Office of Detention and Removal

### **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



## ICE Detention Standards Review Worksheet

State Facility – IGSA
ICE Contract Detention Facility
Name
Nobles County Jail
Address (Street and Name)
1530 Airport Road
City, State and Zip Code
Worthington, Minnesota 56187
County
Nobles
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
b6,b7c , Jail Administrator
Name and Title of Reviewer-In-Charge
b6,b7c
Date[s] of Review
September 29 - October 1, 2009
Type of Review
Meadquarters

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**NOTE:** FOR EACH STANDARD RATED <u>BELOW</u> 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, <u>INCLUDING</u> THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

# SECTION I DETAINEE SERVICES STANDARDS

#### **ACCESS TO LEGAL MATERIALS**

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

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.				
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.				
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	$\boxtimes$			
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	$\boxtimes$			
In addition to the physical law library, detainees have access to the Lexis Nexis electronic law library.	$\boxtimes$			
Where provided, the Lexis Nexis library is updated and is current.	$\boxtimes$			
Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.				
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.				The ICE Officer on site recently delivered the latest version of Lexis Nexis.
Detainees are offered a minimum 5 hours per week in the law library. <u>Detainees are not required to forego recreation time in lieu of library usage</u> . Detainees facing a court deadline are given priority use of the law library.				
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is imely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.				
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.				
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	$\boxtimes$			
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	$\boxtimes$			
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.				
All denials of access to the law library fully documented.				
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.				The Nobles County Jail (NCJ) staff indicated this has never occurred but, if it did they would notify ICE as required.
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.				
□ ACCEPTABLE □ DEFICIENT □	AT-RIS	K		REPEAT FINDING

#### REMARKS:

While Lexis Nexis is updated and available, the disk is currently retained by the Librarian. The inspectors recommended the program be installed into the equipment to afford detained before umbered access.

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#### ADMISSION AND RELEASE

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

SAFEGUARDED AS NECESSARY.	17-0	NIC	NT A	Dracinas
COMPONENTS  The second of the Continue The Secon	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an				
initial health screening.  Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.				
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 stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is stablished.	$\boxtimes$			
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.				
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.				
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.				
All releases are properly coordinated with ICE using a Form I-203.				
Staff completes paperwork/forms for release as required.	$\boxtimes$			
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#### **REMARKS:**



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

COMPONENTS

VES. NO. NA. REMARKS

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	$\boxtimes$			
The facility classification system includes:  Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision.				
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				
Housing assignments are based on classification-level.	$\boxtimes$			
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.				
Detainee work assignments are based upon classification designations.			$\boxtimes$	NCJ does not allow detainee work assignments.
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.				
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	$\boxtimes$			
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.	$\boxtimes$			
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.	$\boxtimes$			
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	$\boxtimes$			
<b>△</b> ACCEPTABLE □ DEFICIENT			AT-RIS	SK REPEAT FINDING

REMARKS:			b6,b7c
b6,b7c	/ 10/1/2009	b6,b7c	Jo
AUDITOR'S	SIGNATURE / DATE		

#### CORRESPONDENCE AND OTHER MAIL

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

The rules for correspondence and other mail are posted in each housing or common area, or provided to each detaince via a detaince handbook.  The facility provides key information in languages other than English; in the language(s) spoken by significant numbers of detainces. List any exceptions.  Incoming mail is distircted to detainces within 24 hours or I business day after it is received and inspected.  Outgoing mail is delivered to the postals service within one business day of its entering the internal mail system (excluding peakends and holidays).  Staff does not open and impact incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.  Staff does not inspect incoming special Correspondence without the Warden's prior written approval.  Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present. Wenther is reason to believe the item might present a threat to the facilitys secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.  Correspondence to a politician or to the media is processed as special correspondence and the addresses.  The official authorizing the rejection of incoming mail sends written notice to the sender and the signed written notice.  Staff insitiums a written record of every item removed from a detaince protects the detainee with signed written notice.  Staff maintains a written record of every item removed from detaince mail.  The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.  The procedure for safeguarding cash removed from a detaince protects the detainee with signed written notice.  Staff maintains a written record of every item removed from detaince mail.  The Warden or equivalent monitors staff hand	COMPONENTS	YES	No	NA	REMARKS
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CORRESPONDENCE AND OTHER MAIL							
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDINGUISECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WILL OTHER MAIL.	ERLY O	PERATIO	ON OF T	HE FACILITY. OTHER MAIL WILL BE PERMITTED,			
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband"  Standard or the similar prevailing policy in IGSAs.  No clear policy is in place which the disposal of prohibited items.							
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.							
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.							
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$						
ACCEPTABLE DEFICIENT		AT-	Risk	REPEAT FINDING			
REMARKS:    b6,b7c	(		-th				

#### **DETAINEE HANDBOOK**

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

1	ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK	UPON A	DMISSIC	N TO TH	HE FACILITY.
	COMPONENTS	YES	No	NA	REMARKS
	The detainee handbook is written in English and translated into	$\boxtimes$			
ĺ	Spanish, or into the next most-prevalent Language(s).				
	The handbook is supplemented by the facility orientation				
	video, where one is provided.				
ſ	All staff members receive a handbook and training regarding				
l	the handbook contents.				
	The handbook is revised as necessary and there are procedures				
	in place for immediately communicating any revisions to staff	$\square$			
l	and detainees.				
	There an annual review of the handbook by a designated				
L	committee or staff member.				
f	The detainee handbook addresses the following issues:				
	• Personal Items permitted to be retained by the				
	detainee; and				
١	• Initial issue of clothes, bedding and personal hygiene	<u> </u>			
	items.				
Ī	The detainee handbook states in clear language the basic				
١	detainee responsibilities.				
Ī	The handbook clearly outlines the methods for classification of				
	detainees, explains each level, and explains the classification				
	appeals process.				
ľ	The handbook states when a medical examination will be				The initiation of a medical exam is
Ì	conducted.				addressed in the National Detainee
	<b>,</b>				Handbook. The Senior Deportation and
				╽┕	Detention Officer indicated that the
ĺ	· ·				handbook was issued to every detainee upon
ļ				<u> </u>	entry.
İ	The handbook describes the facility, housing units, dayrooms,				
ļ	in-dorm activities, and special housing units.				
	The handbook describes official count times and count				
l	procedures; meal times and feeding procedures; procedures for	<b>5</b> 2			
l	medical or religious diets; smoking policy; clothing exchange				
ı	schedules; and, if authorized, clothes washing and drying				
ŀ	procedures, and expected personal hygiene practices.				
1	The handbook describe times and procedures for obtaining				
1	disposable razors, and allows that detainees attending court		ΙШ	L	
ŀ	will be afforded the opportunity to shave first.	<u> </u>			
	The handbook describes barber hours and hair cutting				
ŀ	restrictions.  The handbook describes the telephone policy; debit card	<b> </b>		<u> </u>	
l	procedures; direct and free calls; locations of telephones; policy				
l	when telephone demand is high; and policy and procedures for				
l	emergency phone calls.				
ŀ	The handbook addresses religious programming.			<del></del>	
ŀ					
l	The handbook states times and procedures for commissary or				
-	vending machine usage, where available.	<u> </u>			
l	The handbook describes the detainee voluntary work program.				There is no detainee voluntary work
L					program.
	The handbook describes the library location and hours of				
Ī	operation, and law library procedures and schedules.				
l	The handbook describes attorney and regular visitation hours,				
ı	policies, and procedures.	[			

#### DETAINEE HANDBOOK

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COMPONENTS	YES	No	NA	REMARKS
The handbook describes the facility contraband policy.	$\boxtimes$			
The handbook describes the facility visiting hours and				
schedule, and visiting rules and regulations.				
The handbook describes the correspondence policy and		П		
procedures.				
The handbook describes the detainee disciplinary policy and				
procedures, including:				
<ul> <li>Prohibited acts and severity scale sanctions;</li> </ul>		Ш		
Time limits in the Disciplinary Process; and	;			
Summary of the Disciplinary Process.				
The grievance section of the handbook explains all steps in the				
grievance process – Including:				
• Informal (if used) and formal grievance procedures;				
• The appeals process;				
• <u>In CDF</u> facilities: procedures for filing an appeal of a				
grievance with ICE.	$\boxtimes$			
Staff/detainee availability to help during the grievance	_			
process.			'	
Guarantee against staff retaliation for filing/pursuing a				ļ
grievance.				
<ul> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul>		1		
The detainee handbook describes the medical sick call				
procedures for general population and segregation.	$\boxtimes$			
The handbook describes the facility recreation policy including:				
Outdoor recreation hours.				
Indoor recreation hours.		ш		
The handbook describes the detainee dress code for daily				
living; and work assignments.	$\boxtimes$			
The handbook specifies the rights and responsibilities of all	$\boxtimes$			
detainees.				
☐ ACCEPTABLE ☐ DEFICIENT		AT-RIS	SK	REPEAT FINDING

#### REMARKS:

In general, facility policy and practice was consistent with requirements and intent of the standard.

b6,b7c	/ 10/1/09	b6,b7c	b6,b7c
AUDITOR'S SIGN	ATURE / DA	b6,b7c	- RM

#### FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS. COMPONENTS YES No NA REMARKS The food service program is under the direct supervision of a professionally trained and certified food service administrator. Responsibilities of cooks and cook foremen  $\boxtimes$  $\Box$ П are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff. The Cook Supervisor is on duty on days when the FSA is off X  $\Box$ П duty and vice versa. The FSA provides food service employees with training that specifically addresses detainee-related issues.  $\boxtimes$ In ICE Facilities this includes a review of the ICE "Food Service" standard Knife cabinets close with an approved locking device, and M П the on-duty cook foreman maintains control of the key that П locks the device. All knives not in a secure cutting room are physically No detainees or inmate workers are allowed in secured to the workstation and staff directly supervises the kitchen which is a secured area. All knives  $\Box$ detainees using knives at these workstations. Staff monitors are stored in a locked metal box in a locked the condition of knives and dining utensils. storage room unless being used by one of the three kitchen employees. When necessary, special procedures govern the handling of M  $\Box$ food items that pose a security threat. Operating procedures include daily searches (shakedowns) There are no detainee work areas in the П  $\boxtimes$ of detainee work areas. kitchen. The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count X No detainees work in the kitchen. procedures. The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with  $\Box$ П  $\boxtimes$ No detainees work in the kitchen. the "Food Service" standard. The FSA annually reviews detainee-volunteer No detainee workers or volunteers work in the  $\boxtimes$ descriptions to ensure they are accurate and up-to-date. kitchen. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food  $\boxtimes$ No detainees work in the kitchen. service department. During orientation and training session(s), the CS explains and demonstrates: Safe work practices and methods; Safety features of individual products/pieces of П X No detainees work in the kitchen. equipment; and Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work. The Cook Supervisor documents all training in individual  $\boxtimes$ No detainees work in the kitchen. detainee detention files. Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at The facility does not have a voluntary work П П  $\boxtimes$ IGSAs are subject to local and state rules and regulations program for detainees in the kitchen. regarding detainee pay. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and П П

the first meal of the following day.

