U.S. Department of Homeland Security 500 12 Street, SW Washington, DC 20536



MEMORANDUM FOR: Robin F. Baker

Field Office Director San Diego Field Office

FROM: James T. Hayes, Jr.

Director

SUBJECT: El Centro Service Processing Center Annual Review

The annual review of the El Centro Service Processing Center conducted on June 17-19, 2008, in El Centro, California, has been received. The Review Authority (RA) has downgraded the rating to an **Acceptable**.

The CC-324A worksheets provided by the Reviewer-in-Charge (RIC) indicated the facility was non-compliant with the Environmental Health and Safety, Key and Lock Control, and Food Service standards. A Plan of Action is required to address these deficiencies.

The rating was based on the RIC Summary Memorandum and supporting documentation. The Field Office Director must remedy the deficient standards, and initiate the following actions in accordance with the Detention Management Control Program (DMCP):

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility **within** five business days of receipt of this memorandum. Notification shall include copies of the Form CC-324A, *Detention Facility Review Form*, the CC-324A Worksheet, RIC Summary Memorandum, and a copy of this memorandum.
- 2) The Field Office Director is responsible for ensuring that the facility responds to all findings and a Plan of Action is submitted to the RA within 30 days.
- 3) The RA will advise the Field Office Director once the Plan of Action is approved.
- 4) Once a Plan of Action is approved, the Field Office Director shall schedule a follow-up on the above noted deficiencies within 90 days.

Subject: El Centro Special Processing Center Annual Review Page 2

The Field Office is responsible for assisting the Intergovernmental Service Agreement (IGSA) facility to respond to the U.S. Immigration and Customs Enforcement findings when assistance is requested. Notification to the facility shall include information that this assistance is available.

Should your staff have any questions regarding this matter, please contact
Deputy Assistant Director, Detention Management Division at (202) 732-

b2 high, (b)(6), (b)(7)c

MANAGEMENT REVIEW

REVIEW AUTHORITY		
	OF THIS REPORT BY THE REVIEW AUTHORITY. FOD/OIC/CEO WILL PORT TO RESPOND TO ALL FINDINGS AND RECOMMENDATIONS.	
HQDRO MANAGEMENT REVIEW: (Print Name)	Signature	
James T. Hayes, Jr.		
Title	Date	

Title		Date
Director		
FINAL RATING:	SUPERIOR GOOD ACCEPTABLE DEFICIENT AT-RISK	

COMMENTS: The Review Authority has downgraded the recommended rating of "Good" to an "Acceptable". A Plan of Action is required to address the deficiencies in the Food Service, Environmental Health and Safety, and Key and Lock Control standards.

6415 Calder, Suite B • Beaumont, Texas 77706 409.866.9920 • www.correctionalexperts.com

Making a Difference!

June 24, 2008

MEMORANDUM FOR: James T. Hayes, Jr.

Acting Director

Office of Detention and Removal Operations

FROM: b6, b7c

Reviewer-In-Charge/SME Security

SUBJECT: El Centro Service Processing Center Annual Detention Review

Creative Corrections conducted the Annual Detention Review (ADR) of the El Centro Service Processing Center (ECSPC) located in El Centro, California, on June 17-19, 2008. As noted on the attached documents, my team of Subject Matter Experts included:

Administration; b6, b7c , Health Services; b6, b7c Safety and Environmental Health; and b6, b7c d Services.

Type of Review:

This review is a scheduled Detention Standard Review to determine compliance with ICE National Detention Standards for facilities used over 72 hours.

Review Summary:

The El Centro Service Processing Center is accredited by American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Standards Compliance:

The following statistical information provides a direct comparison of the June 2007 ADR and the ADR conducted in June 2008.

June 2007,	Review	June, 2008 Revi	ew
Compliant	38	Compliant	38
Deficient	0	Deficient	0
At Risk	0	At Risk	0
Non-Applicat	ole 0	Non-Applicable	0

RIC Issues and Concerns

Administration

The overall rating evidenced in the working papers of the ECSPC indicates compliance with all 38 National Detention Standards (NDS). Although there were no deficiencies noted, considerable attention must continue to be afforded to security and life safety concerns discussed below.

It is clear that management has identified security and life safety weaknesses, requested funding for enhancements, and ultimately has received authority for corrective actions. To this end, there are currently multiple, in-progress contactor projects under the supervision of the Facility Manager. Consideration should be given to providing additional subject matter expert(s) to assist with the management of these projects. It is imperative these projects continue to receive the highest priority from management in order that a safe and secure environment for staff, detainees, and the public are maintained.

Life Safety

The fire safety program provides staff and detainees a sufficient level of safety.

The fire safety systems throughout the facility, including fire alarms, sprinkler systems, kitchen hood fire suppression systems, emergency generators and emergency lighting/exit lights, are not inspected and tested monthly, quarterly, or annually as required by the National Fire Protection Association (NFPA) standards, NFPA 72, NFPA 25 and NFPA 17A, NFPA 110, and NFPA 70. There is a contract with Candelaria Corporation (effective 09/19/07) to conduct testing, inspecting, and maintenance of these systems. On-site inspection and review of documentation failed to verify Candelaria is fulfilling contracted services as required by the statement of work. Candelaria was notified of this problem and is scheduled to begin service on Monday, June 23, 2008. Management should provide direct supervision of the contractor to ensure compliance.

Locking mechanisms used in internal security gates, housing units, and processing unit are not detention grade hardware as required by NFPA 101, A.23.1.2.2.1. A security enhancement project is currently underway to replace all unauthorized locks.

Review of documentation for fire drills indicated that quarterly drills in the housing units were not taking place across all shifts. Corrective action was taken and drills are now being conducted as required. Continued monitoring of the fire drill exercises is essential to ensure staff and detainees are aware of their responsibilities in emergencies.

Management should consider dedicating a position to supervise life safety/environmental health program compliance. Dedicated assistance with the management of this program would enhance safety and security for staff and detainees.

Keys

	b2 high	
	b2 high	
The daily accounting of all keys recently came into compliance with NDS. As a new procedure, ICE supervisory staff should continue to monitor the program carefully until AKAL staff is more familiar with the requirement.		
	b2 high	
Locks		

Vehicle Entrance

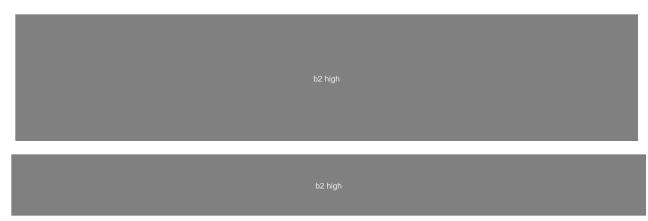
b2 high

The review team recommended adding an additional officer position to the vehicle entrance during the review for added security during construction. Management agreed with this recommendation and immediately assigned an officer. Because this entrance is very long, (spanning the length of the facility) it is further recommended this added security post be made permanent with post orders developed to identify position responsibilities.

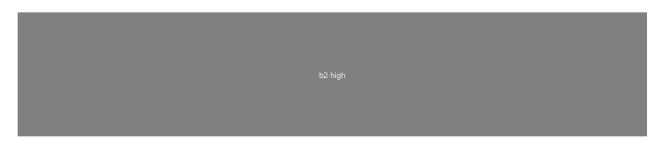
The entrance project also includes installation of surveillance cameras and monitors. This additional technology will help maintain appropriate supervision and security combined with increased staffing.

The vehicle entrance project must be closely managed to expedite its completion. The facility is at higher risk during this project. Vigilance by all concerned cannot be overstated.

Fencing



Administration Building Security



CCTV Control Center



Medical Vacancies

There are 30 PHS medical staff positions authorized for ECSPC. Currently, there are six vacancies. Health care accessibility has not been adversely affected by these vacancies however; the positions are necessary and should be encumbered as soon as possible.

Title 18 Notification

It is recommended that Title 18 information be posted conspicuously at all facility entrances notifying all persons entering, that alcohol, firearms, ammunition, explosive devices, and guns are prohibited.

Lexis Nexis

Lexis Nexis is provided in English for detainee use. It is recommended that ICE consider making available the Spanish version of Lexis Nexis given the ethnic demographics of the detainee population.

Area of Strength

The frequency of daily, weekly, and unannounced rounds to all housing units by Deportation Officers, Supervisory Deportation Officers, Assistant OIC, and AFOD/OIC is noteworthy as commendable. The spontaneity of rounds and subsequent documentation evidencing action taken is without doubt among the best we have evaluated.

The NDS Compliance Team documentation and preparation is also significant. All documentation and evidence required for the compliance review was made available to the review team. Local policy and procedures have been well developed establishing a solid foundation toward standards compliance. The extensive documentation and policy development ranks well above others we have evaluated.

Recommended Rating and Justification

It is the Reviewer-in-Charge recommendation that the facility receive a rating of "Good." It is also recommended by the RIC that a Plan of Action be required for this facility to identify and implement necessary corrective actions for the RIC Issues and Concerns.

RIC Assurance Statement

All findings of this review have been documented on the Detention Review Worksheet attached and are supported by the written documentation contained in the review file.



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Making a Difference!

June 24, 2008	
MEMORANDUM FOR:	James T. Hayes, Jr. Acting Director Office of Detention and Removal Operations
FROM:	Reviewer-In-Charge/SME Security
SUBJECT:	El Centro Service Processing Center Annual Detention Review
Processing Center (ECSPC)	ted the Annual Detention Review (ADR) of the El Centro Service located in El Centro, California, on June 17-19, 2008. As noted on team of Subject Matter Experts included: Health Services; Safety and Environmental Services.
A closeout meeting was held	on June 19, 2008, during which all concerns and recommendations

Type of Review:

were discussed with Assistant Field Office Director,
Assistant Officer in Charge, and key facility staff.

This review is a scheduled Detention Standard Review to determine compliance with ICE National Detention Standards for facilities used over 72 hours.

Review Summary:

The El Centro Service Processing Center is accredited by American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Standards Compliance:

The following statistical information provides a direct comparison of the June 2007 ADR and the ADR conducted in June 2008.

June 2007	Review	<u>June, 2008</u>	Review
Compliant	38	Compliant	38
Deficient	0	Deficient	0
At Risk	0	At Risk	0
Non-Applicable	0	Non-Applicable 0	

Area of Strength

The frequency of daily, weekly, and unannounced rounds to all housing units by Deportation Officers, Supervisory Deportation Officers, Assistant OIC, and AFOD/OIC is noteworthy as commendable. The spontaneity of rounds and subsequent documentation evidencing action taken is without doubt among the best we have evaluated.

The NDS compliance team documentation and preparation is also significant. All documentation and evidence required for the compliance review was made available to the review team. Local policy and procedures have been well developed, establishing a solid foundation toward standards compliance. The extensive documentation and policy development ranks well above others we have evaluated.

Recommended Rating and Justification

It is the Reviewer-in-Charge (RIC) recommendation that the facility receive a rating of "Good."

RIC Assurance Statement

All findings of this review have been documented on the Detention Review Worksheet attached and are supported by the written documentation contained in the review file.



DETENTION FACILITY INSPECTION FORM FACILITIES USED LONGER THAN 72 HOURS

A. Type of Facility Reviewed		
ICE Contract Detention		
☐ ICE Intergovernmental	Service Agreement	
D. Comment Lames of the		
B. Current Inspection		
Type of Inspection ☐ Field Office ☐ HO Inspecti	ion	
☐ Field Office ☐ HQ Inspection Date[s] of Facility Review	.011	
June 17-19, 2008		
Julie 17-19, 2008		
C. Previous/Most Recent Facilit	tv Review	
Date[s] of Last Facility Review	y ======	
June 19-21, 2007		
Previous Rating		
	ble Deficient At-Risk	
D. Name and Location of Facili	ty	
Name		
El Centro Service Processing Cente	er	
Address (Street and Name)		
1115 North Imperial Avenue		
City, State and Zip Code		
El Centro, California		
County		
Imperial Name and Title of Chief Executive	Officer	
(Warden/OIC/Superintendent)	Officer	
b6, b7c		
Telephone # (Include Area Code)		
(760) 336- b6, b7c		
Field Office / Sub-Office (List Offi	ce with oversight responsibilities)	
San Diego, California		
Distance from Field Office		
120 miles		
E. Creative Corrections Review	Геат	
b6, b7c RIC/SME Security		
b6, b7c SME Administration		
0.000		
b6, b7c SME Safety and Environmental Health		
SME Food Comics		
SME Food Service		
b6, b7c , SME Health S	Services	
b6, b7c , SME Health S	ICI VICCS	
F. CDF/IGSA Information Only		
Contract Number	Date of Contract or IGSA	
N/A	N/A	
Basic Rates per Man-Day		
N/A		
Other Charges: (If None, Indicate I	N/A)	

Estimated Man-days per Year

N/A

G. Accreditation Cert	ificates	
List all State or National	Accreditation[s] received:	
ACA, NCCHC	C, JCAHO	
Check box if facility	has no accreditation[s]	
	- -	
H. Problems / Complain	ints (Copies must be attached)	
	art Order or Class Action Finding	
Court Order	Class Action Order	
The Facility has Signific	ant Litigation Pending	
☐ Major Litigation	Life/Safety Issues	
Check if None.	•	
I. Facility History		
Date Built		
1975		
Date Last Remodeled or	Upgraded	
Presently under Construc		
Date New Construction		
None	•	
Future Construction Plan	nned	
Yes No Date: C	Commenced June 2007 to Present	
C + D 10	E (D 10 (#N D 1 1)	
Current Bed Space	Future Bed Space (# New Beds only)	
544	Number: N/A Date: N/A	
T (T) 15 (11) D		
J. Total Facility Popu		
Total Facility Intake for previous 12 months		
T LICENT 1 C T	5,409	
Total ICE Mandays for I		
	168,492	
T		
K. Classification Level (ICE SPCs and CDFs Only)		

	L-1	L-2	L-3
Adult Male	273	137	65
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	544	480	562
Adult Female	N/A	N/A	N/A
☐ Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	462	0	0
Adult Female	N/A	N/A	N/A

N. Facility Staffing Level

Security:	
b2 high	b2 high

AKAL SECURITY CONTRACT	# 8CL-2-C-0003
\$59,499,905.52	
AHTNA CONTRACT # HSCEOP	-07-C-00016
\$58, 845.32	

SIGNIFICANT INCIDENT SUMMARY WORKSHEET

In order for Creative Corrections to complete its review of your facility, you <u>must</u> complete the following worksheet prior to your scheduled review dates. This worksheet must contain data for the past twelve months. We will use this worksheet in conjunction with the ICE Detention Standards to assess your detention operations with regard to the needs of ICE and its detainee population. Failure to complete this worksheet will result in a delay in processing this report, and may result in a reduction or removal of ICE detainees from your facility.

