in/out kitchen sharp tools.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Tools are classified according to Restricted (dangerous/hazardous) and Non Restricted (non-hazardous). Ref: p. 2; C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Restricted tools are behind locked doors when not in use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. The following areas maintain a tool inventory: Ref: p. 4; F			
a. Facility Maintenance Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Medical Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Food Service Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Electronics Shop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Recreation Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Armory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. A system is in place for the introduction of new tools and the disposal of worn tools. Ref: p. 5; #2 & p. 6; M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. There is a procedure in place for the daily inventory and quarterly review by persons not related to work area of all tool inventories. Ref: p. 2; #B5 & p. 5; j	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Staff prepare an inventory of tools and equipment used by contractors working inside the facility. Ref: p. 5; J2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Tool Control

Facility: Berks

*Reviewer's Notes:*

The facility tools are stored in a master tool center located in another area of the complex and managed by the complex maintenance coordinator. A system to have an inventory of all tools that enter the facility has been developed and is in place at the facility. There were no tools found in the facility during this review that were not on inventory at the front entrance post.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 2-18-09

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**TRANSFER OF RESIDENTS**

**PURPOSE AND SCOPE:** Transfers of residents from one facility to another are responsibly managed in regard to notifications, resident records, safety and security and protection of resident funds and personal property.

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. Decisions to transfer residents will be made by authorized officials on the basis of complete and accurate case information.
2. The legal representative-of-record will be properly notified that a resident is being transferred, in accordance with sound security practices.
3. The resident will be properly notified, orally and in writing, when he or she is being transferred to another facility, in accordance with sound security practices.
4. Transportation and receiving facility staff will have accurate and complete records on each transferred resident.
5. Transfer of residents will be accomplished safely and securely, particularly those with special health care concerns.
6. Transferred residents funds, valuables, and other personal property will be safeguarded.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-23, 1B-06, 4C-05, 4C-40, 4D-27, 6A-07, 7D-19, 7D-20

**To determine this rating the reviewer will:**

- Review written policies, procedures and practices.
- Review documented transfers to determine criteria used to transfer residents.
- Review notification log and resident files for appropriate notification.
- Interview DRO to determine systems for decision making and notification of decision on transfer.
- Interview medical authority to determine prompt notification of transfer.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. When a resident is represented by legal counsel or a legal representative, and a G-28 has been filed the following procedures are followed: Ref: p. 2; 2a			
a. The representative of record is notified by the resident's Deportation Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Notification includes the reason for the transfer and the location of the new facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. The notification is recorded in the resident's file	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Notification is noted within DACS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The attorney and resident are notified that it is their responsibility to notify family members regarding a transfer. Ref: p. 2; b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Forms I-203/I-203a, G-391 and I-216 accompany transfers. Ref: p. 9; f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Resident's funds, valuables and property are returned and transferred with the resident to their new location. Ref: 10; 5a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Meals are provided when transfers occur during normally schedule meal times. Ref: p. 11; c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Facility policy mandates that: Ref: p. 3; c			
a. Times and transfer plans are never discussed with the resident prior to transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. The resident is not notified of the transfer until immediately prior to departing the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS**

Components	Compliant	Not Compliant	Remarks
c. The resident is not permitted to make any phone calls or have contact with any resident in the general population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. For medical transfers: Ref: p. 2; a & 7; e2			
a. The Division of Immigration Health Service (DIHS) Medical Director or designee approves the transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Medical transfers are coordinated through the local ICE office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. A medical transfer summary is completed and accompanies the resident.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. A completed transfer summary sheet in a sealed envelope with the resident's name and A-number and the envelope is marked Medical Confidential.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Transporting officers receive instructions regarding medical issues. Ref: p. 8; #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. An A File or work folder accompanies the resident when transferred to a different field office or sub-office. Ref: p. 6; para 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Transfer of Residents

Facility: Berks

*Reviewer's Notes:*

DRO fully aware of policies and procedures in the event such an action is required.

