

1333 New Hampshire Avenue NW

Washington, DC 20036

Contract # 04-00-80-3818

ICE National Detention Standards

Compliance Review

Facility:

El Paso Service Processing Center

Inspection Dates:

October 13-15, 2009

Report Date:

October 16, 2009



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October 16, 2009

MEMORANDUM FOR:

David J. Venturella

Acting Director

Office of Detention and Removal Operations

FROM:

Lead Compliance Inspector.

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SUBJECT:

El Paso Service Processing Center

Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the ICE Performance Based National Detention Standards (PBNDS) at the El Paso Service Processing Center located in El Paso, Texas, during the period of October 13-15, 2009. This is an ICE operated Service Processing Center.

The annual inspection was performed under the guidance of below, Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member	1. 1
Security		
Health Services	_	
Food Services	b6,b7c	
Safety	_	

Type of Review

The review is a scheduled annual inspection which is performed to determine overall compliance with the ICE Performance Based National Detention Standards. The facility received a previous rating of "Acceptable" during the September 2008 inspection which was based on the National Detention Standards (NDS).

Review Summary

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

Standards Compliance

The following tables provide a performance summary of the standards that were reviewed and the overall compliance level determined as a result of the 2008 and 2009 annual inspections. The 2009 inspection was based on the El Paso Service Processing Center's compliance with the ICE Performance Based National Detention Standards and the 2008 inspection was based on the ICE National Detention Standards.

2008 Inspection NDS Review	
Compliant	38
Deficient	0
Repeat Deficiency	0
Non-Applicable	0

2009 Inspection PBNDS Review	[
Meets Standard	41
Does Not Meet Standard	0
Repeat Deficiency	0
Non-Applicable	0

The 2009 Performance Based National Detention Standards consisted of both Mandatory and Non-Mandatory components. The following breakdown is provided as a result of the 2009 inspection.

2009 Inspection PBNDS Review	Mandatory	Non-Mandatory
Meets Component	40	814
Does Not Meet Component	0	24
Non-Applicable	0	11
Total Components	40	849
Percentage of Compliance	100%	97.1%

Outcome Measures:

The analysis of the Outcome Measures provided is consistent with the overall mission and security level of the center.

LCI Issues and Concerns

There were no standards identified by the inspection team as "Does Not Meet Standard".

Concerns:

Hold Rooms

Standard: Section V. B. "The maximum aggregate time an individual may be held in a Hold Room is 12 hours."



- Staff reported there were 97 incidents where detainees were held in a Hold Room for more than 12 hours while awaiting bed space in the Service Processing Center. Over 18,000 detainees were admitted in the past 12 months.
- A review of available documentation for the most recent three months identified no incidents where detainees were held for more than 12 hours.

Staff reported the occasional holding of detainees in Holding Rooms for more than 12 hours was the result of limited bed space and an ineffective monitoring system. They also reported that a revised monitoring system has been implemented to ensure the facility's operational policy is consistent with the standard.

Recommendation

The facility should establish an internal policy and operational practice that records the time of entry and exit of all detainees being held in a holding room. They should also develop a movement plan to ensure all detainees are removed from a holding room prior to 12 hours.

Visitation

Standard: I.1. "The facility's written rules shall specify time limits for visits, 30 minutes minimum, under normal conditions. ICE/DRO encourages more generous limits when possible, especially for family members traveling significant distances. In unforeseen circumstances, such as the number of visitors exceeding visiting room capacity, the facility administrator may modify visiting periods."

- Public visitation for detainees averaged approximately 20 minutes based on staff assigned to the visiting post.
- The visiting room logbook reflected most general visits lasted less than 30 minutes.
- There were no concerns identified in relation to the frequency, duration or space for attorney related visits.

The general visiting room area consists of five non-contact visiting booths and four contact visiting rooms to service an average population of 772 detainees. Public visiting hours are scheduled seven days per week. Monday through Friday pubic visiting hours are from 6:00 PM to 9:00 PM. On Saturday and Sunday public visitation hours are from 11:00 AM to 3:00 PM and 6:00 PM to 9:00 PM. Detainees are normally scheduled to receive public visits during one of the (9) three hour visiting sessions. The specific session during which a detainee can visit is based on the first letter of the detainee's last name.

Recommendation

Expand the public visiting hours to ensure all detainees can receive a minimum of 30 minutes per visit.

Recommended Rating and Justification:

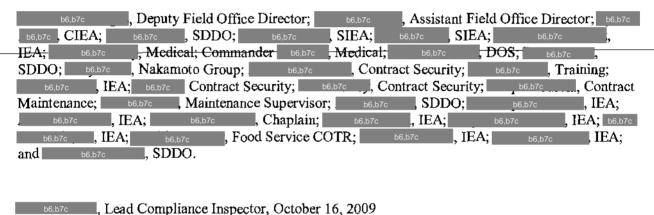
The Lead Compliance Inspector recommends that the El Paso Service Processing Center receive a rating of "Meets Standards". The facility currently complies with 40 of 40 Immigration and Customs Enforcement, Performance Based National Detention Standards. In addition, the facility is in compliance

with (100%) percent of the Mandatory components and (97.1%) percent of the Non-Mandatory components.

LCI Assurance Statement

The findings of compliance and noncompliance are accurately and completely documented on the G-324A Inspection form and are supported by documentation in the inspection file. An out brief was conducted at the facility and included a discussion of all deficiencies, concerns, and recommendations noted.

The following were present:



Signature:

A. Type of Facility Reviewed	Estimated Man-	davs Per Year	<u> </u>	
	365,000		•	
☐ ICE Contract Detention Facility	,	-	<u> </u>	
ICE Intergovernmental Service Agreement				
	G. Accreditat			
B. Current Inspection			reditation[s] rece	ived:
Type of Inspection	ACA, NCCHC,			
Field Office HQ Inspection	Check box	if facility has 1	no accreditation[s]
Date[s] of Facility Review				
October 13-15, 2009			(Copies must be	
C. B. J. Off and an array	Court Order		rder or Class Act	
C. Previous/Most Recent Facility Review			Class Action Or itigation Pending	
Date[s] of Last Facility Review	Major Litiga		Life/Safety Issu	
September 16-18, 2008	Check if No		Life/Safety 1880	<u>. </u>
Previous Rating	<u>ka</u> chock if ite		·	
Superior Good Acceptable Deficient At-Risk	I. Facility Hi	story		
D. Name and Location of Facility	Date Built	***************************************		··-
Name	1967			
El Paso Service Processing Center	Date Last Remo	deled or Upgi	raded	
Address (Street and Name)	1998			
8915 Montana Avenue	Date New Cons		space Added	
City, State and Zip Code	1998/No bed sp		,	·
El Paso, Texas 79925	Future Construc			
County	☐ Yes ☐ No			
El Paso	Current Bedspace 840		Bedspace (# Ne	w Beds only)
Name and Title of Facility Administrator (Warden/OIC/Superintendent)	040	Numb	er: Date:	
b6,67c , Assistant Field Office Director	J. Total Facil	ity Populatio	n	
Telephone # (Include Area Code)	Total Facility In			
915-225- b6,b7c	18,229	take for previo	ous 12 mondis	
Field Office / Sub-Office (List Office with oversight	Total ICE Mand	avs for Previo	ous 12 months	
responsibilities)	364,580			
El Paso Field Office			<u> </u>	
Distance from Field Office	K. Classificati	on Level (IC	E SPCs and CD	Fs Only)
Less than One Mile		L-	1 L-2	L-3
	Adult Male	30		72
E. ICE Information	Adult Female	12	5 50	4
Name of Inspector (Last Name, Title and Duty Station)	I E W. 6	•.		
b6,b7c / LCI / MGT of America, Inc.	L. Facility Ca		0 4	T
Name of Team Member / Title / Duty Location	Adult Male	Rated	Operational	Emergency
b6.67c / CI-Security / MGT of America, Inc.	Adult Female	568 272	578	800
Name of Team Member / Title / Duty Location			144 enders 16 and old	ar as Adults
b6,b7c / CI-Safety / MGT of America, Inc.	racinty notes	ouveniles Offi	enders to and dra	er as Auures
Name of Team Member / Title / Duty Location b6,67c	M. Average Da	ily Populatio	n	
		ICI		Other
Name of Team Member / Title / Duty Location b6.b7c / CI-Food Service / MGT of America, Inc.	Adult Male	60:		0
bo,bre / CI-Food Service / IVIO1 of America, inc.	Adult Female	17		0
F. CDF/IGSA Information Only		· · · · · · · · · · · · · · · · · · ·	I	
Contract Number Date of Contract or IGSA	N. Facility Sta	ffing Level		
N/A N/A	Security:		Support:	
Basic Rates per Man-Day	ICE: b2High Contra	act: b2High	ICE: 2High	
N/A				
Other Charges: (If None, Indicate N/A)				
N/A; ; ;				

Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information <u>must be completed</u> prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	8	12	11	9
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
Detainee on Staff	With Weapon	0	0	0	0
		3	1	2	1
	Without Weapon				
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		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)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
1	Actual	0	0	0	0
Grievances:	# Received	0	5	0	1
	# Resolved in favor of Offender/Detainee	0	4	0	1
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	4	10	3	5
	# Psychiatric Cases referred for Outside Care	0	2	0	0

Any attempted physical contact or physical contact that involves two or more offenders

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.	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PA	RTM SAILENY			#	
1	Emergency Plans	\boxtimes			L
2	Environmental Health and Safety	X			
3	Transportation (By Land)	\boxtimes		一	
PA	RT 2 SECURITY	1974) 88.40	. :		
4	Admission and Release	X			
5	Classification System	M			
6	Contraband	\boxtimes			<u>L</u> .
7	Facility Security and Control	\boxtimes			
8	Funds and Personal Property	×			
9	Hold Rooms in Detention Facilities	⊠			
10	Key and Lock Control	\boxtimes			<u> </u>
11	Population Counts				
12	Post Orders			[[] -	
13	Searches of Detainees				
14	Sexual Abuse and Assault Prevention and Intervention	X I			
15	Special Management Units				<u> </u>
16	Staff-Detainee Communication	\boxtimes			
17	Tool Control	\boxtimes			
18	Use of Force and Restraints	\boxtimes]
	RT'S OBDER			\$1.75 8.761	!
19	Disciplinary System R14 CARE	⊠			
	RT 4 CARE		γγ ^{7 (3} .5) <u>(3.5-4 (</u> 3		
20	Food Service	\boxtimes			
21	Hunger Strikes	Ø			
22	Medical Care	X			
23		⊠			
24	Suicide Prevention and Intervention	<u> </u>			
25	Terminal lilness, Advance Directives, and Death	☒			
PA	RT 5 AGTIVIDES	7,000 (1) 7,000 (1)		19-21-65	
26	Correspondence and Other Mail		<u></u>		
27	Escorted Trips for Non-Medical Emergencies	X			
28	Marriage Requests				
29	Recreation		므		
30	Religious Practices	Image: square of the square of		밀	
31	Telephone Access		<u> </u>		
32	Visitation		믜	므	_
33	Voluntary Work Program				
	EUR BOULSTINGE CONTROL OF THE PROPERTY OF THE			经	
34	Detainee Handbook		<u> </u>		
35	Grievance System		븯	무	
36	Law Libraries and Legal Material		믜	무	
37	Legal Rights Group Presentations				NET 3.5
******	RICT/ADMINISTRYATION/AMANAGEMENTA				建 斯
38	Detention Files		밎	믜	
39	News Media Interviews and Tours		 	무	
40	Staff Training		뮈	믜	
41	Transfer of Detainees				

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name)	5 b6,b7c
b6,b7c Title & Duty Location	b6,b7c
Lead Compliance Inspector, MGT of America, Inc.	October 16, 2009

Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6.b7c CI - Security, MGT of America, Inc.	b6,b7c CI - Medical, MGT of America, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6.b7c , CI - Food Service, MGT of America, Inc.	b6.b7c CI - Safety, MGT of America, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

Recommended Rating:	Meets Standards
	Does Not Meet Standards

Comments:

The average daily population at the El Paso Service Processing Center during the past 12 months was 772. On the last day of the inspection the detainee population count was 786.

There were no deaths reported at the center during the past year.

Most security posts within the facility are filled by contractual staff employed by DOYON. Approximately 356 DOYON contractual security personnel are assigned.

Condition of Confinement Review Worksheet

(This document must be attached to each G-324A Inspection Form)

This Form to be used for Inspections of all Facilities Used Over 72 Hours



Performance-Based National Detention Standards Worksheets

State Facility – IGSA ICE Contract Detention Facility Name El Paso Service Processing Center Address (Street and Name) 8915 Montana Avenue City, State and Zip Code El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) 100070 Name and title of Lead Compliance Inspector 100070 Date[s] of Review October 13-15, 2009 Type of Review Headquarters Operational Special Assessment Other	ICE Service Processing Center
Name El Paso Service Processing Center Address (Street and Name) 8915 Montana Avenue City, State and Zip Code El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) DEBTC	State Facility – IGSA
El Paso Service Processing Center Address (Street and Name) 8915 Montana Avenue City, State and Zip Code El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) blob/c Assistant Field Office Director Name and title of Lead Compliance Inspector Lead Compliance Inspector Date[s] of Review October 13-15, 2009 Type of Review	☐ ICE Contract Detention Facility
El Paso Service Processing Center Address (Street and Name) 8915 Montana Avenue City, State and Zip Code El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) blob/c Assistant Field Office Director Name and title of Lead Compliance Inspector Lead Compliance Inspector Date[s] of Review October 13-15, 2009 Type of Review	
Address (Street and Name) 8915 Montana Avenue City, State and Zip Code El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/OlC/Superintendent) 105.70 Name and title of Lead Compliance Inspector 106.570 Lead Compliance Inspector Date[s] of Review October 13-15, 2009 Type of Review	Name
8915 Montana Avenue City, State and Zip Code El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) b6.b7c	El Paso Service Processing Center
City, State and Zip Code El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) b6,b7c Assistant Field Office Director Name and title of Lead Compliance Inspector b6,b7c Lead Compliance Inspector Date[s] of Review October 13-15, 2009 Type of Review	Address (Street and Name)
El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) b6,67c , Assistant Field Office Director Name and title of Lead Compliance Inspector b6,67c	8915 Montana Avenue
County El Paso Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) b6.b7c , Assistant Field Office Director Name and title of Lead Compliance Inspector b6.b7c	City, State and Zip Code
El Paso Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) bebre , Assistant Field Office Director Name and title of Lead Compliance Inspector bebre Lead Compliance Inspector Date[s] of Review October 13-15, 2009 Type of Review	El Paso, Texas 79925
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) b6.57c , Assistant Field Office Director Name and title of Lead Compliance Inspector b6.57c	County
Name and title of Lead Compliance Inspector Lead Compliance Inspector Date[s] of Review October 13-15, 2009 Type of Review	El Paso
Name and title of Lead Compliance Inspector Lead Compliance Inspector Date[s] of Review October 13-15, 2009 Type of Review	Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
Lead Compliance Inspector Date[s] of Review October 13-15, 2009 Type of Review	b6,b7c, Assistant Field Office Director
Date[s] of Review October 13-15, 2009 Type of Review	Name and title of Lead Compliance Inspector
October 13-15, 2009 Type of Review	Lead Compliance Inspector
Type of Review	Date[s] of Review
<u> </u>	October 13-15, 2009
Headquarters 🗌 Operational 🔲 Special Assessment 🔲 Other	Type of Review
	Headquarters 🗍 Operational 🦳 Special Assessment 🗍 Other

TABLE OF CONTENTS

PART 1	SAFETY
	Emergency Plans Environmental Health and Safety Transportation (By Land)
PART 2	SECURITY 16
	Admission and Release. Classification System. Contraband. Facility Security and Control. Funds and Personal Property Hold Rooms in Detention Facilities. Key and Lock Control. Population Counts.
	Population Counts. Post Orders. Searches of Detainees. Sexual Abuse and Assault Prevention and Intervention. Special Management Units. Staff-Detainee Communication. Tool Control. Use of Force and Restraints.
PART 3	ORDER57
	Disciplinary System
PART 4	CARE60
	Food Service. Hunger Strikes. Medical Care. Personal Hygiene. Suicide Prevention and Intervention. Terminal Illness, Advance Directives, and Death.
PART 5	ACTIVITIES93
	Correspondence and Other Mail. Escorted Trips for Non-Medical Emergencies. Marriage Requests. Recreation. Religious Practices. Telephone Access. Visitation. Voluntary Work Program.