INCIDENTS	DESCRIPTION	Jan – Mar	Apr – Jun	Jul – Sep	Oct – Dec
Assaults	Types (Sexual ¹ , Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	1	3	1	3
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell Moves ²		0	0	0	0
Disturbances ³		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints Applied/Used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a Result of Injuries Sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances	# Received	43	37	13	11
	# Resolved in Favor of Offender/Detainee	19	13	5	6
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases Referred for Outside Care	17	15	17	5
	# Psychiatric Cases Referred for Outside Care	1	0	0	0

⁻

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

Routine transportation of detainees/offenders is not considered "forced"

Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents

DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

1. A	CCEPTABLE	2. DEFICIENT	3. AT-RISK	4. REPEAT FINDING	5. NOT APPLICABLE					
LEG	AL ACCESS	STANDARDS				1.	2.	3.	4.	5.
1.		Legal Materials								
2.	Group Pres	sentations on Legal Ri	ights							
3.	Visitation									
4.	Telephone	Access				\boxtimes				
DETA	AINEE SERV	ICES								
5.	Admission	and Release								
6.	Classificati	on System				\boxtimes				
7.	Correspond	dence and Other Mail				\boxtimes				
8.	Detainee H	andbook								
9.	Food Servi	ce				\boxtimes				
10.	Funds and	Personal Property				\boxtimes				
11.	Detainee G	brievance Procedures				\boxtimes				
12.	Issuance ar	nd Exchange of Cloth	ing, Bedding, and To	wels		\boxtimes				
13.	Marriage R	Requests				\boxtimes				
14.	Non-Medic	cal Emergency Escort	ed Trip							
15.	Recreation					\boxtimes				
16.	Religious I	Practices				\boxtimes				
17.	Voluntary '	Work Program								
HEA	LTH SERVIC	CES								
18.	Hunger Str	ikes				\boxtimes				
19.	Medical Ca	are				\boxtimes				
20.	Suicide Pre	evention and Interven	tion							
21.	Terminal II	llness, Advanced Dire	ectives and Death							
SECU	JRITY AND (CONTROL								
22.	Contrabano	1				\boxtimes				
23.	Detention l	Files				\boxtimes				
24.	Disciplinar	y Policy				\boxtimes				
25.	Emergency	Plans								
26.	Environme	ntal Health and Safet	y			\boxtimes				
27.	Hold Roon	ns in Detention Facilit	ties							
28.	Key and Lo	ock Control								
29.	Population	Counts				\boxtimes				
30.	Post Order	S				\boxtimes				
31.	Security In	spections								
32.		nagement Units (Ad				\boxtimes				
33.		nagement Units (Dis	ciplinary Segregation	n)		\boxtimes				
34.	Tool Contr					\boxtimes				
35.	-	tion (Land manageme	ent)			\boxtimes				
36.	Use of Fore	ce								
37.		ninee Communication		3)						
38.	Detainee T	ransfer (Added Septe	ember 2004)							

ALL FINDINGS OF DEFICIENT AND AT-RISK REQUIRE WRITTEN COMMENT DESCRIBING THE FINDING AND WHAT IS NECESSARY TO REACH COMPLIANCE.

RIC REVIEW ASSURANCE STATEMENT

BY SIGNING BELOW, THE REVIEWER-IN-CHARGE (RIC) CERTIFIES THAT:

- 1. ALL FINDINGS OF NON-COMPLIANCE WITH POLICY OR INADEQUATE CONTROLS, AND FINDINGS OF NOTEWORTHY ACCOMPLISHMENTS, CONTAINED IN THIS INSPECTION REPORT, ARE SUPPORTED BY EVIDENCE THAT IS SUFFICIENT AND RELIABLE; AND
- 2. WITHIN THE SCOPE OF THIS REVIEW, THE FACILITY IS OPERATING IN ACCORDANCE WITH APPLICABLE LAW AND POLICY, AND PROPERTY AND RESOURCES ARE BEING EFFICIENTLY UTILIZED AND ADEQUATELY SAFEGUARDED, EXCEPT FOR ANY DEFICIENCIES NOTED IN THE REPORT.

REVIEWER-IN-CHARGE						
Reviewer-In-Charge: (Print Name)	Signature					
b6, b7c						
Title & Duty Location	Date					
Reviewer in Charge/SME Security	June, 20, 2008					
TEAM MEMBERS						
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location					
b6, b7c SME Administration	SME Health Services					
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location					
b6, b7c SME Safety and Environmental Health	b6, b7c SME Food Services					

RECOMMENDED RATING:	SUPERIOR
	⊠ GOOD
	ACCEPTABLE
	■ DEFICIENT
	AT-RISK

Comments: While the overall compliance rating evidenced in the working papers of the El Centro Service Processing Center indicates compliance in all 38 National Detention Standards, considerable attention should continue to be given to security and life safety concerns discussed in the final report. It is clear that management has identified security and life safety weaknesses, requested funding for enhancements, and ultimately has received authority for corrective action. To this end, there are currently multiple contactor projects ongoing. It is imperative these projects continue to receive the highest priority from management in order that a safe and secure environment for staff, detainees, and the public are maintained.

ICE Detention Standards Compliance Review

El Centro Service Processing Center

June 17-19, 2008

REPORT DATE – June 24, 2008



Contract Number: ODT-6-D-0001 Order Number: HSCEOP-07-F-01016

Percy H. Pitzer, Executive Vice President Creative Corrections 6415 Calder, Suite B Beaumont, TX 77706

U.S. Imm oms Enforcement
Detention Standards Compliance Unit
801 I Street NW
Washington, DC 20536

Condition of Confinement Review Worksheet

(This document must be attached to each Inspection Form)

This Form to be used for Inspections of Facilities used longer than 72 Hours



Detention Review Worksheet

Local Jail – IGSA
State Facility – IGSA
ICE Contract Detention Facility
Service Processing Center
Name
El Centro Service Processing Center
1115 North Imperial Avenue
El Centro, California
County
Imperial Control of the Control of t
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
b6, b7c
Name and Title of Reviewer-In-Charge
b6, b7c
Date[s] of Review
June 17-19, 2008
Type of Review
Headquarters Operational Special Assessment Other

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TOOL CONTROL	
TRANSPORTATION (LAND)	
USE OF FORCE	
STAFF/DETAINEE COMMUNICATIONS	
DETAINEE TRANSFER STANDARD	

NOTE: FOR EACH STANDARD RATED <u>BELOW</u> ACCEPTABLE, FACILITIES <u>MUST</u> ATTACH A PLAN OF ACTION FOR BRINGING OPERATIONS INTO COMPLIANCE. EACH FACILITY SHOULD EXAMINE THE ENTIRE WORKSHEET TO IDENTIFY AREAS OF IMPROVEMENT, <u>INCLUDING</u> THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

SECTION I. LEGAL ACCESS STANDARDS

ACCESS TO LEGAL MATERIALS

POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.

TACIETTES, EQUITMENT, DOCUMENT COLTINOTRIVIEEDES, AND THE OFFO		1		
COMPONENTS	Y	N	NA	REMARKS
The facility provides a designated law library for detainee use.	\boxtimes			
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.				
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	\boxtimes			The Law Library provides seating for 20 detainees, 6 large tables, is well lit, clean and orderly.
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.				The Law Library provides 6 Lexis Nexis stations and 6 typewriters for detainee use.
In addition to the physical law library, detainees have access to the Lexis Nexis electronic law library.	\boxtimes			
Where provided, the Lexis Nexis library is updated and is current.				
Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.	\boxtimes			
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.				The Facility Recreation Specialists are responsible for oversight of the Law Library.
Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.				Detainees are offered opportunity for at least 5 hours per week in the law library.
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	\boxtimes			
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.				Detainees are allowed to assit others in researching and preparing legal documents.
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.		\boxtimes		ECSPC does not have non- English language law books or non-English Lexis Nexis at this time.
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes			
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			
All denials of access to the law library fully documented.	\boxtimes			
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.				
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RIS	K		REPEAT FINDING

REMARKS:

ECSPC has a very good law library and procedures in place to give ICE detainees access to the library and other legal materials. Although not mandated by policy, law books and Lexis Nexis in a Spanish version would assist non-English literate detainees with legal research.

b6, b7c / June 19, 2008 UDITOR S SIGNATURE / DATE

GROUP LEGAL RIGHTS PRESENTATIONS

POLICY: FACILITIES HOUSING ICE DETAINEES SHALL PERMIT AUTHORIZE PERSONS TO MAKE PRESENTATIONS TO GROUPS OF DETAINEES FOR THE PURPOSE OF INFORMING THEM OF U.S. IMMIGRATION LAW AND PROCEDURES, CONSISTENT WITH THE SECURITY AND ORDERLY OPERATION OF EACH FACILITY. ICE ENCOURAGES SUCH PRESENTATIONS, WHICH INSTRUCT DETAINEES ABOUT THE IMMIGRATION SYSTEM AND THEIR RIGHTS AND OPTIONS WITHIN IT.

CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET.

OVERALE AND CONTINUE ON WITH MEAT TORTION OF WORKSHEET.				
COMPONENTS	YES	No	NA	REMARKS
The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.				
Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives.				
The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.				
Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.				
Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.				
When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend.				
Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are documented.				
Interpreters are admitted when necessary to assist attorneys and other legal representatives.				
Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session.				
Staff permits presenters to distribute ICE-approved materials.				
Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff is present but do not monitor conversations with legal providers.				
Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations.				
The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside organizations.				
A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request				
	AT-RISI	ζ		REPEAT FINDING

REMARKS:

ECSPC has had no requests from outside persons or groups to make presentations regarding legal rights. The facility has excellent policy in place to accommodate authorized requests should they occur.

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VISITATION

POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA

NEWS MEDIA.				
COMPONENTS	Y	N	NA	REMARKS
There is a written visitation schedule and hours for general visitation.				Visitation hours are published in the Detainee Handbook, displayed at the front entrance, and provided in a "Visitation Handout" distributed in the front lobby.
The visitation hours tailored to the detainee population and the demand for visitation.				
The visitation schedule and rules are available to the public.				ECSPC makes the schedule and procedures available to the public, both in written form "Visitation Handout" and telephonically.
The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.				
A general visitation log is maintained.				The facility maintains a general visitation log as well as a "Attorney Visit" log.
The detainees are permitted to retain personal property items specified in the standard.				
A visitor dress code is available to the public.	\boxtimes			
Visitors are searched and identified according to standard requirements.	\boxtimes			
The requirement on visitation by minors is complied with.				The facility allows minor visitors under direct supervision of a accompying adult.
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.				ECPC does allow minors to visit.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.				ECPC does allow minors to visit.
Detainees in special housing are afforded visitation.				Detainees housing in the Special Management Unit retain visitation privileges.
Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.				
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				Four private consultation rooms are available for attorney meetings. Documents may be exchanged through the secure document transer portal.

VISITATION								
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.								
There are written procedures governing detainee s					Detainee search procedures are contained in the SOP Admisson and Release, Section 3, C.			
When strip searches are required after every cont representative, the facility provides an option for no legal representatives.					ECPC does not require strip seaches following visitation.			
Prior to each visit, legal service providers and ass per the standard.	sistants are identified							
The current list of <i>pro bono</i> legal organizations is phousing areas and other appropriate areas.	posted in the detainee	\boxtimes						
The decision to permit or deny a tour is not delegat Field Office Director.	ted below the level of							
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.		\boxtimes						
Law enforcement officials who request to visit referred to the ICE Field Office for approval.	with a detainee are	\boxtimes						
Former detainees or aliens in proceedings, reque detainee, are referred to the OIC or ICE Field Off		\boxtimes						
Procedures are in place, consistent with the det examinations by independent medical service pro-				Medical or psycological examination by a practitioner or expert not associated with ICE or the facility is permitted to provide a detainee with information useful in administrative proceedings (SOP, Visitation, Section O, 5.)				
⊠ ACCEPTABLE □ DE	FICIENT	AT-RIS	SK		REPEAT FINDING			

REMARKS:

ECSPC has four small non-contact visitation rooms, which are used to accommodate all visitations at the facility. The ICE detention standard regarding visitation encourages each facility to provide a visitation area appropriately furnished and arranged, and as comfortable and pleasant as practical, although policy and procedures regarding visitation are in full compliance, the visitation area needs upgrading.