Facility has no record of a transfer since 2002.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 02/19/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**TRANSPORTATION  
(Land Transportation)**

**PURPOSE AND SCOPE:** Vehicles are properly equipped, maintained, and operated and residents are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff, preventing harm to the public.

**EXPECTED OUTCOMES:** The expected outcomes of this Residential Standard are as follows:

1. The general public, residents, and staff will be protected from harm when residents are transported.
2. Vehicles used for transporting residents will be properly equipped, maintained, and operated.
3. Residents will be transported in a safe and humane manner, under the supervision of trained and experienced staff.
4. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition, Standards for Adult Local Detention Facilities: 4-ALDF-1B-01, 1B-03, 1B-04, 1B-05, 1B-06.

ICE/DRO Residential Standard on Transfer of Residents

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

Memorandum dated 7/14/2006 on "Escape Reporting" from the ICE/DRO Director, which specifies requirements for the reporting, tracking, and investigating of the escape of an ICE/DRO resident.

ICE/DRO Residential Standard for "Use of Physical Force"

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3 -JDF-3A-15

### **To determine this rating the reviewer will:**

- Review written Policy and Procedure to verify it is in line with accepted Practices and Residential Standards.
- Review training records of staff to determine if they receive training in vehicle safety and bus drivers have received appropriate training.
- Review transportation officer's Post Order to determine inclusion of necessary information.
- Look at license of all drivers to determine license is appropriate for vehicle they operate.
- Review key control system to verify officers must show license to pick up vehicle keys.
- Review safety check list.
- Inventory equipment in vehicle to verify all required items are located.
- In secure vehicles check screens and cages for tampering.
- Review log book for trip miles and Time Out/Time In.
- Review master log book in main control to determine Time Out/Time In.
- Review check list to determine appropriate forms available prior to transfer.
- Interview transportation supervisor regarding safety procedures including location of vehicle.
- Review plans for vehicle break downs, disturbance to determine plan of action in line with good security practice.
- Interview medical regarding timely notification of transport.
- Review vehicle maintenance logs.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Ref: p. 2; A5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Before the start of each detail, the vehicle is thoroughly searched. Ref: p. 5; f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Staff ensure positive identification of all residents being. Ref: p. 7; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Policy, procedure and practice indicate all residents are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle. Ref: p. 5; f6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. The facility ensures that the number of residents transported does not exceed the vehicles manufacturers' occupancy level. Ref: p. 7; J1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Protective vests are provided to all transporting officers. Ref: p. 5; e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Vehicle crew conducts a visual count once all passengers are on board and seated and additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. Ref: p. 10; R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Meals meet the minimum dietary standards, as identified by dieticians utilized by the Service. Ref: p. 9; L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. The vehicle crew inspects all Food Service pickups before accepting delivery. Ref: p. 9; L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Personal property of a resident transferring to another facility is inventoried, inspected, and accompanies the resident. Ref: p. 6: I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Structure and Maintenance**

Components	Compliant	Not Compliant	Remarks
11. Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. Ref: p. 9; L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. The vehicles are clean and sanitary. Ref: p. 9; N	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Transporting vehicles and staff have: Ref: p. 9; N			
a. Two-way radios.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Cellular telephones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Portables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Staff Training**

Components	Compliant	Not Compliant	Remarks
14. Supervisors maintain records for each vehicle operator. Ref: p. 3; #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There are not records kept to include drivers license, etc.
15. Officers ensure that no one contacts the residents and one officer remains in the vehicle at all times when residents are present. Ref: p. 8; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Officers use a checklist during every vehicle inspection and report deficiencies accordingly. Ref: p. 3; #3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The facility does not have check list for each vehicle.
17. Transportation training, orientation and policy and procedures includes the following: Ref: pp. 11-13			
a. Attack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	These items were not in the local post order and an emergency plan for the facility has not been developed.
b. Escape	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Components	Compliant	Not Compliant	Remarks
c. Hostage-taking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. Resident death	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. Vehicle fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g. Riot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h. Traffic accident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i. Vehicle Failure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j. Natural disasters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k. Special Needs Residents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Transportation (Land)

Facility: Berks

*Reviewer's Notes:*

The facility and ICE staff only transport residents to local appointments, field trips or places to depart the area such as bus stations and airports. As such they do not require all areas of the standard. They do need to update the transportation post order as the emergency plans are implemented.