PART 6	JUSTICE110
	Detainee Handbook Grievance System Law Libraries and Legal Material Legal Rights Group Presentations
PART 7	ADMINISTRATION & MANAGEMENT
	Detention Files

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

SECTION I SAFETY STANDARDS

PART 1 – 1. EMERGENCY PLANS

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
•	M	Doe M Stan	Z	
1. No Detainee or detainee groups exercise control or authority over other detainees.				
2. Detainees are protected from:				
Personal abuse				
Corporal punishment				
Personal injury				
• Disease				
Property damage				
Harassment from other detainees				
3. Staff is trained to identify signs of detainee unrest.				Detailed emergency
What type of training and how often?				response training covering appropriate areas is provided during orientation training and is a required part of the annual training curriculum for both ICE and contract employees.
Staff effectively disseminates information on facility climate, detained attitudes, and moods to the Facility Administrator.				
5. There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			An ICE employee with the rank of Captain is assigned this responsibility.
6. Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	\boxtimes			
7. All staff receives training in the emergency plans during their orientation training as well as during their annual training.				
8. The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	\boxtimes			
9. The plans address the following issues:				
Confidentiality				
Accountability (copies and storage locations)	\boxtimes			
Annual review procedures and schedule				
• Revisions				
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	\boxtimes			

PART 1-1. EMERGENCY PLANS

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.				
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 				
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.				
14. All staff receives copies of the Facility Hostage policy and procedures.	×			Documentation was provided by the Training Coordinator.
15. Staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and psychological effects.				
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.				
7. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.				The facility maintains a three week supply of emergency meals.
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	\boxtimes			
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	\boxtimes			

PART 1 – 1. EMERGENCY PLANS This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity. Does Not Meet Standard Meets Standard Components Remarks 21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Each of the fifteen Disturbances components is addressed M individually in the Escapes emergency plans. Bomb Threats Adverse Weather Internal Searches **Facility Evacuation** Detainee Transportation System Plan Hostages (Internal) Civil Disturbances

PART 1 – 1, EMERGENCY PLANS

 \boxtimes

 \square N/A

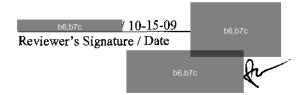
☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)

2. The Emergency Plans specify a procedure for post-emergency

On the first day of the review the inspection team was able to observe the response to a medical emergency resulting from a detained being injured on the recreational yard. All procedures utilized by staff appeared consistent with the standard.

☐ Does Not Meet Standard



Meets Standard

debriefings and discussions.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. (MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				The Health and Safety Officer has oversight of hazardous materials and conducts fire, safety, and weekly inspections of all areas. A system is in place.
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			
 3. 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. 				
 4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official. 				
5. The MSDS are readily accessible to staff and detainees in the work areas.				MSDS are available at required locations. Detainees are trained by staff on safety precautions and have access to the MSDS.
 6. Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervises detainees using these substances. 				Documentation and logs reviewed indicated detainees are trained and supervised.
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			_
8. Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			
9. All toxic and caustic materials stored in their original containers in a secure area.				
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.				A licensed contract vendor disposes of hazardous materials.

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				Methyl alcohol is not authorized in the facility.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	\boxtimes			
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).				The Health and Safety Officer has the most current editions of the codes and regulations and the facility is in compliance.
14. A technically qualified staff member conducts fire and safety inspections.				
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.				
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.				
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 				Each building/detainee housing area has a public posting of the fire evacuation plan.
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				
19. A sanitation program covers barbering operations.				
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.				
21. The sanitation standards are conspicuously posted in the barbershop.				
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.				
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 				
25. Spill kits are readily available.				
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			
27. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			Training is conducted by Health Services staff.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?				
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	\boxtimes			
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				Water/wastewater control is by the El Paso Water Utilities and the water supply rating was "Superior".
 31. 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). 				
32. The Facility appears clean and well maintained.	\boxtimes			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.				
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			
35. The Health Services Administrator conducts medical-facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.				
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.				

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.				The Health Services Unit has comprehensive operating procedures and an infectious control manual.
38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:			, ,,	
 American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 				

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)

The assigned Health and Safety Officer is a certified trainer in OSHA General Industry Standards. He is using the most rent editions of applicable codes, standards and regulations. He conducts regular staff training in environmental health safety subjects. He also instructs staff in the procedures of conducting fire and safety inspections. Additionally, he provides training to staff who supervises detainees on appropriate safety practices.

The facility utilizes a contract vendor that conducts preventive maintenance and makes repairs. The contract includes utilizing professional and licensed vendors for generator, electrical equipment, and fire alarms inspections; and pest control, waste/refuse and recyclables removal, hydrant/flow test, and sanitation services for the staff administrative areas.

The Bureau of Customs and Border Protection conducted a Safety and Health Inspection Report dated July 14-15, 2009. Of the 53 violations cited, 50 have been resolved and two are minor. The most serious violation was the (fire alarm system in the administrative area) which is pending completion of corrective action.

The El Paso Fire Department conducted an inspection of the facility and issued a report dated October 7, 2009. Three minor and one major violation was cited. The minor violations have been resolved and the major violation (fire alarm system in the administrative area) has been submitted for corrective action and is awaiting approval. The report stated that there has been significant improvement with the fire protection features and with overall safety at the facility.

The facility reported 293 detainee injuries for fiscal year 2009. This count includes all referrals for medical attention regardless of seriousness. The vast majority of referrals were minor and involved injuries related to sports/physical activities (bruises, scrapes and abrasions).

One issue of concern relates to the kitchen equipment. In the event of an electrical power interruption while the slicer is in use, it will not automatically reset to the off position when power is restored. This may result in injury if the staff are not appropriately trained and aware of this condition.

The facility appears to be clean, well maintained, and inspected regularly for environmental and safety standards appliance. The staff and detainees are trained to ensure a high level of sanitation and good order.



PART 1 – 3. TRANSPORTATION (BY LAND)

This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the upervision of trained and experienced staff.

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	Meets	Does Not Meet Standard	N/A	Remarks
1. Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				
2. Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.				Seventeen commercial driver's licenses were reviewed and one was not issued by the state of Texas.
3. Supervisors maintain records for each vehicle operated.	\boxtimes			
4. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.				
 Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review. 				
6. Officers use a checklist during every vehicle inspection.				
Officers report deficiencies affecting operability.				
Deficiencies are corrected before the vehicle goes back into service.		-		
7. Transporting officers:]		!	
Limit driving time to 10 hours in any 15 hour period when transporting detainees.				The longest round trip transportation provides does not
Drive only after eight consecutive off-duty hours.				exceed 10 hours. Policy and
Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.				procedures are in place that address the limits on driving time
Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.				and specifically requires compliance with all Department of Transportation rules and state
 During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit. 				laws.
8. Two officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.				
 When buses travel in tandem with detainees, there are two qualified officers per vehicle. 				
An unaccompanied driver transports an empty vehicle.				
9. The transporting officer inspects the vehicle before the start of each detail.				
10. Positive identification of all detainees being transported is confirmed.				

	PART $1-3$.	TRANSPORTA	TION	ΒYL	AND)
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This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the upervision of trained and experienced staff.

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	Meets Standard	Does Not Meet Standard	N/A	Remarks
	. All detainees are searched immediately prior to boarding the chicle by staff controlling the bus or vehicle.	\boxtimes			
do	2. The facility ensures that the number of detainees transported bes not exceed the vehicle manufacturer's occupancy level.	\boxtimes			
ac	3. All uniformed officers wear their issued body armor in cordance with the ICE Body Armor policy and/or applicable ontract policy when transporting detainees.				Staff were observed wearing their issued body armor.
	H. The vehicle crew conducts a visual count once all assengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.				
	5. Policies and procedures are in place addressing the use of straining equipment on transportation vehicles.				
16	6. Officers ensure that no one contacts the detainees. One officer remains in the vehicle at all times when detainees are present.	\boxtimes			
•	7. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	\boxtimes			
ac	3. The vehicle crew inspects all Food Service meals before ecepting delivery (food wrapping, portions, quality, quantity, ermos-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.				
19	P. Vehicles have:				
•	Two-way radios.				
•	Cellular telephones.				
•	Equipment boxes stocked in accordance with the Use of Force Standard.			Ш	
•	Equipment appropriate and necessary for transporting detainees with physical disabilities.				
20	The vehicles are clean and sanitary at all times.	\boxtimes			

PART 1 – 3. TRANSPORT This Detention Standard prevents harm to the general public, equipped, maintained, and operated and that detainees are transpervision of trained and experienced staff.	detaine ansporte	es, and sta d in a sec	off by ure, sa	afe and humane manner, under the
Standard NA: Check this box if all ICE Transportation control of the detainee case.	is hand	iled only i	y the	ICE Field Office or Sub-Office in
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
21. Personal property of a detainee transferring to another facility:				
Is inventoried.Is inspected.				
Accompanies the detainee.				
22. The following contingencies are included in the written	<u> </u>			
procedures for vehicle crews:		l		
• Attack				
EscapeHostage-taking	}		 	
Hostage-taking Detainee sickness	-	ı		
Detainee death				
Vehicle fire				
• Riot)	
Traffic accident				
Mechanical problems				
Natural disasters				
Severe weather				
Passenger list is not exclusively men or women or minors				
PART 1 – 3, TRANSPOR	TATIO	N (BY LA	ND)	
☐ Meets Standard ☐ Does Not Meet Stand	lard	□ N/A		Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)

At the time of the inspection transportation of detainees was being transitioned from ICE employees to DOYON the contract security firm. Procedures in place were consistent with the standard.

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Reviewer's Signature / Date	b6,b7c
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SECURITY STANDARDS

PART 2 - 4. ADMISSION AND RELEASE

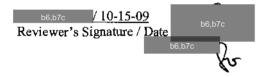
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono 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.	×			A video orientation is provided in English and Spanish that includes all requirements cited in the standard.
2. Medical screenings are performed by medical staff <u>or persons</u> who have received specialized training for the purpose of conducting an initial health screening.				Only medical staff conducts the initial health screening.
3. When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.				
4. 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.	\boxtimes			
Detainees are subjected to a strip search only when reasonable spicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.				No strip searches were reported in the past 12 months.
6. The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.				
7. 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.				No incidents of lost or stolen property were reported in the past 12 months. Form I-387 was available when needed.
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				
All releases are coordinated with ICE.	\boxtimes			
10. Staff completes paperwork/forms for release as required.	\boxtimes			
11. Each detainee receives a receipt for personal property secured by the facility.	\boxtimes			
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	\boxtimes			

PART 2 – 4. ADMISSION AND RELEASE						
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
13. ICE staff enters all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.						
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	\boxtimes			Orientation material is available in English and Spanish.		
PART 2 – 4. ADMISSION AND RELEASE						
	ndard	□ N/A		☐Repeat Finding		

Remarks: (Record significant facts, observations, other sources used, etc.)

The center has one admission and release area which is divided into two sections to effectively manage the separation of detainee processing by gender.



PART 2 - 5. CLASSIFICATION SYSTEM

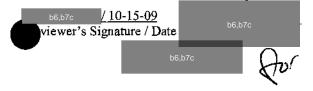
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to derly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				
2. The facility classification system includes:				
 Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. 				
The first-line supervisor or designated classification specialist reviews every classification decision.				
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			
4. 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 detainee classification.				
5. Housing assignments are based on classification-level.				
A detainee's classification-level does not affect his or her creation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			
7. Detainee work assignments are based upon classification designations.				
8. The classification process includes reassessment/reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.				
9. The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				
10. Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.				A review of available documentation identified 11 classification appeals processed within the past 12 months. Detainee files reflected appeals were heard and documented, but the files failed to identify if the timelines were met.
11. Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.				

PART 2 - 5. CLASSIFICATION STSTEM						
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on ifiable and documented data.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.		\boxtimes		The detainee handbook does not explain the conditions and restrictions of the classification levels including participation in the voluntary work program.		
13. In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	×					
PART 2 – 5. CLASSIFI	CATIO	N SYSTEM	A			
	dard	□ N/A		☐Repeat Finding		

Remarks: (Record significant facts, observations, other sources used, etc.)

The facility's classification plan ensures that each detainee is placed in the appropriate category (Level I, II, and III). Classification is determined by criminal and escape history, history of assaultive behavior, medical and mental status, age, vulnerability, disruptive group (gang) affiliation and the need to be separated.



This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.					
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.					
3.	Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.					
4.	Altered property is destroyed following documentation and using established procedures.					
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.					
6.	Staff follows written procedures when destroying hard contraband that is illegal.				Documentation was reviewed to confirm proper procedures are followed for destroying hard contraband.	
	 Hard contraband that is illegal (under criminal statutes) is 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. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 					
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.					
9.	Facilities with Canine Units only use them for contraband detection.				Canines have not been used. Policy on the use of canines is in place.	
PART 2 – 6. CONTRABAND						
-		ard	□ N/A		□Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Contraband was properly managed in a fashion consistent with the standard. b6,b7c / 10-15-09 b6,b7c eviewer's Signature / Date b6,b7c						

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PART 2 - 7. FACILITY SECURITY AND CONTROL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	\boxtimes			
2. At least one male and one female staff are on duty where both males and females are housed.				
3. Comprehensive annual staffing analysis determines staffing needs and plans.				
4. Essential posts and positions are filled with qualified personnel.				
5. Every Control Center officer receives specialized training.				There was no documentation to support that specialized training is provided to the Control Center Officers. Interviews with staff confirmed the lack of training.
6. Policy restricts staff access to the Control Center.				
7. Detainees do not have access to the Control Center.				
8. Communications are centralized in the Control Center.				
9. Facility security and safety will be monitored and ordinated by a secure, well-equipped, and continuously affed control center.				
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).		\boxtimes		Personal Control Data cards were not found in the Control Center.
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.		\boxtimes		The recall list has the cell phone numbers for each employee that has a government issued phone, but does not have home telephone numbers.
12. Staff makes watch calls every half-hour between 6 PM and 6 AM.				Prior to September 3, 2009, staff was making hourly watch calls. A review of current logs confirmed that employees are now making half-hour watch calls.
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.				
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			
15. All visits officially recorded in a visitor logbook or electronically recorded.				
16. The facility has a secure, color-coded visitor pass system.	\boxtimes			
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			

PART 2 - 7. FACILITY SECURITY AND CONTROL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. 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				
Delivery date and time				
Date and time out				
Vehicle license number	i			
Name of employee responsible for the vehicle during the facility visit				
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.				
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.				
The facility's perimeter will ensure that detainees remain hin and that public access is denied without proper authorization.	\boxtimes			
23. Written procedures govern searches of detainee housing units and personal areas.				Written procedures are in place to comply with this requirement.
24. Housing area searches occur at irregular times.				
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.				,
26. There are post orders for every security officer post.	\boxtimes			
27. Detainee movement from one area to another area is controlled by staff.				
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	×			
29. Every search of the SMU and other housing units is documented.				Log books are maintained to confirm compliance.
30. The SMU entrance has a sallyport.	\boxtimes			
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\boxtimes			

PART 2 - 7. FACILITY SE					
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, in-consistencies, and 	\boxtimes			Written procedures are included in the post orders.	
other areas needing improvement 33. Every officer is required to conduct a security check of bis/her assigned area. The results are documented.					
34. Documentation of security inspections is kept on file.					
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.					
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	Ø				
37. Storage and supply rooms; walls, light and plumbing stures, accesses, and drains, etc. undergo frequent, irregular trches. These searches are documented.	\boxtimes				
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes				
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 					
40. Visitation areas receive frequent, irregular inspections.					
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.					
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.					
FACILITY SECURIT	Y ANI	CONTRO)L		
	ard	□ N/A		□Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Deliver's Signature / Dat					

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PART 2 - 8. FUNDS AND PERSONAL PROPERTY

This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.