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POLICY: EVERY FACILITY WILL PROVIDE DETAINES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS. YES No NA REMARKS **COMPONENTS** For cafeteria style operations, a transparent "sneeze guard" П M Meals are served on a satellite basis. protects both the serving line and salad bar line. The facility has a standard 35-day menu cycle. IGSAs use a X  $\Box$ 35 day or similar system for rotating meals. The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles M (Provide examples). A registered dietitian conducts a complete nutritional X П analysis of every master-cycle menu planned. The FSA has established procedures to ensure that items on  $\boxtimes$ П the master-cycle menu are prepared and presented according to approved recipes. The Cook Foreman has the authority to change menu items if necessary. M  $\Box$ If yes, documenting each substitution, along with its iustification With copy to FSA All staff and volunteers know and adhere to written "food  $\boxtimes$ П preparation" procedures. Detainees whose religious beliefs require the adherence to  $\boxtimes$ particular religious dietary laws are referred to the Chaplain or FSA. A common-fare menu available to detainees whose dietary requirements cannot be met on the main line. Changes to the planned common-fare menu can be made at the facility level; Hot entrees are offered three times a week; Diets are prepared as required or as requested The common-fare menus satisfy nutritional by the detainee. Religious meals or health recommended daily allowances (RDAs);  $\boxtimes$ related diets are reviewed, approved, and Staff routinely provide hot water for instant served as needed. beverages and foods; O Common-fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items. A supervisor at the command level must approve a  $\boxtimes$  $\Box$ detainee's removal from the Common-Fare Program. The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the  $\boxtimes$ П ceremonial meals for the following calendar year. The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in  $\boxtimes$ П the Common-Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal

(lunch or dinner) on Ash Wednesday and Fridays

during Lent.

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POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.							
COMPONENTS	YES	No	NA	REMARKS			
The food service program addresses medical diets.	$\boxtimes$			Provided per memo identified above dated 7/24/09.			
Satellite-feeding programs follow guidelines for proper sanitation.							
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.							
All meals are provided in nutritionally adequate portions.							
Food is not used to punish or reward detainees based upon behavior.	$\boxtimes$						
The food service staff instructs detainee volunteers on:  • Personal cleanliness and hygiene;  • Sanitary techniques for preparing, storing, and serving food; and			$\boxtimes$	No detainees work in the food service area.			
The sanitary operation, care, and maintenance of equipment.							
Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$						
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment.  • Who conducts the inspections?				The FSA conducts inspections.			
Equipment is inspected for compliance with health and safety codes and regulations.  • When was the most recent inspection?  • Which agency conducted the inspection?							
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	$\boxtimes$						
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	$\boxtimes$						
Staff documents the results of every refrigerator/freezer temperature check.							
The cleaning schedule for each food service area is conspicuously posted.	$\boxtimes$						
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	$\boxtimes$						
Storage areas are locked when not in use.	$\boxtimes$						
ACCEPTABLE DEFICIENT		AT-	Risk	REPEAT FINDING			

#### REMARKS:

In general facility policy and practice was consistent with the intent and requirement of the standard. No detainees work in the kitchen area which is physically outside the secure area of the facility. Menus were reviewed by a registered dietician and determined to be nutritionally compliant based upon RDA and DRI recommendations of the National Academy of Sciences, Institute of Medicine-Food and Nutrition Board, Memo 7/24/09. Furthermore, it should be noted that the cleanliness and efficiency of the kitchen operation was very good. Meals appeared to exceed expectations of serving quality and portion.

ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE I	YES	No	NA	<del></del>
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).		×		REMARKS  Property is collected and bagged bu is stored in an area accessible by all staff.
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.		$\boxtimes$		The room where detainee property is stored is monitored by a security camera but is left unlocked and accessible by all staff.
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and CDFs, using a personal property inventory form that meets the ICE standard?				
Staff forwards an arriving detainee's medication to the medical staff.	$\boxtimes$			
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.	$\boxtimes$			
Two officers are present during the processing of detainee funds and valuables during in-processing to the facility. Both officers verify funds and valuables.		$\boxtimes$		Staff indicated that based upon insufficient availability of personne the presence of two officers during in-processing of detainees was not always possible.
Staff searches arriving detainees and their personal property for contraband.				
Staff procedures follow written policy for returning forgotten property to detainees.				
Property discrepancies are immediately reported to the CDEO or Chief of Security.				
Staff follows written procedures when returning property to detainees.				
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	$\boxtimes$			
<ul> <li>The facility attempts to notify an out-processed detainee that he/she left property in the facility:</li> <li>By sending written notice to the detainee's last known address;</li> <li>Via certified mail; and</li> <li>The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>				
<ul> <li>The facility disposes of abandoned property in accordance with written procedures.</li> <li>If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.</li> </ul>				
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

#### **DETAINEE GRIEVANCE PROCEDURES**

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

COMPONENTS	YES	No	NA	REMARKS
Written procedures provide for the informal resolution of oral grievances (Not mandatory).  • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.	$\boxtimes$			
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.				
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:  • If yes, explain.				
<ul> <li>Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complaints" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>	×			
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				
□ ACCEPTABLE □ DEFICIENT □	AT-RIS	SK .		REPEAT FINDING

#### REMARKS:

In general, facility policy and practice was consistent with the requirement and intent of the standard. The grievance file was reviewed as well as the "Incidents and Complaints Activity for the Facility" report during the past twelve months.

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#### GROUP LEGAL RIGHTS PRESENTATIONS

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

☐ CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET.					
COMPONENTS	YES	No	NA	REMARKS	
The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.					
Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives.					
The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.					
Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.					
Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.					
When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend.					
Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are documented.					
Interpreters are admitted when necessary to assist attorneys and other legal representatives.					
Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session.					
f permits presenters to distribute ICE-approved materials.					
Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff is present but do not monitor conversations with legal providers.					
Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations.					
The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside organizations.					
A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request					
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISK			REPEAT FINDING	

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS								
POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.								
COMPONENTS YES NO NA REMARKS								
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels.  • The supply of these items exceeds the minimum required for the number of detainees.				REWARKS				
<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive:</li> <li>One uniform shirt and one pair of uniform pants, or one jumpsuit;</li> <li>One pair of socks;</li> <li>One pair of underwear (Daily change); and</li> <li>One pair of facility-issued footwear.</li> </ul>								
Additional clothing is available for changing weather conditions, or as								
seasonally appropriate.								
New detainees are issued clean bedding, linens, and towels. They receive at a minimum:  One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.								
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.			$\boxtimes$	There are no detainee work programs.				
Detainees are provided clean clothing, linen and towels.  Socks and undergarments - exchanged daily.  Outer garments - twice weekly.  Sheets - weekly.  Towels - weekly.  Pillowcases - weekly.								
Food service detainee volunteer workers are permitted to exchange outer garments daily.			$\boxtimes$	There are no detainee work programs.				
Volunteer detainee workers are permitted to exchange outer garments more frequently.			$\boxtimes$	There are no detainee work programs.				
□ ACCEPTABLE □ DEFICIENT □	AT-RIS	SK		REPEAT FINDING				
REMARKS:  No inmates or detainees are assigned work programs at the facility.								

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POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CA	ASE CONST	DERATIO	N FROM I	CE MANAGEMENT.
COMPONENTS	YES	No	NA	REMARKS
The Field Office considers detainee marriage requests on a case-by-case basis.				
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.				
It is standard practice to require a written request for permission to marry.				
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	$\boxtimes$			
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.				
When permission is denied, the Warden/OIC states the basis for his/her decision.	$\boxtimes$			
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	$\boxtimes$			
ACCEPTABLE DEFICIENT	AT-RISK	ζ		REPEAT FINDING

for review.



#### NON-MEDICAL EMERGENCY ESCORTED TRIPS

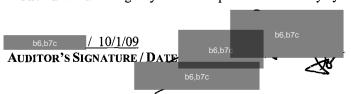
**POLICY:** THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS.

☑ STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

TIELD OFFICE ON SUB-OFFICE IN CONTROL OF THE BETAINEE CASE.				<del> </del>
COMPONENTS	YES	No	NA	REMARKS
The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:  • Funeral; or				
Deathbed	1			
The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family".				
The IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
The detainee's Deportation Officer reviews the file before forwarding			-	
a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required.				
Each escort includes at least two officers.				
Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.				
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.				
Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.				
<ul> <li>Escort officers ensure that detainees:</li> <li>Conduct themselves in a manner that does not bring discredit to the ICE;</li> <li>Do not violate federal, state, or local laws;</li> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants;</li> <li>Make no unauthorized phone calls; and</li> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return.</li> </ul>				
Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISH	ζ.		REPEAT FINDING

#### REMARKS:

All non-medical emergency escorted trips are handled only by the ICE Field Office or Sub-Office in charge of the detainee.



#### RECREATION

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

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

#### REMARKS:

In general, the facility policy and practice was consistent with the requirement and intent of the standard.

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RELIGIOUS PRACTICES					
POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAIN FACILITY AND BUDGETARY CONSIDERATIONS.					
COMPONENTS	YES	No	NA	REMARKS	
Detainees are allowed to engage in religious services.					
Space is available for detainees to conduct religious services.					
The facility allows detainees to observe the major "holy days" of their religious faith.  • List any exceptions.					
The facility accommodates recognized holy-day observances by:  • Providing special meals, consistent with dietary restrictions;  • Honoring fasting requirements;  • Facilitating religious services; and  • Allowing activity restrictions.	$\boxtimes$				
Each detainee is allowed religious items in his/her immediate possession.				Personal possession of religious items is not allowed at the facility.	
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	$\boxtimes$				
Members of faiths not represented by clergy may conduct their own services within security allowances.	$\boxtimes$				
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.					
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISE	<u> </u>		REPEAT FINDING	

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Facility policy and practice was consistent with the requirements and intent of the standard.