**Compliance Rating:**

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 2-18-09

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**USE OF PHYSICAL FORCE AND RESTRAINTS**

**PURPOSE AND SCOPE:** After all reasonable efforts to otherwise resolve a situation have failed; staff is authorized to use the minimum physical force necessary for the protection from harm against self, residents, or others; for prevention of escape or serious property damage; or to maintain the security and orderly operation of the facility.

*Staff may use only the degree of force that is necessary to gain control of residents and may use physical restraints to gain control of an apparently dangerous resident, under specified conditions.*

*This Residential Standard does not specifically address the use of restraints for medical or mental health purposes, which may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful, as detailed in the Residential Standard on **Medical Care**.*

**EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:

1. The use of physical force will be restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes. In these situations, force will be used only as a last resort.
2. Physical force or restraint devices used as punishment will be prohibited.
3. Restraints will not be applied without prior supervisory approval if approval is required.
4. All weapons and related equipment will be stored securely in designated areas to which residents have no access.
5. A written record of routine and emergency distribution of security equipment will be maintained.
6. A written report will be provided to the facility administrator or designee no later than the end of a tour of duty when force was used on any resident, or any resident remains in restraints at the end of the shift.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association Standards for Adult Local Detention Facilities, 4<sup>th</sup> Edition: 4-ALDF-2B-01, 2B-02, 2B-03, 2B-04, 2B-05, 2B-06, 2B-07, 2B-08. 2C-01, 2C-02, 2C-06, 7B-15, 7B-16.

ICE Interim Use of Force Policy (7/7/2004).

National Enforcement Standard, "Use of Intermediate Force"

### **To determine this rating the reviewer will:**

- Review policy, procedures, practice and staff training to determine their compliance with standards.
- Interview the facility director and staff to determine their awareness of policy and procedure.
- Observe interaction between staff and residents to determine levels of confrontation and the propensity of staff to resort to use of force measures to control behavior.
- Review the use of alternative measures used prior to use of force.
- Review video taped incidents to determine if the entire incident was captured on camera.
- Review documentation and conduct interviews to determine if the use of force was used as a training opportunity with staff.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**General Components**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. For incidents involving calculated use of force, a videotape is made and retained for review. Ref: p. 8; B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There have been no incidents at the facility. Staff are aware of the requirement.

**Staffing and Training**

Components	Compliant	Not Compliant	Remarks
1. Staff: <ul style="list-style-type: none"> <li>• Do not use force as punishment.</li> <li>• Attempt to gain the resident's voluntary cooperation before resorting to force</li> <li>• Uses only as much force as necessary to control the resident</li> </ul> Ref: p. 2; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Well aware of components and its requirements – but environment is not such that measures are needed. Awareness and training of what to do if needed is evident.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Use of Physical Force and Restraints Facility: Berks

Reviewer's Notes:

Observations and discussions with leadership and staff substantiate facility is in full compliance with this Standard.

Compliance Rating:

- Compliant**  
 **Not Compliant**

Reviewer's Signature \_\_\_\_\_

b6

Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

VISITATION

**PURPOSE AND SCOPE:** Residents will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety and good order. Conjugal visits for ICE/DRO residents are prohibited.

