A. Type of Facility Reviewed	Estimated Man-days I	er Year:		
ICE Service Processing Center	310,250			
☐ ICE Contract Detention Facility				
☐ ICE Intergovernmental Service Agreement	G. Accreditation Ce	rtificates		
	List all State or Nation	nal Accreditati	on[s] received	l:
B. Current Inspection	Will file for ACA in	November 20	08	
Type of Inspection	Check box if facil	ity has no accı	reditation[s]	
Field Office HQ Inspection		•		
Date[s] of Facility Review	H. Problems / Comp	laints (Copie	s must be atta	ached)
September 16-18, 2008 (Initial Review)	The Facility is under (			
, , , , , , , , , , , , , , , , , , ,	Court Order		Action Order	
C. Previous/Most Recent Facility Review	The Facility has Signi			
Date[s] of Last Facility Review	☐ Major Litigation		Safety Issues	
N/A	Check if None.	_	j	
Previous Rating				
Superior Good Acceptable Deficient At-Risk	I. Facility History			
	Date Built			
D. Name and Location of Facility	Spring 2008			
Name	Date Last Remodeled	or Ungraded		
Otero County Processing Center	N/A	or opgraded		
Address (Street and Name)	Date New Construction / Bed space Added			
26 McGregor Range Road	N/A			
City, State and Zip Code				
Chaparral, New Mexico, 88081	Future Construction Planned			
County	Yes No Date		(H. 3.T. )	D 1 1 )
Otero	Current Bed space		space (# New )	Beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	1086	Number:	Date:	
b6,b7c Warden				
Telephone # (Include Area Code)	J. Total Facility Po			
<b>575</b> b6,b7c	Total Facility Intake f		months	
Field Office / Sub-Office (List Office with oversight responsibilities)	N/A facility activated			
El Paso, Texas	Total ICE Man-days f		months	
Distance from Field Office	N/A facility activated	l this year.		
23 miles				
	K. Classification Le	evel (ICE SPC	s and CDFs	Only)
E. ICE Information		L-1	L-2	L-3
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	506	227	173

Name of Inspector (Last Name, Title and Duty Station)	
b6,b7c / Reviewer -in-Charge	
Name of Team Member / Title / Duty Location	
b6,b7c / SME for Security	
mber / Title / Duty Location	
b6 / SME for Food Service	
ember / Title / Duty Location	
b6 / SME for Medical	
Member / Title / Duty Location	
b6 / SME for Safety	

F. CDF/IGSA Information C	only	
Contract Number	Date of Contract or IGSA	
DROIGSA-08-0019	June 12, 2008	
Basic Rates per Man-Day		
96.99		
Other Charges: (If None, Indicate N/A)		
Stationary Guard Service \$11.36-\$17.04 per hour		
Transportation @ .505 per mile		

L. Facility Capacity				
	Rated	Operational	Emergency	
Adult Male	1086	1086	1086	
Adult Female	0	0	0	
☐ Facility holds Juveniles Offenders 16 and older as Adults				

0

M. Average Daily Population

Adult Female

	ICE	USMS	Other
Adult Male	826	0	0
Adult Female	0	0	0

N.	Facility Staffing Level		
		ort:	
	b2High		

0

0

### **Significant Incident Summary Worksheet**

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	-	-	Physical	-
Offenders on Offenders <sup>1</sup>	With Weapon	-	-	0	-
	Without Weapon	-	-	16	-
Assault:	Types (Sexual Physical, etc.)	-	-	Physical	-
Detainee on Staff	With Weapon	-	-	0	-
	Without Weapon	-	-	2	-
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		-	-	1	-
Disturbances <sup>4</sup>		-	-	0	-
Number of Times Chemical Agents Used		-	-	2	-
Number of Times Special Reaction Team Deployed/Used		-	-	0	-
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	-	-	0	-
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	-	-	0	-
Offender / Detainee Medical Referrals as a result of injuries sustained.		-	-	0	-
Escapes	Attempted	-	-	0	-
	Actual	-	-	0	-
Grievances:	# Received	-	-	227	-
	# Resolved in favor of Offender/Detainee	-	-	0	-
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	-	-	0	-
	Number	-	-	0	-
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	-	-	10	-
	# Psychiatric Cases referred for Outside Care	-	-	0	-

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

FOR OFFICIAL USE MENT SENSITIVE)