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#### DETAINEE TELEPHONE ACCESS

POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT D	ETAINEE	s' reas	ONABLI	E AND EQUITABLE ACCESS TO TELEPHONES.
COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed access to telephones during established facility waking hours.				
Upon admittance, detainees are made aware of the facility's telephone access policy.	$\boxtimes$			
Access rules are posted in housing units.	$\boxtimes$			
The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	$\boxtimes$			
Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	$\boxtimes$			
Telephones are inspected regularly by facility staff to ensure that they are in good working order.	$\boxtimes$			
The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.				
The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.	$\boxtimes$			
Detainees are afforded a <i>reasonable degree of privacy</i> for legal phone calls.	$\boxtimes$			
A procedure exists to assist a detainee who is having trouble placing a confidential call.	$\boxtimes$			
The facility provides the detainees with the ability to make non-collect (special access) calls.				
Special Access calls are at no charge to the detainees.	$\boxtimes$			
The OIG phone number for reporting abuse is programmed into the detainee phone system and the phone number was checked by the inspector during the review.				The ICE Officer on site provided documentation of weekly checks conducted to confirm the OIG number was programmed and checked. However, this inspector was unable to reach the OIG by following the posted procedures within the detainee living unit. Upon further inspection, in concert with ICE Officer on site, the OIG hotline was reached. It was determined that posted procedures were incorrect and they would be revised. The on site ICE Officer corrected the posted number effective, September 30, 2009.
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.	$\boxtimes$			
No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".				
Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.				NCJ has not experienced any requests to allow this component. However, NCJ staff and ICE Officer on site indicated if a request was received it would be processed.
Any telephone restrictions are documented.	$\boxtimes$			
The facility has a system for taking and delivering emergency detainee telephone messages.	$\boxtimes$			

COMPONENTS	YES	No	NA	REMARKS
Emergency phone call messages are immediately given to detainees.				
Detainees are allowed to return emergency phone calls as soon as possible.				
Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.				
Detainees in disciplinary segregation are allowed phone calls for family emergencies.				
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.				
When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.				
<b>△</b> ACCEPTABLE  □ DEFICIENT		AT-RISH	ζ.	REPEAT FINDING

AUDITOR'S SIGNATURE / DATE

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POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND HE NEWS MEDIA. **COMPONENTS** YES No NA REMARKS There is a written visitation schedule and hours for general M The visitation hours tailored to the detainee population and the Ø demand for visitation. The visitation schedule and rules are available to the public.  $\boxtimes$ The hours for all categories of visitation are posted in the  $\boxtimes$  $\Box$ visitation waiting area. A written copy of the rules regulating visitation and the hours X of visitation is available to visitors. A general visitation log is maintained.  $\boxtimes$ The detainees are permitted to retain personal property items X specified in the standard. A visitor dress code is available to the public. X Visitors are searched and identified according to standard  $\boxtimes$  $\Box$ requirements. The requirement on visitation by minors is complied with.  $\boxtimes$ At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on П  $\boxtimes$ NCJ allows visitation by minors. request, within the first 30 days. After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a  $\Box$  $\bowtie$ NCJ allows visitation by minors. ninimum, monthly visits are allowed. Detainees in special housing are afforded visitation. X Legal visitation is available seven (7) days a week, including  $\boxtimes$ holidays. On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four  $\boxtimes$ hours per day on weekends and holidays. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a  $\boxtimes$ scheduled meal. Private consultation rooms are available for attorney meetings.  $\boxtimes$ There is a mechanism for the detainee and his/her П representative to exchange documents. There are written procedures governing detainee searches.  $\boxtimes$ When strip searches are required after every contact visit with a NCJ staff does not conduct strip searches  $\boxtimes$ legal representative, the facility provides an option for nonafter every legal visit. contact visits with legal representatives. Prior to each visit, legal service providers and assistants are M  $\Box$ identified per the standard. The current list of pro bono legal organizations is posted in the  $\boxtimes$ detainee housing areas and other appropriate areas. The decision to permit or deny a tour is not delegated below  $\boxtimes$ the level of Field Office Director. NCJ has not experienced any NGO rovisions for NGO visitation, as stated in the Detention visitation but indicates it would follow  $\boxtimes$ Standards, are complied with. procedure if same was requested in the

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<b>POLICY:</b> ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY THE NEWS MEDIA.	, FRIEND	S, LEGA	L REPRI	ESENTATIVES, SPECIAL INTEREST GROUPS, AND
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.				
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	$\boxtimes$			
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.				
✓ ACCEPTABLE ☐ DEFICIENT		AT-RI	SK	REPEAT FINDING
REMARKS:  b6,b7c  / 10/1/2009				
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#### VOLUNTARY WORK PROGRAM

**POLICY:** IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN MONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS BASIC OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTECTIONS.

☐ CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO WORK AT THE IGSA FACILITY. MARK NA ON FORM G-324A, PAGE 3 AND MOVE TO NEXT SECTION.

COMPONENTS	YES	No	NA	REMARKS
Does the facility have a voluntary work program?		П	П	
Do ICE detainees participate?				
Detainee housekeeping meets neatness and cleanliness standards.				
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.				
Written procedures govern selection of detainees for the Voluntary Work Program.				
Where possible, physically and mentally challenged detainees participate in the program.				
The facility complies with work-hour requirements for detainees, not exceeding:  • Eight hours a day and Forty hours a week.				
Detainee volunteers generally work according to fixed schedule.				
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.				
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.				
The voluntary work program meets:  OSHA, NFPA, ACA standards				
Medical staff screen and formally certify detainee food service volunteers.  • Before the assignment begins; and • As a matter of written procedure				
Detainees receive safety equipment/ training sufficient for the assignment.				
Proper procedure is followed when an ICE detainee is injured on the job.				
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISE	ζ		REPEAT FINDING

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Detainees are not authorized to work at the Noble County detention facility.

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# SECTION II HEALTH SERVICES STANDARDS

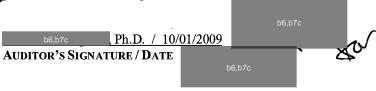
#### **HUNGER STRIKES**

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

COMPONENTS	Y	N	NA	REMARKS	
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.				NCJ, refers any person on a hunger strike to the medical unit.	
CDFs and IGSAs immediately report a hunger strike to the ICE.				The local ICE officer is notified by email of any detainee issue, including hunger strikes.	
The facility has established procedures to ensure staff respond immediately to a hunger strike.	$\boxtimes$			NCJ, Hunger Strike Jail Policy, G-16, addresses this issue.	
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.  • If yes, in an observation room?				An isolation cell adjacent to the main living pod is utilized for this purpose.	
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				Hunger strikers are single-celled in their own housing unit or are placed in the isolation cell.	
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.				From Monday-Friday, a RN is at the facility and takes vital signs. On weekends or holidays, correctional officers who have completed specialized medical training offered by the RN gather vitals.	
The OIC of the facility obtains a hunger striker's consent before nedical treatment.				A consent for treatment is obtained prior to providing any medical treatment for hunger strikers.	
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.	$\boxtimes$			A Refusal of Treatment form is completed and filed in the detainee's medical record.	
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.	$\boxtimes$			Procedures provide for three meals per day to be provided.	
Staff maintains the hunger striker's supply of drinking water/other beverages.	$\boxtimes$				
During a hunger strike, staff removes all food items from the hunger striker's living area.					
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always uses Hunger Strike Monitoring Form I-839 or similar IGSA form.				NCJ utilizes the Hunger Strike Monitoring Form to record fluid and food intake.	
The medical staff has written procedures for treating hunger strikers.	$\boxtimes$			NCJ, Hunger Strike, Jail Policy, G-16 addresses this issue.	
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	$\boxtimes$			Staff record any and all treatment attempts.	
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.				Staff are initially trained by the Field Training Officer and the jail nurse about hunger strikes. Yearly follow-up is given by the nurse.	
igtherapsup Acceptable $igsqcup$ Deficient $igsqcup$ At-Risk $igsqcup$ Repeat Finding					

#### **REMARKS:**

Prior to this time, detainees have been held at this facility less than 72 hours and thus, no individuals would have qualified as a hunger striker. Only one inmate in the last year has been on a hunger strike, but that file was not available for review. All policies and procedures meet the ICE guidelines.



### ACCESS TO MEDICAL CARE

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

COMPONENTS	Y	N	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines.				The physician, the nurse practioners, and the RN are licensed by the State of Minnesota. Correctional staff receive specialized training in dispensing medication per the Rules Governing Administrative Detention Facilities, Chapter 2911.
The facility's in-processing procedures for arriving detainees include medical screening.	$\boxtimes$			A medical, intake screening is conducted by specially trained correctional officers.
All detainees have access to and receive medical care.				Sick call slips are available in all areas of the prison.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	$\boxtimes$			The Treatment Authorization Request has been utilized by this facility.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				Per MN Statute, Chapter 2911, NCJ utilizes correctional officers to dispense medications and take vitals (blood pressure by automated cuff, temperature, and heart rate). Sick call is conducted by a RN and necessary follow-up treatment is completed by by nurse practitioners or a physician.
The facility has sufficient space and equipment to afford detained privacy when receiving health care.	$\boxtimes$			A fully equipped exam room is available for medical treatment.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	$\boxtimes$			The medical unit is self- contained within the prison.
The medical facility entrance includes a holding/waiting room.				Detainees are brought one-at-a- time into the medical facility by a correctional officer. There are chairs at the entrance to the health care unit.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.				The detainee is under direct control and observation of the correctional officer while they are in the medical facility.
Detainees in the holding/waiting room have access to a drinking fountain.				There is a bathroom with a sink that is available for detainee use. There is no drinking fountain.
<ul> <li>Medical records are kept apart from other files. They are:</li> <li>Secured in a locked area within the medical unit;</li> <li>With physical access restricted to authorized medical staff; and</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>				The medical records are kept in locked file cabinets within the health care unit.
Pharmaceuticals are stored in a secure area.				Pharmaceuticals are stored in a secure medical cart that is kept in a locked office until it is needed.

ACCESS TO MEDICAL CARE						
<b>POLICY:</b> EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.						
<ul> <li>Medical screening includes a Tuberculosis (TB) test.</li> <li>Every arriving detainee receives a TB test during the admission process;</li> <li>Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and</li> <li>Detainees not screened are housed separate from the general population.</li> </ul>				There were no detainee files available. A review of fifteen, inmate charts was conducted and only three had TB tests administered within one day. However, MN Statute only require a TB test within 14 days for persons housed within DOC. Nursing staff is not available to conduct a TB test on weekends or holidays.		
All detainees receive a mental-health screening upon arrival. It is conducted:  By a health care provider or specially trained officer; and	$\boxtimes$			A correctional officer conducts the mental health screening at the same time as the medical		
Before a detainee's assignment to a housing unit.				screening occurs.		
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				During normal business hours, the jail nurse reviews all the intake screenings on a daily basis.		
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				As this facility had been previously designated an Under-72 operation, there were no detainee files to assess. A number of inmate files were reviewed and not found to be in compliance with this standard. MN Statute only requires a health appraisal on inmates with chronic or persistent medical conditions.		
Detainees in the Special Management Unit have access to health care services.				All detainees have access to sick call slips, including those who would be housed in the Special Management Unit.		
<ul> <li>Staff provides detainees with health services (sick call) request slips daily, upon request.</li> <li>Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population.</li> <li>Service-request slips are delivered in a timely fashion to the health care provider.</li> </ul>				Sick call slips are available in all housing areas of this facility. They are currently available in English only.		
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 Inmate Sick Call, Jail Policy, G-08, addresses the procedure for providing emergency medical treatment.		
The plan includes an on-call provider.				A list of all the on-call providers is updated monthly by the jail nurse.		
The plan includes a list of telephone numbers for local ambulance and hospital services.				All local emergency numbers are contained within the plan.		
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				Security issues are "applicable" to all staff, including medical personnel.		