**EXPECTED OUTCOME:** The expected outcomes of this Residential Standard are as follows:

1. Residents will be able to receive visits from their families, associates, legal representatives, consular officials, and others in the community.
2. Residents will be advised of visiting privileges and procedures as part of the facility's admission and orientation program.
3. Information about visiting policies and procedures will be readily available to the public.
4. The number of visitors a resident may receive and the length of visits will be limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.
5. Visitors will be required to adequately identify themselves and register in order to be admitted into a facility; and safety, security, and good order will be maintained.
6. A background check will be conducted on all new volunteers prior to their being approved to provide services to residents.
7. Each new volunteer will complete an appropriate, documented orientation program, and sign an acknowledgement of his or her understanding of the applicable rules and procedures and an agreement to comply with them.
8. Where required, residents have regular access to translations services and/or are provided information in a language that they understand.
9. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**REFERENCES:** The First National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family

## OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Local Detention

Facilities : 4-ALDF: 5B-01, 5B-02, 5B-03, 5B -04, 2A-21, 2A-27, 2A-61, 6A-02, 6A-06, 7B-03, 7C-02, 7F-05, 7F-06.

American Correctional Association 3rd Edition, Standards for Juvenile Detention Facilities: ACA 3 JDF-3D-02, 5G- 12 through 15

### **To determine this rating the reviewer will:**

- Review written Policy and Procedures to verify it is in line with Residential Standards.
- Review visitor sign-in log.
- Review list of approved visitors.
- Review resident handbook to determine how many visits are allowed and verify through visitation records and resident interviews if residents are permitted the number of visits.
- Observe visitation, if possible.
- Observe post visitation hours and rules governing visitation.
- Interview staff responsible for visitation to determine understanding of policy and practices.

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**PERFORMANCE STANDARDS**

**Policy and Procedures**

Components	Compliant	Not Compliant	Remarks
1. Rules and hours are posted in common areas and in visiting areas where they can easily be seen by residents and visitors. Ref: p. 3; 3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Written rules specify a time limit of 60 minutes <b>minimum</b> with family and friends under normal conditions. Ref: p. 5; 9a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Schedules and procedures are available to the public, both in written form and telephonically. Ref: p. 3; 3c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. A live voice or recording provides telephone callers with the hours for all categories of visitation. Ref: p. 3; 3c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Residents are permitted standard (contact) visitation rights. Ref: p. 3; first line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. A general visitation log and a separate log of legal visitors are maintained. Ref: p. 3; #4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Visitors are searched and identified according to standard requirements. Ref: p. 6; c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Visits between legal representatives or assistants and a resident are confidential, and are not subject to auditory supervision. Ref: p. 9; i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Written procedures regarding incoming property and money for residents are available. Ref: 3; #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS**

Components	Compliant	Not Compliant	Remarks
10. A dress code is established for visitors over 5 years of age that is in keeping with the residential standard. Ref: p. 4; #7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. A local pro bono list is promptly and prominently posted in resident housing units and other appropriate areas. Ref: p. 10; m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Legal representatives complete and submit a Form G-28. Ref: p. 9; h	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. G-28 forms are available in the legal visitation reception area. Ref: p. 9; h	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Residents subject to Expedited Removal who have been referred to Asylum staff are able to consult with persons of the resident's choosing. Ref: p. 11; 11a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Procedures liberally allow an opportunity for consultation visitation, in order to ensure compliance with statutory and regulatory requirements and to prevent delay in the Expedited Removal process. Ref: p. 11; b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Policy and procedures are in place governing animals accompanying humans during visitation. Ref: p. 14; c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
The general visitor's log contains the following information: Ref: p. 3; #4			
a. The name and A-number of the resident visited.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. The visitor's name and address.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. The visitor's immigration status.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
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Components	Compliant	Not Compliant	Remarks
d. The visitor's relationship to the resident.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. The date and time in and out.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Resident Intake and Orientation**

Components	Compliant	Not Compliant	Remarks
17. Written notification of visitation rules and hours are provided in the resident handbook (or equivalent) and provided to each resident upon admission in a language that they understand. Ref: p. 3; 3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Structure and Maintenance**

Components	Compliant	Not Compliant	Remarks
18. Visitation areas are constructed in a manner that allows for parents to view the activities of their minor children within the visitation area. Ref: p. 9; i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. The facility provides a means where a parent can talk privately out of the hearing range of the children. Ref: p. 9; i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. The facility's visiting areas are appropriately furnished and arranged, and as comfortable and pleasant as practicable. Ref: p. 5; #8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Space is provided outside of the immediate visiting areas for the secure storage of visitors' coats, handbags, and other personal items. Ref: p. 5; #8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Standard: Visitation

Facility: Berks

Reviewer's Notes:

Overall approach to visitation sound. Approval process precise. Cawse workers make sure it is clear to residents how someone can come to see them. Good correction ensuring that visit is scheduled with an "approved" person and conducted in a compliant manner. Resident interviews proved individuals comfortable with process. Suggest changing requirement that relationship to residents be documented. Not necessary given approval.