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

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

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

	TCE Detention Standards Review Summary Report cceptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable	
	Access Standards	1. 2. 3. 4. 5.
1.	Access to Legal Materials	
2.	Group Presentations on Legal Rights	
3.	Visitation	
4.	Telephone Access	
	nee Services	
5.	Admission and Release	
6.	Classification System	
7.	Correspondence and Other Mail	
8.	Detainee Handbook	
9.	Food Service	
10.	Funds and Personal Property	
11.	Detainee Grievance Procedures	
<b>12.</b>	Issuance and Exchange of Clothing, Bedding, and Towels	
<b>13.</b>	Marriage Requests	
14.	Non-Medical Emergency Escorted Trip	
<b>15.</b>	Recreation	
16.	Religious Practices	
17.	Voluntary Work Program	
	th Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
	rity and Control	
22.	Contraband	
23.	<b>Detention Files</b>	
24.	Disciplinary Policy	
25.	Emergency Plans	
26.	Environmental Health and Safety	
27.	Hold Rooms in Detention Facilities	
28.	Key and Lock Control	
29.	Population Counts	
30.	Post Orders	
31.	Security Inspections	
32.	Special Management Units (Administrative Segregation)	
33.	Special Management Units (Disciplinary Segregation)	
34.	Tool Control	
35.	Transportation (Land management)	
<b>36.</b>	Use of Force	
	C 00 / D . 1 C 1 . 1 . ( ) 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3	
37. 38.	Staff / Detainee Communication (Added August 2003) Detainee Transfer (Added September 2004)	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

RIC R	eview	Assurance	Statemen
KIU K	eview	Assurance	Statemei

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

Signature
Date
September 18, 2008
Print Name, Title, & Duty Location
SME for Food Service
Print Name, Title, & Duty Location
b6 SME for Safety
5

Comments: This is the initial review for Otero County. Data only exists for one quarter.

## **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 Review Worksheet**

Local Jan - 105A	· · · · · · · · · · · · · · · · · · ·
State Facility – IGSA	
☐ ICE Contract Detention Facility	
Name	
Otero County Processing Center	
Address (Street and Name)	
26 McGregor Range Road	
City, State and Zip Code	
Chaparral, New Mexico, 88081	
County	
Otero	
Name and Title of Chief Executive Officer (Ward	len/OIC/Superintendent)
bö,b7c Warden	
Name and Title of Reviewer-In-Charge	
p6,b7c	
Date[s] of Review	
September 16-18, 2008	
Type of Review	
5—Ž	Assessment Other

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TOOL CONTROL
TRANSPORTATION (LAND)
Use of Force
STAFF/DETAINEE COMMUNICATIONS
DETAINE TO ANGEED STANDARD

NOTE: For each standard rated below Acceptable, facilities must attach a Plan of Action for bringing operations into compliance. Each facility should examine the entire worksheet to identify areas of improvement, including those standards where an overall finding of acceptable was achieved.

## **SECTION I 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 OPPOR					
COMPONENTS	Y	N	NA	REMARKS	
The facility provides a designated law library for detainee use.	Ø		T T	INDIARORS .	
The law library contains all materials listed in the "Access to Legal	<u> </u>	<del>                                     </del>	<del>                                     </del>	Legal materials are maintained	
Materials" Standard, Attachment A. The listing of materials is posted in				on the computer based	
the law library.		"	لنسا	LexisNexis systems.	
The library contains a sufficient number of chairs, is well lit, and is	<del> </del>		<del> </del>	Lexisivexis systems.	
reasonably isolated from noisy areas.					
The law library is adequately equipped with typewriters and/or			<del> </del>	The law library is well supplied	
computers, and has sufficient supplies for daily use by the detainees.	$\boxtimes$			and equipped with four	
computers, and has sufficient supplies for daily use by the detaillees.			-	computers and a printer.	
To addition to the above of low library detained have account the Levy	<del> </del>		<del></del>	computers and a printer.	
In addition to the physical law library, detainees have access to the Lexus					
Nexus electronic law library.  Where provided, the Lexus Nexus library is updated and is current.	<del> </del>	- :	<del> </del>	The Levis Newig greaters is	
where provided, the Lexus Nexus horary is updated and is current.				The LexisNexis system is updated by ICE officials	
				quarterly when updates are	
				available.	
Outside persons and organizations are permitted to submit published legal				avanable.	
material for inclusion in the legal library. Outside published material is	$\boxtimes$	П			
forwarded and reviewed by ICE prior to inclusion.			-		
There is a designated ICE or facility employee who inspects, updates, and				The facility has assigned Officer	
maintains/replaces legal materials and equipment on a routine basis.		П		be, b7c to maintain and inspect	
manitams/replaces legal materials and equipment on a routine basis.		ш.		the law library.	
Detainees are offered a minimum 5 hours per week in the law library.				Detainees submit requests for	
Detainees are not required to forego recreation time in lieu of library	1		ì	time in the law library.	
usage. Detainees facing a court deadline are given priority use of the law		П		Detainees are allowed the time	
library.			''	necessary to complete their legal	
mnay.		•	]	work.	
Detainees may request materials not currently in the law library. Each					
request is reviewed and, where appropriate, an acquisition request is	L				
timely initiated. Requests for copies of court decisions are					
accommodated within 3 – 5 business days.	1				
Detainees are permitted to assist other detainees, voluntarily and free of				Detainees are permitted to assist	
charge, in researching and preparing legal documents, consistent with		П	. 🖂	other detainees with their legal	
security.			-	work.	
Illiterate or non-English-speaking detainees without legal representation				Illiterate or non-English-	
receive access to more than just English-language law books after			П	speaking detainees may request	
indicating their need for help.				assistance from the staff.	
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.					
Detainees housed in Administrative Detention and Disciplinary			-	Administrative Detention and	
Segregation units have the same law library access as the general			,	Disciplinary Segregation units	
population, barring security concerns. Detainees denied access to legal				have the same law library access	
materials are documented and reviewed routinely for lifting of sanctions.				as general population units.	
All denials of access to the law library fully documented.	X				
Facility staff informs ICE Management when a detainee or group of				<del></del>	
detainees is denied access to the law library or law materials.		니			