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DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. Y NA **COMPONENTS** N REMARKS Detainees are allowed access to telephones during established facility X Information regarding telephone Upon admittance, detainees are made aware of the facility's telephone \boxtimes access is provided in the access policy. Detainee Handbook, page 12. Access rules are posted in housing units. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's \bowtie П population. The ECPC rated capacity is 544, Telephones are provided at a minimum ratio of one telephone per 25 \boxtimes \Box there are 53 telephones detainees in the facility population. available. Procedures require the phones to Telephones are inspected regularly by facility staff to ensure that they be checked daily utilizing the \boxtimes П are in good working order. "Health, Safety, and Security Shift Report." The facility administration promptly reports out-of-order telephones to \boxtimes \Box the facility's telephone service provider. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and \Box \boxtimes completed timely. Detainees are afforded a reasonable degree of privacy for legal phone Unit phones have privacy panels \boxtimes in place. calls. A Detainee may request staff assistance regarding a private A procedure exists to assist a detainee who is having trouble placing a \boxtimes П legal call, use of an office phone confidential call. or other special arrangement may be provided. The facility provides the detainees with the ability to make non-collect X П (special access) calls. Special Access calls are at no charge to the detainees. \boxtimes The OIG hotline number is accessible through the speed The OIG phone number for reporting abuse is programmed into the dial process. Instructions are detainee phone system and the phone number was checked by the \boxtimes available at the phone banks, as inspector during the review. well as on the unit bulletin boards. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to \boxtimes П provide required access within 24 hours of a request by a detainee. No restrictions are placed on detainees attempting to contact attorneys \boxtimes and legal service providers who are on the approved "Free Legal Services List". Special arrangements are made to allow detainees to speak by telephone \boxtimes \Box with an immediate family member detained in another Facility. Any telephone restrictions are documented. X The facility has a system for taking and delivering emergency detainee \boxtimes telephone messages. Emergency phone call messages are immediately given to detainees. \boxtimes Detainees are allowed to return emergency phone calls as soon as X Unless possible.

DETAINEE TELEPHONE ACCESS							
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.							
COMPONENTS	Y	N	NA	REMARKS			
Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				ECSPC permits detainees housed in SMU to make direct and/or free calls.			
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes						
Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes						
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes						
When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.				ECPC has monitoring notification posted at the phones, although phone monitoring is not on-going at this time.			
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING							

REMARKS:

The facility has an adequate number of accessible phones available to the inmate population.

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SECTION II. DETAINEE SERVICES STANDARDS

ADMISSION AND RELEASE

POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.

COMPONENTS	Y	N	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				The orientation process includes issuance of the Detainee Handbook and is supported by an orientation video. The facility has procedures in place to communicate effectively with different languages, including an interpreter service (InterpreTalk).
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.				All new intakes are screened by medical staff in compliance with the "Detainee Access to Medical Care" Standard.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.				Admission staff use documentation from the field agent, the I-216, the Alien Booking Record (Form I-385), the medical questionnaire, and other information contained in the accompanying A File to classify each new detainee.
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.				The facility uses form G-1025 "Record of Search" and conducts searches in compliance with the "Detainee Search Standard."
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	\boxtimes			A supervisor must approve any strip seach even for cause. The search is documented on Form G-1025.
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.				ECSPC prepares a complete inventory of all detainee personal property (form G-589) Detainee Personal Property Receipt. The detainee signs and receives a copy of the document.
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	\boxtimes			An Officer completes Form I-387, "Report of Detainee's Missing Property" if a detainee claims lost or missing property.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			Initial issue includes bedding and clothing in number and weights appropriate for the facility environment and local weather conditions.
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.				The facility issues personal hygiene items during intake. They are issued and replenished as needed without charge to the detainee.
All releases are properly coordinated with ICE using a Form I-203.	\boxtimes			The facility uses Form I-203 to document releases.
Staff completes paperwork/forms for release as required.	\boxtimes			

ADMISSION AND RELEASE						
POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANI	NER THAT	ENSURES	THEIR HEA	ALTH, SAFETY, AND WELFARE. THE		
ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICA						
PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WI	HICH WILL	BE INVENT	TORIED, DO	DCUMENTED, AND SAFEGUARDED AS		
NECESSARY.			1 .			
COMPONENTS	Y	N	NA	REMARKS		
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING		
REMARKS: ECSPC has excellent policy and procedures in place regarding admission the performance of their duties.	on and rel	ease. Proc	cessing sta	aff are professional and diligent in		
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CLASSIFICATION SYSTEM POLICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES **COMPONENTS** N NA REMARKS The facility has a system for classifying detainees. In CDFs and IGSAs, ECSPC has an objective an Objective Classification System or similar is used. \boxtimes classification system based upon directives contained in the

CLASSIFICATION SYSTEM

POLICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES

COMPONENTS	Y	N	NA	REMARKS
				National Detention Standard titled "Detainee Classification System."
The facility classification system includes:				
 Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist 	\boxtimes			
reviewing every classification decision.				411 11 1
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				All available documentation and information is utilized by the intake/processing officer.
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/unconfirmed reports may be filed but are not used to score detainees classifications.	\boxtimes			
Housing assignments are based on classification-level.	\boxtimes			Detainees are assigned a security level and housing assignment based upon the DCS score.
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			
Detainee work assignments are based upon classification designations.	\boxtimes			
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	\boxtimes			Detainees at ECPC are reassesed 45 to 60 days after initial classification.
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes			The SDDO for Det Ops. has the authority to reduce a classification level on appeal
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.	\boxtimes			
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.	\boxtimes			The detainee may appeal a SDDO decision to the AFOD.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes			Detainee Handbook, Classification Levels, page 4/5.
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

REMARKS:

Detainees are classified using available pertinent information. The detainee classification form and resultant comprehensive custody score play a major role to further the safety and security of the facility.

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CORRESPONDENCE AND OTHER MAIL

POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.

TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS	GOIDELIN	ES CONCE	KNINGCC	DRRESFONDENCE AND OTHER MAIL.
COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.	\boxtimes			
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	\boxtimes			Key information is provided in Spanish in all units.
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).				
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.				The mailroom officer identifies the detainee, and then opens the mail in his presence.
Staff does not read incoming general correspondence without the Warden's prior written approval.	\boxtimes			
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
Staff is prohibited from reading or copying incoming special correspondence.	\boxtimes			
Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes			
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	\boxtimes			
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			The AFOD may reject incoming or outgoing mail. The detainee and/or sender receives notification of the rejection.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes			
Staff maintains a written record of every item removed from detainee mail.	\boxtimes			
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			
The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.				The mail room officer documents funds received in the mail, the detainee may retain amounts under \$40.00, otherwise the detainee is escorted to processing where a receipt is issued.
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.				
Staff provides the detainee a copy of his/her identity document(s) upon request.	\boxtimes			

CORRESPONDENCE AND OTHER MAIL							
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO							
LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERAT							
TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS	GUIDELINI	ES CONCE	RNING CO	DRRESPONDENCE AND OTHER MAIL.			
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.							
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.				ECPC places no limitations on legal mail.			
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.				ECPC does not sell stamps, outgoing mail is stamped by a metered machine.			
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes						
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING							

REMARKS:

Detainees send and receive correspondence in a timely manner.

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DETAINEE HANDBOOK

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.

COMPONENTS	Y	N	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).				The handbook consists of 44 pages with an easy to read table of contents in the front.
The handbook is supplemented by the facility orientation video, where one is provided.	\boxtimes			
All staff members receive a handbook and training regarding the handbook contents.	\boxtimes			
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			All revisions are posted on the detainee bulletin boards immediately and copies included in the handbook.
There an annual review of the handbook by a designated committee or staff member.				The compliance unit completes annuals reviews of the handbook and makes revisions as needed.
 The detainee handbook addresses the following issues: Personal Items permitted to be retained by the detainee; and Initial issue of clothes, bedding and personal hygiene items. 				These issues are covered on page 3.
The detainee handbook states in clear language the basic detainee responsibilities.	\boxtimes			Very clear and concise, easy to read and understand.
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
The handbook states when a medical examination will be conducted.				The section on initial admission states that ordinarily a medical screening and an examination within 14 days.
The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.	\boxtimes			
The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices.	\boxtimes			All items are fully addressed throughout the handbook.
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.				Razors are issued on a daily basis during shift 3 and must be turned back in after use.
The handbook describes barber hours and hair cutting restrictions.	\boxtimes			Page 11 fully describes the barbering operations.
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			Access to telephones are covered on pages 12 and 13.
The handbook addresses religious programming.	\boxtimes			
The handbook states times and procedures for commissary or vending machine usage, where available.	\boxtimes			There is no commissary only vending machines.
The handbook describes the detainee voluntary work program.	\boxtimes			
The handbook describes the library location and hours of operation, and law library procedures and schedules.	\boxtimes			
The handbook describes attorney and regular visitation hours, policies, and procedures.	\boxtimes			Visiting hours for attorneys are unrestricted.
The handbook describes the facility contraband policy.	\boxtimes			Contraband issues are addressed

DETAINEE HANDBOOK

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.

COMPONENTS	Y	N	NA	REMARKS
				on page 36.
The handbook describes the facility visiting hours and schedule, and	\boxtimes			
visiting rules and regulations.				
The handbook describes the correspondence policy and procedures.	\boxtimes			
The handbook describes the detainee disciplinary policy and procedures,				
including:	_			Detainee discipline policies are
 Prohibited acts and severity scale sanctions; 	\boxtimes			covered in detail on pages 21-31.
 Time limits in the Disciplinary Process; and 				covered in detail on pages 21 31.
 Summary of the Disciplinary Process. 				
The grievance section of the handbook explains all steps in the				
grievance process – Including:				
 Informal (if used) and formal grievance procedures; 				
 The appeals process; 				Page 31 & 32 of the handbook
• <u>In CDF</u> facilities: procedures for filing an appeal of a				describes in detail the grievance
grievance with ICE.	\boxtimes	Ш	Ш	procedures and all steps
• Staff/detainee availability to help during the grievance process.				associated with the process.
• Guarantee against staff retaliation for filing/pursuing a				ussociated with the process.
grievance.				
• How to file a complaint about officer misconduct with the				
Department of Homeland Security.				
The detainee handbook describes the medical sick call procedures for	\boxtimes			
general population and segregation.				
The handbook describes the facility recreation policy including:	_	_	_	
 Outdoor recreation hours. 	\boxtimes			
Indoor recreation hours.				
The handbook describes the detainee dress code for daily living; and	\boxtimes			
work assignments.				
The handbook specifies the rights and responsibilities of all detainees.				There are 14 detainee rights and
	\boxtimes	Ш		responsibilities discussed on
				pages 43 and 44.
ACCEPTABLE DEFICIENT	AT-RIS	SK		REPEAT FINDING

REMARKS:

The detainee handbook consists of 44 pages. There is a table of contents at the beginning of the handbook that covers each required item addressed in this standard. The handbook is very thorough and written in easy to understand language. It provides the detainees with adequate information to meet their required responsibilities and provides the information necessary for them to address their concerns. The section on grievance procedures is very thorough and provides all the necessary information for detainees to address any concern through the grievance process.

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FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	Y	N	NA	REMARKS
The food service program is under the direct supervision of a <u>professionally trained</u> and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	\boxtimes			The Food Service Manager is certified under the Serv-Safe Program. The FSA has attended Food Service Management courses.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.	\boxtimes			There is a Food Service Administrator and an Assistant Food Service Administrator.There is always one of the managers on duty.
The FSA provides food service employees with training that specifically addresses detainee-related issues. • In ICE Facilities this includes a review of the ICE "Food Service" standard	\boxtimes			After looking at staff training records which shows that all areas are being covered. The present staff have been on their job since December 2007.
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.				The knife cabinet is in an approved cabinet with an approved locking device. All the food service staff has a key to the knife cabinet. Remove the knife cabinet key from all keys rings so that only the Cook Supervisor in charge of the kitchen, has the control of all knives and tools being issued.
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	\boxtimes			
When necessary, special procedures govern the handling of food items that pose a security threat.			\boxtimes	Yeast, Nutmeg, Cloves, Alcohol Based Flavorings and Mace are not utilized in this facility.
Operating procedures include daily searches (shakedowns) of detainee work areas.				
The FSA monitor staff implementation of the facility's population counts procedures. Staff is trained in count procedures.				All food service staff have received training in count procedures. The FSA monitors the count procedures as the staff are conducting them.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.				All detainees assigned were in clean and neat clothing for the week of the review.
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			The FSA reviews detainees job description annually to ensure that they are kept up-to-date
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.				All new detainees assigned to food service receives and signs for the rules and procedures of their new job assignment.