Compliance Rating:

- Compliant**  
 **Not Compliant**

Reviewer's Signature

 b6

Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and is found compliant in the majority of general component areas. Facility recommended for passing of the standard with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is recommended to implement suggestions within 90 days of site visit report. Documentation of implementation must be received by ICE/DRO within 90days. Revisit of facility may be warranted.

# OFFICE OF DETENTION AND REMOVAL FAMILY AND RESIDENTIAL STANDARDS

## Life, Health & Safety (LHS) Critical Components

### Overview:

Life, Health & Safety (“LHS”) components are factors used to assess critical and fundamental operations of ICE Family Residential Facilities. In general, LHS components are considered to be those by which non-compliance may *significantly*:

- Impair the health and safety of residents and/or staff;
- Diminish the basic quality of life afforded to residents; and
- Undermine the mission and mandate of JFRMU to appropriately manage ICE’s immigration policy as it pertains to undocumented families with children and protecting their safety and dignity.

### Background:

The LHS component items were derived from select ICE/DRO Family Residential Standards (“Standards”). References to these Standards may be found in the DRO Family Residential Standards Manual or on the web at <http://www.ice.gov/pi/familyresidential/index.htm>. The select Standards include:

Admissions and Release	Key Control	Sexual Abuse Prevention
Education	Law Library	Staff Hiring and Training
Emergency Plans	Legal Rights Groups	Suicide Prevention
Environmental Health & Safety	Medical Care	Telephone Access
Food Service	Personal Hygiene	Tool Control
Grievance	Recreation	Transportation (Land)
Hunger Strikes	Religious Practices	

### Reviewer Instructions:

To determine this rating the Lead Reviewer will:

- Review written Policy and Procedures
- Review current resident handbook.
- Review facility areas to include: resident rooms, classrooms, visitation areas, meal rooms, restrooms, and libraries
- Observe admission/orientation process, if possible.
- Conduct overall tour of facility operations.
- Interview residents and staff

OFFICE OF DETENTION AND REMOVAL  
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**LHS PERFORMANCE COMPONENTS**

**Policies and Procedures**

Components	Compliant	Not Compliant	Remarks
1. The facility has written policies and procedures which are inclusive of all Standards and are reviewed at least annually. Ref: Standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. An approved translator service is readily available for all staff and resident use. Ref: Standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Admissions and Release**

Components	Compliant	Not Compliant	Remarks
3. Arriving residents receive a handbook that details facility rules in a language the resident understands. Ref: p. 7; #6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Arriving residents receive a medical screening and appropriate referrals. Ref: P. 6; h	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Policy and procedure include documenting and providing to medical staff all medication and prescriptions arriving with new residents. Ref: Medical Care; p. 11; 8a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
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Components	Compliant	Not Compliant	Remarks
6. Policies and procedures for new arrival searches include the appointment of an officer of the same gender to conduct searches, no searches of children without a parent, no searches of youth younger than 14 years of age, and no "strip searches" of residents without prior approval from an ICE/DRO Facility Administrator. Ref: Sect. V.2 and V.C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Medical screenings and intake interviews are performed by authorized medical staff. (Rev.2/09) Ref: Medical Standard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Initial questions are conducted by Berke staff but final screening completed by medical. Not done in appropriate time lines.