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 control of the detainee case.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			Detainee funds and valuables are only accessible to the shift supervisor.
2. Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	X			
3. Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.				Property is inventoried on a G- 589 in the presence of the detainee.
4. Two officers are present during the processing of detainee funds and valuables during admissions processing to the facility. Both officers verify funds and valuables.	\boxtimes			
5. For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?			\boxtimes	The facility is an SPC.
6. Staff gives the detainee the original inventory form, filing copies in the detainee's detention file and the personal roperty container.				The detainee receives a copy (one of three sheets from the original triplicate form) during the booking process.
7. Staff forwards an arriving detainee's medicine to the medical staff.	\boxtimes			
8. Staff searches arriving detainees and their personal property for contraband.	\boxtimes			
9. Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes			
10. Staff follows written procedures when returning property to detainees.	\boxtimes			
11. CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.			\boxtimes	The facility is an SPC.
 12. 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; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 				
13. Staff obtains a forwarding address from each detainee.	\boxtimes			
14. It is standard procedure for two officers to be present when removing/documenting the removal of funds from a detainee's possession.				

PART 2 - 8, FUNDS AND PERSONAL PROPERTY

This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.

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 control of the detainee case.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15. Staff issue and maintain property receipts (G-589s) in numerical order.				
16. Staff complete and distribute the G-589 in accordance with the ICE standard.				
17. The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.				
18. Staff tags large valuables with both a G-589 and an I-77.				
19. The supervisor verifies the accuracy of every G-589.	\boxtimes			
 20. The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 				
1. Staff tags every baggage/facility container with an I-77, completed in accordance with the ICE standard.	\boxtimes			
22. Staff secures every container used to store property with a tamper-proof numbered strap.				
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.	\boxtimes			
24. <u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	\boxtimes			
25. The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.				
26. The facility positively identifies every detainee being released or transferred.				
27. Staff routinely informs supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.				Property staff indicate that no property has been reported lost or damaged.

PART 2 - 8. FUNDS AND PERSONAL PROPERTY This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. 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 control of the detainee case. Meets Standard Does Not Meet Standard N/A Components Remarks 28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). \boxtimes The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file. ✓ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)

Two line items were non-applicable because they specifically addressed IGSA's and CDF's.



PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The hold room is situated in a location within the secure perimeter.				
2. The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			
3. The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			
4. No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			
5. Hold room walls and ceilings are escape and tamper resistant.	\boxtimes			
6. Detainees are not held in hold rooms for more than 12 hours.				The Outcome Measure Report cited 97 detainees were held in holding rooms for more than 12 hours. Approximately 18,200 detainees were processed into the facility during the past 12 months. This was confirmed by the AFOD. Corrective measures were implemented during the past year to ensure detainees are not housed in a holding room for more than 12 hours. A review of available documentation covering the past three months reflected no incident where detainees were held in the holding room for more than 12 hours. The current security firm providing supervision in the holding room area has been in service for approximately six months.
7. Male and females detainees are segregated from each other at all times.				Separate holding rooms in the booking area are used for each gender group.
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			
9. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	\boxtimes			
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	\boxtimes			

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 11. When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 	⊠			
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 				An officer assigned to the holding room area is designated in the evacuation plan for ensuring the evacuation of the area during an emergency situation.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.				
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 	\boxtimes			
 15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 				The hold rooms were designed in 1996 according to the design plans reviewed and staff interviews. The standard does not distinguish between hold rooms designed before or after 1998, but does reference the ICE/DRO Hold Room Design Guide. The Guide was not available.
16. In SPCs designed after 1998 the hold rooms have floor drain(s).				Staff reported the hold rooms were designed in 1996. The standard states "Based on the ICE/DRO Hold Room Design Guide, Hold Rooms shall be designed and constructed to comply with the following criteria: Each Hold Room shall have floor drain(s)."
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.			\boxtimes	The hold rooms used in this facility were reportedly designed in 1996.
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.				

	PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
This Detention Standard ensures the safety, security, and comfort processing. The maximum aggregate time an individual may be							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	\boxtimes						
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 	⊠						
21. Officers provide a meal to any detained detained in a hold room for more than six hours.	_						
 Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 							
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes						
23. The maximum occupancy for the hold room will be posted.	\boxtimes			All hold rooms have the maximum occupancy posted.			
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or hysical problems.	×						
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes						
 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." 	\boxtimes			Documentation confirms visual monitoring at 15 minute intervals.			

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PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

□ N/A

☐ Does Not Meet Standard

Constant surveillance of any detainee exhibiting signs of

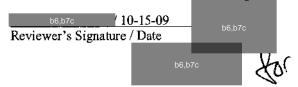
hostility, depression, or similar behaviors.

Meets Standard

☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)

The facility has multiple holding rooms in the Admission/Release area that are located in a direct line of sight by staff. All plding rooms are equipped in a fashion consistent with the standard. Staff reported detainees had occasionally been held the holding rooms for longer than 12 hours while awaiting their housing unit assignment. This practice has been corrected and there was no documentation to indicate detainees are currently held in holding rooms for more than 12 hours.



PART 2 – 10. KEY AND LOCK CONTROL

This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The security officer[s], or equivalent, has attended an approved locksmith training program.				Documentation confirms compliance with this requirement.
2. The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.				
3. The security officer, or equivalent, provides training to all employees in key and lock control.				
4. The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\bowtie			
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			
6. Facility policies and procedures address the issue of compromised keys and locks.	×			
7. The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			
8. Only dead bolt or dead lock functions are used in detainee accessible areas.				
Non-authorized locks (as specified in the Detention tandard) are not used in detainee accessible areas.				
10. The facility does not use grand master keying systems.				
11. All worn or discarded keys and locks cut up and properly disposed of.				
12. Padlocks and/or chains are not used on cell doors.	\boxtimes			Inspections throughout the facility revealed no padlocks or chains being used on cell doors.
 13. 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, Chapter 3 National Fire Protection Association Life Safety Code 101. 				
14. The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.				Observation confirmed sufficient keyboards in the Control Center.
 15. Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	\boxtimes			

PART 2 - 10. KEY AND LOCK CONTROL This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained. Meets Standard Does Not Meet Standard Components Remarks 16. Emergency keys are available for all areas of the facility. П M 17. The facility uses a key accountability system. 冈 П 18. Authorization is necessary to issue any restricted key. Policy and procedures are in place \boxtimes П for the issuing of any restricted key. 19. Individual gun lockers are provided. They are located in an area that permits constant officer X In an area that does not allow detainee or public access. 20. The facility has a key accountability policy and Policy and procedures are clear and \boxtimes procedures to ensure key accountability. The keys are specific on key accountability. physically counted daily. 21. 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. Key control training is part of the annual refresher training \boxtimes When a key or key ring is lost, misplaced, or not curriculum. accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to 22. Locks and locking devices are continually inspected, Xmaintained, and inventoried. 23. Each facility has the position of Security Officer. If not, There is a full-time Security Officer a staff member appointed the collateral duties of security \boxtimes assigned to the facility. officer. 24. The designated key control officer is the only employee \boxtimes who is authorized to add or remove a key from a ring. 25. The splitting of key rings into separate rings is not \boxtimes authorized.

Remarks: (Record significant facts, observations, other sources used, etc.)

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Reviewer's Signatur	e / Date	b6,b7c	For

PART 2 - 10. KEY AND LOCK CONTROL

□ N/A

☐ Does Not Meet Standard

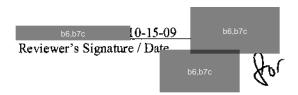
☐ Repeat Finding

PART 2 – 11. POPULATION COUNTS

This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detained accountability.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Staff conducts a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.				
2. Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes			
3. There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes			
4. Formal counts in all units take place simultaneously.	\boxtimes			Observation of count procedures confirmed formal counts were conducted simultaneously.
5. Officers do not allow detainee participation in the count.				
6. A face-to-photo count follows each unsuccessful recount.				
7. Officers positively identify each detainee before counting him/her as present.	\boxtimes			
8. Written procedures cover informal and emergency counts.	\boxtimes			
9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	\boxtimes			
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	\boxtimes			Initial orientation training and annual refresher training is provided on count procedures.
PART 2 – 11. POPU	LATIC	N COUNT	ſS	
	ıdard	□ N/A	1	☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)



PART 2 - 12. POST ORDERS

This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Every fixed post has a set of Post Orders.				
2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.		\boxtimes		The six-part folder format is not utilized.
3. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes			
4. One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	\boxtimes			Documentation confirms compliance with this requirement.
6. The facility administrator authorizes all Post Order changes.				
7. The facility administrator has signed and dated the last page of every section.				
8. A Post Orders master file is available to all staff.	\boxtimes			
9. Procedures keep Post Orders and logbooks secure from detainees at all times.				
10. Copies of the applicable Post Orders are retained at the ost only if secure from detainee access.				
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes			
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.				
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\boxtimes			
 14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and 	\boxtimes			
 Any order issued by such a person, regardless of his or her position of authority, is to be disregarded. 				
15. Post Orders for armed posts provide instructions for escape attempts.				
16. The Post Orders for housing units track the daily event schedule.	\boxtimes			
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.				Review of housing unit post orders confirmed compliance.

☑ Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding
ecord significant facts,	observations, other sources used, etc	2.)	
10-15-09	b6,b7c		

PART 2 - 13. SEARCHES OF DETAINEES This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband. Does Not Meet Standard Meets Standard Remarks Components 1. There are written policy and procedures governing \boxtimes П П searches of housing areas, work areas and of detainees. 2. Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated \boxtimes П П by the type of contraband and the method of suspected introduction or concealment. Written policy and procedures require staff to avoid \boxtimes П unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable. Written policy and procedures require staff to leave a \boxtimes \Box searched housing area, work area and detainee property in its П original order, to the extent practicable. 5. Detainees are pat searched and screened by metal \boxtimes П П detectors routinely to control contraband. 6. Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be No strip searches were reported X П concealed on the person, or a good opportunity for П during the past 12 months. concealment has occurred, and when properly authorized by a supervisor. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator No body cavity searches were (or acting administrator) on the basis of reasonable belief or \boxtimes П reported. suspicion that contraband may be concealed in or on the detainee's person. 8. "Dry cells" are used for contraband detection only when \boxtimes П there is reasonable belief of concealment, with proper П authorization, and in accordance with required procedures 9. Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, \boxtimes П controlled, and stored so as to maintain and document the chain of custody. 10. Canines are not used in the presence of detainees \boxtimes Canines are not used. PART 2 - 13. SEARCHES OF DETAINEES Meets Standard □ Does Not Meet Standard □ N/A ☐Repeat Finding Remarks: (Record significant facts, observations, other sources used, etc.) The El Paso Service Processing Center conducts searches of detainees in a fashion consistent with the standard.



PART 2- 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and sault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	×			The facility has a comprehensive sexual abuse, assault prevention, and intervention program.
2. For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The Field Office Director has approved the written policy.
3. Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			The program coordinator tracks all reports of sexual abuse or assault.
4. All staff is trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.				The training plan and presentation were reviewed for new employees and for annual training. The training presentation complies with the Detention Standard.
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	⊠			The detainee handbook contains information regarding sexual assault and abuse reporting.
The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			The bulletin boards in all housing units contain the Sexual Assault Awareness notice.
7. The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)				The Sexual Assault Awareness Information Brochure is available to detainees in Spanish and English. The brochure is posted in the housing units. The brochure is also available in 12 other languages if required.
8. Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.				Officers in the processing unit screen all arriving detainees for a history of sexually assaultive behavior. Medical staff screen for a history of sexual victimization potential. Housing assignments are only made after these determinations are completed.

PART 2- 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and sault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9. All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.				In August 2009 there was one report of a possible sexual assault on a detainee by a contract security staff member. The case was still under investigation at the time of the inspection. The detainee claimed that while sleeping he may have been touched inappropriately by the
				employee. The detainee further stated that it may also have been a dream.
10. All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.				Over the past year there has been one report of possible sexual assault by a detainee. The file on the possible assault was reviewed and an investigation was still being conducted at the time of the inspection.
11. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.				The possible assault case resulted in the prompt medical evaluation of the detainee by civilian health care staff at a community hospital. Additionally, an investigation was conducted by local and ICE authorities, and the contract employee was placed on administrative leave. The facility reported the possible assault through the chain of command immediately.
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.				The possible assault was reported to local and federal authorities for investigation.
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.				A Significant Event Notification was sent to the Office of Professional Responsibility.

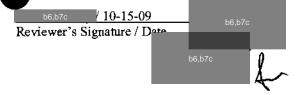
PART 2- 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and sault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. Remarks Components 14. Victims of sexual abuse or assault are referred to The detainee was promptly referred to physicians in the specialized community resources for treatment and \boxtimes local hospital for evaluation. gathering of evidence. treatment, and evidence gathering. The Sexual Abuse, Assault 15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically Prevention, and Intervention logged and tracked by a designated staff coordinator. \boxtimes П program coordinator, Sandra Marinelarena maintains a file on all claims of sexual assault.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)

The facility's staff receives appropriate and regular training in the recognition and prompt intervention on behalf of suspected sexual abuse or assault victims. Suspected victims are referred to appropriate community resources and provided with counseling. Investigations are instituted promptly. Detainees with a history of sexually assaultive havior are identified through the classification process and housed accordingly.



This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for tetainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Written policy and procedures are in place for special management units.	\boxtimes			
2. A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes			Written policy is clear and specific in regard to this requirement.
3. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	\boxtimes			
4. (MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	⊠			It is standard operating procedure to notify medical staff when a detainee is admitted to SMU. Documentation reviewed supports compliance.
5. There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in coordance with the Detention Standard on Facility Security and Control.				
6. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.				
7. Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			
8. Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.				
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 				Visits to SMU and a review of the logbook confirmed compliance.