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	Y	N	NA	REMARKS
During orientation and training session(s), the CS explains and demonstrates: • Safe work practices and methods; • Safety features of individual products/pieces of equipment; and • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.	\boxtimes			
The Cook Supervisor documents all training in individual detainee detention files.				All training is document and kept on file for each detainee.
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.	\boxtimes			Detainees who work in this facility are paid according to the policy and procedures within the Voluntary Work Program Standards.
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes			Detainees are served at least two hot meals a day. There is no more then 14 hours between dinner and breakfast of the next day. Breakfast - 0600 Lunch - 1100 Dinner - 1630
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	\boxtimes			
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).				The facility considers the ethnic diversity of the detainees i.e. Pepper Steak, Stir-Fry Dishes, Meat Burritos, Tacos, Spanish Rice, Lasagna, Spaghetti.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	\boxtimes			A registered dietitian conducts a complete nutritional analysis on all menus that are used in the daily preparation of all meals.
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			Approved recipes are used by all food service workers and staff.
 The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification With copy to FSA 		\boxtimes		The cook supervisor cannot change any menu items.
All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.				
A common-fare menu available to detainees whose dietary requirements cannot be met on the main line. • Changes to the planned common-fare menu can be made at the facility level; • Hot entrees are offered three times a week; • The common-fare menus satisfy nutritional recommended daily allowances (RDAs);	\boxtimes			There is a common fare menu used. Hot entrees are offered at least three times a week. The common fare meets all the nutritional requirements for daily allowances. All common fare meals are served on

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	Y	N	NA	REMARKS
 Staff routinely provide hot water for instant beverages and foods; Common-fare meals are served with: Disposable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items. 				disposable plates and use disposable utensils. There is a separate prep area for religious diets with all separate utensils.
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	\boxtimes			The Chaplain approves request from detainees for a religious diet. With the approval of the OIC the Chaplain can remove a detainee from the program as well.
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.				
 The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for-Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	\boxtimes			The common fare menu accommodates detainees.
The food service program addresses medical diets.	\boxtimes			The food service department provides medical diets when prescribed by the medical staff.
Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			The guidelines for proper satellite feeding are followed and they have a good program.
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	\boxtimes			Temperatures are taken on all foods and are maintained as prescribed and logged on the log book. Cold foods are 40 or below and hot foods are 140 or above.
All meals are provided in nutritionally adequate portions.				All foods are nutritionally adequate and the portions are adequate as well.
Food is not used to punish or reward detainees based upon behavior.	\boxtimes			No foods are used to reward or as punishment.
 The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food; and The sanitary operation, care, and maintenance of equipment. 	\boxtimes			All procedures are followed as outlined in the ICE Standards for Food Service.
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			All persons working within the food service department complies with food and safety requirements.

FOOD SERVICE					
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH N	NUTRITIOU	JS AND API	PETIZING 1	MEALS, PREPARED IN ACCORDANCE	
WITH THE HIGHEST SANITARY STANDARDS. COMPONENTS	Y	N	NA	REMARKS	
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?	\boxtimes			The FSA conducts a weekly inspection of all areas and the kitchen supervisor initials off when any discrepancies have been corrected.	
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?	\boxtimes				
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	\boxtimes				
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	\boxtimes			Food service does take temperatures and log them on a temperature log which is kept on file in the FSA's office.	
Staff documents the results of every refrigerator/freezer temperature check.	\boxtimes				
The cleaning schedule for each food service area is conspicuously posted.	\boxtimes			Cleaning schedules were posted in all areas within the kitchen and followed to ensure the cleanliness of all areas of the kitchen.	
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\square			All incoming supplies are inspected by the food service staff for damage, contamination and pest infestation prior to storing the supplies.	
Storage areas are locked when not in use.	\boxtimes			The storage areas are secured when not in use.	
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RIS	SK		REPEAT FINDING	
REMARKS: The knife cabinet is in an approved cabinet with an approved locking device. However, all the food service staff has a key to the knife cabinet. It is recommended that the knife cabinet key be removed from all key rings so that only the cook supervisor in charge of the kitchen has the control of all knives and tools being issued. December 2008 June 19, 2008					
FUNDS AND PERSONA	AL PROF	PERTY			
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY. STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY					
BY THE ICE FIELD OFFICE OR SUB-OFFICE IN COM COMPONENTS	YES			SE. REMARKS	
Detainee funds and valuables are properly separated, stored, and are		No □	NA D	Funds and valuables are	
accessible only by designated supervisor(s). Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.				properly separated and stored. Detainees large valuables are secured at the facility which is	

FUNDS AND PERSONAL PROPERTY					
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.					
STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAIL BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CON					
				accessible by designated supervisors and/or processing staff.	
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and CDFs, using a personal property inventory form that meets the ICE standard?	\boxtimes			Proper inventory standards are followed.	
Staff forwards an arriving detainee's medication to the medical staff.				When a detainee arrives at this facility his medication is given to the medical department at the facility.	
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.	\boxtimes				
Two officers are present during the processing of detainee funds and valuables during in-processing to the facility. Both officers verify funds and valuables.				There is always two staff present when processing any detainees in and both staff verify funds and valuables.	
Staff searches arriving detainees and their personal property for contraband.				Detainees and their property are searched as required.	
Staff procedures follow written policy for returning forgotten property to detainees.	\boxtimes				
Property discrepancies are immediately reported to the CDEO or Chief of Security.					
Staff follows written procedures when returning property to detainees.				Staff follow written procedures when returning property to the detainees.	
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.				All procedures are followed by all staff when handling detainees property.	
The facility attempts to notify an out-processed detainee that he/she left property in the facility: • By sending written notice to the detainee's last known address; • Via certified mail; and • The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.					
The facility disposes of abandoned property in accordance with written procedures. • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.					
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING	

The detention center maintains accurate records for personal property and personal funds. Detainee property is accurately inventoried and stored according to policy. The work area in which these functions are performed is very neat, well organized and cleanliness is a high priority.

DETAINEE GRIEVANCE PROCEDURES

POLICY: EVERY FACILITY WILL DEVELOP AND IMPLEMENT STANDARD OPERATING PROCEDURES (SOPS) FOR ADDRESSING DETAINEE GRIEVANCES IN TIMELY FASHION. EACH STEP IN THE PROCESS WILL OCCUR WITHIN THE PRESCRIBED TIME FRAME. AMONG OTHER THINGS, A GRIEVANCE WILL BE PROCESSED, INVESTIGATED, AND DECIDED (SUBJECT TO APPEAL) IN ACCORDANCE WITH THE SOPS; A GRIEVANCE COMMITTEE WILL CONVENE AS PROVIDED IN THE SOPS. STANDARD PROCEDURE WILL INCLUDE PROVIDING THE DETAINEE WITH A WRITTEN RESPONSE TO ANY FORMAL GRIEVANCE, WHICH WILL INCLUDE THE BASIS FOR THE DECISION. THE FACILITY WILL ALSO ESTABLISH STANDARD PROCEDURES FOR HANDLING EMERGENCY GRIEVANCES. ALL GRIEVANCES WILL RECEIVE SUPERVISORY REVIEW. REPRISAL AGAINST THE FILER OF A GRIEVANCE WILL NOT BE TOLERATED.

COMPONENTS	Y	N	NA	REMARKS	
Written procedures provide for the informal resolution of oral grievances (Not mandatory). • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.				Local policy, Grievance Procedure, describes all procedures associated with the grievance procedures.	
Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. • Detainees may seek help from other detainees or facility staff when preparing a grievance. • Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.	\boxtimes				
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes				
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.			\boxtimes	There are no documented or substantiated cases.	
Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complaints" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed.	\boxtimes				
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes				
ACCEPTABLE DEFICIENT	AT-RISK REPEAT FINDING				
REMARKS.					

Well documented and maintained program. All steps in the process are meeting the expected time frames. The grievance process and procedures are in place and detainees are being provided the necessary requirements to voice their concerns. Inspection of the log and monthly reports did not identify any lodged complaints of staff misconduct incidents that would require further investigation.

b6, b7c /June 19, 2008 **AUDITOR'S SIGNATURE / DATE**

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.

COMPONENTS	YES	No	NA	REMARKS
The facility has a policy and procedure for the regular issuance and	\boxtimes			Local Policy titled, Issuance,

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

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COMPONENTS	YES	No	NA	REMARKS
exchange of clothing, bedding, linens, and towels. The supply of these items exceeds the minimum required for the number of detainees.				and Exchange of Clothing, Bedding, Linen, and Towels outlines all requirements of this standard.
 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive: One uniform shirt and one pair of uniform pants, or one jumpsuit; One pair of socks; One pair of underwear (Daily change); and One pair of facility-issued footwear. 	\boxtimes			
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	\boxtimes			
New detainees are issued clean bedding, linens, and towels. They receive at a minimum: One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.				There are sufficient amounts of additional clothing and bedding materials maintained.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	\boxtimes			
Detainees are provided clean clothing, linen and towels. Socks and undergarments - exchanged daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.				All exchanges are in line with required standards.
Food service detainee volunteer workers are permitted to exchange outer garments daily.	\boxtimes			
Volunteer detainee workers are permitted to exchange outer garments more frequently.	\boxtimes			As needed.
ACCEPTABLE DEFICIENT	AT-RISE	ζ.		REPEAT FINDING

REMARKS:

Review of policies and procedures indicate that the detainees are afforded the clothing, bedding, and linens as required by this standard. Observations of the laundry process showed that it is a very efficient and well supervised operation. Inspection of the clothing storage area found that there were sufficient amounts of supplies on hand for any emergency.

AUDITOR'S SIGNA	
b6, b7c	June 19. 2008

MARRIAGE REQUESTS										
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CA	ASE CONSIE	ERATION	FROM IC	CE MANAGEMENT.						
COMPONENTS	Y	N	NA	REMARKS						
The Field Office considers detainee marriage requests on a case-by-case basis.				Documentation is on file for detainees marriage request.						
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	\boxtimes									
It is standard practice to require a written request for permission to marry.	\boxtimes			Review of files show that all are in compliance.						
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes									
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	\boxtimes			Copies are on file in the OIC.						
When permission is denied, the Warden/OIC states the basis for his/her decision.	\boxtimes									
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	\boxtimes									
ACCEPTABLE DEFICIENT	AT-RISK	<u> </u>								

This facility has a sound program in regards to marriage request. The proper documentation is on file and completed according to

NON-MEDICAL EMERGENCY ESCORTED TRIPS					
POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS.					
☐ STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.					
COMPONENTS	YES	No	NA	REMARKS	
The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral; or • Deathbed		\boxtimes		The AFOD has been delegated by the FOD to approve all non- medical escorted trips for detainees confined at the El Centro Service Processing Center.	
The facility recognizes mother, father, brother, sister, spouse, child, stepparent, and foster parent as "immediate family".	\boxtimes			_	
The IGSA facility notifies ICE of all detainee requests for non-medical escorts.			\boxtimes	Not applicable to ECSPC.	
The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required.					
Each escort includes at least two officers.					
Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.				_	
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.					
Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.	\boxtimes				
 Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE; Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. 					
Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	\boxtimes				
◯ ACCEPTABLE	AT-RISK	_		REPEAT FINDING	

The AFOD has been delegated by the FOD to approve all non-medical escorted trips for detainees confined at the El Centro Service Processing Center. Appropriate post orders and instructions are available for escort staff.

RECREATION

POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.

COMPONENTS	Y	N	NA	REMARKS
The facility has a recreation program and facility.	\boxtimes			This facility has a good recreation program run by Two recreation staff.
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				
Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			
The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			The recreational inmate workers are supervised by recreation staff.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.	\boxtimes			
Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			There are board games, card games, as well as television offered in the dayrooms.
Outside activities are restricted to limited-contact sports.				
Each detainee has the opportunity to participate in daily recreation.	\boxtimes			
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	\boxtimes			
Staff checks all items for damage and condition when equipment is returned.	\boxtimes			Staff check all items for damage and report damages to the recreation staff for repairs or replacements.
Staff conducts searches of recreation areas before and after use.	\boxtimes			Searches are conducted before and after recreation times.
All recreation areas under constant staff supervision.				
Supervising staff is equipped with radios.				
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.				
Special programs or religious activities are available to detainees.	\boxtimes			
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.	\boxtimes			
Visitors, relatives or friends are not allowed to serve as volunteers.	\boxtimes			
☐ If outdoor recreation is offered, check this box. No further inform	nation is	required	when or	itdoor recreation is offered.
If the facility has no outside recreation, are detainees considered for transfer after six months? • If yes, written procedures ensure timely review of all eligible detainees.				
Case officers make written transfer recommendations about every sixmonth detainee to the OIC.				
The OIC documents all detainee-transfer decisions, whether yes or no.				
The detainee's written decision for or against an offered transfer documented in his/her A-file.				
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.				
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.				
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the				

RECREATION	ON				
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.					
detainee, or the OIC's written determination of the detainee's ineligibility					
for transfer.					
The detainee's legal representative is notified of the detainee's/OIC's decision.					
ACCEPTABLE DEFICIENT	AT-RISH	ζ		REPEAT FINDING	

The facility provides access to recreational programs and activities to all ICE detainees to the extent possible under conditions of security and supervision that protect their safety and welfare. Indoor and outdoor recreation schedules allow detainee access to recreation a minimum of one hour daily, five days a week.