**Correspondence and Other Mail**

Components	Compliant	Not Compliant	Remarks
8. Identity documents (passports, birth certificates, etc.) mailed to the resident will be turned over to ICE/DRO for placement in the resident's file Ref V.3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Education**

Components	Compliant	Not Compliant	Remarks
9. The facility has an Education Department and provides educational services to children. Ref: p. 2; 1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS**

Components	Compliant	Not Compliant	Remarks
10. Educational services are provided year round, Monday – Friday (except holidays). Ref: p. 2; 1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Children not eligible to attend classes are provided with age-appropriate manipulatives, activities and language development materials. Ref: p. 2; #1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on conversation with SME for education it appears youth are not place in preK within the age group required by Education Standards. However, they are involved in activities.
12. Each student is administered an Individual Educational Assessment within three (3) days of his/her arrival at the facility. Ref: p. 3; 1f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Language and math assessments provided.

**Emergency Plan**

Components	Compliant	Not Compliant	Remarks
13. The facility has an emergency plan that includes: preventing, reporting, responding, and after action reviews of fire, man made and natural disasters, hostage situations, riots, work stoppage, bomb threats, and escape from authority. Ref: p. 10,n	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. The facility conducts drills on each area at least annually. Ref p. 1, II. 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
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**Environmental Health & Safety**

Components	Compliant	Not Compliant	Remarks
<p>15. Environmental Health practices include: a) A fire prevention control and evacuation plan and b) a chemical control plan that includes storing, maintaining perpetual inventory, issuing, and supervision of persons using hazardous chemicals.</p> <p>Ref: p. 11; Environmental Health &amp; Safety, p. 1; II, #2</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Food Service**

Components	Compliant	Not Compliant	Remarks
<p>16. The facility maintains a high level of sanitation and cleanliness in all areas of food service preparation and dining.</p> <p>REQ. JFRMU</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>17. Residents are served at least three (3) meals daily, and at least two (2) of them are hot.</p> <p>Ref: p. 5; 4a</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>18. Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the knife cabinets.</p> <p>Ref: p.3; b</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>19. No more than 14 hours elapse between the last meal served and the first meal of the following day.</p> <p>Ref: p. 5; 4a</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time between evening a breakfast meal is 15 hours.

OFFICE OF DETENTION AND REMOVAL  
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Components	Compliant	Not Compliant	Remarks
20. The food service program addresses medical diets. Ref: p. 16; 7a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Based on interviews with food service, the only knowledge local staff have of a medical diet is by word of mouth with the residents.

**Grievance**

Components	Compliant	Not Compliant	Remarks
21. Policies and procedures for Grievance System include: unimpeded access, emergency grievances, assurance of no retaliation for filing grievances and forwarding allegations of staff misconduct to a supervisor and JFRMU. Ref p. 1; V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them. Ref V.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interviews with staff did not confirm but training record indicated they are trained. This staff is so involved with residents they know there problems and work with them for solutions.

**Hunger Strikes**

Components	Compliant	Not Compliant	Remarks
23. Policy and procedure for Hunger Strikes include referrals for residents suspected of or announced to be on a hunger strike, a medical assessment, and notification to ICE/DRO. Ref: p. 2; #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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**Key Control**

Components	Compliant	Not Compliant	Remarks
24. Policies and procedures for key and lock control include identifying highly restricted, restricted and working keys - with highly restricted keys being issued to staff assigned to such areas only. Ref Sec. D, pg 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. Individual gun lockers are in an area that does not allow resident or public access. Ref V.6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
26. Emergency keys are available for every area to or from which entry or exit might be necessary in an emergency. Ref: V.i.e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Law Library**

Components	Compliant	Not Compliant	Remarks
27. A law library is provided, accessible to all residents, and is staffed with personnel to provide assistance to Non-English speaking and reading impaired residents. Ref: p. 1, II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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**Legal Rights Groups**

Components	Compliant	Not Compliant	Remarks
28. Policies and procedures for attorneys and legal representatives include notifying residents at least 48 hours in advance when legal group presentations are scheduled. Ref: p. 4; para 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Medical Care**