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. A Special Management Housing Unit Record is maintained on each detainee in an SMU:				
• In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU.				
 In CDFs and IGSA facilities form I-888 or a comparable form is used. 				
In SPCs and CDFs:	ļ			Daniel and the second
By the end of each shift, the special housing unit officer records:				Documentation confirms compliance with this requirement. Observation and staff interviews
O Whether the detainee ate, showered, exercised, and took any medication, and				verified adherence to policy.
 Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. 				
• When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift.				
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	\boxtimes			
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.				
14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)				Policy and procedures are specific in establishing privileges detainees may have in each type of segregation.
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details.				Documentation and observation confirmed compliance.
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).				Documentation confirmed compliance.

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.				
18. The facility administrator (or designee) visits each SMU daily.				A review of logbooks confirmed compliance.
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them.				
In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detained to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detained's SMU Housing Record (Form I-888).	×			Documentation confirmed compliance.
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, arbering, clothing, bedding, linen) on the same basis as the general population.				
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	\boxtimes			
23. Detainees in an SMU may write and receive letters the same as the general population.				
24. Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes			
25. Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	\boxtimes			

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for tetainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
26. Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.				
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.				,
28. In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.				
29. In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	\boxtimes			
30. Ordinarily, detainees in SMUs are not denied legal visitation.				
1. There are policy and procedures for a situation where pecial security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes			
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.				
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.				
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	×			

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for etainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.				Except for detainees with documented security concerns, detainees are escorted to the Law Library. Services and legal materials are provided upon request when compelling security concerns have been identified.
36. Policy and procedures provide for legal material to be				
brought to individuals in Disciplinary Segregation under certain circumstances.				
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 				
38. Recreation for detainees in the SMU is separate from the general population.				
9. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	×			
40. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weatherappropriate equipment and attire.	\boxtimes			
41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.				

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for etainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
42. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.				Written procedures are in place to comply with this requirement.
43. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances.				
The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.				
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.				
45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is	X			
released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)				

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for letainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary leasons.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
46. There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and			·	
CDFs, Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be				
emoved from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval. 47. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.				
48. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.				
49. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.				Written procedures are in place to comply with this requirement.
50. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.				

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
51. When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.				
52. A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	Ø			A review of detainee files confirmed compliance.
53. After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility an could be placed in the general population.	\boxtimes			
54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the DP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed				A review of detainee files confirmed compliance.

PART 2 – 15. SPECIAL	MANA	GEMENT	UNIT	S				
This Detention Standard protects detainees, staff, contractors, videtainees from the general population in Special Management detainees segregated for administrative reasons and a Disciplinate asons.	Units (S	MUs) with	an Adı	ministrative Segregation section for				
Components Weets Standard Meets Standard A N/A Remarks								
55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887). At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised. The reviewer may recommend the detainee's early release				Written procedures are in place to comply with this requirement.				
upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator. All review documents are placed in the detainee's detention file. PART 2 – 15. SPECIAL MANAGEMENT UNITS								
☑ Meets Standard ☐ Does Not Meet Sta	ndard	□ N/A	\ 	Repeat Finding				
Remarks: (Record significant facts_observations_other sources used, etc.) b6,67c								

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PART 2 – 16. STAFF-DETAINEE COMMUNICATION

This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working onditions.

It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1. The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.				
3. Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			
4. Visiting ICE staff observes and note current climate and conditions of confinement.	\boxtimes			
5. ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.				
6. The facility treats detained correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes			***
7. A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	\boxtimes			
8. Only ICE staff are able to retrieve the contents of the ecure box containing Detainee Request Forms,	\boxtimes			
9. ICE/DRO staff responds to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes			
10. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.				Notification is provided in the detainee handbook.
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	\boxtimes			
12. Daily telephone serviceability checks are documented in the housing unit logbook.	\boxtimes			Housing unit logbooks revealed serviceability checks were documented daily.
PART 2 – 16. STAFF-DETA	NEE C	OMMUNIC	OITA	N
	dard	□ N/A		☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)

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PART 2-17. TOOL CONTROL

This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. (MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			
2. If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	\boxtimes			All tools are received at the warehouse which is located outside the secure perimeter. The tool control officer is the only one authorized to receive tools from the warehouse.
3. (MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.				On-site observations and a review of documentation confirmed compliance.
4. A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	\boxtimes			
 Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory 	\boxtimes			Observation visits to each individual site confirmed compliance.
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.				Observation visits to each individual site confirmed compliance
 7. 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. 	\boxtimes			Policy and procedures are in place and documentation confirms adherence to policy.
 8. The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 				On-site observations and a review of documentation confirmed compliance.
9. Department heads are responsible for implementing proper tool control procedures as described in the standard.				

PART 2-17, TOOL CONTROL This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies, Meets Standard Does Not Meet Standard Y/A Components Remarks 10. There are policies and procedures in place to ensure On-site observations and a review that all tools are properly marked and readily identifiable. of documentation confirmed that procedures are in place. Approximately 100 tools were checked for compliance and two X tools in the Electronic Shop were identified that did not have the proper marking. Upon return to the location both tools had been appropriately marked. 11. The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. On-site observations and a review \boxtimes П Shadow boards have a white background. of documentation confirmed compliance. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 12. Tools removed from service have their shadows \boxtimes \Box \Box removed from shadow boards. 13. Tools not adaptable to a shadow board are stored in a \boxtimes \Box locked drawer or cabinet. 14. Sterile packs are stored under lock and key. X 15. Each facility has procedures for the issuance of tools to \boxtimes \Box П staff and detainees. 16. There are policies and procedures to address the issue During the past 12 months one of lost tools. The policy and procedures include: missing tool was reported. A Verbal and written notification. contract employee was disciplined \boxtimes П П for failure to follow the Procedures for detainee access. established written procedures for Necessary documentation/review for all incidents of reporting a lost tool. lost tools. 17. Broken or worn out tools are surveyed and disposed of \boxtimes П in an appropriate and secure manner. 18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit

 \boxtimes

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an inventory of all tools prior to admittance into or

departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the

facility.

This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility						
operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
19. Hoses longer than three feet in length are classified as a restricted tool.				A 100 foot water hose used in the loading dock area of Food Services was not identified as a restricted tool. Additionally, the water hose was not on the facility restricted tool inventory list or tagged properly. The hose was reported as being secured daily in a locked storage area and was identified on a general inventory list. Procedures were		
				implemented on the last day of the inspection to comply with the restricted tool requirements. The hose was identified as a restricted tool, properly marked, and has been added to the Food Service restricted tool list.		
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are sed.	\boxtimes					
PART 2-17. TO	OL CC	NTROL				
	ndard		'A	☐Repeat Finding		

Remarks: (Record significant facts, observations, other sources used, etc.)

The facility has an established tool control management system in place, but there was one "Restricted Tool" that was not properly identified. The staff had not properly identified a water hose located on the loading dock of the Food Services area as a "Restricted Tool". The hose was not accounted for in a fashion consistent with the standard. Other areas reviewed were found to be properly managed pursuant to the standard.

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PART 2 – 18. USE OF FORCE AND RESTRAINTS

This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property mage, or to maintain the security and orderly operation of the facility.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. (MANDATORY) The facility has a Use of Force Policy.	×			Specific policy and procedures are in place for the Use of Force.
2. Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			
3. 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, policy requires that staff must try to resolve the situation without resorting to force.	⊠			
4. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
 The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force. 	×			
6. 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. Under staff supervision.				
7. Staff members are trained in the performance of the Use-of-Force Team Technique.				
8. All use-of-force incidents are documented and reviewed.	\boxtimes			A review of documentation and staff interviews confirmed compliance.
9. All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	×			
10. Staff:				
 Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 				

PART 2 - 18. USE OF FORCE AND RESTRAINTS

This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property mage, or to maintain the security and orderly operation of the facility.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.				
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				
13. Standard procedures associated with using four/five point restraints include:				
 Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up." 14. The shift supervisor monitors the detainee's 				Written policy is in place that complies with all of the requirements of this standard. The facility does not currently use four or five point restraints. Written policy is in place that
position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.	\boxtimes			Written policy is in place that complies with all requirements of this standard in case the operational practice changes and restraints are applied.
15. All detainee checks are logged,				There was no application of restraints in the last 12 months.
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	\boxtimes			
 17. When the Facility Administrator 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. 				
18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.	\boxtimes			

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property mage, or to maintain the security and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
19. If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.				On-site observation and staff interviews confirm that		
20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted	\boxtimes			Medical staff is consulted prior to restraining a pregnant detainee.		
21. Protective gear is worn when restraining detainees with open cuts or wounds.						
22. Staff documents every use of force, including what type of restraints was used during the incident.	\boxtimes			The use of force policy is specific in regard to the proper use of restraints.		
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes					
24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they certified in all devices approved for use.						
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.						
26. The use of canines is restricted to contraband detection purposes only.	×			The facility does not utilize canines for any purpose.		
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes					
28. In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.						
PART 2 – 18. USE OF FORCE AND RESTRAINTS						
	ndard	□ N /	'A	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) Description						

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SECTION III ORDER STANDARDS

PART 3 – 19. DISCIPLINARY SYSTEM

This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a written disciplinary system using progressive levels of reviews and appeals.				
2. The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			
3. Written rules prohibit staff from imposing or permitting the following sanctions:			_	
• corporal punishment			!	
deviations from normal food service				
• clothing deprivation				Policy is clear and specific in
bedding deprivation				establishing what sanctions are prohibited and cannot be imposed.
denial of personal hygiene items				promotted and cannot be imposed.
loss of correspondence privileges				
 deprivation of legal access and legal materials 				
deprivation of physical exercise			 	
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			The information can be found in the detainee handbook and all housing units.
5. The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:		- "		
Rights and Responsibilities				These topics are posted and
Prohibited Acts	\boxtimes			included in the detainee handbook.
Disciplinary Severity Scale				
• Sanctions				
6. When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes			
7. Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes			
8. Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.				
9. An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			

PART 3 – 19. DISCIPLINARY SYSTEM

This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:						
 Conducts hearings on all charges and allegations referred by the UDC 		:				
 Considers written reports, statements, physical evidence, and oral testimony 						
 Hears pleadings by detainee and staff representative 						
Bases its findings on the preponderance of evidence						
Imposes only authorized sanctions			<u>.</u>			
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes					
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	\boxtimes					
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel bes not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	\boxtimes			Current policy establishes 60 days as the maximum sanction that can be imposed for a single offense.		
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	\boxtimes					
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.				Distribution of all final documentation for the disciplinary process is coordinated through the classification officer.		
PART 3 – 19. DISCL	PLINA	RY SYSTE	M			
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

Remarks: (Record significant facts, observations, other sources used, etc.)

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SECTION IV CARE STANDARDS

PART 4 – 20. FOOD SERVICE

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

	Components	Meets	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The FSA and the Assistant Food Service Administrator (AFSA) are certified and have Food Managers Certification. In addition they have 23 years and 11 years of professional food service management experience respectively.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.				The AFSA or the FSA is on duty each day. During holidays when both may be off
		_		 	a Cook II is designated as the "Lead" in food service.
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard				
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control				The facility has an extensive collection of knives and tools. The tools are "etched", inventoried, signed out to staff using unique (to each staff member) chits, and inventoried at each shift change. Additionally, each knife goes into a secure pass through to a secure cutting room where the knife is cabled to a work station.
5.	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 monitor the condition of knives and dining utensils				All knives are used in a secure cutting room and are cabled to the work station. They are used only by staff.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.				The food items are secured in a locked metal cabinet in a locked dry goods storage room. All food items are issued to staff by another staff member.
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	X			
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff is trained in count procedures.	\boxtimes			The FSA and his staff assist the security staff in gathering all detainees into the designated area for count. The actual count is conducted by contract

PART 4 - 20. FOOD SERVICE

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
					security staff.
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.				Detainees are medically cleared to work in food service. They are visually observed when beginning their shift by a member of the food service staff for any obvious signs of hygiene or health issues.
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				The current food service provider began operations on
		×			March 1, 2009, and reviewed the job descriptions at that time.
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.				
12.	During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: • Safe work practices and methods.				
	 Safety features of individual products/ pieces of equipment. 				
	 Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 				
13.	The Cook Foreman documents all training in individual detainee detention files.	\boxtimes			
14.	Detainees at SPCs and 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			The detainees working in the kitchen are participants in the Voluntary Work Program and are paid \$1 in cash each day.
15.	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			No more than 12 hours elapse between the end of the dinner meal and the beginning of the breakfast meal.
16.	For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				The facility utilizes a "blind serving line" where detainees cannot visually see those serving their food. This type of serving setup does not require a sneeze guard. Also, the facility does not have a salad bar.
17.	The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			

PART 4 – 20. FOOD SERVICE

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

18	Components 3. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least	Meets Standard	Does Not Meet Standard	N/A	Remarks The food service provider has contracted with a Registered Dietician, licensed in the state
j	annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.				of Texas. Her services include; 1) Review of the regular and therapeutic diet menus. 2) A nutritional analysis of the five week menu cycle. 3) Recommendations and suggestions on possible changes on decreasing fat
19	O. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				of the two complete meals observed, the lunch meal on 10/14/09, did not have the vegetable soup prepared and served or a suitable substitute. All other items were prepared and served according to the menu and substitution list.
	 The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 				
21	. All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			
22	 c. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. c. Changes to the planned Common Fare menu can be made at the facility level. d. Hot entrees are offered three times a week. e. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). e. Staff routinely provides hot water for instant beverages and foods. c. Common Fare meals are served with: d. Disposable plates and utensils. e. Reusable plates and utensils. e. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 				

PART 4 – 20. FOOD SERVICE

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
23	Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes			The detainees make their request for a meal accommodation to the chaplain.
24	. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	×			
25	The Facility Administrator, 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 Facility Administrator or his designee (Chaplain) provides the FSA with a list of the ten federal holidays (one
					religious and nine secular). The chaplain is currently preparing a list of religious holidays that require a ceremonial meal. That will allow longer range planning by food service.
26	6. 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 Kosherfor- Passover meals as those who do participate. Main-line offerings include one meatless meal 				
L	(lunch or dinner) on Ash Wednesday and Fridays during Lent.				
	7. The food service program addresses medical diets.		Ш		
2	 Satellite-feeding programs follow guidelines for proper sanitation. 				Administrative segregation, disciplinary segregation, and medical holding are the only units that receive satellite feeding.