ACCESS TO MEDICAL CARE						
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.						
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				All staff are CPR, first aid, and AED trained. Drills are not conducted to establish response times. The jail nurse estimated response times were less than four minutes.		
Where staff is used to distribute medication, a health care provider properly trains these officers.				All staff is required to attend specialized training in dispensing medication. Per MN Statute, these individuals are allowed to distribute medications.		
The medical unit keeps written records of medication that is distributed.				Each dose of medication is "signed off" by the correctional officer delivering the medication, as well as by the detainee. The Medication Administration Record is kept in the detainee file.		
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				The jail nurse will contact the jail administrator by phone or by email when a special needs detainee arrives.		
A signed and dated consent form is obtained from a detainee before medical treatment is administered.		$\boxtimes$		Consent forms were not being utilized on a consistent basis even though they are available.		
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				A Minnesota Standard Consent Form to Release Health Information is signed prior to confidential information being released.		
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.		$\boxtimes$		The jail nurse reported she is seldom notified by ICE of impending transfers.		
Detainee's medical records or a copy thereof, are available and transferred with the detainee.				The medical records are often transferred with the detainee. When the time of transfer prohibits this process, the records are faxed to the appropriate facility.		
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	$\boxtimes$			Medical records are sent in a sealed envelope that is appropriatelly marked.		
$\square$ ACCEPTABLE $oxtimes$ DEFICIENT $\square$	AT-RISI	ζ.	$\boxtimes$ 1	REPEAT FINDING		

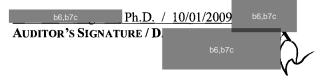
#### REMARKS:

The facility's medical services are contracted through the Sanford Worthington Clinic. They provide an on-call medical director, two hurse practitioners for two hours twice a week, and a RN, who works for 40 hours a week, Monday-Friday.

The RN conducts sick call on a daily basis and refers detainees for follow-up by the nurse practitioner or the physician as necessary. The Sanford Worthington Clinic or the local hospital provides emergency services. Medication is distributed by correctional officers following specialized training that is provided by the jail nurse. When the jail nurse is not available, these officers also take vital signs and provide that information to the on-call physician when necessary. An automated blood pressure cuff is utilized, only after the RN provides training in taking vitals, which is documented in the officer's training file.

TB test have not been completed within the one-day standard required by ICE. As this was an Under-72 facility, the previous TB testing was not viewed as a major issue. Physicals have not been completed within a 14-day period on all inmates. Facility staff should understand they must meet ICE standards, despite the parameters within their state statutes.

The jail nurse reports TB tests and physicals will be completed on all detainees within appropriate timelines now that they are going to be designated an Over-72 facility. The only exception will occur if detainees arrive at the facility when no medical staff is on duty. The TB test would be done the next time medical staff is available. The local ICE officer indicated the office that utilizes this facility is a Monday through Friday operation and would seldom send detainees to NCJ on a weekend or after hours.



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

COMPONENTS	Y	N	NA	REMARKS
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.				New hires are provided training in the identification and prevention of suicides. Yearly refresher training is given.
Training prepares staff to:  Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.				A correctional officer was interviewed and was able to clearly articulate how to identify a suicidal detainee. The officer was familiar with procedures to ensure detainee safety.
<ul> <li>A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</li> <li>Screening does not occur later than one working day after the detainee's arrival.</li> </ul>			 	A booking process was observed and the officer asked appropriate questions of the person being processed.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	$\boxtimes$			The Suicide Prevention/Intervention Jail Policy, G-12, covers this standard.
The facility has a designated isolation room for evaluation and treatment.				An isolation room is located near the control room in the main pod area.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				The room that was being used had a number of structures that could be utilized in a suicide attempt.
Medical staff has approved the room for this purpose.				The jail nurse in conjunction with the jail administrator determine which rooms are most suitable for isolation areas.
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	$\boxtimes$			Fifteen minute watches are conducted on all individuals on watch.
□ ACCEPTABLE □ DEFICIENT □	AT-RISI	ζ		REPEAT FINDING

#### REMARKS:

The staff is well trained in suicide identification and prevention. The room utilized for the protection of a suicidal detainee was not acceptable as it had too many structures, which could be utilized in a suicide attempt. The room had been picked as it was closest to the pod control and was under direct observation of the officers working there. When the concern about the safety of these rooms was brought to the jail administrator, she immediately took corrective action by designating other rooms for mental health watch. They are in the booking area and in the medical pod and are considered more acceptable areas for placement.

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#### TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL LLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.

☑ CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE 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.

1	AND RELATED NOTIFICATIONS.				
	COMPONENTS	Y	N	NA	REMARKS
	Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.			$\boxtimes$	Terminally ill detainees are not accepted by NCJ.
	The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include:  • The detainee's location; and • The limitations placed on visiting.				The local ICE officer indicated he would notify the family members of any serious illeness that developed.
	There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives.  • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her.				No seriously ill detainee would be accepted.
	The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.				This is not required as seriously ill detainees are not accepted.
	There is a policy addressing "Do Not Resuscitate Orders"			$\boxtimes$	Terminal detainees are not accepted.
	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?			$\boxtimes$	
	The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				
	The facility has written procedures to address the issues of organ donation by detainees.			$\boxtimes$	
ĺ	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	$\boxtimes$			The Inmate Death policy would cover this standard.
ĺ	The facility has a policy and procedure to address the death of a detainee while in transport.			$\boxtimes$	ICE is responsible for all transportation.
	At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	$\boxtimes$			The local ICE officer indicated he would be responsible for ensuring this standard was met.
	In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.  • If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified?				The local ICE officer assumes responsibilty if this should occur.
	An original or certified copy of a detainee's death certificate is placed in the subject's a-file.				This would occur per ICE protocol.
	The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as:  • Performance of an autopsy;  • Who will perform the autopsy;  • Obtaining state approved death certificates; and  • Local transportation of the body.				The Inmate Death policy addresses this standard.

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POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL						
ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER						
OTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND	OTHER I	INTEREST	TED PART	ES IN THE EVENT OF A DETAINEE		
BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCU	rs. In ae	DITION,	THE POLIC	CY WILL COVER PROCEDURES TO BE		
TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.						
☐ CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA						
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IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. A AND RELATED NOTIFICATIONS.  COMPONENTS  ICE staff follows established procedures to properly close the case of a	LWAYS	COMPL	NA	REFERENCES TO DETAINEE DEATH		
IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. A AND RELATED NOTIFICATIONS.  COMPONENTS	LWAYS	COMPL	ETE ALL I	REFERENCES TO DETAINEE DEATH REMARKS		

REMARKS:

This facility will not accept seriously ill detainees. No detainee deaths have occurred.

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## SECURITY AND CONTROL STANDARDS

#### CONTRABAND POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED. **COMPONENTS** Y NA REMARKS The facility follows a written procedure for handling illegal The facility transfers custody of contraband. Staff inventory, hold, and report it when necessary to the illegal contraband to the $\boxtimes$ proper authority for action/possible seizure. Worthington, MN Police Department for storage and disposition. Contraband that is government property is retained as evidence for Hard or dangerous contraband that is government property is potential disciplinary action or criminal prosecution. transferred to the Worthington Police Department if needed for $\boxtimes$ disciplinary action or criminal prosecution. Soft or nondangerous contraband is maintained in the Shift Supervisor's office. Staff returns property not needed as evidence to the proper authority. Local Policy and Procedures Manual does not provide Written procedures cover the return of such property. X procedures for the return of property to proper authority when not needed as evidence. Local Policy and Procedures Altered property is destroyed following documentation and using

Manual does not provide established procedures. X procedures to destroy altered property. Before confiscating religious items, the OIC or designated investigator NCJ does not have religious contacts a religious authority. staff assigned to the facility, they rely upon community volunteers to provides these services. Therefore the Jail Administrator has determined that if the item does not present  $\boxtimes$ a security threat, it may be retained pending a determination of authenticity. If the item does present a threat, it will be immediately confiscated until a determination is received from a religious authority. The facility transfers custody of Staff follows written procedures when destroying hard contraband that illegal contraband to the is illegal.  $\boxtimes$ П Worthington, MN Police Department for storage and disposition. The facility has reserved the Hard contraband that is illegal (under criminal statutes) may be option to use illegal contraband retained and used for official use, e.g. training purposes.  $\boxtimes$ for training purposes, although If yes, under specific circumstances and using specified written they have not done so to this procedures. Hard contraband is secured when not in use. point. AT-RISK **ACCEPTABLE** DEFICIENT REPEAT FINDING

#### **REMARKS:**

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

COMPONENTS	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.				
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.				
The detainee's detention file also contains documents generated during the detainee's custody.  • Special requests  • Any G-589s and/or I-77s closed-out during the detainee's stay  • Disciplinary forms/Segregation forms  • Grievances, complaints, and the disposition(s) of same				
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	$\boxtimes$			
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.				
The officer closing the detention file makes a notation that the file is complete and ready to be archived.				
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	$\boxtimes$			
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.				
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REMARKS:			
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#### **DISCIPLINARY POLICY**

**POLICY:** ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.

COMPONENTS	Y	N	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.	$\boxtimes$			Local policy addresses these areas.
The facility rules state that disciplinary action shall not be capricious or retaliatory.				Local policy provides for fair and impartial disciplinary action.
Written rules prohibit staff from imposing or permitting the following sanctions:				Current policy and procedure does not specifically state all the identified sanctions will not be imposed on detainees; there is evidence that in practice these sanctions are prohibited.
deprivation of physical exercise		l	ł	
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				A copy of the Inmate Handbook is maintained in each housing unit and an orientation video is shown to all newly arrived detainees three times per week. The hand book and video explain the rules of conduct, sanctions and disciplinary procedures. Additionally, all ICE detainees receive an ICE Detainee Handbook from the local field sub-office.
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility:  Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions				Each detainee receives both the facility handbook and the ICE handbook; both are available in English and Spanish. These handbooks contain all items listed in this component.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.				The local policy and procedures offer guidance on the violations and sanctions that informal resolution can be imposed.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.	$\boxtimes$			
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	$\boxtimes$			Facility policy requires the Correctional Officer who observed and initiated the incident report to investigate the incident no later than 24 hours after the incident.
An intermediate disciplinary process is used to adjudicate minor infractions.				A review of facility policy and procedures did not reveal any procedures for an intermediate disciplinary process to adjudicate rules violations.
A disciplinary panel (or equivalent in IGSAs) adjudicates infractions.  The panel:  Conducts hearings on all charges and allegations referred by				The facility employs a three person panel to adjudicate disciplinary reports. The panel is comprised of a facility