Components	Compliant	Not Compliant	Remarks
29. Perpetual inventories are maintained on all sharps Ref: p. 10; #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30. All residents have access to, and the ability to receive, medical, mental health and dental care. Ref: p. 3; #24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31. Residents have privacy for health examinations and treatment. (Rev. 02/09) Ref: p. 11; a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32. All health areas have their own designated perimeter with restricted access. Ref: p. 8; 4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
33. The facility has a designated, in-house, approved mental health program. Ref: p. 11; #9a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34. Adults receive physical examinations within 7 days of arrival. Ref: p. 2; #16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
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Components	Compliant	Not Compliant	Remarks
35. Youth receive physical examinations within 24 hours of arrival. Ref: p. 2; #16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
36. Pregnant females have access to routine prenatal care, counseling and assistance, nutrition, and postpartum follow-up. Ref: p. 19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
37. Any resident referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of referral. Ref: p. 14, f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
38. Newly admitted residents receive medical, mental health & substance abuse screening by a licensed or appropriately trained health care provider. Ref: p. 12, 8d; 13, 9c; Ref: p. 11-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Initial mental health screening is not conducted by a licensed or appropriately trained health care provider.
39. Sick call slips are reviewed a minimum of twice daily and triaged within twelve (12) hours. REQ. JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

**Personal Hygiene**

Components	Compliant	Not Compliant	Remarks
<p>40. There is a system in place for residents to have access to and regular issuance and exchange of climate appropriate clothing, bedding, linens, towels, and personal hygiene items.</p> <p>Ref: V.1</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>41. The facility is equipped operable and sanitary toilets, wash basins, and private showers that are available 24 hours and may be accessed without staff assistance</p> <p>Ref V.5.a</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>42. Wash basin and showers have both hot (100-120 degrees Fahrenheit) and cold running water.</p> <p>Ref: p. 3; #5</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>43. Adequate and sanitary facilities are available for residents with disabilities and for washing infants and toddlers.</p> <p>Ref V.5.d</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>44. Each resident is provided with his or her own bed.</p> <p>Ref V.7</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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**Recreation**

Components	Compliant	Not Compliant	Remarks
45. Policy and procedure for Recreation provides for age appropriate leisure activities including indoor and outside recreational programming. Ref: p. 2; V1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Religious Practices**

Components	Compliant	Not Compliant	Remarks
46. Residents are allowed access to personal religious property and religious services are open to all residents. Ref: p. 6; #9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Resident and Staff Communication**

Components	Compliant	Not Compliant	Remarks
47. Policy and procedures ensure and document that the ICE/DRO department heads conduct frequent unannounced, unscheduled visits to the facility's living and activity areas. Ref: p. 2; #1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
48. Documentation of weekly telephone tests include: random calls to pre-programmed numbers, interview of residents, and review of written resident complaints. (Rev. 02/09) Ref: p. 4; 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
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**Sexual Abuse Prevention and Intervention**

Components	Compliant	Not Compliant	Remarks
<p>49. Policy and procedure for Sexual Abuse and Assault Prevention includes protection of a resident who alleges sexual assault, immediate protection, and referral for a medical examination and/or clinical assessment. Ref: p. 3</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>50. The resident orientation program and handbook include information relating to: prevention and intervention, self-protection, reporting sexual abuse or assault to a designated staff member, and treatment and counseling. Ref: p. 4; G</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>There is no handbook and the information given at orientation is not very comprehensive. Resident interviews revealed no knowledge of policy or system.</p>
<p>51. Resident intake includes screening for sexual trauma and a history of sexually aggressive behaviors or tendencies. Ref: p. 5; H</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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**Staff Hiring and Training**