PART 4 - 20. FOOD SERVICE

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
29.	Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.				All temperature sensitive hot food items served at the two meals observed were in compliance with established temperature guidelines. Two cold food items were above the maximum temperature for cold foods; however, those items were served and / or discarded within a four hour time period thus avoiding any health
					concern.
	All meals provided in nutritionally adequate portions.				All meals were served (except the soup listed in component # 19) in portions equal to, or slightly greater than the portions specified on the nutritionally certified menus.
31.	Food is not used to punish or reward detainees based upon behavior.				
2.	 The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 				
33.	Everyone working in the food service department complies with food safety and sanitation requirements.				Proper hand washing, appropriate use of hair restraints, beard nets, and disposable aprons was observed.
34.	(MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	\boxtimes			The health and safety officer and a representative of medical inspect the food service department weekly.
35.	Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.				Reports of discrepancies are provided to the FSA who prepares a corrective action plan for the COTR (Contracting Officer Technical Representative).
36.	(MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing	\boxtimes			

PART 4 – 20. FOOD SERVICE

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	machines after each meal, in accordance with the Detention Standard on Food Service.			-	
	(MANDATORY) Staff documents the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.				
	The cleaning schedule for each food service area is conspicuously posted.				
	Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.				
40.	Storage areas are locked when not in use.				
41.	Food service personnel conduct shakedowns along with detention staff.				
	In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.				ICE officers were present in the dining room for each of the meals observed.
43.	Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.				
	In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.				A cost estimate is prepared by the COTR as the FSA is a contracted food service provider. The FSA only provides food service management. Budgeting and product procurement are accomplished by ICE personnel.
45.	When required, only food service staff prepare the sack lunches for detainee transportation.				
	Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.				
	Staff complies with the ICE requirements for "food receipt and storage.				
	Stock inventory levels are monitored and adjusted to correct overage and shortage problems.				
	Staff complies with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.				The food service provider orders sufficient food to maintain a 15 day supply.
	Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.				Security staff in the dining room allowed from 20-27 minutes for each group of

PART 4 – 20. FO	OD SEI	RVICE		
This Detention Standard ensures that detainees are provided a sanitary and hygienic food service operation.	nutrition	ally balanc	ed die	t that is prepared and presented i
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
				detainees to eat.
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.				A monthly inspection is conducted by the Military and corrective action plan is developed for any discrepancies noted.
				discrepancies noted.
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.				
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.	\boxtimes			
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			Pest control for the entire facility is contracted with EcoLab pest Elimination Division.
FOOD SEA	RVICE			
	ard	□ N/A	-:-	Repeat Finding

There were two non-compliant line items in this standard. The first involved the failure of staff in food service to prepare (or substitute) a single menu item during one of the two meals observed. The second non-compliant component was regarding the temperature of two cold food items. These food items were served above the minimum temperature, but within the time frames required.

b6.b7c 10-15-09
Reviewer's Signature / Date

ART 4 - 21. HUNGER STRIKES This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike. Does Not Meet Standard Remarks Components 1. When a detainee has refused food or observed to have not The facility's policy on hunger eaten for 72 hours, it is standard practice for staff to refer him strikes requires detainee or her to the medical department. referral to the medical department when they have \boxtimes П refused food for 72 hours. Medical and security staffs were interviewed and understood the policy. 2. Facility immediately reports via the chain of command a Policy requires notification to hunger strike to ICE/DRO. the local Assistant Field Office X Director, who in turn will notify the Field Office Director. 3. The facility has established procedures to ensure staff The facility's policy requires \bowtie respond immediately to a hunger strike. immediate response. 4. Policy and procedure require that staff isolate a hunger-Policy requires isolation in the striking detainee from other detainees. Special Management Unit (SMU) until the detainee has \boxtimes missed meals for 72 hours and then they are housed in the health services unit's short stay isolation room. 5. Medical personnel are authorized to place a detainee in the Detainees on a hunger strike Special Management Unit or a locked hospital room. may be placed in a single X П \Box occupancy cell within the health services unit by medical staff or in the SMU. 6. Medical staff records the weight and vital signs of a The facility's policy and health hunger-striking detainee at least once every 24 hours. services local operating \boxtimes procedures require weights and vital signs at least every 24 hours. 7. The facility medical authority obtains a hunger striker's Consent is obtained before XП consent before medical treatment. medical treatment. A signed Refusal of Treatment form is required of every Refusal forms are required for detainee who rejects medical evaluation or treatment, or two \boxtimes \Box any refusal of evaluation or staff/provider signatures indicating detainee refusal to sign treatment. form.

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 \boxtimes

9. Unless otherwise directed by the medical authority, staff

delivers three meals per day to the detainee's room, regardless

of the detainee's response to a verbally offered meal and

document those meal offers.

Policy requires physical

to the detainee's room,

verbal rejection.

irrespective of a detainee's

delivery of three meals per day

ART 4 – 21. HUNGER STRIKES						
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.						
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
10. Staff maintains the hunger striker's supply of drinking water/other beverages.	\boxtimes			A constant supply of water is available in the isolation cell.		
11. During a hunger strike, staff removes all food items from the hunger striker's living area.	\boxtimes			Policy requires removal of all food items and food purchases are prohibited.		
12. Staff is directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.				Staffs record food and fluid intake on an I-839 form,		
13. The medical staff has written procedures for treating hunger strikers.				Medical providers have written protocols for the management of hunger striking detainees.		
14. Staff documents all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.				Medical staff records all treatment attempts in the electronic medical record. The health record of the only hunger striking detainee housed at this facility over the past year was reviewed and appropriate documentation was included.		
B. All staff receives orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receives training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	. X			ICE, security, and medical staffs receive orientation and annual training in the recognition, referral, and management of hunger strikers. The lesson plans for each were reviewed and were complete.		
PART 4 – 21. HUNGER STRIKES						
⊠ Meets Standard ☐ Does Not Meet Stan	dard	□ N/A		☐Repeat Finding		

The facility's policy and procedures are appropriate to ensure the health and well being of detainees engaging in a hunger strike.

All staff receive adequate training in the recognition, referral, and management in the area of hunger strikes.

There was one hunger striking detainee since the previous inspection and a review of documentation revealed appropriate management.

b6,b7c / 10<u>-15-09</u> Reviewer's Signature / Date

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility operates a health care facility in compliance with state and local laws and guidelines.				The facility is currently accredited by the American Correctional Association, National Commission on Correctional Health Care, and the Joint Commission on Accreditation of Healthcare Organizations.
2. The facility's in-processing procedures of arriving detainees include medical screening.				Medical screening is performed by nurses during in-processing.
3. (MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.				The facility has 43 authorized medical positions that include a physician, dentist, mid-level practitioners, a registered pharmacist, registered nurses, licensed vocational nurses, social workers, health information technicians, and a variety of clinical and administrative support staff. There are eight vacancies. The essential positions were filled at the time of the inspection.
4. (MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	\boxtimes			Newly admitted detainees receive oral and written information on accessing health care services. If a detainee speaks a language that is not familiar to the medical staff, an interpreter service is utilized.
5. Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.				Medical services by on-site medical professionals are provided 24 hours per day, seven days per week.
6. New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	⊠			The health records of medical staff were reviewed and all had documentation of initial and annual TB testing when appropriate. Hepatitis B vaccination is offered to all medical staff.

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
7. Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.				The personnel records of medical staff were reviewed and all had current and verified professional licenses. Since some medical professionals are officers in the Public Health Service, licenses are permitted for states other than Texas. Job descriptions are present.
8. The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	⊠			The national detainee handbook is available in English and Spanish. A local supplement is also provided and was under revision at the time of the inspection.
9. In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the VCCHC and Joint Commission.	\boxtimes			All medical professionals have current and verified licenses. Licenses are verified by contacting the local professional boards.
 10. Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 				All newly admitted detainees receive medical, dental, and mental health screening by nurses. Detention officers do not perform these screenings.
11. (MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.				Telephonic translation services are available. Many documents are available in an additional 27 languages by using the Division of Immigration Health Services' (DIHS) "Global Drive" and connecting with the DIHS database.
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.				The facility has sufficient space for providing detainee privacy.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				Medical care is provided in a health a service building that is within the secure perimeter.
14. The medical facility entrance includes a holding/waiting room.				The health service building has a holding room.
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.				The holding room is under direct supervision of contract security service staff.
16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	×			A toilet and water fountain are available to detainees in the holding room.
 17. Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 				The facility utilizes an electronic medical record call Case Tracker. Access to medical information is restricted to health professionals and the computerized system is password protected. No medical information is placed in detainee files.
18. (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	⊠			Medical treatment consent forms are signed and dated when medical intake screening is performed. The document is then scanned into the electronic health record. Additional consents are obtained when special procedures are performed.
19. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			The I-813 form is used to authorize release of medical records.
20. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				Per the health information personnel they receive advance notice of detainee movement except on rare occasions.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
21. A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				A USM 533 medical summary form is used to relay information to receiving facilities. Copies of medical records are only transferred with signed authorization from the detainee.
22. Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and				When medical records are transferred with the
marked "MEDICAL CONFIDENTIAL."				detainee, they are placed in an envelope that is marked with the detainee's name, file number, and labeled Medical Confidential.
23. Medical screening includes a Tuberculosis (TB) test.				TB testing is performed by means of a chest x-ray at the time of intake screening. The facility has a contract with the University of Maryland to read the x-rays within 6 hours. Detainees are not placed in a housing unit until the TB clearance has been obtained.
 24. All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 				Mental health screening is performed by nurses at the time of medical intake screening and before the detainee is placed in a housing unit.
25. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				A health care provider performs the intake screening.
26. (MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	\boxtimes			The health records of 18 random detainees were reviewed and all 18 had health appraisals performed within 14 days of arrival.

Components	Meets Standard	Does Not Meet Standard	A/A	Remarks
27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				Detainees in the Special Management Unit are visited by a medical provider each day and have the same access to health care as the general population.
 28. Staff provides detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other 				A supply of English and Spanish language sick call request slips are available in
than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider.	×			each housing unit. The detainee fills out the request and places them in a locked box in the food service department during meal times. The requests are collected by nursing staff on a daily basis and triaged. Sick call request slips in other languages are available on the DIHS share drive.
29. (MANDATORY) 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.				The facility has 24 hour onsite medical coverage. Policy is available to direct staff on how to access outside medical providers in emergency situations.
30. The plan includes an on-call provider.	\boxtimes			On-call provider lists are posted in the health services unit.
31. The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			Policy provides telephone numbers for ambulances and contract hospitals.
32. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				Detainee and staff security are considered when obtaining emergency health care. This was observed during an emergency that occurred during the inspection.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
33. (MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	⊠			Records were reviewed which revealed that during orientation and annual training all detention and health care staff receive first aid and basic life support training. First aid kits are located throughout the facility and are inventoried regularly.
34. Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Only medical staff are used to distribute medications. Officers are never permitted to distribute medications.
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				Pharmaceuticals and nonprescription medications are stored in the facility's pharmacy. The pharmacy is climate controlled. Controlled substances and medications that are subject to abuse are administered by licensed health care professionals. Controlled substances are inventoried regularly. An inventory of bulk stock controlled substances revealed accurate counts.

Components	Meets Standard	Does Not Meet Standard	W/N	Remarks
 36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				The facility's pharmacy has written policy and procedures that adequately address the DIHS formulary, requesting nonformulary medications, medication ordering procedures; and medication procurement, receipt, storage, distribution and disposal. Procedures are also in place for the storage and inventory of controlled substances as well as needles and syringes.
 37. All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				Pharmaceuticals are stored in a secure area. The walls are concrete blocks that run from the floor to a solid ceiling. The pharmacy door is metal with a high security locking device. Medications are stored in this area.
 38. In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				The facility's pharmacy has a pass through window. The pharmacy is managed by a registered pharmacist. Medications are only administered by licensed medical professionals. Pill lines are routinely run four times per day and in some cases, on an as needed basis. Distribution of medication is recorded on a standard Medication Administration Record.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
39. Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.				Distribution of medication is recorded on a standard Medication Administration Record.
40. Medication may not be delivered or administered by detainees. • In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. • In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff is not on duty.				Medications that are not classified as "Keep on Person" (KOP) are only dispensed by licensed medical professionals. Detainees are not permitted to deliver or administer medications.
41. The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.				Officers are not permitted to distribute medications.
12. The Warden/Facility receives notification that a detained hat has special medical needs.				Weekly meetings are held with facility administrators to notify staff of detainees with special needs. Additional meetings are held if the need arises. The minutes of the meetings were reviewed and were thorough.
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.				When possible, the facility strives to accommodate examinations by independent medical services providers prior to the issuance of a court order. In either case, detainees are transported to an off-site facility for independent examinations.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
44. (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: • Coordination with public health authorities; • Ongoing education for staff and detainees; • Control, treatment, and prevention strategies; • Protection of individual confidentiality;	\boxtimes			The facility follows the DIHS Infection Control Manual and Local Operating Procedures (LOP) for the management of infectious diseases. The combination of these policies adequately addresses all items in this
 Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				standard. Since the writing of the manual and LOP, additional policies have been approved for the management of the H1N1 virus.
45. Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.				Detainees suspected or diagnosed as having a communicable disease are isolated in one of the three negative pressure isolation rooms within the health services unit.
46. All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.				The facility utilizes a chest x-ray for TB screening. No detainee is placed in a housing unit until the x-ray has been interpreted. The facility's contract requires a reading within six hours of the receipt of the digital film.
47. Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.				The health services unit has three negative pressure isolation rooms.
48. A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			The facility utilizes emergency and standard modes of transportation to transfer detainees to outside facilities.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
49. Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	\boxtimes			Detainees requiring more frequent or special monitoring are housed in the health services unit's short stay unit. Detainees are admitted to the unit and orders are written for other health care providers to follow.
50. (MANDATORY) Female detainees have access to				All female detainees receive
pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.	\boxtimes			pregnancy testing upon arrival. All pregnant detainees are scheduled for OB/GYN appointments with a contract specialist. Facility staff, with the concurrence of the medical director, follow the recommendations of the specialist. No deliveries are performed in the facility and high risk pregnancies are referred to a more appropriate medical facility.
51. (MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority				Regular chronic care clinics are scheduled for detainees requiring close supervision or monitoring. Physicians, Nurse Practitioners, Physician Assistants or licensed social workers place the detainees in the clinics. The health records of 10 detainees with chronic care problems were reviewed and all had appropriate and timely follow up.

Components 52. The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical	Does Not Meet Standard	N/A	Remarks Minutes of the weekly meeting with the facility's
or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.			administrators were reviewed. The minutes identify detainees with special needs, but do not divulge medical information beyond the administrator's need to know.
53. Detainees will have access to emergency and specified			The facility has a full-time
routine dental care provided under direction and supervision of a licensed dentist.			licensed dentist on staff to provide routine and emergency dental care. The dentist has trained medical staff to perform routine dental screenings during the initial physical examination. Training records of those providers approved to perform examinations were reviewed and all were found to have completed the training.
54. (MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.			The facility employs a Licensed Clinical Social Worker and a Licensed Masters Social Worker. Both provide mental health services to detainees requiring mental health evaluation. A contract psychiatrist and behavioral health center provide services that are beyond the scope of the on-site practitioners or health services unit.
55. Crisis intervention services are available for detainees who experience acute mental health episodes.			Crisis intervention services are provided by University Behavioral Health.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
56. Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	⊠			Whenever possible examinations are conducted by medical providers of the same sex. When this is not possible an escort of the same gender as the detainee is always present. Adequate privacy is provided to female and male detainees.
57. (MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.				A review of seven detainee health records revealed that in six cases no more than 24 hours passed before a comprehensive evaluation by a licensed mental health provider. The remaining detainee was evaluated within six days for mild anxiety.
 (MANDATORY) Restraints for medical or mental lealth purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				The DIHS National Policy and Procedure Manual outlines the appropriate use of medical and mental health restraints as outlined in this standard. However, the facility's health authority has elected not to use medical or mental health restraints. Should the use of restraints become unavoidable, the DIHS standard operating procedure would be utilized as would the facility's policy on use of force and restraints. When restraints are used for correctional purposes health care personnel monitor post application and routine checks as required.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 59. (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the 				The DIHS National Policy and Procedure Manual outlines the appropriate use of chemical restraints (force psychotropic medications) as outlined in this standard. However, the facility's
 drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; 				health authority has elected not to use forced psychotropic medications. Should the use of chemical
 Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 				restraints become unavoidable, the DIHS standard operating procedure would be utilized. Additionally, the detainee would be transferred to the contract crisis intervention center where their policies regarding forced psychotropic medication would apply. In all cases, less restrictive intervention options would be employed.
60. An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.				The health records of 18 detainees were reviewed and all 18 had initial dental screening performed within 14 days of arrival. The dentist has trained providers in the performance of dental screening. Training records were reviewed and were complete.
61. In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.				The facility administrator has determined the content and location of first aid kits. Kits are inventoried at least monthly.
62. An automatic external defibrillator should be available for use at the facility.	\boxtimes			The facility has automatic external defibrillators.