RELIGIOUS PKA	CHCES				
POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN					
THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.					
COMPONENTS	Y	N	NA	REMARKS	
Detainees are allowed to engage in religious services.	\boxtimes			A variety of religious services are provided.	
Space is available for detainees to conduct religious services.	\boxtimes				
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.	\boxtimes				
The facility accommodates recognized holy-day observances by: • Providing special meals, consistent with dietary restrictions; • Honoring fasting requirements; • Facilitating religious services; and • Allowing activity restrictions.	\boxtimes			If a detainee wishes to observe their religious holy-day they need only put in a request to the Chaplain.	
Each detainee is allowed religious items in his/her immediate possession.	\boxtimes				
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			Volunteer credentials are verified including NCIC checks.	
Members of faiths not represented by clergy may conduct their own services within security allowances.	\boxtimes				
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			Chaplain conduct rounds to provide ministry to the Special Management Unit.	
ACCEPTABLE DEFICIENT	AT-RISE	ζ		REPEAT FINDING	

The facility provides detainees of all faiths with reasonable and equitable opportunities to participate in the practice of their faith, limited only by the constraints of safety, security, the orderly operations of the facility and budgetary constraints.

VOLUNTARY WORK PROGRAM					
POLICY: IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN MONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS BASIC OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTECTIONS.					
☐ CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO WORK A AND MOVE TO NEXT SECTION.	T THE IGS	SA FACIL	ІТҮ. МА	RK NA ON FORM G-324A, PAGE 3	
COMPONENTS	Y	N	NA	REMARKS	
Does the facility have a voluntary work program? • Do ICE detainees participate?				Detainees participate in the facilities voluntary work program.	
Detainee housekeeping meets neatness and cleanliness standards.	\boxtimes			Housing Units were neat and clean.	
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.	\boxtimes				
Written procedures govern selection of detainees for the Voluntary Work Program.	\boxtimes				
Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes				
The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day and Forty hours a week.					
Detainee volunteers generally work according to fixed schedule.					
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.					
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			Job orientations are completed upon entering the voluntary work program.	
The voluntary work program meets: • OSHA, NFPA, ACA standards	\boxtimes				
Medical staff screen and formally certify detainee food service volunteers. • Before the assignment begins; and • As a matter of written procedure				Detainees must be cleared for work by medical prior to being considered for the voluntary work program.	
Detainees receive safety equipment/ training sufficient for the assignment.	\boxtimes				
Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes				
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISH	ζ		REPEAT FINDING	

The facility offers a voluntary work program that allows the detainees the opportunity to work and earn money for participating. Detainees are medically cleared and properly placed into employment opportunities. Documentation of job training and medical screening are appropriately filed.

SECTION III. HEALTH SERVICES STANDARDS

HUNGER STRIKES

POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.

COMPONENTS	Y	N	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.	\boxtimes			Reporting procedures are outlined in Local Operating Procedure, LOP 811, "Hunger Strike Protocol" dated 11/05. LOP manual is reviewed annually for appropriateness.
CDFs and IGSAs immediately report a hunger strike to the ICE.			\boxtimes	This is an ICE facility. Hunger strike is an event identified in the DIHS-USPHS Standard Operating Procedure, DIHS SOP 310, and "Required Notifications to ICE".
The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Staff response is outlined in LOP 811.
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. • If yes, in an observation room?				There are four designated cells in the medical infirmary for housing a detainee who declares hunger strike.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			Monitoring is addressed in LOP 811, section C, "Medical Monitoring."
The OIC of the facility obtains a hunger striker's consent before medical treatment.	\boxtimes			Obtaining informed consent for medical treatment is outlined in LOP 811, section E, "On Site Treatment".
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.	\boxtimes			Refusal for treatment is documented on DIHS Form 820.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.				
Staff maintains the hunger striker's supply of drinking water/other beverages.				
During a hunger strike, staff removes all food items from the hunger striker's living area.	\boxtimes			
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.	\boxtimes			DIHS Form I-839 is used in this facility to document food and fluid intake of a hunger striker.
The medical staff has written procedures for treating hunger strikers.	\boxtimes			Medical intervention is outlined in LOP 811, sections E and F, "On Site Treatment" and "Involuntary Treatment."
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	\boxtimes			
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.	\boxtimes			Hunger strike training is a mandatory topic during initial and annual refresher courses for all SPC, medical and nonmedical staff, including the

HUNGER STRIKES				
POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELL SUSTAIN THEIR LIVES.				
				contract AKAL security service staff. Review of the initial and annual refresher training logs reflects training was provided.
ACCEPTABLE DEFICIENT	AT-RISI	ζ.	I	REPEAT FINDING

Medical services are provided to ICE by the Division of Immigration Health Services, U.S. Public Health Services (DIHS - USPHS). DIHS- USPHS Standard Operating Procedure, revised October 29, 2007 and Local Operating Procedure dated April 2006 have procedures outlining staff response and responsibility when a detainee declares a hunger strike.

Hunger strike is an event identified in the DIHS-USPHS Standard Operating Procedure, SOP 310, and "Required Notifications to ICE". El Centro SPC has a standard operating procedure on hunger strikes, dated April 8, 2008. Hunger strike is a mandatory training topic for all ECSPC staff, medical staff, and contract security staff for the AKAL company. Training is conducted by the medical staff during initial and annual refresher training sessions. Review of the topic outline and power point presentation reflects full compliance with this standard.

b6, b7c / June 19, 2008

AUDITOR'S SIGNATURE / DATE

ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.

COMPONENTS	Y	N	NA	REMARKS
<u>Facilities</u> operate a health care facility in compliance with state and local laws and guidelines.				The facility has current JCAHO (September 2006), NCCHC (July 2006) and ACA (July 2006) accreditations.
The facility's in-processing procedures for arriving detainees include medical screening.	\boxtimes			Intake medical screening is outlined in Local Operating Procedure, LOP 802, "Medical Intake Screening Process."
All detainees have access to and receive medical care.				Access to medical care is outlined in the Inmate Handbook, and in LOP 218, "Access to Medical Care." Interview with the nursing staff indicates access to medical care is discussed during the initial intake screening process.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.				Review of outside medical referral log reflects appropriate and timely scheduling for specialized services not available in the facility. The log reviewed was for calendar year 06/2007 - 06/2008. There were 54 referrals for the review dates. 50 of 54 detainees were sent for the outside referrals appointments within a week after approval by DIHS headquarters. 4 of the 54 outside referrals were completed within 30-45 days due to inability to find a local provider; these 4 specialty referrals were sent to a San Diego consultant.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				There are 6 vacancies (4 nursing, 1 pharmacy technician, and 1 mental health social worker). Interview with the HSA and the Clinical Director indicates current nursing staffing is adjusted to cover peak hours and evening shifts to meet the medical mission. The HSA and AHSA are registered nurses who performs clinical duties as needed during the business hours from 0700-1500.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	\boxtimes			
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			

ACCESS TO MEDICAL CARE POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES. The medical facility entrance includes a holding/waiting room. X The medical facility's holding/waiting room is under the direct There is two custodial staff \boxtimes supervision of custodial staff. П assigned to the medical unit at all times. \boxtimes Detainees in the holding/waiting room have access to a drinking fountain. Medical records are kept apart from other files. They are: The facility has electronic Secured in a locked area within the medical unit; medical records which are \boxtimes П accessible only by the medical With physical access restricted to authorized medical staff; and staff. Procedurally, no copies made and placed in detainee files. \boxtimes Pharmaceuticals are stored in a secure area. Medical screening includes a Tuberculosis (TB) test. Tuberculosis surveillance is outlined in LOP 8.30. Every arriving detainee receives a TB test during the admission "Tuberculosis Prevention. process: Treatment, and Control." All Detainee's TB-screening does not occur more than one business detainees are screened for signs day after his/her arrival at the facility; and and symptoms of active TB on Detainees not screened are housed separate from the general admission during intake population. \boxtimes screening. On arrival, chest xravs are performed on all detainees who do not have a current negative chest x-ray report on their transfer documents. 100 of 100 records reviewed reflected full compliance with the policy. All detainees receive a mental-health screening upon arrival. It is Mental Health Screening is conducted: conducted by the nursing staff on arrival. 100 of 100 records By a health care provider or specially trained officer; and \square reflects all detainees received Before a detainee's assignment to a housing unit. mental health intake screening on admission. The facility health care provider promptly reviews all I-794s (or All medical transfer records are equivalent) to identify detainees needing medical attention. reviewed by the nursing staff \boxtimes during intake screening and referred to the appropriate provider as needed. The health care provider physically examines/assesses arriving detainees 100 of 100 records reviewed within 14 days of admission/arrival at the facility. reflect physical assessments are \boxtimes conducted by the midlevel practitioners within 3 to 12 days of arrival. Detainees in the Special Management Unit have access to health care Sick call slips are available in the Special Management unit services. (SMU) and collected daily by X the nursing staff. Requests are prioritized for appointments with the midlevel provider(s). Staff provides detainees with health services (sick call) request slips Sick call request forms in daily, upon request. English and Spanish are Request slips are available in languages other than English, \boxtimes П available in all housing units including every language spoken by a sizeable number of the and collected daily by the facility's detainee population. nursing staff. Service-request slips are delivered in a timely fashion to the

ACCESS TO MEDICAL CARE POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL					
WELL-BEING OF ICE DETAINEES.					
health care provider. The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.				There is 24-hour nursing coverage. A midlevel practitioner on-call during non-business hours, 7 days per week.	
The plan includes an on-call provider.				DIHS SOP 3.18.1, "Afer-Hours Medical Coverage" identifies the midlevel provider as first call and the clinical director as second call. Interview with the clinical director indicates he is on available for telephonic consultation 24 hours per day, 7 days per week.	
The plan includes a list of telephone numbers for local ambulance and hospital services.	\boxtimes				
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.					
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				All SPC, medical and contract AKAL security staff have current CPR certifications on record.	
Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Medications are distributed by the nursing staff.	
The medical unit keeps written records of medication that is distributed.	\boxtimes			_	
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				Procedures and appropriate notification regarding detainees with special needs are addressed in the DIHS SOP 8.20, "Detainee Special Needs".	
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				Informed consent is outlined in DIHS SOP 2.1, Prerequisites for Treatment, section 2.1.1, "Informed Consent".	
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes				
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes				
Detainee's medical records or a copy thereof, are available and transferred with the detainee.				The In-Transit form is used to indicate the detainee's pertinent history and medical needs during transfer.	
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	\boxtimes				
ACCEPTABLE DEFICIENT	☐ AT-RISK ☐ REPEAT FINDING				

El Centro Service Processing Center (ECSPC) has current accreditations by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) dated September 2006; by the National Commission on Correctional Health Care (NCCHC) dated July 2006; and by the Commission on Accreditation for Corrections and the American Correctional Association (ACA) dated July 2006. Medical

Services are provided by the Division of Immigration Health Services U.S. Public Health Services (DHIS - USPHS). DIHS-USPHS Standard Operating Procedure (DIHS SOP) Manual dated October 29, 2007 has current revisions and annual review documentation. The Local Operating Procedures manual has current revision dated April 2006 with current annual review documentation.

Interview with the Health Services Administrator (HSA) indicates the medical unit is authorized for 30 staff positions. Current staffing has six vacancies: four nursing staff, one pharmacy technician, and one mental health social worker. There are three registered nurses (RNs) scheduled for interviews on June 20, 2008. One nursing position has been filled with a licensed vocational nurse (LVN) who will report for duty on June 30, 2008. Interview with the HSA, indicated current staffing is adjusted to cover peak hours to meet the medical mission. The HSA and the Assistant HSA are RNs and performs clinical nursing duties during business hours as needed. Current staffing consists of 24 full time staff: one Clinical/Medical Director, one HSA, one Assistant HSA, one nurse practitioner, two physician assistants - certified (PACs), seven RNs, five LVNs, two medical records technicians (MRTs), one dentist, one dental assistant, one pharmacist and one administrative assistant. The unit is authorized to hire three part time staff for peak time coverage (one PAC, one RN, and one MRT) until staffing is at full complement. There is a contract psychologist (eight hours per week) and a psychiatrist (eight hours every two weeks).

Interview with the contract psychiatrist indicated the mental health program is adequate and he is able to conduct monthly mental health chronic care monitoring of the 20 detainees on mental health chronic care clinic. The psychiatrist indicated he is available for telephonic consultation at any time seven days for detainees on psychotropic medications or with history of mental illness. The clinical director makes adjustments of psychotropic medications as needed with consultation with the psychiatrist. There are currently 154 detainees on medical chronic care clinics and review of 50 records indicate 50 of 50 detainees on chronic care are seen at least monthly or sooner, as scheduled by the midlevel provider.

There is 24-hour nursing coverage and all detainees report to the medical clinic for scheduled medications/pill line except those housed in the Special Management Unit (SMU). The nursing staff delivers medications at SMU and collects sick call slips daily. Intake medical and mental health screening is conducted by the nursing staff on admission. All 100 records reviewed reflected medical and mental health screening were conducted on admission. The detainee is instructed on procedures to access medical care including the use of the sick call request slips. Sick call request forms are available in English and Spanish. Tuberculosis (TB) screening is performed using chest x-rays. All detainees are screened for signs and symptoms of active TB on admission during intake screening. Chest x-rays are performed on all detainees who do not have a current negative chest x-ray reports on their transfer documents. All 100 records reviewed reflected TB screening policy was followed. A review of 100 records reflected the physical examinations were completed by the midlevel practitioner within 3 to 12 days of admission.