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COMPLIANCE WITH FACILITY RULES AND REGULATIONS.  COMPONENTS	Y	N	NA	REMARKS
<ul> <li>the UDC;</li> <li>Considers written reports, statements, physical evidence, and oral testimony;</li> <li>Hears pleadings by detainees and staff representatives;</li> <li>Bases its findings on the preponderance of evidence; and</li> <li>Imposes only authorized sanctions</li> </ul>				Sergeant and two other facility staff members.
A staff representative is available if requested for a detainee facing a disciplinary hearing.				Detainees are advised in the ICE Detainee Handbook and on the Inmate Notice of Violation form that they are allowed to have a staff member represent them during the disciplinary process.
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	$\boxtimes$			The ICE National Detainee Handbook states the disciplinary panel may find the need to continue the hearing to a future time.
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.	$\boxtimes$			Both handbooks reflect disciplinary segregation may not exceed 60 days for all violations arising out of one incident.
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"				The facility does not have a confidential-informant program as recognized by ICE standards.
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	$\boxtimes$			
ACCEPTABLE □ DEFICIENT □	AT-RISH	ζ		REPEAT FINDING

#### REMARKS:

The facility demonstrates substantial compliance with ICE standards for this area, with component exceptions noted above.



#### **EMERGENCY (CONTINGENCY) PLANS**

**POLICY** ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.

COMPONENTS	Y	N	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.	$\boxtimes$			
Detainees are protected from:  Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees				Nobles County Jail provides a clean, controlled and monitored environment for detainee housing. This environment protects the detainees from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment.
Staff is trained to identify signs of detainee unrest.  • What type of training and how often?				Staff receive interpersonal communication training during their initial 40-hour training and yearly during refresher training.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	$\boxtimes$			
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.				The Jail Administrator is responsible for the development of the facility emergency plans.
<ul> <li>Confidentiality</li> <li>Accountability (copies and storage locations)</li> <li>Annual review procedures and schedule</li> <li>Revisions</li> </ul>				The local Emergency Plans are incorporated into the facility Policy and Procedure Manual; which addresses confidentially, accountability, review and revisions.
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.		$\boxtimes$		Review indicates the emergency plans do not include a comprehensive general section that is applicable to most emergencies.
The facility has cooperative contingency plans with applicable:  • Local law enforcement agencies  • State agencies  • Federal agencies				The local Sheriff's Office has mutual aid agreements with Worthington Police Department, Cottonwood County Sheriff's Department and Jackson County Sheriff's Department. These are verbal agreements between the municipalities.
All staff receives copies of Hostage Situation Management policy and procedures.				Local policy indicates all staff will receive a copy of the policy and procedure manual at the time of hire. The hostage policy is included in the manual.
staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and psychological effects.				Staff is trained to disregard the instructions from hostages regardless of rank during their

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COMPONENTS	Y	N	NA	REMARKS	
				initial 40 hour training.	
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	$\boxtimes$				
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.				The facility maintains at least seven days' worth of emergency meals for staff and detainees.	
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).				The facility does not have written plans that identify locations of shut-off valves and switches for utilities.	
Written procedures cover:					
Work/Food Strike		•			
<ul> <li>Disturbances</li> <li>Escapes</li> <li>Bomb Threats</li> <li>Adverse Weather</li> <li>Internal Searches</li> <li>Facility Evacuation</li> <li>Detainee Transportation System Plan</li> <li>Internal Hostages</li> <li>Civil Disturbances</li> </ul>				The facility does not have plans for work/food strike, internal searches, detainee transportation plan and civil disturbances.	
■ ACCEPTABLE    □ DEFICIENT    □ AT-RISK    □ REPEAT FINDING					

#### REMARKS:

While there is significant compliance with ICE standards for this area, component deviations indicated above should be considered by facility managers.

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#### ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	NO	NA	KEMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.		$\boxtimes$		Triad cleaner is issued to detainees for nightly cleaning but usage logs are not maintained.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.		$\boxtimes$		Inventory volumes are not maintained of the Triad cleaner issued for evening cleaning.
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.			ļ	
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They:  • Wear personal protective equipment; and • Report hazards and spills to the designated official.	$\boxtimes$			
The MSDSs are readily accessible to staff and detainees in work areas.	$\boxtimes$			
Hazardous materials are always issued under proper supervision.  • Quantities are limited; and  • Staff always supervises detainees using these substances.				Accurate volumes of Triad cleaner are not maintained.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.				
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.				
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.				
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.				
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)				
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.				
All toxic and caustic materials are stored in their original containers in a secure area.				Triad cleaner is not stored in the original container (spray bottles) but the spray bottles are stored in a secure area.
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	$\boxtimes$			
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	$\boxtimes$			
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).				

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COMPONENTS	YES_	No	NA NA	REMARKS
A technically qualified officer conducts the fire and safety inspections.				
The Safety Office (or officer) maintains files of inspection reports.				
The facility has an approved fire prevention, control, and evacuation	$\boxtimes$			
plan.				
The plan requires:				
<ul> <li>Monthly fire inspections;</li> </ul>				
• Fire protection equipment strategically located throughout the	İ	ĺ	1	
facility;		l		
• Public posting of emergency plans with accessible		📙		
building/room floor plans;	1	ŀ		
Exit signs and directional arrows; and				
An area-specific exit diagram conspicuously posted in the				
diagrammed area.	<u> </u>			
Fire drills are conducted and documented monthly.				
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A sanitation program covers barbering operations.				
The barber shop has the facilities and equipment necessary to meet		<del></del>	<del> </del>	The barbering function does not
sanitation requirements.				meet the sanitation requirements
samuron requirements.	' '		"	of the standard.
The sanitation standards are conspicuously posted in the barbershop.	-			Sanitation requirements of the
, F,				barbering function are not
	<del></del>	_		posted.
Written procedures regulate the handling and disposal of used needles	$\boxtimes$			
and other sharp objects.				
All items representing potential safety or security risks are inventoried				
and a designated individual checks this inventory weekly.				
Standard cleaning practices include:		i		
• Using specified equipment; cleansers; disinfectants and		<u></u>		
detergents.			Ш	
An established schedule of cleaning and follow-up				
inspections.  The facility follows standard cleaning procedures.				
The facility follows standard cleaning procedures.				
Spill kits are readily available.				
Spin kits are readily available.				
A licensed medical waste contractor disposes of infectious/bio-				
hazardous waste.				
Staff is trained to prevent contact with blood and other body fluids and				
written procedures are followed.				
Do the methods for handling/disposing of refuse meet all regulatory	$\boxtimes$			
requirements?				
A licensed/Certified/Trained pest-control professional inspects for				
rodents, insects, and vermin.		_	_	
At least monthly.			Ш	
The pest-control program includes preventative spraying for				
indigenous insects.			_	
Drinking water and wastewater is routinely tested according to a fixed	$\boxtimes$			
chedule.				

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COMPONENTS	YES	No	NA	REMARKS
<ul> <li>Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>				The generator is tested monthly as the facility must adhere to manufacturer's requirements. The manufacturer's statement indicates that testing more than once per month places unnecessary wear on the equipment.
<b>△</b> ACCEPTABLE ☐ DEFICIENT ☐	AT-RISE	ζ		REPEAT FINDING

#### REMARKS:

A concern is identified with the corrosive liquid "Triad." A perpetual inventory of this liquid is not maintained. Although the standard requires the emergency power generator be tested every two weeks; the manufacturer's recommendations indicate that such testing is excessive and potentially damaging if tested more than once per month. Additionally, the barbering function does not meet the requirements of the standard which mandates a separate area and a variety of sanitation protocols. However, in general, facility policy and practice are consistent with the intent of the standard.



#### HOLD ROOMS IN DETENTION FACILITIES

POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.

COMPONENTS	Y	N	NA	REMARKS
The hold rooms are situated within the secure perimeter.				Noble County Jail holding rooms are located in the booking area of the facility, which is a secure location.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.				
The hold rooms contain sufficient seating for the number of detainees held.	$\boxtimes$			Each holding room has a formed concrete slab which provides adequate seating for the number of detainees held in the rooms.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.				The facility has three holding rooms. The holding rooms are also used as "drunk tanks" for
				city and county law enforcement. Intoxicated persons are kept in the holding rooms and are given a mattress to sleep.
The walls and ceilings of the hold rooms are tamper and escape proof.	$\boxtimes$			
Individuals are not held in hold rooms for more than 12 hours.	$\boxtimes$			Detainees are processed through the booking /holding room area within two hours of their arrival to the facility.
Male and females are segregated from each other.	$\boxtimes$			Male and female detainees are kept separate by placing them in different holding cells
Detainees under the age of 18 are not held with adult detainees.				<u> </u>
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.				
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	$\boxtimes$			All holding cells have toilets.
All detainees are given a pat down search for weapons or contraband before being placed in the room.				Detainees are pat searched prior to admittance into the booking area. This search is conducted by Booking Area personnel.
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.).  • Hold rooms are irregularly monitored every 15 minutes.  • Unusual behavior or complaints are noted.				
When the last detainee has been removed from the hold room, it is given a thorough inspection.	$\boxtimes$			
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	$\boxtimes$			The Booking Officers have been identified to evacuate the holding rooms in case of emergencies.
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.				Facility staff will call 911 emergency services should a medical emergency arise during hours the facility is without health care professionals.

# HOLD ROOMS IN DETENTION FACILITIES POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY. COMPONENTS Y N NA REMARKS ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING

#### REMARKS:

Nobles County Jail holding room policy and procedures comply with their written regulations and ICE requirements.



#### KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

<del></del>					
	COMPONENTS	Y	N	NA	REMARKS
approved locksmith					Nobles County Jail does not have a locksmith assigned to the facility, locksmith duties are performed by county maintenance personnel. None of the county maintenance personnel have attended an approved locksmith training program.
	r, or equivalent in IGSAs, has responsibly for all es and responsibilities relating to keys, locks etc.				One of the facility Jailers has been given the responsibility of all administrative duties for
The security office employees in key co	er, or equivalent in IGSAs, provides training to ontrol.				New Sergeants of the facility Sergeants provides key control training to staff.
The security officer all keys, locks and l	r, or equivalent in IGSAs, maintains inventories of ocking devices.	$\boxtimes$			
	r follows a preventive maintenance program and ntive maintenance documentation.				Nobles County Maintenance Departments performs all preventative maintenance for the facility. There is no documentation to support a preventative maintenance program in place.
keys and locks.	d procedures address the issue of compromised				Local policy does not address compromised keys.
	er, or equivalent in IGSAs, develops policy and e safe combinations integrity.				Nobles County Jail does not have combination safes.
Only dead bolt or dareas.	lead lock functions are used in detainee accessible	$\boxtimes$			
Only authorized lo used in detainee acc	cks (as specified in the Detention Standard) are ressible areas.	$\boxtimes$			
	g systems are prohibited.				A grand master key system is not used at the facility.
of.	ed keys and locks are cut up and properly disposed	$\boxtimes$			
	ins are prohibited from use on cell doors.				On site review of all housing areas revealed no evidence that padlocks and/or chains are being used on cell doors.
an occupant load of  Occupation 3;	oor locks to detainee living quarters, or areas with 50 or more people, conform to: nal Safety and Environmental Health Manual, Ch. ire Protection Association Life Safety Code 101.	$\boxtimes$			
	board is sufficient to accommodate all the facility keys in use, and is located in a secure area.				Observation revealed keys are maintained in an unsecured desk drawer in the pod control center area. The facility implemented changes during the review to

#### KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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	COMPONENTS	Y	N	NA	REMARKS
					correct this practice. Effective 10-1-09, keys are kept in a secure drawer in pod control center.
	Procedures are in place to ensure that key rings are:  • Identifiable;  • The numbers of keys are cited; and • Keys cannot be removed.				Observation of facility keys rings revealed they are not labeled to be identifiable and key can be removed from the rings. The facility implemented changes during the review to this practice. Effective 10-1-09, keys rings have been secured to prevent unauthorized removal of keys and they are identifiable.
$\vdash$	Emergency keys are available for all areas of the facility.				
_	The facilities use a key accountability system.				There is no system in place to account for issued keys. Staff can remove and replace key rings from an unsecured drawer at will. Nobles County Jail policy and procedure 01.11.00 I-04, Key and Tool Control, dated 02/12/08, procedure 04 requires staff to exchange a "key tag" for each set of keys or piece of equipment issued. The facility implemented changes during the review to this practice. Facility policy 01.11.00 I-04, Key and Tool Control effective 10-1-09, requires the pod control center offer to issue keys and use a Key Sign Out Sheet for accountability.
t	Authorization is necessary to issue any restricted key.	$\boxtimes$			
	<ul> <li>Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>	$\boxtimes$			
	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	$\boxtimes$			Facility keys are accounted for at the beginning of each 12 hour shift by the oncoming pod control center officer.
	<ul> <li>All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>				
	☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISE	<b>K</b>		REPEAT FINDING

#### REMARKS:

The Nobles County Jail does not have adequate control of their facility keys. The accountability of keys was poor, they were not labeled and keys could easily be removed from a ring. Additionally, keys are stored in an unsecured drawer that is accessible to staff. The facility does not have a have a locksmith assigned to the facility, as locksmith duties are performed by county maintenance personnel. None of the county maintenance personnel have attended an approved locksmith training program.

The Nobles County Maintenance Department performs all preventative maintenance for the facility. There is no documentation to support a preventative maintenance program in place.

Nobles County Jail policy and procedure 01.11.00 I-04, Key and Tool Control, dated 02/12/08 does not address compromised keys.



#### **POPULATION COUNTS**

**POLICY:** ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS CONDUCTED AS NECESSARY.

COUNTS CONDUCTED AS NECESSART.				
COMPONENTS	Y	N	NA	REMARKS
Staff conduct a formal count at least once each shift.				Local policy requires a formal head count to be held at the beginning and end of each primary 12-hour shift.  Additionally a formal head count is required at the beginning of the noon lockdown and final nightly lockdown.
Activities cease or are strictly controlled while a formal count is being conducted.				
Certain operations cease during formal counts.				The Booking Section does not permit any new arrivals to be processed or to enter the facility during formals counts.
All movement ceases for the duration of a formal count.		T	TT	
Formal counts in all units take place simultaneously.				All detainees are required to return to their cells and remain there until the count has been cleared.
Detainee participation in counts is prohibited.				
A face-to-photo count follows each unsuccessful recount.				The detainees are required to carry their facility issued ID card. If a re-count is unsuccessful, a face to photo count is conducted.
Officers positively identify each detainee before counting him/her as present.				Observation of the noon count on 10-01-09 revealed the officers conducting the count made positive identification of the detainees.
Written procedures cover informal and emergency counts.  • They are followed during informal counts and emergencies.				Formal count procedures are covered in facility policy; emergency counts are required in the facility emergency plans.
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.				The pod control officer maintains an out count on all inmates temporarily leaving the facility.
This training is documented in each officer's training folder.				
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

#### REMARKS:

Nobles County Jail population count procedures comply with their written policy and ICE requirements

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AUDITOR'S SIGNATURE / DAP

#### POST ORDERS

**POLICY: ICE** PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST PROBERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.

COMPONENTS	Y	N	NA	REMARKS			
Every fixed post has a set of post orders.							
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				Nobles County Jail makes pen and ink changes to the post orders pending quarterly updates.			
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.				One of the Jail Shift Sergeants has been assigned the collateral duty of keeping post orders current.			
The IGSA maintains a complete set (central file) of post orders.							
The central file is accessible to all staff.							
The OIC or Contract / IGSA equivalent initiates/authorizes all post-				The Jail Administrator			
order changes.				authorizes changes to the post orders.			
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.		$\boxtimes$		The Jail Administrator has not signed the post orders.			
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.				Local policy and procedures requires facility post orders to be updated quarterly.			
Procedures keep post orders and logbooks secure from detainees at all times.				Post Orders are maintained in secure areas, inaccessible to detainees.			
Every armed-post officer qualifies with the post weapon(s) before ssuming post duty.			$\boxtimes$	The facility has no armed posts.			
Armed-post post orders provide instructions for escape attempts.			$\boxtimes$	Same as above.			
The post orders for housing units track the event schedule.							
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.	$\boxtimes$						
□ ACCEPTABLE □ DEFICIENT □ AT-RISK □ REPEAT FINDING							

#### REMARKS:

The facility is in general compliance with ICE standards for this area.



#### SECURITY INSPECTIONS

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy specifies:  • Posts to be inspected; • Required inspection forms; • Frequency of inspections; • Guidelines for checking security features; and • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement				Facility policy on Cell Searches and Shakedowns and Daily Cell Inspections and the Post Orders provides guidance for comprehensive security inspections of the facility.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.	$\boxtimes$			Standard language in facility post orders direct assigned staff to conduct a security inspection of their area.
Documentation of security inspections is kept on file.				
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				Supervisors review the daily unit logs to ensure problems are addressed. Additionally, a complete facility inspection is conducted weekly to ensure any problem areas have been addressed.
The front-entrance officer checks the ID of everyone entering or exiting the facility.				The identification of everyone entering or exiting the secure portion of the facility is not consistently checked.
All visits are officially recorded in a visitor logbook or electronically	$\boxtimes$			
recorded.  The facility has a secure visitor pass system.		<del>                                     </del>	<del></del>	
Every Control Center officer receives specialized training.	$\boxtimes$			Officers assigned to Control Center receive OJT training from FTOs prior to being assigned to this post.
The Control Center is staffed around the clock.				-
Policy restricts staff access to the Control Center.			$\boxtimes$	The physical design of the jail does not include a traditional control room. The control room is incorporated into the officer's station. Facility staff is required to frequent this multi-purpose area to complete the job assignments.
Detainees are restricted from access to the Control Center.	$\boxtimes$			
Communications are centralized in the Control Center.	$\boxtimes$			
Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$			The complex houses not only the jail, but also other county offices and departments. The jail has one vehicle entrance.  This entrance admits the vehicles into the Booking area of the facility. The entrance is operated and monitored by the PD Dispatch Control Center officer. The entrance has cameras and a microphone box also monitored by Dispatch.

#### SECURITY INSPECTIONS

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

COMPONENTS	YES	No	NA	REMARKS
The facility 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; and  • Name of employee responsible for the vehicle during the visit				Jail staff does not control the entrance gates into the facility. This function is controlled by the PD Dispatch Officers. The Police Department does not require staff to record vehicle and driver information because only law enforcement vehicles are permitted to enter.
Officers thoroughly search each vehicle entering and leaving the facility.			$\boxtimes$	Same as above. The Police Department does not require staff to search each vehicle because only law enforcement vehicles are permitted to enter.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$			
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.				All tools entering and exiting the facility are inventoried by jail staff.
The SMU entrance has a sally port.		$\boxtimes$		Nobles County Jail utilizes one of their housing pods for SMU. The pod does not have a sally port entrance.
Written procedures govern searches of detainee housing units and personal areas.				Facility policy on Cell Searches and Shakedowns and Daily Cell Inspections provide guidance on searching detainee housing units and personal areas.
Housing area searches occur at irregular times.				
Every search of the SMU and other housing units is documented.				
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.				
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				The jail does not have perimeter fencing and limited exterior walls. The jail staff makes weekly check of the exterior walls that are within their security area.
Daily procedures include:      Perimeter alarm system tests;     Physical checks of the perimeter fence; and     Documenting the results.				The exterior of the building is consistently observed by Worthington Police and Nobles County Sheriff patrol officers. The jail does not have perimeter fencing and limited exterior walls. The jail staff makes weekly check of the exterior walls that are within their security area.
Visitation areas receive frequent, irregular inspections.	$\boxtimes$			
X ACCEPTABLE ☐ DEFICIENT ☐	AT-RISH	ζ -		REPEAT FINDING

REMARKS:

#### **REMARKS:**

The identification of everyone entering or exiting the secure portion of the facility is not consistently checked.

The physical design of the jail does not include a traditional control room. The control room is incorporated into the officer's station. Facility staff is required to frequent this multi-purpose area to complete the job assignments.

Nobles County Jail is located in the Prairie Justice Center. The Justice Center is a large multi-purpose structure which houses not only the jail, but also the county court rooms, Worthington City Police Department, police dispatch and a satellite county maintenance department. The jail has one vehicle entrance. This entrance admits the vehicles into the Booking area of the facility. The entrance is operated and monitored by the Worthington Police Department Dispatch Control Center officer. The entrance has cameras and a microphone box also monitored by Dispatch.

Jail staff does not control the entrance gates into the facility. This function is controlled by the Worthington Police Dispatch officers. The Police Department does not require staff to record vehicle and driver information or search each vehicle because only law enforcement vehicles are permitted to enter.