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner. Does Not Meet Standard Components Remarks 63. If a detainee refuses treatment, ICE/DRO will be Detainees are afforded the consulted in determining whether forced treatment will be right to refuse any administered, except in emergency circumstances, in which medication, treatment or case, ICE/DRO will be notified as soon as possible. examination. If life 冈 \Box П sustaining procedures are indicated, ICE will be notified to determine if forced treatment will be administered. 64. In SPCs and CDFs, the Facility Administrator and health The health services services administrator will meet at least quarterly and include administrator meets weekly X \Box other facility and medical staff as appropriate. with the facility administrator. 65. (MANDATORY) Biohazardous waste will be managed Appropriate policy and and medical and dental equipment decontaminated in procedures are followed for accordance with sound medical standards and compliance the management of with applicable local, state, and federal regulations. biohazardous waste. A \boxtimes П licensed biohazardous waste management contractor. Stericycle transports the waste from the facility. 66. (MANDATORY) The health authority will implement a Health services participates system of internal review and quality assurance. in a national performance improvement program 冈 П administered by the Division of Immigration Health Services. PART 4 - 22. MEDICAL CARE □ Does Not Meet Standard □ N/A ■Repeat Finding

PART 4 - 22. MEDICAL CARE

Remarks: (Record significant facts, observations, other sources used, etc.)

Health care in the facility is provided in a clean environment, of adequate size, and is appropriately staffed.

Services are provided by a combination of Division of Immigration Health Services and contract licensed health care professionals. Medical, dental, and mental health needs are met in a timely and efficient manner.

Regular and appropriate care is provided to detainees with chronic care or special needs that are identified during the intake screening and physical assessment process. Access to medical, mental health and dental care is uninhibited.



PART 4 – 23. PERSONAL HYGIENE

This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and ersonal hygiene items.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.	\boxtimes			
All new detainees are issued clean, temperature- appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or				According to the standard in section V.5, at an SPC the standard clothing issue required is two uniform
 one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 				shirts and two pairs of uniform pants or two jumpsuits; two pairs of socks; two pairs of underwear; and one pair of facility-issued footwear. Detainees at the facility only receive one uniform shirt and one uniform pair of pants.
3. Additional clothing is available for changing weather onditions and as is seasonally appropriate.	\boxtimes			
 4. New detainees are issued clean bedding, linens and towels, at a minimum; One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions. 				
5. The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	\boxtimes			

PART 4 – 23. PERSO	ONAL E	IYGIENE	2			
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and ersonal hygiene items.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
6. Toilet facilities are:	1					
• Clean						
 Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. 						
ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for		:				
up to one-half of the toilets.						
7. Bathing facilities are:						
• Clean						
 Operable with temperatures between 100 and 120 degrees Fahrenheit. 						
ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.						
ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.						
Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.						
9. Detainees are provided clean clothing, linen and towels.				Detainees are issued socks (2		
 Socks and undergarments - daily. 				pairs) and undergarments (2		
 Outer garments - twice weekly. 						pair) and have the opportunity to launder them
 Sheets - weekly. 			 J	in housing unit washing		
 Towels - weekly. 				machines. These clothing		
Pillowcases - weekly.		1		items are replaced as needed.		

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 \boxtimes

 \boxtimes

 \square N/A

PART 4 – 23. PERSONAL HYGIENE

☐ Does Not Meet Standard

10. Food service detainee volunteer workers are permitted to

11. Volunteer detainee workers are permitted to exchanges

exchange outer garments daily.

of outer garments more frequently.

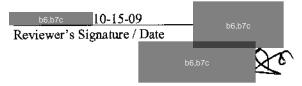
⋈ Meets Standard

☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)

In the Outcome Measures Report (10/09), the Center reported that 904 detainees were diagnosed with hygiene related alth conditions. The Health Services Administrator explained that the vast majority of these are minor conditions volving lice, scabies and fungus. The facility monitors and addresses personal hygiene conditions of the detainees.

Detainees are issued hygiene items at intake and they are replenished as needed in accordance with the detainee handbook.



PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION

This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.				The facility's suicide prevention and intervention policy was reviewed and has been approved by the Assistant Field Office Director and the Health Services Administrator.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; 				
 Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director. Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				The facility's policy includes adequate guidance for the screening, referral, housing, monitoring, and follow up of detainees exhibiting suicidal behavior. Training requirements are also outlined in the policy.
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	\boxtimes			All staff with detainee contact receives orientation and annual training in suicide prevention and intervention. Training logs were reviewed and were complete.

PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION

This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
4. Training prepares staff to:			ŀ	
• Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,				
Demographic, cultural, and precipitating factors of suicidal behavior,				
Responding to suicidal and depressed detainees,				The training plan and computerized program were reviewed and the
Effective communication between correctional and health care personnel,				training adequately prepares staff to identify and respond to detainees
Necessary referral procedures,				displaying suicidal behavior.
Housing observation and suicide-watch level procedures,				
Follow-up monitoring of detainees who have already attempted suicide, and	:			
Reporting and written documentation procedures.				
 5. 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. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 				A health care provider performs mental health and suicide prevention screening on all arriving detainees during the intake screening process. Health records of seven detainees identified as having mental health issues during intake screening were reviewed and all had appropriate and timely follow up by a licensed mental health professional. Training records of medical staff were reviewed and all had documentation of suicide prevention training.
6. Written procedures contain when and how to refer at-risk detainees to medical staff and procedures are followed.	\boxtimes			The facility's policy and Division of Immigration Health Services policy on suicide prevention were reviewed and both contain appropriate guidance on the prompt referral of potentially suicidal detainees to the medical staff.
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.				The facility policy states that only the Clinical Director may terminate a suicide watch.
8. The facility has a designated isolation room for evaluation and treatment.				The health services unit has a designated isolation room for suicide watch within the short stay unit.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.

in a suicide prevention gown and given a suicide prevention blanket 10. Medical staff has approved the room for this purpose. The isolation room is located in the health services unit and has been approved by the health authority. 11. Staff observes and document the status of a suicide-watch detainee at least once every 15 minutes/constant observation. Correctional staff record the status suicide-watch detainees every 15 minutes. This was observed. The isolation room is located in the health services unit and has been approved by the health authority. Correctional staff record the status suicide-watch detainees every 15 minutes. This was observed. The isolation room is located in the health services unit and has been approved by the health authority. Correctional staff record the status suicide-watch detainees every 15 minutes. This was observed. The isolation room is located in the health services unit and has been approved by the health authority. Correctional staff record the status suicide-watch detainees every 15 minutes. This was observed.	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
health services unit and has been approved by the health authority. 11. Staff observes and document the status of a suicide-watch detainee at least once every 15 minutes/constant observation. Correctional staff record the status suicide-watch detainees every 15 minutes. This was observed. This was observed.	structures or smaller items that could be used in a suicide				contain small or sharp items. Detainees on suicide watch are placed
detainee at least once every 15 minutes/constant observation. Suicide-watch detainees every 15 minutes. This was observed. 12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical watch a constant one-on-one direction.	10. Medical staff has approved the room for this purpose.	\boxtimes			
observation of imminently suicidal detainees by medical watch a constant one-on-one direct		\boxtimes			
The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and	observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at				When detainees are placed on suicide watch a constant one-on-one direct observation by a security officer is instituted. Medical staff clinically evaluate and document the status of a detainee as required by the detention standards.
13. In CDFs or IGSAs, and/or at facilities where there is not wenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to This is a Service Processing Center that has 24 hour on-site medical coverage. However, detainees that require services beyond the scope the facility's health services staff at referred to local behavioral health	13. In CDFs or IGSAs, and/or at facilities where there is not wenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to				coverage. However, detainees that require services beyond the scope of the facility's health services staff are
staff and detainees.	attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.			_	mortality review process on every completed or serious suicide attempt.
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION ☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding				ERV	

Remarks: (Record significant facts, observations, other sources used, etc.)

The facility's security and medical staffs receive frequent and appropriate training in the screening, identification, referral, and management of suicidal detainees.

Staff were observed performing suicide screening and suicide watch, and displayed appropriate sensitivity and professionalism.

There have been no completed suicides or suicide attempts reported since the previous inspection.

Reviewer's Signature / Date

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH								
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal								
njury, and advance directives and provides specific guidance in the event of a detainee's death.								
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	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1. Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	\boxtimes			When required, detainees chronically or terminally ill are transferred to appropriate offsite health care facilities				
2. The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition.				Section A of the facility's policy requires the Assistant Field				
 The detainee's location. The visiting hours and rules at that location. 	\boxtimes			Office Director to notify the next of kin of the detainee's medical condition, location, and visitation rules.				
 3. There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to ave a private attorney prepare the documents, at the detainee's expense. 				Policy requires use of the State's advance directive forms. A private attorney may assist in the preparation of the forms; however, the facility reserves the right to seek administrative or judicial review.				
4. There is a policy addressing "Do Not Resuscitate Orders"				Section C of the facility's policy on Terminal Illness and Advance Directives addresses Do Not Resuscitate Orders (DNRs).				
5. Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	⊠			The facility's policy on Terminal Illness and Advance Directives as well as Department of Immigration Health Services (DIHS) local operating procedures requires maximal therapeutic efforts short of resuscitation.				
6. The facility notifies ICE/DRO 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 notification is made through the local ICE representative.				The facility's policy requires the Clinical Director to notify the DIHS Medical Director, Governing Body, and ICE general counsel.				

PART 4 -- 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH

This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

☐ 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	Meets Standard	Does Not Meet Standard	N/A	Remarks
7. The facility has written procedures to address the issues of organ donation by detainees.				The facility's policy provides adequate guidance regarding organ donation and permits donation of organs to a detainee's relatives. The donation of blood products is not permitted.
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.				Section E of the policy on Terminal Illness, Advance Directives and Death requires notification of the AFOD, Next of Kin and consulates.
9. The facility has a policy and procedure to address the death of a detainee while in transport.				Policy addresses death in transport by ICE via ground and air transport as well as the Justice Prisoner Air Transportation System (JPATS).
0. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			Policy outlines disposal procedures. There have been no deaths of detainees at this facility since the last inspection.
 11. 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 is a U.S. military veteran, the Department of Veterans Affairs notified. 				Section G of the policy requires providing an indigent's burial when the family or consulate does not claim the body. Policy also requires notification of the Department of Veterans Affairs if the detainee was a U. S. military veteran.
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	×			Policy requires a copy of the death certificate to be placed in the detainee's A-File.
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 				Section J of the policy on Detainee Deaths provides guidance as to who can order an autopsy, contacting the local coroner, obtaining death certificates, and transportation of the body.

PART 4 - 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death. 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. Does Not Meet Standard Meets Standard Remarks Components 14. ICE staff follows established procedures to properly Section H of the policy on close the case of a deceased detainee. Detainee Death provides \boxtimes adequate procedures for properly closing the case of a deceased detainee. PART 4 - 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH Repeat Finding □ Does Not Meet Standard

Remarks: (Record significant facts, observations, other sources used, etc.)

The facility's policy and procedures provide appropriate guidance for the management of detainees who are seriously or terminally ill.

Detainees are provided the opportunity to prepare advance directives and participate in organ donation programs for relatives.

lequate guidance is provided regarding detainee death, appropriate notifications, and case closure.

b6,b7c / 10-15-09 b6,b7c
Reviewer's Signature / Date

SECTION V ACTIVITIES STANDARDS

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.				
2. The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			
3. Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			
4. Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).				
5. Staff maintains a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	\boxtimes			
6. 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 Facility Administrator or equivalent for prevailing security reasons.				
7. Staff does not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes			
8. Staff does not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				
 Staff is prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present. 	\boxtimes			
10. 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			
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	\boxtimes			
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	×			
14. Staff maintains a written record of every item removed from detainee mail.	\boxtimes			

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PART 5 - 26. CORRESPONDENCE AND OTHER MAIL This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility. Does Not Meet Standard Meets Standard Components Remarks 15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. \boxtimes П Records are accurate and up to date. 16. 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. \boxtimes Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee. 17. Original identity documents (for example, passports, and \boxtimes П birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files. 18. Staff provides the detainee a copy of his or her identity \boxtimes document(s) upon request. 19. Staff disposes of prohibited items found in detainee mail \boxtimes П in accordance with the Detention Standard on "Contraband". 20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special \boxtimes \Box correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE. 1. The facility has a system for detainees to purchase Stamps are not available for stamps and for mailing all Special Correspondence and a purchase, but metered mail is minimum of 5 pieces of general correspondence per week. provided upon determination of the cost to mail and the receipt X of appropriate funds. A system is in place for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week, 22. The facility provides writing paper, envelopes, and \boxtimes П pencils at no cost to ICE detainees. 23. SMU detainees have the same correspondence privileges X П \Box as general population. 24. Detainees have access to outside publications. \boxtimes PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

Remarks: (Record significant facts, observations, other sources used, etc.)

Two staff is assigned to ensure mail services are provided on a scheduled basis consistent with the standard.

□ Does Not Meet Standard



Meets Standard

□ N/A

□ Repeat Finding

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their Standard NA: 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. Does Not Meet Standard Meets Standard Remarks Components The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: \boxtimes П Funeral Deathbed The facility recognizes as "immediate family member" a \boxtimes \Box parent (including stepparent or foster parent), brother, sister, child, and spouse (including common-law spouse). The CDF/IGSA facility notifies ICE of all detainee Non-Applicable as the facility is an \boxtimes ICE Service Processing Center. requests for non-medical escorts. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, \boxtimes П to the approving official. Each recommendation addresses П the individual's suitability for travel, e.g., the kind of supervision required. 5. Detainees who require overnight housing are placed in Arrangements for overnight \boxtimes approved IGSA facilities. housing are coordinated with approved IGSA facilities. \boxtimes Each escort detail includes at least two officers. The detainee remains under constant, direct visual \boxtimes supervision of escorting staff. Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking This requirement is clearly \boxtimes supervisor on duty has the authority to issue instructions for specified in policy. completion of the trip. 9. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written \boxtimes П instruction, procedures and classification level of the

 \boxtimes

detainee.

10. Escort officers do not accept gifts/gratuities from a

detainee, detainee's relative or friend for any reason.