The referral to outside specialty services log was reviewed for the calendar period of June 2007 to June 2008. There were 54 outside referrals. DIHS notifications to headquarter were done within 1-2 days of the noted order from the practitioner. DIHS approval was received within 1-2 days of the request. Of the 54, four detainees were sent for the outside specialist appointments within a week after approval by DIHS headquarters. Four of the 54 outside referrals were completed within 45 days due to the inability to find a local provider and the availability of appointment at the specialists' office. The four specialty referrals were sent to a San Diego consultant.

All SPC, medical and contract AKAL security staff have current CPR certifications at the time of this review.

SUICIDE PREVENTION AND INTERVENTION

POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.

COMPONENTS	Y	N	NA	REMARKS			
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	\boxtimes			Suicide prevention training is mandatory for all SPC, medical and contract AKAL security service staff. The training is reflected in the attendance records of the initial and annual refresher training sessions.			
Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.				The training topic outline on suicide prevention was reviewed and meets the requirement of this standard.			
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. • Screening does not occur later than one working day after the detainee's arrival.	\boxtimes			100 of 100 (100/100) records reviewed reflects mental health screening is conducted by the nursing staff on arrival.			
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	\boxtimes			Referral procedures are outlined in LOP 1703 "Suicide Prevention Program."			
The facility has a designated isolation room for evaluation and treatment.				There is a designated isolation cell in the medical unit to be used for housing the detainee on suicide watch.			
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes						
Medical staff has approved the room for this purpose.	\boxtimes						
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	\boxtimes			Monitoring of a detainee requiring constant observation is outlined in LOP 1703.			
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING							

REMARKS:

All ECSPC, medical and contract AKAL security staff receive mandatory suicide prevention training at initial and annual refresher sessions. The training is conducted by the PHS medical staff. Three records of detainees who were previously on suicide watch reflected the suicide policy procedures were followed. An interview with the contract psychiatrist reflected he has read the suicide prevention program and the procedures are adequate and in accordance to community mental health standards for suicide prevention, monitoring and treatment.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT. CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS. **COMPONENTS** NA REMARKS Detainees who are chronically or terminally ill are transferred to an ECSPC has the capability of providing supportive care for appropriate offsite medical facility. the detainee with serious/terminal illness. Only those detainees requiring invasive monitoring or \bowtie specialty-based medical treatment beyond the capability of the facility will be transferred to the local hospital as outlined by LOP 801, General Medical Care, and section on "Scope of Medical Services." The facility or appropriate ICE office promptly notifies the next of kin of Notification of the next of kin the detainee's medical condition, to include: by ICE is outlined in ECSPC SOP "Terminal Illness, Advance The detainee's location: and Directives, and Death" dated The limitations placed on visiting. March 24, 2008, DIHS SOP 2.4. \boxtimes "Notification of Next of Kin and Local Authorities" addresses USPHS procedure of notifying the Assistant Field Office Director (AFOD). There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. Outlined in the ECSPC SOP. The guidelines include instructions for detainees who wish to section B, "Living Wills" and in \boxtimes the DIHS SOP 2.6.0 "Advanced have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for Directives ". him or her. The guidelines provide the detainee the opportunity to have a private Outlined in DIHS SOP 2.6.1 \boxtimes attorney prepare the documents. "Living Wills." There is a policy addressing "Do Not Resuscitate Orders" Do Not Resuscitate (DNR) procedures are addressed in the \boxtimes ECSPC SOP, section C and in the DIHS SOP 2.6.2 "Obtaining Do Not Resuscitate." Detainees with a "Do Not Resuscitate" order in the medical record Supportive medical care of the receive maximal therapeutic efforts short of resuscitation? detainee with terminal/serious \boxtimes illness is within the scope

 \bowtie

notification is made through the local ICE representative.

The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do

Not Resuscitate" order in the medical record. In the case of IGSAs, this

services outlined in LOP 801, "Scope of Medical Services."

Outlined in DIHS SOP 3.10,

"Required Notifications."

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH					
POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.					
CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINER THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALW RELATED NOTIFICATIONS.					
COMPONENTS	Y	N	NA	REMARKS	
The facility has written procedures to address the issues of organ donation by detainees.				Outlined in ECSPC SOP, section D and in the DIHS SOP 2.6.4, "Organ Donation."	
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	\boxtimes			Death is a reportable event as addressed in the DIHS SOP 3.10 "Required Notifications." ECSPC SOP, section E, "Death Occurring in ICE Custody" addresses the facility's notification procedures.	
The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes				
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				ECSPC SOP section G addresses procedures regarding disposition of remains.	
 In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified? 	\boxtimes				
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	\boxtimes			Outlined in ECSPC SOP, section I, "Death Certificate".	
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.	\boxtimes			Outlined in ECSPC SOP, section J, "Authority to Order Autopsies".	
ICE staff follows established procedures to properly close the case of a deceased detainee.	\boxtimes			Case Closure is outlined in the ECSPC SOP, section H.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

An interview with the clinical director and the health services administrator indicates the facility has the capability of providing medical supportive care to the detainee with terminal or serious illness. Any detainee whose condition has deteriorated to an acuity level requiring invasive monitoring not available at the facility or requiring specialty-based medical treatment will be reviewed by the clinical director, who will then fill out the required DIHS transfer referral form and notify the AFOD prior to transferring the detainee to the local hospital. This procedure is outlined in LOP 801, "Scope of Medical Services" and LOP 804, "Authorization for Off-Site Referral and Hospital Admission." DIHS honors the Patient Self-Determination Act of 1990, Public Law 101-508; 104 Statute 1388, which requires that health care institutions inform patients of their right to participate in and direct health care decisions by implementing, advanced directives. Detainees who wish to execute advanced directives are provided the generic State of California Advanced Directive forms or are assisted to contact his private attorney to implement living wills/advanced directive decision, as

outlined in SOP 2.6.0 "Advanced Directives, 6.2.1 "Living Wills."

DIHS USPHS medical staff notifies the AFOD when the detainee is determined to have a serious or terminal illness or in the event of detainee death. DIHS "Required Notification(s)" to the AFOD include the detainee's wish to execute advance directive/living wills documents including a "Do Not Resuscitate (DNR) decision. ECSPC SOP "Terminal Illness, Advance Directives and Death" addresses all the facility's policy and procedures that meets the requirements of this standard.

There were no detainee death records to review during the period of the current DIHS policy revision of April 2006 to present.

b6, b7c / June 19, 2008

AUDITOR'S SIGNATURE / DATE

SECTION IV. SECURITY AND CONTROL

CONTRABAND				
POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.				
COMPONENTS	Y	N	NA	REMARKS
The facility follows a written procedure for handling illegal contraband.				

CONTRABAND						
POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF						
CONTRABAND DESTRUCTION IS REQUIRED.						
COMPONENTS	Y	N	NA	REMARKS		
Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.						
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes					
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.						
Altered property is destroyed following documentation and using established procedures.						
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.						
Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes					
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.						
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

All seized contraband is appropriately recorded and stored, pending disposition in the AFOD's office safe.

June 19, 2008
UDITOR S IGNATURE/DATE

DETENTION FILES

POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.

COMPONENTS COMPONENTS	Y	N	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.				Detention files are well maintained and arranged by security level. They contain the Form I-385, DCS form, medical questionairre, property inventory sheet, Record of Search, disciplinary records, and other pertient documents related to the detainees stay.
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same				
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	\boxtimes			Detention files are mainitained in the Intake/Release Department. The files are in a secure area.
The detention file remains active during the detainee's stay. When the detainee 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.				
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	\boxtimes			
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	\boxtimes			
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			The SDDO and Processing Officer have keys to the Detention Files. Removed files are logged out and in.
□ ACCEPTABLE □ DEFICIENT □	AT-RISH	ζ		REPEAT FINDING

REMARKS:

Detention files contain information as directed by policy and they are well maintained, orderly, and kept in a secure area of the facility.

AUDITOR'S SIGNATURE / DATE

CONTRABAND							
POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF							
CONTRABAND DESTRUCTION IS REQUIRED.							
COMPONENTS	Y	N	NA	REMARKS			
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.							
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes						
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.							
Altered property is destroyed following documentation and using established procedures.							
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.							
Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes						
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.	\boxtimes						
ACCEPTABLE DEFICIENT	AT-RISE	<u></u>		REPEAT FINDING			

All seized contraband is appropriately recorded and stored pending disposition in the AFOD's office safe.

ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	Y	N	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			Local policy, Environmental Health and Safety, dated April 17, 2008 establishes a system for the control of all hazardous materials.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	\boxtimes			Inventories are maintained on all hazardous chemicals. The tool room officer maintains MSDS's and inventories of all materials.
 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	\boxtimes			MSDS's are maintained in all areas where hazardous materials are used.
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: • Wear personal protective equipment; and • Report hazards and spills to the designated official.	\boxtimes			
The MSDSs are readily accessible to staff and detainees in work areas.	\boxtimes			MSDS's books are available.
Hazardous materials are always issued under proper supervision. • Quantities are limited; and • Staff always supervises detainees using these substances.	\boxtimes			The process is well supervised and only limited amounts are allowed inside the secure perimeter.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	\boxtimes			
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	\boxtimes			
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	\boxtimes			All vents and air conditioning ducts are checked daily and filters changed monthly.
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)				
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	\boxtimes			
All toxic and caustic materials are stored in their original containers in a secure area.	\boxtimes			Until they are diluted and placed in marked bottles.
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	\boxtimes			
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				There are no products containing methyl alcohol.
Every employee and detainee using flammable, toxic, or caustic materials	\boxtimes			

ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	Y	N	NA	REMARKS
receives advance training in their use, storage, and disposal.				
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).				b2 high b2 high
				maintenance of the fire alarm system, sprinkler system, hood systems, emergency generators, and emergency lighting is not being conducted as required by NFPA Fire Codes.
A technically qualified officer conducts the fire and safety inspections.				There is an alternate Safety position filled by an ICE, SIEA Supervisor assigned the responsibility.
The Safety Office (or officer) maintains files of inspection reports.	\boxtimes			
The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The plan has been approved by the AFOD and reviewed by the Federal Fire Department at the Seely Navel Base and the El Centro City Fire Department.
 The plan requires: Monthly fire inspections; Fire protection equipment strategically located throughout the facility; Public posting of emergency plans with accessible building/room floor plans; Exit signs and directional arrows; and An area-specific exit diagram conspicuously posted in the diagrammed area. 				Posted evacuation signs needs to be re-evaluated to ensure proper placement.
Fire drills are conducted and documented monthly.	\boxtimes			Review of the documentation indicated that the housing units were not receiving quarterly drills from each shift but corrective actions were taken and drills are now being conducted as required.
A sanitation program covers barbering operations.	\boxtimes			Local Policy, Environmental Health and Safety, dated April 17, 2008 fully addresses barbering operation and sanitation controls.
The barber shop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			Located in the recreation center.
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			
Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			Weekly inspections are conducted throughout the

ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	Y	N	NA	REMARKS
				facility to identify safety hazards.
Standard cleaning practices include: • Using specified equipment; cleansers; disinfectants and detergents. • An established schedule of cleaning and follow-up inspections. •				
The facility follows standard cleaning procedures.	\boxtimes			
Spill kits are readily available.	\boxtimes			
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			Stericycle Inc. provides all medical waste disposal.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			
Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. • At least monthly. • The pest-control program includes preventative spraying for indigenous insects.	\boxtimes			American Pest Control is contracted to provide all pest-control operations.
Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			City provided and tested as required by standards.
 Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 				
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING				

REMARKS:

The fire safety program affords staff and detainees a level of safety that presents no imminent life safety concerns.

The fire safety systems throughout the facility to include fire alarms, sprinkler systems, kitchen hood fire suppression systems, emergency generators and emergency lighting/exit lights are not being inspected and tested on a monthly, quarterly, or annual schedule as required by the National Fire Protection Association (NFPA) standards, NFPA 72, NFPA 25 and NFPA 17A, NFPA 110, and NFPA 70. There is a contract with Candelaria Corporation effective 09/19/07 to perform the requirements of testing, inspecting and maintenance of these systems. On-site inspection and review of documentation failed to indicate services by Candelaria are being performed and monitored as required by the statement of work. Candelaria Corporation was notified by facility staff of this oversight and is scheduled to begin contract performance on Monday June 23, 2008. Management should provide direct oversight and supervision of the contractor to ensure compliance.

b2 high		

Review of documentation for fire drills indicated that the housing units were not receiving quarterly drills from each shift. Corrective action was taken and drills are now being conducted as required. Continued monitoring of the fire drill exercises is essential to ensure staff and detainees, are aware of their responsibilities in emergencies.

b6, b7c / June 19, 2008

AUDITOR'S SIGNATURE / DATE

HOLD ROOMS IN DETENTION FACILITIES					
POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION	OF DETAIN	NEES AWAI	TING REM	OVAL, TRANSFER, EOIR HEARINGS.	
MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSI					
COMPONENTS	Y	N	NA	REMARKS	
The hold rooms are situated within the secure perimeter.	\boxtimes				
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.	\boxtimes				
The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes				
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.	\boxtimes				
The walls and ceilings of the hold rooms are tamper and escape proof.	\boxtimes				
Individuals are not held in hold rooms for more than 12 hours.	\boxtimes			Documentation of supervision and 15 minute checks maintained electronically.	
Male and females are segregated from each other.			\boxtimes	Females are not confined at ECSPC.	
Detainees under the age of 18 are not held with adult detainees.	\boxtimes				
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes				
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.			\boxtimes	Detainees are within view of supervisory staff.	
All detainees are given a pat down search for weapons or contraband before being placed in the room.	\boxtimes				
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.). • Hold rooms are irregularly monitored every 15 minutes. • Unusual behavior or complaints are noted.					
When the last detainee has been removed from the hold room, it is given a thorough inspection.	\boxtimes				
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.					
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	\boxtimes				
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

Intake and release processing is conducted in a professional manner. Detainees are searched appropriately and interviewed by staff to determine classification, housing, separation, and medical/psychiatric concerns.