COMPONENTS	Y	N	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation.  • Detainees are placed in the SMU (administrative) in accordance with written criteria.				Local policy describes criteria for the placement of detainees in administrative segregation.
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved.  • A copy of the order given to the detainee within 24 hours.				
The OIC (or equivalent) regularly reviews the status of detainees in administrative detention.  • A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).				Facility policy requires the review of detainees placed in administrative segregation within three days of their placement and every seven days thereafter.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and:  • Every week thereafter for the first month; and  • Every 30 days after the first month.  • Does each review include an interview with the detainee?  • Is a written record made of the decision and the justification?				
The detainee is given a copy of the decision and justification for each review.  • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.				The detainee is made aware of the right to file a grievance over the decision of the review committee.
The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days.  • Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO.				The SDDO who oversees the detainees housed in the jail conducts weekly visits to the facility and reviews the status of all detainees housed in the jail.
<ul> <li>The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.</li> <li>A written record is made of the decision and the justification.</li> <li>The detainee receives a copy of this record.</li> </ul>				
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.				
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	$\boxtimes$			
The SMU is:      Well ventilated;     Adequately lighted;     Appropriately heated; and     Maintained in a sanitary condition.	$\boxtimes$			Cells in SMU were clean, free of clutter and graffiti. The detainees were orderly and the unit was quiet.
All cells are equipped with beds.  • Every bed is securely fastened to the floor or wall.	$\boxtimes$			SMU has single formed concrete beds in each cell.
The number of detainees in any cell does not exceed the occupancy limit.  • When occupancy exceeds recommended capacity, do basic living standards decline?  • Do criteria for objectively assessing living standards exist?  • If yes are the criteria included in the written procedures?				Observation of the special management unit revealed cell occupancy limits were not exceeded.

#### SPECIAL MANAGEMENT UNIT (SMU) **ADMINISTRATIVE SEGREGATION**

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

"SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION] STANDA	KD).			
COMPONENTS	Y	N	NA	REMARKS
The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the general population.				Detainees in SMU have the opportunity to exchange clothing and linen consistent with detainees in general population.
Detainees receive three nutritious meals per day, from the general population's menu of the day.  • Do detainees eat only with disposable utensils?  • Is food ever used as punishment?	$\boxtimes$			
Each detainee maintains a normal level of personal hygiene in the SMU.				Detainees are permitted one hour out of cell time daily.
<ul> <li>The detainees have the opportunity to shower and shave at least three times a week.</li> <li>If not, explain.</li> </ul>	$\boxtimes$			During this period the detainee has the option to shower if s/he desires.
<ul> <li>The detainees are provided:</li> <li>Barbering services;</li> <li>Recreation privileges in accordance with the "Detainee Recreation" standard;</li> <li>Non-legal reading material;</li> <li>Religious material;</li> <li>The same correspondence privileges as detainees in the general population;</li> <li>Telephone access similar to that of the general population; and</li> <li>Personal legal material.</li> </ul>				Detainees housed in administrative segregation are provided privileges in line with detainees in general population, with restrictions commensurate with security requirements of the housing status.
A health care professional visits every detainee at least three times a week.  The shift supervisor visits each detainee daily.  Weekends and holidays.				Health Care professionals only visit detainees who submit sick call request or are on regular pill line. A health care staff member does not visit every detainee three times a week.
Procedures comply with the "Visitation" standard.  • The detainee retains visiting privileges; and  • The visiting room is available during normal visiting hours.	$\boxtimes$			
Visits from clergy are allowed.	$\boxtimes$			
Detainees have the same law-library access as the general population.  • Are they required to use the law library ⊠ Separately, or ☐ As a group?  • Are legal materials brought to them?				Detainees in segregation are required to submit a request to staff to use the law library. Upon approval of the request, the detainees are escorted to the law library.
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	$\boxtimes$			Staff record detainee-related activities on the daily unit log sheets.
<ul> <li>SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU.</li> <li>Staff completes the form at the end of each shift.</li> <li>CDFs and IGSA facilities use Form I-888 (or local equivalent).</li> </ul>				The facility does not maintain any individual records on detainees housed in administrative segregation. All information relative to detainees housed in SMU is included in the daily unit log sheets.

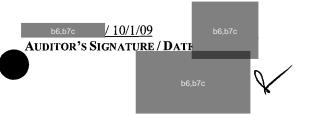
## SPECIAL MANAGEMENT UNIT (SMU) ADMINISTRATIVE SEGREGATION

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COMPONENTS	Y	N	NA	REMARKS	
Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.  • Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;  • The medical officer/health care professional signs each individual's record during each visit; and  • The housing officer initials the record when all detainee services are completed or at the end of the shift.				Staff record detainee-related activities on the daily unit log sheets.	
A new record is created for each week the detainee is in Administrative Segregation.				The facility does not maintain any individual records on	
The weekly records are retained in the SMU until the detainee's return to the general population.				detainees housed in administrative segregation.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

#### **REMARKS:**

The facility demonstrates substantial compliance with ICE standards for this security area.



## SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION

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

COMPONENTS	Y	N	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written	1	1	INA	The detainee handbook provides
procedures.				information on disciplinary
, and the second				lockdown.
The sanctions for violations committed during one incident are				The detainee handbook, page
limited to 60 days.				28, states the sanctions for one
				incident is limited to 60 days.
A completed Disciplinary Segregation Order accompanies the				Detainees receive a copy of the
detainee into the SMU.				Inmate Notice of Violation
• The detainee receives a copy of the order within 24 hours of				report that reflects his/her
placement in disciplinary segregation.	-	-	-	sanctions immediately upon
				placement into disciplinary
Standard procedures include reviewing the cases of individual				segregation.
detainees housed in disciplinary detention at set intervals.	l			
After each formal review, the detainee receives a written copy				
of the decision and supporting reasons.				
The conditions of confinement in the SMU are proportional to the		<del>                                     </del>	<del> </del>	
amount of control necessary to protect detainees and staff.		ļ L		
Detainees in disciplinary segregation have fewer privileges than				The detainee handbook, page 21
those housed in administrative segregation.				states detainees placed in
				disciplinary lockdown will not
				be permitted any privileges such
			·	as, but not limited to, canteen,
Living conditions in disciplinary SMUs remain the same regardless	•	ļ.		visitation, etc.
of behavior.				
If no, does staff prepare written documentation for this	$\boxtimes$			
action?				
Does the OIC sign to indicate approval.				
Every detainee in disciplinary segregation receives the same humane				
treatment, regardless of offense.				
The quarters used for segregation are:				CH CMI 1 C
Well-ventilated.				Cells in SMU were clean, free
Adequately lighted.				of clutter and graffiti. The detainees were orderly and the
Appropriately heated.				unit was quiet.
Maintained in a sanitary condition.				
All cells are equipped with beds that are securely fastened to the	$\boxtimes$			SMU has single formed
floor or wall of the cell.				concrete beds in each cell.
The number of detainees confined to each cell or room is limited to				Observation of the special
the number for which the space was designate.				management unit revealed cell
Does the OIC approve excess occupancy on a temporary				occupancy limits were not exceeded.
basis?  When a detainee is segregated without clothing, mattress, blanket, or				Should a detainee's behavior
pillow (in a dry cell setting), a justification is made and the decision				warrant the removal of clothing,
is reviewed each shift. Items are returned as soon as it is safe.				bedding, etc., the Shift
is to the week each state.				Supervisors reviews the
	$\boxtimes$			detainee at the beginning and
				end of the shift to ensure the
				behavior still merits that level of
				supervision.
		L		

## SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION

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

COMPONENTS	Y	N	NA	REMARKS
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.				Detainees in SMU have the same opportunity to exchange clothing and linen as detainees in general population.
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day.  • Food is not used as punishment.				
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.				Detainees are permitted one hour out of cell time daily. During this period the detainee has the option to shower if s/he desires.
Detainees receive, unless documented as a threat to security:				
<ul> <li>When phone access is limited by number or type of calls, the following areas are exempt:</li> <li>Calls about the detainee's immigration case or other legal matters;</li> <li>Calls to consular/embassy officials; and</li> <li>Calls during family emergencies (as determined by the OIC/Warden).</li> </ul>	$\boxtimes$			Detainees are permitted telephones calls to their lawyers, consular/embassy, and family in times of emergencies.
A health care professional visits every detainee in disciplinary segregation every week day.  The shift supervisor visits each segregated detainee daily  Weekends and holidays.				Health Care professionals only visit detainees who submit sick call requests or are on regular pill line. A health care staff member does not visit every detainee every week day.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.				Detainees on disciplinary segregation can receive social visitation unless restricted as part of their sanctions.
<ul> <li>SMU detainees receive legal visits, as provided in the "Visitation" standard.</li> <li>Legal service providers are notified of security concerns arising before a visit.</li> </ul>				
Visits from clergy are allowed.  The clergy member is given the option of visiting/not visiting the segregated detainee.  Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.	$\boxtimes$			The facility does not have a Religious Services Department; volunteers provide necessary support to the facility to meet the needs of the population.
<ul> <li>SMU detainees have law library access.</li> <li>Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing.</li> <li>Legal material brought to individuals in the SMU on a case-by-case basis.</li> </ul>				Detainees in segregation are required to submit a request to staff to use the law library. Upon approval of the request, the detainee is escorted to the law library.

## SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION

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

Y	N	NA	REMARKS
			Staff record detainee-related activities on the daily unit log sheets.
			The facility does not maintain any individual records on detainees housed in administrative segregation. All information relative to detainee housed in SMU is included in the daily unit log sheets.
$\boxtimes$			Staff record detainee-related activities on the daily unit log sheets.

#### REMARKS:

The facility is generally compliant with ICE standards for this area.