Meets Standard	Does Not Meet Standard	N/A	Remarks			
	1					
ı —						
	\boxtimes		Urinalysis and breathalyzer tests are not routinely administered on detainees returning from an escorted trip.			
			l			
PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
ndard	\square N/A	X	☐Repeat Finding			
		ipprova	il in a manner consistent with			
	R NON	R NON-MEDICA	R NON-MEDICAL EM			

PART 5 – 28, MARRIAGE REQUESTS				
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.				
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.				
3. It is standard practice to require a written request for permission to marry.	\boxtimes			Detainees must submit a written marriage request.
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.				The process includes a requirement for a written statement from the intended
				spouse stating their desire and intention to marry the detainee. This written statement may be part of the request, but is usually submitted several steps later in the approval process.
5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.				
tates the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes			
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.				
8. The detainee handbook explains the marriage request process.				
9. <u>In SPCs</u> the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	\boxtimes			
PART 5 – 28. MARRIAGE REQUESTS				

Remarks: (Record significant facts, observations, other sources used, etc.)

The chaplain reported that during the period from September 2008 through September 2009 forty-four marriage requests were approved, two requests were denied, and twenty six detainees were married. The approved requests that did not result in a marriage were the result of the detainee being transferred or the intended spouse changing his/her mind.

b6,b7c / 10-15-09
Reviewer's Signature / Date

PART 5 - 29. RECREATION					
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within					
the constraints of safety, security, and good order.					
If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. The Facility provides:	· -				
An indoor recreation program.					
An outdoor recreation program.					
2. A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes			Two recreational specialists are on staff.	
3. Regular maintenance keeps recreational facilities and equipment in good condition.					
4. The recreational specialist or trained equivalent supervises detainee recreation workers.					
5. The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes				
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.				Inside recreation activities offered include: foosball, ping pong, chess, checkers, battleship, television, movies, and puzzles.	
Outside activities are restricted to limited-contact sports.	×			Outside activities include basketball, soccer, volleyball, running and walking.	
8. Each detainee has the opportunity to participate in daily recreation.					
9. Detainees have access to recreation activities outside the housing units for at least one hour daily.				The facility exceeds the standard by providing an opportunity for each detainee to participate in outside recreation one hour each day / seven days a week.	
10. Staff checks all items for damage and condition when equipment is returned.					
11. Staff conducts searches of recreation areas before and after use.					
12. Recreation areas are under constant staff supervision.					
13. Supervising staff are equipped with radios.	\boxtimes				
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.					
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.					

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This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
16. Special programs or religious activities are available to detainees.				
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	\boxtimes			
19. If yes, written procedures ensure timely review of all eligible detainees.				
20. If the facility has no outside recreation, are detainees considered for transfer after six months?				
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.				
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.				
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.	\boxtimes			
4. Staff notifies the detainee's legal representative of his or her decision to accept/decline a transfer.				
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.				
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.	\boxtimes			
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.	\boxtimes			
PART 5 - 29. RE	CREA	TION		
	ard	□ N/A		☐ Repeat Finding

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This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, he orderly operation of the facility, or extraordinary costs associated with a specific practice.					
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks	
1. Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.				Both Protestant and Catholic services are offered in Spanish.	
2. Space is available for detainees to participate in religious services.					
3. The facility allows detainees to observe the major "holy days" of their religious faith.List any exceptions.					
4. The facility accommodates recognized holy-day observances by: • Providing special meals, consistent with dietary restrictions. • Honoring fasting requirements. • Facilitating religious services. • Allowing activity restrictions.	×			Currently the facility accommodates approximately eight different religious affiliations with meal variances.	
5. Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal roperty Standard.					
6. Volunteer's credentials are checked and verified before allowing participation in detainee programs.				Volunteers must go through an application process, submit fingerprints, and pass a NCIC background check. Additionally, each volunteer must complete a training session in November prior to entering the facility.	
7. Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes				
8. Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes				
RELIGIOUS PRACTICES					
	ard	□ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) The provision of religious services at this facility involves a chaplain, assistant chaplain (vacant) and an administrative assistant.					

PART 5 - 30. RELIGIOUS PRACTICES

PART 5 – 31. TELER	PART 5 – 31. TELEPHONE ACCESS				
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.					
2. Upon admittance, detainees are made aware of the facility's telephone access policy.					
3. Notification explaining the facilities telephone policy is in the Detainee Handbook.					
4. Access rules, including updated telephone and consulate number, are posted in housing units.					
5. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes				
6. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.					
7. Telephones are inspected daily by facility staff to ensure that they are in good working order.				All telephones in the holding rooms are not inspected daily. A telephone keypad in one of the admission/release holding rooms was inoperable (Room #5). When the number "1" was depressed it did not work. The telephone is programmed to allow the automated message to continue in English when pressing the number "1" on the keypad. As a result of the inoperable keypad, the telephone was not fully functional and the user could not proceed on that telephone when requesting options via the English language. Telephones were inspected daily in the housing units as evidenced in the logbook.	
8. Telephones are located a reasonable distance from televisions.	\boxtimes				
9. The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.				The telephone in the holding room that had an inoperable keypad was reported for repair on the same day.	

 \boxtimes

10. The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.

PART 5 - 31. TELEPHONE ACCESS

This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
11. Detainees are afforded a reasonable degree of privacy for legal phone calls.				
12. A procedure exists to assist a detainee who is having trouble placing a confidential call.	×			
13. The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			
14. Special Access calls are at no charge to the detainees.	\boxtimes			
15. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.				
16. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".				
17. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.				
18. All telephone restrictions are documented.	\boxtimes			
9. The facility has a system for taking and delivering emergency detainee telephone messages.				
20. Phone call messages are given to detainees as soon as possible.	\boxtimes			
21. Detainees are allowed to return emergency phone calls as soon as possible.				
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes			
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.				
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as that in general population.	\boxtimes			
26. When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.				
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.				

PART 5 – 31. TELE	PHONE	ACCESS		
This Detention Standard ensures that detainees may maintain providing them reasonable and equitable access to telephone se		ith their fa	milies	and others in the community by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis				
PART 5 – 31. TELEPHONE ACCESS				
☑ Meets Standard ☐ Does Not Meet Star	ndard	□ N/A		☐Repeat Finding

Although there was one detained telephone identified as inoperable, a system is in place to ensure all housing unit telephones are inspected on a daily basis.

Detainees have access to the telephone as required by the standard.



	PART 5 – 32. V	VISITA	TION			
	This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the ommunity, legal representatives, and consular officials, within the constraints of safety, security, and good order.					
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
1.	There is a written visitation procedure, schedule, and hours for general visitation.					
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				Based on a review of visiting logbooks and interviews with staff assigned to visitation the minimum duration of a visit for a detainee is frequently less than 30 minutes. This limited visiting time is due to a	
					limitation of space and the number of requests for visitation. The standard states in Section 5, Subsection I, "In unforeseen circumstances, such as the number of visitors exceeding visiting room capacity, the facility administrator may modify visiting periods."	
	The visitation schedule and rules are available to the public.	\boxtimes				
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes				
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.					
6.	A general visitation log is maintained.	\boxtimes				
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes				
8.	A visitor dress code is available to the public.	X				
9.	Visitors are searched and identified according to standard requirements.	\boxtimes				
10.	The requirement on visitation by minors is complied with.					
11.	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.	×				
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor	\boxtimes				

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 \boxtimes

visitation. At a minimum, monthly visits are allowed. 13. Anytime a visit is denied, to either a general population

detainee or SMU detainee, the denial is documented.

PART 5 – 32. VISITATION					
	nsures that detainees will be able atives, and consular officials, within				
Con	nponents	Meets Standard	Does Not Meet Standard	N/A	Remarks
14. Detainees in special hou	ising are afforded visitation.	×			
 Legal visitation is avaincluding holidays. 	nilable seven (7) days a week,	\boxtimes			
for a minimum of eight	ys legal visitation hours provide (8) hours per day and a minimum weekends and holidays.	\boxtimes			
	ys, detainees are given the option ing with a legal representative al.				
	ooms are available for attorney mechanism for the detainee and exchange documents.	\boxtimes			
19. There are written processes searches.	procedures governing detainee				
intrusive search – such a or a search of the person	nd assistants are subject to a non- as a pat-down search of the person on's belongings - at any time for ing the presence of contraband.	\boxtimes			
21. Per the Standard, pri providers and assistants	or to each visit, legal service are identified.	\boxtimes			
	pone legal organizations is posted areas and other appropriate areas.				
from domestic or i	submit written requests for tours international organizations and on issues to the appropriate Field oval.	\boxtimes			
24. Provisions for NGO vis Standards are complied	sitation as stated in the Detention with.	\boxtimes			
detainee, are referred to	ials, requesting to visit with a the ICE Facility Administrator				
	ens in proceedings, requesting to , are referred to the Facility				

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PART 5 - 32. VISITATION

□ Does Not Meet Standard

□ N/A

Administrator or ICE Field Office.

□Repeat Finding

le facility recently revised the visitation hours for the general public to expand the opportunity for detainees to receive visits.

Legal Visits: Sufficient space and time is provided to ensure legal visits are available consistent with the standard.

General Visits: The visiting area is limited in space and includes five non-contact booths and four contact visiting rooms for general visitation. A total of nine detainees can receive general visits at one time. Visiting hours are restricted based on a schedule that identifies specific days for each detainee based on the first initial of their last name.



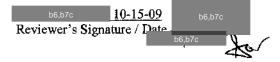
PART 5 – 33. VOLUNTARY WORK PROGRAM					
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number f work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.					
☐ Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
The facility has a voluntary work program.					
Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.					
3. At IGSAs detainees are never allowed to work outside the secure perimeter.				Level 1 detainees with the exception of Mexican	
SPCs and CDFs detainees classified as level I have the opportunity to participate in special details outside the secure perimeter under direct supervision.				Nationals are eligible to participate in special details outside the secure perimeter under direct supervision. Mexican Nationals are excluded from consideration due to the facility's close proximity to the Mexican border and the ability of the Mexican Nationals to blend in with the local population.	
 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follows written procedures. 					
5. Where possible, physically and mentally challenged detainees participate in the program.				Accommodations are made for detainees that are either physically or mentally challenged to participate in the Voluntary Work Program. There have been very few requests for such accommodations.	
 6. The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week. 					
7. Detainee volunteers ordinarily work according to a fixed schedule.	\boxtimes				
8. If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.					

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PART 5 – 33. VOLUNTA	RY WO	RK PROG	RAM	
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections. Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page				
3 and move to next section.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9. Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	×			
10. The voluntary work program meets:	1	<u> </u>		
OSHA standardsNFPA standards				
ACA standards				
 11. Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 				
12. Detainees receive safety equipment/ training sufficient for the assignment				
 Proper procedure is followed when an ICE detainee is injured on the job. 	\boxtimes			
PART 5 – 33, VOLUNTAR	RY WO	RK PROG	RAM	
	lard	□ N/A		☐Repeat Finding

There was one non-compliant line item noted on this standard. Level 1 Mexican National detainees are prevented from participating in outside work details.

The facility allows for both male and female detainee participation in the Voluntary Work Program.



SECTION VI JUSTICE STANDARDS

PART 6 - 34, DETAINEE HANDBOOK
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation
materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, rievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.				
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.				
3.	A procedure for requesting interpretive services for essential communication has been developed.				Staff provide interpretive services for English and
	CANADITION THE SECOND DECEMBER OF THE SECOND				Spanish. The AT&T Language Line service is available for other languages.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.				
5.	The handbook supplements the facility orientation video where one is provided.				An orientation video is provided in English and Spanish.
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.				The detainee handbook has not been revised since May 2006 and does not reflect current schedules in all areas.
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			An ICE agent is designated to oversee the handbook.
8.	The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care.				
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
11.	The handbook states when a medical examination will be conducted.				
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.				

PART 6 - 34. DETAINEE HANDBOOK

This Detention Standard requires that, upon admission, every detained be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, rievance system, services, programs, and medical care, in English, Spanish, and other languages and that detaineds acknowledge receipt of those materials.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. The handbook describes: official count times and count procedures, meal times, 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.				
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees				The issued National Detainee Handbook (05/2008) addresses
attending court will be afforded the opportunity to shave first.				razors. The facility detainee handbook does not describe times and a procedure for obtaining disposable razors under Personal Hygiene. Additionally, it does not explain that detainees attending court will be afforded the opportunity to shave first.
15. The handbook describes barber hours and hair cutting restrictions.				
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.				
17. The handbook addresses religious programming.				
18. The handbook states times and procedures for commissary or vending machine usage. (where available)				There is no commissary.
19. The handbook describes the detainee voluntary work program.	\boxtimes			
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	\boxtimes			
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of probono legal organizations; group legal rights presentations schedule and sign up procedures.		\boxtimes		The hours identified in the handbook do not reflect current regular visiting hours.
22. The handbook/supplement provides local ICE contact information.	\boxtimes			Information is posted in housing units on bulletin boards.
23. The handbook describes the facility contraband policy.	\boxtimes			

PART 6-34. DETAINEE HANDBOOK

This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, rievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
24.	The handbook describes the facility visiting hours and schedule and visiting rules and regulations.				Visiting hours in the handbook are not consistent with the current schedule. The current visiting hours are posted in the housing units on bulletin boards.
25.	The handbook describes the correspondence policy and procedures.	\boxtimes			
26.	The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process.				The disciplinary policy and procedures are posted in the housing units on bulletin boards.
27.	The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security.				The grievance process has been revised and is not included in the detainee handbook. A designated ICE officer now handles all grievances.
28.	The handbook describes the medical sick call procedures for general population and segregation.				
	The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing.				Outdoor recreation hours are not standard for each housing unit. Officers in the units announce recreation times each day.
30.	The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	\boxtimes			
	The handbook specifies the rights and responsibilities of all detainees.	\boxtimes			
32.	Detainees are required to sign for the handbook to ensure	\boxtimes			

PART 6 - 34, DETAINEE HANDBOOK							
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, rievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.							
Components Meets Standard Does Not Meet N/A N/A N/A							
accountability.	 						
 Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand. 							
PART 6 - 34. DETA	INEE H	IANDBOO	ЭK				

The facility's detained handbook has not been updated since May 2006. Areas that need to be updated include: Visitation, Staff/Detained Communication, Law Library, Count, Barbering Services, Personal Hygiene (use of razors), Clothing Exchange, Grievance Procedures, and other pertinent topic revisions. Many of the updates, such as Visiting Hours, Law Library Access and ICE staff contact information, are posted in English and Spanish on housing unit bulletin boards. Specific times for recreation and meals varies each day per housing unit (rotating schedules) and the housing officers announce these activities to the detainees on a daily basis.

The assigned ICE officer with oversight duties of the detainee handbook has completed a draft update. There is no dication that it will be produced and distributed while copies of the current handbook are still available. An updated insert to the current detainee handbook that addresses the specific updates/revisions required may resolve this issue. The current use of housing unit bulletin boards also serves to inform the detainees of any changes and updates.



PART 6-35. GRIEVANCE SYSTEM

This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are informed about the facility's informal and formal grievance system.	\boxtimes			
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	\boxtimes			
3.	The grievance section of the handbook explains all steps in the grievance process – Including:				
•	Informal and formal grievance procedures;]		
•	The appeals process and step-by-step procedures;				The detainee handbook
•	Staff/detainee availability to help during the grievance process				addresses the grievance process, but it requires some
•	Guarantee against staff retaliation for filing/pursuing a grievance.				minor updates.
•	How to file a complaint about officer misconduct with the Department of Justice.]	,		
•	How to file an emergency grievance.				
4.	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 or her concern known to a member of the staff.				, , , , , , , , , , , , , , , , , , ,
5.	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.				
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			Grievances are addressed in staff training.
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes			
9.	Procedures include maintaining a Detainee Grievance Log.				
•	If not, an alternative acceptable record keeping system is maintained.				
•	"Nuisance complains" are identified in the records.				
•	For quality control purposes, staff document nuisance complaints received but not filed.				