June 19, 2008
UDITOR S IGNATURE / DATE

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.

COMPONENTS	Y	N	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	\boxtimes			
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			
The security officer, or equivalent in IGSAs, provides training to employees in key control.	\boxtimes			
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	\boxtimes			
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			Every lock in the facility is physically inspected by the Security Officer.
Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			
Only dead bolt or dead lock functions are used in detainee accessible areas.				
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.				b2 high
Grand master keying systems are prohibited.	\boxtimes	l 🖂		
All worn or discarded keys and locks are cut up and properly disposed of.				
Padlocks and/or chains are prohibited from use on cell doors.				
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101.				b2 high
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.				
Procedures are in place to ensure that key rings are: • Identifiable; • The numbers of keys are cited; and • Keys cannot be removed.	\boxtimes			
Emergency keys are available for all areas of the facility.	\square			
The facilities use a key accountability system.	\boxtimes			
Authorization is necessary to issue any restricted key.	\boxtimes			
 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	\boxtimes			
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			Combination of the automated Key Watch Control/Issue Cabinet and conventional check out from the Control Center. It

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.

COMPONENTS	Y	N	NA	REMARKS
				is noted that the daily accounting procedures of all keys throughout the facility was effective June 16, 2008
 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 				
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING				

REMARKS:

|--|

POPULATION COUNTS						
POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS CONDUCTED AS NECESSARY.						
COMPONENTS	Y	N	NA	REMARKS		
Staff conduct a formal count at least once each shift.	\boxtimes			There are 6 formal counts every twenty-four hours.		
Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes					
Certain operations cease during formal counts.	\boxtimes					
All movement ceases for the duration of a formal count.	\boxtimes					
Formal counts in all units take place simultaneously.	\boxtimes					
Detainee participation in counts is prohibited.	\boxtimes					
A face-to-photo count follows each unsuccessful recount.				A face-to-photo count is conducted after an unsuccessful recount and at the 10:30PM count. The 8:30AM, 3:30PM and 10:30PM Face to Photo Count was observed by the reviewers with no concerns noted.		
Officers positively identify each detainee before counting him/her as present.	\boxtimes					
Written procedures cover informal and emergency counts.They are followed during informal counts and emergencies.						
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.	\boxtimes					
This training is documented in each officer's training folder.	\boxtimes					

Count procedures and detainee compliance with count procedures are very effective. Movement in the units is curtailed during counts. Out counts are managed by the control center officer and are documented with count slips no different from those conducted in the living units. Local policy, counts and post orders, effectively outlines appropriate count practices.

DEFICIENT

AT-RISK

b6, b7c / June 19, 2008 **AUDITOR'S SIGNATURE / DATE**

ACCEPTABLE

REPEAT FINDING

POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST. COMPONENTS Y N NA REMARKS Every fixed post has a set of post orders. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.

Every fixed post has a set of post orders.	\boxtimes			
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.				Post orders are available to all staff on each of the 38 established posts.
The IGSA maintains a complete set (central file) of post orders.	\boxtimes			The SPC maintains a central file of post orders
The central file is accessible to all staff.	\boxtimes			
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.	\boxtimes			
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.				
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	\boxtimes			
Procedures keep post orders and logbooks secure from detainees at all times.				Post orders are secured when not is use.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.	\boxtimes			
Armed-post post orders provide instructions for escape attempts.	\boxtimes			
The post orders for housing units track the event schedule.				Each set of post orders includes a specific chronology of duties to be preformed by the staff member.
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.				The log is kept by the control center office and the unit officer.
X ACCEPTABLE ☐ DEFICIENT ☐	AT-RISK REPEAT FINDING			

REMARKS:

Post orders are up to date and available to all staff.

All 38 sets of post orders were reviewed. They are well written and adequately explain general and specific duties related to each post. Documentation is maintained indicating signatures of all post orders reviewed.

June 19, 2008
AUDITOR'S SIGNATURE / DATE

SECURITY INSPECTIONS

POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy		- 1.0		
specifies:				
Posts to be inspected;				Contract guard services conduct
Required inspection forms;				daily inspections, and the
• Frequency of inspections;	\boxtimes		Ш	Deportation Operations
Guidelines for checking security features; and				Supervisor conducts weekly
 Procedures for reporting weak spots, inconsistencies, and other 				inspections.
areas needing improvement				
Every officer is required to conduct a security check of his/her assigned	<u> </u>			
area. The results are documented.	\boxtimes		Ш	
Documentation of security inspections is kept on file.	\boxtimes			
Procedures ensure that recurring problems and a failure to take				
corrective action are reported to the appropriate manager.	\boxtimes		Ш	
The front-entrance officer checks the ID of everyone entering or exiting				
the facility.	\boxtimes			
All visits are officially recorded in a visitor logbook or electronically				
recorded.	\boxtimes		Ш	
The facility has a secure visitor pass system.	\boxtimes			
Every Control Center officer receives specialized training.	\boxtimes			
The Control Center is staffed around the clock.				
Policy restricts staff access to the Control Center.				Local policy restricts access to
				the control room and an
	\boxtimes			approved list of staff authorized
	_			access is posted outside of the
				Control Room.
Detainees are restricted from access to the Control Center.	\boxtimes			
Communications are centralized in the Control Center.	\boxtimes			
Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			
The facility maintains a log of all incoming and departing vehicles to				
sensitive areas of the facility. Each entry contains:				
• The driver's name;				
 Company represented; 				
 Vehicle contents; 	\boxtimes			
 Delivery date and time; 				
• Date and time out;				
Vehicle license number; and				
 Name of employee responsible for the vehicle during the visit 				
Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes	П		
The facility has a written policy and procedures to prevent the				
introduction of contraband into the facility or any of its components.	\boxtimes			
Tools being taken into the secure area of the facility are inventoried				
before entering and prior to departure.	\boxtimes		Ш	
The SMU entrance has a sally port.	\boxtimes			
Written procedures govern searches of detainee housing units and	\boxtimes			
personal areas.				
Housing area searches occur at irregular times.				
Every search of the SMU and other housing units is documented.	\boxtimes			
Storage and supply rooms, walls, light and plumbing fixtures, accesses,				
and drains, etc., undergo frequent, irregular searches. These searches are	\boxtimes			
documented.				

SECURITY INSPECTIONS						
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE						
RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDIN	G IN FACIL	TY OPERA	ATIONS.			
COMPONENTS YES NO NA REMARKS						
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes					
Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.	\boxtimes					
Visitation areas receive frequent, irregular inspections.						
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

REMARKS:

All vehicles and visitors are appropriately searched, identified, recorded, and processed into the facility at the front entrance or through the vehicle sally port. The sally port is currently undergoing a security enhancement project of installing new perimeter fencing, automated slide gates, camera surveillance, and intrusion detection. At the request of the review team, management agreed to assign one additional officer to this post temporarily to provide additional supervision during the construction process.

b6, b7c /June 19, 2008 AUDITOR'S SIGNATURE / DATE

SPECIAL MANAGEMENT UNIT (SMU) ADMINISTRATIVE SEGREGATION

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).

COMPONENTS	Y	N	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.				
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved. • A copy of the order given to the detainee within 24 hours.				Detainees placed in the SMU are provided a copy of detention orders within 24 hours of their placement.
 The OIC (or equivalent) regularly reviews the status of detainees in administrative detention. A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative). 				A review of 11 discipline files for the past three months verifies a detainee's placement in the unit is reviewed within 72 hours.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and: • Every week thereafter for the first month; and • Every 30 days after the first month. • Does each review include an interview with the detainee? • Is a written record made of the decision and the justification?	\boxtimes			
The detainee is given a copy of the decision and justification for each review. • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.				Interviews of detainees confined in the SMU revealed they are provided a copy of the detention order.
 The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO. 				A review of disciplinary files for the past three months revealed no detainee has remained in the SMU for more than 60 consecutive days.
The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. • A written record is made of the decision and the justification. • The detainee receives a copy of this record.				
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.	\boxtimes			Detainees are provided copies of the decision to continue their confinement in the SMU. They are also provided written notification of their right to appeal the decision.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.				
The SMU is: Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition.				

SPECIAL MANAGEMENT UNIT (SMU) ADMINISTRATIVE SEGREGATION

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COMPONENTS	Y	N	NA	REMARKS
All cells are equipped with beds.	\boxtimes			
 Every bed is securely fastened to the floor or wall. 				
The number of detainees in any cell does not exceed the occupancy				
limit.				
When occupancy exceeds recommended capacity, do basic	\boxtimes			
living standards decline?				
 Do criteria for objectively assessing living standards exist? 				
• If yes, are the criteria included in the written procedures?				
The segregated detainees have the same opportunities to				Detainees in the SMU are
exchange/launder clothing, bedding, and linen as detainees in the	\boxtimes			permitted to exchange bedding
general population.			_	and clothing three times per
District the second of the sec				week.
Detainees receive three nutritious meals per day, from the general				
population's menu of the day.	\boxtimes			
 Do detainees eat only with disposable utensils? 				
• Is food ever used as punishment? Each detainee maintains a normal level of personal hygiene in the SMU.				
• The detainees have the opportunity to shower and shave at				
least three times a week.	\boxtimes			
If not, explain.				
The detainees are provided:				
Barbering services;				
• Recreation privileges in accordance with the "Detainee				A review of SMU daily activity
Recreation" standard;				logs revealed they are provided
Non-legal reading material;				three meals per day and eat only
Religious material;	\boxtimes		Ш	with disposable utensils.
The same correspondence privileges as detainees in the general				
population;				the same privileges as those in the general population.
• Telephone access similar to that of the general population; and				the general population.
Personal legal material.				
A health care professional visits every detainee at least three times a				
week.	\boxtimes			
• The shift supervisor visits each detainee daily.				
Weekends and holidays.				
Procedures comply with the "Visitation" standard.	_		_	
 The detainee retains visiting privileges; and 	\boxtimes		Ш	
The visiting room is available during normal visiting hours.				
Visits from clergy are allowed.	\boxtimes			
Detainees have the same law-library access as the general population.				
• Are they required to use the law library ∑Separately, or ☐	\boxtimes			
As a group?			_	
Are legal materials brought to them? The GNE and the state of th				
The SMU maintains a permanent log of detainee-related activity, e.g.,	\boxtimes			
meals served, recreation, visitors etc. SPC procedures include completing the SMU Housing Record (I-888)				
immediately upon a detainee's placement in the SMU.				
Staff completes the form at the end of each shift.	\boxtimes			
 CDFs and IGSA facilities use Form I-888 (or local equivalent). 				
EDI 5 and 100/1 facilities use 1 offir 1 000 (of focal equivalent).				

SPECIAL MANAGEMENT UNIT (SMU) ADMINISTRATIVE SEGREGATION

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).

,	[DISCH ERVART SECRECATION] STANDARD).						
COMPONENTS	Y	N	NA	REMARKS			
Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift. • Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc; • The medical officer/health care professional signs each individual's record during each visit; and • The housing officer initials the record when all detainee services are completed or at the end of the shift.							
A new record is created for each week the detainee is in Administrative Segregation. • The weekly records are retained in the SMU until the detainee's return to the general population.	\boxtimes						
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING							

REMARKS:

The SMU operates within standards and accepted correctional practices. The unit is clean, well ventilated, and detainees are afforded the same privileges as detainees in the general population. Medical staff and security supervisors visit the unit on a daily basis and members of the clergy make routine visits as well. Logs and forms of activities and events in the unit are maintained and contain accurate information.