ACCESS TO LEGAL I  POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPOR	ACCESS	TO A LAW		
COMPONENTS	Y	N	NA	REMARKS
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.				There is no evidence of reprisals, retaliation, or penalties toward detainees who seek judicial relief.
ACCEPTABLE DEFICIENT	AT-RIS	K		REPEAT FINDING

Policy MTC 5.3.2 entitled "Library Services (Law Library)" dated June 1, 2008, comprehensively addresses access to legal materials. Legal materials are maintained on the computer based LexisNexis systems. The law library is well supplied and equipped with four computers and a printer. Detainees submit requests for time in the law library. Detainees are allowed the time necessary to complete their legal work. There is no evidence of reprisals, retaliation, or penalties towards detainees who seek judicial relief.

/ September 18, 2008
AUDITOR'S SIGNATURE / DATE





ADMISSION ANI	RELEA	SE		
<b>POLICY:</b> ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MAN ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDIC PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WINECESSARY.	AL SCREE	NING; A FI BE INVENT	LE-BASED FORIED, DO	ASSESSMENT AND CLASSIFICATION CUMENTED, AND SAFEGUARDED AS
COMPONENTS	Y	N	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				Detainees view a video upon in- processing which provides critical information regarding the facility operations and programs. The detainee handbook is also issued at this orientation. The Detainee Handbook is in both English and Spanish.
Medical screenings are performed by medical staff or persons who have received specialized training for the purpose of conducting an initial health screening.	X			Medical screenings are conducted by medical staff.
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.	×			
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	⊠			Detainees are not strip-searched. Strip-searches are considered only when cause has been established.
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.				Property is inventoried and secured. Receipts for personal items and valuables are issued and signed for by the detainees
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	N.			Detainees are issued appropriate

these items.

the climatic conditions.

The facility provides and replenishes personal hygiene items as needed.

Gender-specific items are available. ICE Detainees are not charged for

All releases are properly coordinated with ICE using a Form I-203.

Staff completes paperwork/forms for release as required.

ACCEPTABLE

Policy MTC 2.1.10, entitled "Detainee Admission and Reception," dated June 1, 2008, provides guidance with admission and release procedures. Detainees view a video upon in-processing which provides critical information regarding the facility operations and programs. The detainee handbook is also issued at this orientation. Detainees are strip-searched only when cause has been established. Property is inventoried and secured and receipts are issued and signed for by the detainees.

 $\boxtimes$ 

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Ø

AT-RISK

clothing and bedding.

hygiene items.