PART 6 - 35, GRIEVANCE SYSTEM This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses. Does Not Standard ₹ Z Remarks Components 10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, X П the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator. 11. Staff is required to forward any grievance that includes \boxtimes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE. 12. Informal resolution of a written grievance is documented \boxtimes in the detainee's Detention File 13. Staff complies with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to X ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General. 14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. \boxtimes \Box In all facilities written procedures cover detainee appeals and are included in the detainee handbook 15. In SPCs/CDFs, the detainee has a reasonable timeframe \boxtimes after the incident or informal-grievance outcome to file a formal grievance. PART 6 – 35, GRIEVANCE SYSTEM ☐ Does Not Meet Standard ☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)

The facility has recently designated an ICE officer to serve as the grievance officer. This change has not been communicated formally to the detainee population via a detainee handbook update or by posting it on the housing bulletin boards. An updated Grievance Procedure draft document is available for inclusion in the detainee handbook and posting on the bulletin boards.

There were 175 grievances submitted by detainees in fiscal year 2009. There were 168 processed as informal and they received an informal resolution. Seven (7) formal grievances were referred to the Detainee Grievance Committee for review. Six (6) were resolved in favor of the detainee and one (1) was denied. The denied grievance has not been appealed.

b6,b7c 10-15-09
Reviewer's Signature / Date b6,b7c

	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL						
Th	is Detention Standard protects detainees' rights by ensuring	their acc	ess to cour	ts, cour	nsel, and legal materials.		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility provides a designated law library for detainee use.	⊠					
2.	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. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law		×		Attachment A was not posted in the law library, but was located in a binder labeled "Attachment A" which was available to all		
3.	library. If the Lexis/Nexis CD-ROM service alternative is used				detainees in the law library.		
	for the publications in Attachment A, the facility provides detainees sufficient:						
•	Operable computers and printers, in sufficient numbers in order to provide access	\boxtimes					
•	Photocopiers, and Supplies for both.						
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	\boxtimes					
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	\boxtimes					
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.						
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.						
8.	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 the ICE prior to inclusion.						
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	\boxtimes					
	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.						
11.	Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.						

PART 6 – 36. LAW LIBRARIE				
This Detention Standard protects detainees' rights by ensuring	heir acc	ess to cour	ts, cour	nsel, and legal materials.
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	×			
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.				
14. 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.				
15. Detainees housed in Administrative Segregation 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.				
16. All denials of access to the law library fully documented.				·
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes			
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	X			
PART 6 – 36. LAW LIBRARIE	S AND	LEGAL I	MATE	RIAL
	ndard	□ N/A		☐Repeat Finding



	PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS										
	This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons										
and	and organizations for the purpose of informing them of U.S. immigration law and procedures.										
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks						
	☐ 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.										
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.										
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.										
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.										
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.				Posters and sign-up sheets are not provided. Every Monday, Wednesday, and Friday approved presentations are provided to the detainee population. Notification is made through the orientation video and on the day of the presentation via intercom.						
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	\boxtimes									
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.	\boxtimes									
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	\boxtimes									
	Interpreters are admitted when necessary to assist attorneys and other legal representatives.										
i .	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	\boxtimes									
10.	Staff permit presenters to distribute ICE/DRO-approved materials.										

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
	This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons					
and organizations for the purpose of informing them of U.S. im	migraud	on law and p	тосеа	ures.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
☐ Check here if No Group Presentations were condu Acceptable overall and continue or						
11. The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.						
12. 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.						
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.						
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request						
5. The facility maintains equipment for viewing approved electronically formatted presentations.						
PART 6 - 37. LEGAL RIGHTS	GROU	P PRESE	ITATI	ONS		
☑ Meets Standard ☐ Does Not Meet Sta	ndard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other source of the control of	irces us	sed, etc.)				

SECTION VII ADMINISTRATION & MANAGEMENT STANDARDS

PART 7 – 38. DETENTION FILES This Detention Standard contributes to efficient and responsible facility management by maintaining for each detained booked into a facility for more than 24 hours a file of all significant information about that person.

				т	
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.				
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.				
3.	The detainee's Detention File also contains documents generated during the detainee's custody.				
•	Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay				
•	Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same				
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	\boxtimes			
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.				
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	⊠			
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.				
8.	Appropriate staff have 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.				
9.	Electronic record-keeping systems and data are protected from unauthorized access.				
10.	Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.				
11.	Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	\boxtimes			

This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person. Meets Standard Does Not Meet Standard Components Remarks 12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and \boxtimes copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work. 13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's \boxtimes \Box detention File. 14. Archived files are purged after six years by shredding or Archived files are saved and not purged after six years. The burning. standard states in 5E.4. \boxtimes "Archived files may be purged after six years, and the material preferably burned, if possible, and at least shredded." 15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are \boxtimes \Box maintained for a minimum of 18 months. PART 7 - 38. DETENTION FILES Meets Standard ☐ Does Not Meet Standard □ N/A ☐Repeat Finding

PART 7 - 38. DETENTION FILES

Remarks: (Record significant facts, observations, other sources used, etc.)

The inspection team determined the compliance level based on the standard. The standard states in part "archived files may be purged after six years". The worksheet states "Archived files are purged after six years." The facility currently does not purge archived files after six years by shredding or burning.



responsibility through interviews and tours.								
Components	Meets Standards	Does Not Meet Standards	ΑΝ	Remarks				
The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.								
All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.								
The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.								
Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.								
All press pools are organized 'according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.	Ø							
All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. PART 7 - 39. NEWS MEDIA	INTER	MEMIC A	ND TO	ni i De				
Meets Standard ☐ Does Not Meet Star		VIEWS AI	AD IC	□Repeat Finding				

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ART 7 – 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training. Meet Standard Standard Does Not N/A Components Remarks 1. The facility conducts appropriate orientation, initial Review of training schedules, training, and annual training for all staff, contractors, and lesson plans, and records \boxtimes П support compliance with this volunteers. component. 2. The amount and content of training is consistent with the \boxtimes П duties and function of each individual and the degree of direct supervision that individual receives. At least one qualified individual with specialized training The ICE staff has an assigned for the position coordinates and oversees the staff Senior Field Training Officer. development and training program. At a minimum, full-The DOYON contracted \boxtimes time training personnel complete a 40-hour training-forsecurity services have trainers course. assigned training staff that are qualified and certified as trainers. Training is governed and guided by a training plan that is The facility administrator has reviewed and approved the reviewed and approved annually by the facility administrator. training plan and lesson plans for ICE staff. The DOYON \boxtimes П contract controls the training for its employees and it complies with the ICE Staff Training Detention Standard. An accurate and complete record is maintained of all formal training activities in:

 \boxtimes

П

П

Individual training folders,

Electronic systems.

Other training records systems, and/or

ART 7 - 40. STAFF TRAINING

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
6.	Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:				
•	Working conditions				
•	Cultural diversity/understanding staff & detainees				
•	Code of ethics				
•	Personnel policy manual				
•	Employees' rights and responsibilities				
•	Drug-free Workplace				
•	Health-related emergencies				
•	Signs of Suicide risk and precautions				
٠	Suicide prevention and intervention				
•	Hunger strikes		_		All subjects are covered in
•	Use of Force				training.
•	Keys and Locks				
	Overview of the criminal justice system				
	Tour of the facility				
•	Facility goals and objectives				
•	Facility organization				
•	Staff rules and regulations				
•	Sexual harassment/sexual misconduct awareness				
•	Personnel policies				
•	Program overview				
•	Orientation and training on detainee handbook and detainee rights.				
•	Requirement of special-needs detainees.				
•	National Detention Standards				

ART 7 - 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training. Does Not Meet Standard Meets Standard N/A Remarks Components Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility All subjects are covered in \boxtimes Facility goals and objectives training. Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control.

Suicide risk and prevention.

ART 7 – 40. STAFF TRAINING

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum:				
Security procedures and regulations				
Code of Ethics				
Health-related emergencies				
Drug-free workplace	,			
Supervision of detainees				
 Signs of suicide risk and hunger strike 				
Suicide precautions				
Use-of-force regulations and tactics				
Report writing				
Detainee rules and regulations	\boxtimes			
Key control				
Rights and responsibilities of detainees				
Safety procedures				
Emergency plan and procedures		•]
Interpersonal relations				
Social/cultural lifestyles of the detainee population				
Cultural diversity/understanding staff & detainees				
Communication skills]		
Cardiopulmonary resuscitation (CPR)/First aid				
Counseling techniques				
Sexual harassment/sexual misconduct awareness.				
National Detention Standards.				

ART 7 – 40. STAFF TRAINING

	· · · · · · · · · · · · · · · · · · ·				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
o a:	full-time health care employees receive at least 40 hours formal orientation before undertaking their ssignments. At a minimum, the orientation program acludes:				
fa	The purpose, goals, policies and procedures for the acility and parent agency security and contraband egulations				
• K	Ley control; appropriate conduct with detainees				
• R	esponsibilities and rights of employees				
• S	tandard precautions				
• 0	Occupational exposure				All subjects are covered in training.
• P	ersonal protective equipment				traning.
• B	lio-hazardous waste disposal				
• C	Overview of the detention operations.				
• N	Vational Detention Standards.				
• N	Medical grievance procedures and protocol.				
• R	tequirement for special needs detainees.				
C	Code of Ethics				
• D	Orug free workplace				
• F	Iostage situations and staff conduct if taken hostage.				

ART 7 - 40. STAFF TRAINING

		Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	10.	Security personnel (including contractors) will receive training on the following subjects, at a minimum:				
	•	Security procedures and regulations				
	•	Supervision of detainees				
	•	Searches of detainees, housing units, and work areas				
	•	Signs of suicide risk, precaution, prevention and intervention.				
	•	Code of Ethics				
+	•	Health-related emergencies				
	•	Drug-free workplace				
	•	Suicide precautions				
	•	Self-defense techniques				
	•	Use-of-force regulations and tactics				
	٠	Report writing				
	٠	Detainee rules and regulations		_	-	
	٠	Key control				
	\	Rights and responsibilities of detainees				
lacksquare		Safety procedures				
	•	Emergency plans and procedures				
	•	Interpersonal relations				
	•	Social/cultural lifestyles of the detainee population				
	•	Cultural diversity/understanding staff & detainees				
	•	Communication skills				
	•	Cardiopulmonary resuscitation (CPR)/first aid				
	•	Counseling techniques				
	•	Sexual abuse/assault awareness				
	•	National Detention Standards.				
r	11.	Situation Response Teams (SRTs) receive:				
	•	Specialized training before undertaking their assignments.				
r	12.	Facility management and supervisory staff receive:				120 hours is required for
	•	Management and Supervisory training				Management and Supervisory Staff.
	13.	(MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use — before being assigned to a post involving their possible use.				Staff is trained by certified instructors.

ART 7 – 40. STAI	F TRA	INING		
This Detention Standard ensures that staff, contractors, are by requiring that they receive initial and ongoing refresher			compe	tent in their assigned duties
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.				Staff must qualify 4 times per year. Staff are trained by certified instructors.
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	\boxtimes			Staff are trained by certified instructors. OC chemical agent training is required annually. Special Response Team members receive additional training on chemical agents.
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 				
17. New staff is required to acknowledge in writing that they have reviewed and understand the facility's drug-free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.				
 18. All staff is trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in 				

personal business transactions with a detainee or a

Acceptable behavior in the areas of campaigning,

detainee's immediate family.

lobbying or political activities.

ART 7 – 40. STAF	T TRA	INING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.								
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes							
20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health- related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes:								
 Recognizing of signs of potential health emergencies and the required responses. 								
 Administering first aid and cardiopulmonary resuscitation (CPR). 			$ _{\square}$	Training is conducted by				
 Obtaining emergency medical assistance through the facility plan and its required procedures. 							Health Services supervisors.	
 Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. 								
 The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 								
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:								
 Understanding that sexual abuse or assault is never an acceptable consequence of detention. 								
 Recognizing housing or other situations where sexual abuse or assault may occur. 	\boxtimes							
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 								
 Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 								

ART 7 - 40. STAFF TRAINING

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include:				
• Identifying the warning signs and symptoms of impending suicidal behavior,				
• Demographic, cultural, and precipitating factors of suicidal behavior,				
Responding to suicidal and depressed detainees, Communication between correctional and health care personnel,				Training is conducted by Health Services supervisors.
 Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted 		5		
suicide. 23. All staff is trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	\boxtimes			Training is conducted by Health Services supervisors.
4. All staff is trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	\boxtimes			
25. Through ongoing (at least annual) training, all detention facility staff is made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:				
 The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques Approved methods of self-defense Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures. 				

ART 7 – 40. STAF	F TRA	INING		
This Detention Standard ensures that staff, contractors, and by requiring that they receive initial and ongoing refreshed			compe	tent in their assigned duties
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	\boxtimes			
PART 7 – 40. STA	FF TR.	AINING		•
☑ Meets Standard ☐ Does Not Meet Stand	dard	□ N/A		☐Repeat Finding

ICE and contract staff assigned to work at the facility receives the required training on the subjects detailed in the ICE PBNDS on Staff Training. The facility administrator approves the training plan and lesson plans for ICE staff. The staffs that work for contract agencies are governed by their respective contracts. They receive the same training and utilize the same lesson plans as ICE staff. Health care professionals also receive the same standard training. In addition to classroom training the facility provides mandatory training topics through its Virtual University (VU) computer lab.

The VU serves as a best practice in the field of training.

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Reviewer's Signature / Date			
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PART 7 - 41. TRANSFER OF DETAINEES

This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.					
•	The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE.					
2.	Notification includes the reason for the transfer and the location of the new facility,	×				-
3.	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				
5.	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. The detainee is not permitted to make any phone calls or					
	have contact with any detainee in the general population.					
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	⊠				
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.					
8. •	For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.					
•	Medical transfers are coordinated through the local ICE/DRO office.					
•	A medical transfer summary is completed and accompanies the detainee.					
•	Detainee is issued a minimum of 7 days worth of prescription medications.					ı
	Detainees 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.					
10.	For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes				

PART 7 - 41. TRANSFER OF DETAINEES This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal roperty. Meets Standard Does Not Meet Standard ۲ Components Remarks 11. Detainee's funds, valuables and property are returned and X transferred with the detainee to his or her new location. 12. Transfer and documentary procedures outlined in Section \boxtimes П C and D are followed. 13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the \boxtimes П government's expense within 12 hours of arrival. 14. Meals are provided when transfers occur during normally \boxtimes \Box schedule meal times. 15. An A-File or work folder accompanies the detainee when \boxtimes \Box transferred to a different Field Office or sub-office. 16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following \boxtimes П П the transfer. PART 7 - 41, TRANSFER OF DETAINEES Meets Standard □ Does Not Meet Standard □ N/A ☐ Repeat Finding marks: (Record significant facts, observations, other sources used, etc.)

Detainee transfers are completed by both ICE personnel and contract security personnel from DOYON.