June 19, 2008

AUDITOR'S SIGNATURE / DATE

SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	Y	N	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	\boxtimes			
The sanctions for violations committed during one incident are limited to 60 days.				A review of discipline packets for the past three months revealed no detainee has been sanctioned to more than 60 days of disciplinary segregation.
A completed Disciplinary Segregation Order accompanies the detainee into the SMU. • The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.				
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. • After each formal review, the detainee receives a written copy of the decision and supporting reasons.				Weekly and monthly reviews are conducted in accordance with policy requirements.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.				
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	\boxtimes			
Living conditions in disciplinary SMUs remain the same regardless of behavior. • If no, does staff prepare written documentation for this action? • Does the OIC sign to indicate approval.	\boxtimes			
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.				All detainees confined in the SMU receive humane treatment regardless of the offense.
The quarters used for segregation are: • Well-ventilated. • Adequately lighted. • Appropriately heated. • Maintained in a sanitary condition.				
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	\boxtimes			
The number of detainees confined to each cell or room is limited to the number for which the space was designate. • Does the OIC approve excess occupancy on a temporary basis?	\boxtimes			
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	\boxtimes			
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.				
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. • Food is not used as punishment.	\boxtimes			
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	\boxtimes			
Detainees receive, unless documented as a threat to security:	\boxtimes			Detainees confined in

SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	Y	N	NA	REMARKS
 Barbering services; Recreation privileges; Other-than-legal reading material; Religious material; The same correspondence privileges as other detainees; and Personal legal material. 				disciplinary segregation are afforded the opportunity for barber services, recreation, leisure and religious materials, and correspondence privileges.
When phone access is limited by number or type of calls, the following areas are exempt: • Calls about the detainee's immigration case or other legal matters; • Calls to consular/embassy officials; and • Calls during family emergencies (as determined by the OIC/Warden).	\boxtimes			Detainees are required to submit a request to staff to make official calls. Requests are processed and the detainee is permitted to contact official personnel.
 A health care professional visits every detainee in disciplinary segregation every week day. The shift supervisor visits each segregated detainee daily Weekends and holidays. 	\boxtimes			
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	\boxtimes			
SMU detainees receive legal visits, as provided in the "Visitation" standard. • Legal service providers are notified of security concerns arising before a visit.	\boxtimes			
Visits from clergy are allowed. • The clergy member is given the option of visiting/not visiting the segregated detainee. • Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.				
 SMU detainees have law library access. Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. Legal material brought to individuals in the SMU on a case-by-case basis. Staff documents every incident of denied access to the law library. 	\boxtimes			
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	\boxtimes			
The SPC's, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU. • All I-888s are filled out by the end of each shift. • The CDF/IGSA facility use Form. • I-888 (or equivalent local form).				

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POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	Y	N	NA	REMARKS	
 SMU staff record whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU. 	\boxtimes				
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

Detainees are required to submit a request to staff in order to make official calls. Requests are processed and the detainee is permitted to contact official personnel.

b6, b7c /June 19, 2008 AUDITOR'S SIGNATURE / DATE

TOOL CONTROL

POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.

COMPONENTS	Y	N	NA	REMARKS
There is an individual who is responsible for developing a tool control	\boxtimes			
procedure and an inspection system to insure accountability.		Ш		
Department heads are responsible for implementing this standard in their	\boxtimes			
departments.				
Tool inventories are required for the:				
Maintenance Department;				
Medial Department;				
• Food Service Department;	\boxtimes			
• Electronics Shop;				
 Recreation Department; and 				
Armory.				
The facility has a policy for the regular inventory of all tools.				
• The policy sets minimum time lines for physical inventory and				
all necessary documentation.				
ICE facilities use AMIS bar code labels when required.				
The facility has a tool classification system. Tools are classified				
according to:	\square			All tools are classified as
 Restricted (dangerous/hazardous); and]		restricted in the facility.
Non-Restricted (non-hazardous).				
Department heads are responsible for implementing tool-control				
procedures.]		
The facility has policies and procedures in place to ensure that all tools	\boxtimes			
are marked and readily identifiable.				
The facility has an approved tool storage system.				Tools in all departments are
• The system ensures that all stored tools are accountable.				stored in a secure manner and
• Commonly used tools (tools that can be mounted) are				are easily identifiable.
stored in such a way that missing tool is readily notice.				,
Each facility has procedures for the issuance of tools to staff and	\boxtimes			
detainees.				
The facility has policies and procedures to address the issue of lost tools.				TD 1
The policy and procedures include:				Tools are issued to staff only.
Verbal and written notification;	\square	Ш	Ш	Detainees are not permitted to handle or use tools.
Procedures for detainee access; and				nandle of use tools.
Necessary documentation/review for all incidents of lost tools.				
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes			
All private or contract repairs and maintenance workers under contract to				
ICE, or other visitors, submit an inventory of all tools prior to admittance				
into or departure from the facility.	_			
ACCEPTABLE DEFICIENT	AT-RISH	ζ		REPEAT FINDING

REMARKS:

Staff responsible for the development and maintenance of the tool control program demonstrates a very good understanding of procedures and benefits of the proper handling and control of tools. During the past year, there were no instances where a tool was lost or could not be accounted for.

Detainees are not allowed to use any tools and they are not assigned voluntary work duties in the maintenance section. Tools are accounted for each day by a minimum of two staff members.

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TRANSPORTATION LAND TRANSPORTATION

POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE. **COMPONENTS** YES No NA REMARKS Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of \boxtimes compliance. Every transporting officer required to drive a commercial size bus has a A review of staff training valid Commercial Driver's License (CDL) issued by the state of records verifies all transporting M officers possess a valid employment. CDL. Supervisors maintain records for each vehicle operator. M Officers use a checklist during every vehicle inspection. Staff assigned to transport Officers report deficiencies affecting operability; and \boxtimes vehicles performs safety Deficiencies are corrected before the vehicle goes back into inspections prior to each trip. service. Transporting officers: Limit driving time to 10 hours in any 15 hour period; Drive only after eight consecutive off-duty hours; Do not receive transportation assignments after having been on Written procedures specifically duty, in any capacity, for 15 hours; \boxtimes П limit driving times for transport Drive a 50-hour maximum in a given work week; a 70-hour officers. maximum during eight consecutive days; During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area-exceeding the 10-hour limit. Two officers with valid CDLs required in any bus transporting detainees. When buses travel in tandem with detainees, there are two \boxtimes П qualified officers per vehicle. • An unaccompanied driver may transport an empty vehicle. Before the start of each detail, the vehicle is thoroughly searched. Positive identification of all detainees being transported is confirmed. All detainees are searched immediately prior to boarding the vehicle by \boxtimes staff controlling the bus or vehicle. The facility ensures that the number of detainees transported does not Staff ensures all detainees are \boxtimes exceed the vehicles manufacturer's occupancy level. accounted for after each stop. \boxtimes Protective vests are provided to all transporting officers. The vehicle crew conducts a visual count once all passengers are on board and seated. X Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. Policies and procedures are in place addressing the use of restraining \boxtimes equipment on transportation vehicles. Officers ensure that no one contacts the detainees. \boxtimes One officer remains in the vehicle at all times when detainees are present. Meals are provided during long distance transfers. \boxtimes The meals meet the minimum dietary standards, as identified by

TRANSPORTATION

LAND TRANSPORTATION							
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☐ STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.							
COMPONENTS YES NO NA REMARKS							
dieticians utilized by ICE.							
 The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. 	\boxtimes						
Vehicles have:							
 Two-way radios; Cellular telephones; and Equipment boxes stocked in accordance with the Use of Force Standard. 							
The vehicles are clean and sanitary at all times.	\boxtimes						
Personal property of a detainee transferring to another facility is:							
 Inventoried; Inspected; and Accompanies the detainee. 							
The following contingencies are included in the written procedures for vehicle crews: • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather				Vehicle trip boxes include emergency plans and procedures.			

REMARKS:

The transport operation at the facility is well managed and supervised. Transport staff and supervisors are knowledgeable of bus operations and transport procedures.

DEFICIENT

AT-RISK

b6, b7c June 19, 2008

AUDITOR'S SIGNATURE / DATE

Passenger list includes women or minors

ACCEPTABLE

REPEAT FINDING

USE OF FORCE

POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:

COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			Local policy, Use of Force.
When the detainee is in an area that is or can be isolated (e.g., a locked				
cell, a range), posing no direct threat to the detainee or others, officers	\boxtimes			
must try to resolve the situation without resorting to force.				
Written policy asserts that calculated rather than immediate use of force				
is feasible in most cases.		Ш		
The facility subscribes to the prescribed Confrontation Avoidance				
Procedures.	\boxtimes			Local policy, Use of Force.
• Ranking detention official, health professional, and others				
confer before every calculated use of force.				
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team				
Technique.	\boxtimes			
Under staff supervision.				
Staff members are trained in the performance of the Use-of-Force Team				
Technique.	\boxtimes			
All use-of-force incidents are documented and reviewed.				While all uses of force are
				reviewed, 4 after actions
	\boxtimes		П	conducted in 2008 did not reveal
				the signature of the AOIC,
				SDDO, and Health Services Administrator.
Staff:				Administrator.
Do not use force as punishment;				
Attempt to gain the detainee's voluntary cooperation before				
resorting to force;				
• Use only as much force as necessary to control the	\boxtimes		Ш	
detainee; and				
• Use restraints only when other non-confrontational means,				
including verbal persuasion, have failed or are impractical.				
Medication may only be used for restraint purposes when authorized by	\boxtimes			
the Medical Authority as medically necessary.		Ш		
Use-of-Force Team follows written procedures that attempt to prevent	\boxtimes			
injury and exposure to communicable disease(s).				
Standard procedures associated with using four-point restraints include: • Soft restraints (e.g., vinyl);				
 Dressing the detainee appropriately for the temperature; 				
 A bed, mattress, and blanket/sheet; 				
 Checking the detainee at least every 15 minutes; 				
 Logging each check; 	<u> </u>			
 Turning the bed-restrained detainee often enough to 	\boxtimes			
prevent soreness or stiffness;				
 Medical evaluation of the restrained detainee twice per 				
eight-hour shift; and				
• When qualified medical staff is not immediately available,				
staff position the detainee "face-up".				
The shift supervisor monitors the detainee's position/condition every two	\boxtimes			

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POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:

COMPONENTS	YES	No	NA	REMARKS		
hours.						
• He/she allows the detainee to use the rest room at these						
times under safeguards.	<u> </u>					
All detainee checks are logged.						
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	\boxtimes					
When the OIC authorizes use of non-lethal weapons:						
 Medical staff is consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 						
Special precautions are taken when restraining pregnant detainees. • Medical personnel are consulted		\boxtimes		Women are not confined at this facility.		
Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes					
Staff documents every use of force and/or non-routine application of restraints.	\boxtimes					
It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes					
All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. • Specialized training is given and Officers are certified in all devices they use.						
<u>In SPCs</u> , is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	\boxtimes					
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

REMARKS:

There has been no calculated use of force within the past year and only four incidents of the immediate use of force within the past year. All uses of force were reviewed and determined to be appropriate. The AFOD, Assistant OIC, and Supervisory Detention and Deportation Officer, and Health Services Administrator should sign the after action report at the completion of each review.

b6, b7c /June 19, 2008 AUDITOR'S SIGNATURE / DATE

STAFF DETAINEE COMMUNICATIONS

POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME FRAME.

COMPONENTS	Y	N	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and	\boxtimes			Rounds are conducted at
unannounced visits occur at the IGSA.]	minimum weekly.
Detention and Deportation Staff conduct scheduled weekly visits with	\boxtimes]]	Rounds are conducted at
detainees held in the IGSA.		ш		minimum weekly.
Scheduled visits are posted in ICE detainee areas.	\boxtimes			
Visiting staff observe and note current climate and conditions of	\boxtimes			
confinement at each IGSA.				

POLICY : PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE					
TIME FRAME.					
COMPONENTS	Y	N	NA	REMARKS	
ICE information request Forms are available at the IGSA for use by ICE	\boxtimes				
detainees.					
The IGSA treats detainee correspondence to ICE staff as Special	\boxtimes				
Correspondence.					
ICE staff responds to a detainee request from an IGSA within 72 hours.	\square				
ICE detainees are notified in writing upon admission to the facility of					
their right to correspond with ICE staff regarding their case or conditions					
of confinement.					
△ ACCEPTABLE □ DEFICIENT □	AT-RISE	ζ.		REPEAT FINDING	

STAFF DETAINEE COMMUNICATIONS

REMARKS:

ICE staff and ICE detainees interact daily at the ECSPC.

Postings are in all housing areas regarding:

- OIG Hotline Information
- Sexual Harassment/Assault Prevention and Reporting
- Pro-Bono Legal Telephone Numbers and Consulate Office Telephone Numbers

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AUDITOR'S SIGNATURE / DATE

DETAINEE TRANSFER STANDARD

POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE.

COMPONENTS	Y	N	NA	REMARKS
When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer. • The notification is recorded in the detainee's file; and • When the A File is not available, notification is noted within DACS	\boxtimes			The notification is recorded in the detainees A-file, and noted in the comments section of the DACS.
Notification includes the reason for the transfer and the location of the new facility.				
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			Notification is provided via the "Detainee Transfer Notification"
 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer; The detainee is not notified of the transfer until immediately prior to departing the facility; and The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	\boxtimes			ECSPC SOP Detainee Transfer,
The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.				The G-391 "Order to Escort Alien" is provided to processing and Escort Officers.
 For medical transfers: The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; Medical transfers are coordinated through the local ICE office; and A medical transfer summary is completed and accompanies the detainee. 	\boxtimes			
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.	\boxtimes			
For medical transfers, transporting officers receive instructions regarding medical issues.				Information pertaining to scheduled medications, ambulatory conditions, etc. is relayed to the transport officers.
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	\boxtimes			Funds (cash) are given directly to the detainee. Personal property, jewelry, legal materials does accompany the detainee in transport.
Transfer and documentary procedures outlined in Section C and D are followed.				"Request for Bed/Designation" and "Preperation and Transfer of Records" are followed.

DETAINEE TRANSFER STANDARD

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COMPONENTS	Y	N	NA	REMARKS
Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			Meals are provided in compliance with the "Land Transportation" standard.
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	\boxtimes			
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				
	AT-RISK		REPEAT FINDING	

REMARKS:

The Detainee Transfer standard is in full compliance.

June 19, 2008 **AUDITOR'S SIGNATURE / DATE**