#### TOOL CONTROL

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

COMPONENTS	Y	N	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	$\boxtimes$			The Facility Administrator has overall responsibility for tool control.
Department heads are responsible for implementing this standard in their departments.	$\boxtimes$			
Tool inventories are required for the:  • Maintenance Department;  • Medial Department;  • Food Service Department;  • Electronics Shop;  • Recreation Department; and  • Armory.				The maintenance staff is Nobles County maintenance employees whose responsibilities include the facility. The Food Service department is located outside the secure perimeter of the facility and does not employ
				detainees. The only tools maintained in the facility are located in the Medical Department, which are three sets of utility scissors. The Medical Department's tool inventory was not accurate upon initial observation, but was corrected during the review.
<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>				Local policy does not address the regular inventory of all tools.
The facility has a tool classification system. Tools are classified according to:  • Restricted (dangerous/hazardous); and  • Non-Restricted (non-hazardous).				Local policy does not address tool classification. The facility implemented changes during the review to this practice. Policy 01.11.00 I-04, Key and Tool Control, effective 10-1-09, requires all tools to be considered restricted or hazardous inside the jail.
Department heads are responsible for implementing tool-control procedures.	$\boxtimes$			
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.				The tools located in the medical department were not marked.
<ul> <li>The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice.</li> </ul>				Tools maintained in the medical department were securely stored.
Each facility has procedures for the issuance of tools to staff and detainees.				The medical department has only one staff member assigned and she is the only one who uses the tools.
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include:  • Verbal and written notification;  • Procedures for detainee access; and  • Necessary documentation/review for all incidents of lost tools.		$\boxtimes$		Local policy does not address lost tools. The facility implemented changes during the review to this practice. Policy 01.11.00 I-04, Key and Tool Control, effective 10-1-09,

TOOL CONT	KUL			
POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALPOLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTE TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STOREADILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING	ER GENERA ORED. T	ATED OR ' HESE INV	<b>TYPEWRI</b>	TTEN MASTER INVENTORY LIST OF
COMPONENTS	Y	N	NA	REMARKS
				clearly defines the jail's
				response to a lost or missing
				tool.
Broken or worn out tools are surveyed and disposed of in an				The contract medical staff
appropriate and secure manner.	<b>5</b> 2			disposes of their tools in

TOOL CONTROL

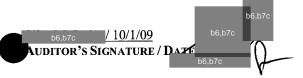
appropriate and secure manner.

All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.

ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING

#### **REMARKS:**

Very few tools are stored inside the facility. All maintenance tools are the property of the county maintenance department and stored outside the facility. The kitchen is outside the secure perimeter of the facility. However, the tools located in the medical department were not marked. Local policy does not address the regular inventory of tools or their classification.



## TRANSPORTATION LAND TRANSPORTATION

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

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

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

## TRANSPORTATION LAND TRANSPORTATION

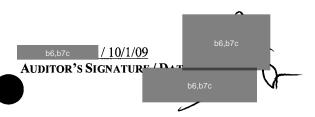
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STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS
delivery (food wrapping, portions, quality, quantity, thermos-transport				
containers, etc.).				
Before accepting the meals, the vehicle crew raises and				
resolves questions, concerns, or discrepancies with the Food				
Service representative;				
Basins, latrines, and drinking-water containers/dispensers are				
cleaned and sanitized on a fixed schedule.				
Vehicles have:				
• Two-way radios;		F1		
Cellular telephones; and				
• Equipment boxes stocked in accordance with the Use of				
Force Standard.				
The vehicles are clean and sanitary at all times.				
Personal property of a detainee transferring to another facility is:				
• Inventoried;				
• Inspected; and	_			
Accompanies the detainee.				
The following contingencies are included in the written procedures for				
vehicle crews:				
• Attack				
• Escape				
Hostage-taking				
Detainee sickness				
Detainee death	П			
Vehicle fire			_	
• Riot			:	
Traffic accident				
Mechanical problems				
Natural disasters				
Severe weather				
Passenger list includes women or minors				
_ ACCEPTABLE _ DEFICIENT _	AT-RISH	ζ.		REPEAT FINDING

#### **REMARKS:**

All ICE transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee's case.



#### **USE OF FORCE**

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

DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN TI	.,		<u></u>	
COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.				Local policy states staff are authorized to use force to restrain/control individuals to ensure the safety and security of staff and detainees.
When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, officers must try to resolve the situation without resorting to force.				Facility staff receives interpersonal communication training to resolve volatile situations verbally. Additionally, selected staff receives Critical Incident Team
				training which includes advanced interpersonal communication training.
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.				A review of facility policy did not reveal a written assertion that calculated rather than immediate force is feasible in most cases.
The facility subscribes to the prescribed Confrontation Avoidance Procedures.  • Ranking detention official, health professional, and others confer before every calculated use of force.				The facility utilizes interpersonal communication, Critical Incident Teams, and verbal judo as confrontation avoidance procedures.
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.				Local policy provides detailed instructions and requirements for use of force team and cell extractions.
Staff members are trained in the performance of the Use-of-Force Team Technique.				Staff receives training on use of force team techniques yearly.
All use-of-force incidents are documented and reviewed.				The Jail Administrator reviews all use of force incidents.
<ul> <li>Staff:</li> <li>Do not use force as punishment;</li> <li>Attempt to gain the detainee's voluntary cooperation before resorting to force;</li> <li>Use only as much force as necessary to control the detainee; and</li> <li>Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.</li> </ul>				The local policy advises staff that force shall never be applied as punishment or as a disciplinary measure.
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.				
Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).				Local policy provides detailed instructions and requirements for use of force team deployments.
Standard procedures associated with using four-point restraints nclude:  Soft restraints (e.g., vinyl); Dressing the detainee appropriately for the temperature;				Local staff use a restraint chair, should a detainee require that level of control. While in the restraint chair, detainees are

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COMPONENTS	YES	No	NA	REMARKS
<ul> <li>A bed, mattress, and blanket/sheet;</li> <li>Checking the detainee at least every 15 minutes;</li> <li>Logging each check;</li> <li>Turning the bed-restrained detainee often enough to prevent soreness or stiffness;</li> <li>Medical evaluation of the restrained detainee twice per eight-hour shift; and</li> <li>When qualified medical staff is not immediately available, staff position the detainee "face-up".</li> </ul>				under constant visual observation, they are medically examined and evaluated for release from the restraint chair every two hours. All observations are recorded.
The shift supervisor monitors the detainee's position/condition every				State policy imposes a
<ul> <li>He/she allows the detainee to use the rest room at these times under safeguards.</li> </ul>				maximum of two hours for placement in a restraint chair.
All detainee checks are logged.				Staff record their checks of detainees restrained in the restraint chair on the daily unit log sheet.
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	$\boxtimes$			
<ul> <li>When the OIC authorizes use of non-lethal weapons:</li> <li>Medical staff is consulted before staff use pepper spray/non-lethal weapons.</li> <li>Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.</li> </ul>				Medical staff is not consulted in every case. Nobles County Jail does not have 24- hour medical coverage. Staff contact medical prior to using non-lethal weapons if they are on duty. If medical is not on duty, staff use the weapon, then make an assessment if the detainee needs medical assistance.
Special precautions are taken when restraining pregnant detainees.  • Medical personnel are consulted				
Protective gear is worn when restraining detainees with open cuts or wounds.				Staff is provided protective vests, shin and elbow guards, gloves and riot helmets with face shields. Additionally, latex/plastic gloves are made available to all staff.
Staff documents every use of force and/or non-routine application of restraints.				
It is standard practice to review any use of force and the non-routine application of restraints.				The Jail Administrator reviews all uses of force at the facility. Review of use of force incidents involving inmate # 66.67c on 07/18/09 and # 66.67c on 09/14/09 revealed all required staff reviewed and initialed the submitted documentation.
All officers receive training in self-defense, confrontation-avoidance echniques and the use of force to control detainees.  • Specialized training is given and Officers are certified in all devices they use.				Staff assigned to the facility receive self-defense and interpersonal communication training on a yearly basis.

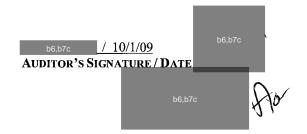
## USE OF FORCE

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COMPONENTS	YES	No	NA	REMARKS
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	$\boxtimes$			
□ ACCEPTABLE □ DEFICIENT □	AT-RISI	K		REPEAT FINDING

#### REMARKS:

Noble County Jail staff use and carry the X-26 Taser Gun. Selected staff receives initial training from the facility's certified training officer and re-qualify annually. Nobles County Jail policy 01.11.00 I-09, X-26 Non Lethal Taser, dated 02/28/06, prescribes the authorized uses for the Taser. Policy does not make distinctions with regard to use of tasers on ICE detainees.



#### STAFF DETAINEE COMMUNICATIONS

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

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.				
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.				Detainees are not held at NCJ long enough to establish a weekly visit schedule.
Scheduled visits are posted in ICE detainee areas.			$\boxtimes$	Detainee's are not held at NCJ long enough to establish scheduled visits.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	$\boxtimes$			
ICE information request Forms are available at the IGSA for use by ICE detainees.	$\boxtimes$			
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	$\boxtimes$			
ICE staff responds to a detainee request from an IGSA within 72 hours.				
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.				
	AT-RISH	ζ		REPEAT FINDING

#### REMARKS:

ICE Officer on site interviewed who confirmed ICE interaction with detainees.



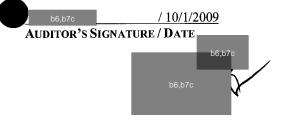
#### DETAINEE TRANSFER STANDARD

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

COMPONENTS	YES	No	NA	REMARKS
When a detainee is represented by legal counsel or a legal	1 110	110	1 1/1	ALMARAS
representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer.  • The notification is recorded in the detainee's file; and • When the A File is not available, notification is noted within DACS				
Notification includes the reason for the transfer and the location of the new facility.	$\boxtimes$			
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.	$\boxtimes$			
<ul> <li>Facility policy mandates that:</li> <li>Times and transfer plans are never discussed with the detainee prior to transfer;</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility; and</li> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>	×			
The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.				
For medical transfers:  • The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer;  • Medical transfers are coordinated through the local ICE office; and  • A medical transfer summary is completed and accompanies the detainee.				
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.	$\boxtimes$			
For medical transfers, transporting officers receive instructions regarding medical issues.				
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	×			
Transfer and documentary procedures outlined in Section C and D are followed.	$\boxtimes$			
Meals are provided when transfers occur during normally schedule meal times.	$\boxtimes$			
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	$\boxtimes$			
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	$\boxtimes$			
ACCEPTABLE □ DEFICIENT □	AT-RISE	ζ		REPEAT FINDING

#### REMARKS:

All detainee transfer issues have been processed by ICE, pursuant to on site ICE Officer.



U.S. Department of Homeland Security 500 12<sup>th</sup> Street, SW Washington, DC 20536

DEC 1 1 2009



MEMORANDUM FOR:

Scott Baniecke

Field Office Director St. Paul Field Office

FROM:

Robert P. Helwig

Assistant Director for Detention and Removal Management

SUBJECT:

Nobles County Jail Annual Review

The annual review of the Nobles County Jail conducted on September 29, 2009 thru October 1, 2009, in Worthington, Minnesota has been received. A final rating of **Acceptable** has been assigned.

The G-324A worksheets provided by the Lead Compliance Inspector (LCI) indicated the facility was deficient with the Access to Medical Care and Key and Lock Control standards. A Plan of Action is required to address these deficiencies.

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

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

Nobles County Jail Annual Review Page 2 of 2

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

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

cc: Official File

ICE:HQDRO:E. Acuna:2-6169:10/29/2008

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