Components	Compliant	Not Compliant	Remarks
<p>52. Staff receives initial and annual training on: effective searches, the use of soft and hard restraints, suicide-prevention training, Sexual Abuse and Assault Prevention and Intervention, emergency plans, and effective behavioral management techniques. All training is documented.</p> <p>Ref: Staff Hiring &amp; Training; Standards</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>53. Introductory training for all staff occurs prior to the employee providing direct care to families and accompanied children.</p> <p>Ref: p. 8; B</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>54. All staff, contractors and volunteers complete a Signed Statement of Agreement outlining actions that constitute child abuse and neglect.</p> <p>Ref: p. 7; D</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>55. All personnel files include: Child Protective Service (CPS) or similar background investigations, Results of medical examinations and immunizations, Criminal and other background checks, Copies of professional licenses.</p> <p>Ref: p. 6; #8</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>56. Life-safety subject training courses require trainees to pass written and/or practical examinations.</p> <p>Ref: p. 7; A</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**OFFICE OF DETENTION AND REMOVAL  
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Components	Compliant	Not Compliant	Remarks
57. Staffing levels are maintained at a minimum of ninety (90) percent in every area of operation. REQ. JFRMU	<input type="checkbox"/>	<input type="checkbox"/>	

**Suicide Prevention and Intervention**

Components	Compliant	Not Compliant	Remarks
58. Residents are screened for suicidal ideation and the screening is documented (form DIHS-794) Ref: p. 2; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residents are screened at intake.
59. Staff participate in suicide-prevention training during the employee orientation program and at least annually thereafter. Ref: p. 2; #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recognition of suicidal warning signs included in training.

**Telephone Access**

Components	Compliant	Not Compliant	Remarks
60. Residents are allowed access to telephones during established facility waking hours. Ref: p. 2; #4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
 FAMILY AND RESIDENTIAL STANDARDS

**Tool Control**

Components	Compliant	Not Compliant	Remarks
61. Policy and procedure for Tool Control includes the storage, issuing, supervision and inventory of tools based on highly restricted, restricted and working tools. Ref: p. 2; B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
62. Acetylene and other highly flammable liquids such as gas and paint thinner only have the amount needed in one day inside the facility and are stored outside the perimeter of the facility when not in use and at the end of each work day. Ref: p. 4; E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
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**Transportation (Land)**

Components	Compliant	Not Compliant	Remarks
63. Policy and procedure for Transportation by Land includes <ul style="list-style-type: none"> <li>• Providing meals during transfer</li> <li>• Use of Restraint including special circumstances</li> <li>• Emergency plans</li> </ul> Ref: p. 9; L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
64. Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment. Ref: p. 3; #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
65. Transporting officers: limit driving time to 10 hours maximum drive time per trip segment, drive only after 8 consecutive off-duty hours, and drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. Ref: p. 4; #4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Use of Force**

Components	Compliant	Not Compliant	Remarks
66. Policy and procedure for Use of Force outlines immediate and calculated use of force, confrontation avoidance, authorization on appropriate force, and documentation and review procedures. Ref: V.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
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Components	Compliant	Not Compliant	Remarks
67. Use of Force policy clearly states force is not authorized for children. Ref: V.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Visitation**

Components	Compliant	Not Compliant	Remarks
68. Policies and procedures for visitation outlines general, legal, and religious visitation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
69. Resident visitation is operational a minimum of 12 hours each day. (Rev. 02/09) REQ: JFRMU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
70. Private consultation rooms are available for legal representative meetings with residents. Ref: p. 9; i	<input type="checkbox"/>	<input type="checkbox"/>	

OFFICE OF DETENTION AND REMOVAL  
FAMILY AND RESIDENTIAL STANDARDS

Component: Life, Health & Safety (LHS) Facility: Berks

Reviewer's Notes:

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Compliance Rating:

- Compliant  
 Not Compliant

Reviewer's Signature \_\_\_\_\_



Date: 02/18/2009

**COMPLIANCE RATING DEFINITIONS:**

**Compliant** - Facility is operating as required and recommended for passing of LHS components with adoption of suggested recommendations, if any. Implementation of suggestions should be documented and available for review.

**Non Compliant** - Facility fails to meet the minimal requirements for effective operation. Facility is required to submit a Quality Assurance Service Plan (QASP) within 30 days of site visit report. Revisit of facility may be warranted.