REPEAT FINDING

Detainees are issued personal

/ September 18, 2008 AUDITOR'S SIGNATURE / DATE



DEFICIENT

CLASSIFICATION SYSTEM  POLICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE						
CLASSIFICATION SYSTEM WILL ENSURE TH DETAINEES IN OTHER CATEGORIES	AT EACH DETAINEE IS PLACED	IN THE A	PPROPRIAT	E CATEGO	RY, PHYSICALLY SEPARATED FROM	
COMPONENTS	S A A A A A A A A A A A A A A A A A A A	Y	N	NA	REMARKS	
The facility has a system for classifying de an Objective Classification System or sim	tainees. In CDFs and IGSAs, uilar is used.	×			Detainees are classified using the ICE classification system.	
The facility classification system includes	al; ulation those individuals who ; and nated classification specialist	×		<b>□</b> .	The classification system includes appropriate information.	
The intake/processing officer reviews will identify and classify each new arrival.		×			Intake officers review appropriate information to identify and classify detainees.	
Staff uses only information that is factual classification assignments. Opinions and use reports may be filed but are not used to see	unsubstantiated/unconfirmed ore detainees classifications.				Only factual and reliable information is used to determine classification assignments.	
Housing assignments are based on classifi		$\square$				
A detainee's classification-level does no opportunities. Detainees recreate with per designations.		×				
Detainee work assignments are based upor	n classification designations.	X				
The classification process includes reasses IGSA's, detainees may request reassessme	essment/reclassification. At ent 60 days after arrival.	×			Reclassification is considered after 60 days.	
Procedures exist for a detainee to appeal the Only a designated supervisor or classification reduce a classification-level on appeal.	on specialist has the authority	×			Procedures exist to appeal classification designations.	
Classification appeals are resolved with detainees are notified of the outcome with		×				
Classification designations may be appeale as the Warden or equivalent.		×				
The Detainee Handbook or equivalent classification levels, with the conditions at each.			×		The current detainee handbook does not explain the classification process. However, a new detainee handbook has been created which addresses this issue. It will be issued once it has been approved.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

Policy # MTC 2.1.13, entitled "Detainee Classification and Separation," dated June 1, 2008, provides guidance regarding classification and separation of detainees. The facility classifies the population and separates them according to a classification and housing management plan. Detainees are classified using the ICE classification system. Reclassification is considered after 60 days. The current detainee handbook does not explain the classification process; however, a new detainee handbook has been created and will be issued once it has been approved.

b6 b7c / September 18, 2008



#### 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. COMPONENTS. YES No NA REMARKS The rules for correspondence and other mail are posted in each housing The rules for correspondence or common area, or provided to each detainee via a detainee handbook. X П. are contained in the detainee handbook. The facility provides key information in languages other than English; In Key information is provided to $\boxtimes$ П the language(s) spoken by significant numbers of detainees. List any detainees in Spanish or other significant languages. exceptions. Incoming mail is distributed to detainees within 24 hours or 1 business Incoming mail is distributed to $\boxtimes$ detainees usually within 24 day after it is received and inspected. hours. Outgoing mail is delivered to the postal service within one business day Outgoing mail is delivered to X П of its entering the internal mail system (excluding weekends and the postal service within one business day. Staff does not open and inspect incoming general correspondence and Incoming correspondence is opened by staff and examined other mail (including packages and publications) without the detainee X П present unless documented and authorized in writing by the Warden or for cash, checks, money orders equivalent for prevailing security reasons. or contraband per facility policy. Staff does not read incoming general correspondence without the Facility policy allows staff to Warden's prior written approval. randomly read incoming general X П П correspondence under certain criteria. Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the X detainee present. Staff is prohibited from reading or copying incoming special X П correspondence. Staff is only authorized to inspect outgoing correspondence or other mail Outgoing correspondence is without the detainee present when there is reason to believe the item opened by staff and examined 冈 П П might present a threat to the facility's secure or orderly operation, for contraband per facility endanger the recipient or the public, or might facilitate criminal activity. policy. Correspondence to a politician or to the media is processed as special X П П correspondence and is not read or copied. The official authorizing the rejection of incoming mail sends written Notifications are sent to the notice to the sender and the addressee. $\boxtimes$ detainee and the sender when mail is rejected. The official authorizing censorship or rejection of outgoing mail provides X the detainee with signed written notice. Staff maintains a written record of every item removed from detainee 冈 П П The Warden or equivalent monitors staff handling of discovered X contraband and its disposition. Records are accurate and up to date. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and X

investigated. Standard procedure includes issuing a receipt to the

detainee.

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 GUI	DELINES CO	ONCERNI	NG CORRE	SPONDENCE AND OTHER MAIL.		
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	×					
Staff provides the detainee a copy of his/her identity document(s) upon request.				Upon request, staff provides detainees with a copy of his/her identity documents.		
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.						
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.	×			Indigent detainees are provided the opportunity and materials to mail 3 one ounce letters a week.		
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.				Detainees can purchase 25 stamps per week.		
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	×			Writing paper, envelopes, and pencils are provided at no cost to detainees weekly upon request.		
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

Policy # MTC 5.2.2, entitled "Correspondence and Other Mail" dated June 1, 2008, provides procedures for mail delivery, postage, legal correspondence, and non-privileged correspondence at the facility. The rules for correspondence are contained in the detainee handbook and on an orientation video. Key information is provided to detainees in Spanish or other significant languages. Detainees send and receive mail in a timely manner. Notifications are sent to the detainee and the sender when mail is rejected.



POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBO	(2) 特权方案与利。		OVERVIE	W OF, AND GUIDE TO, THE DETENTION
POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE I OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACI	E FACILITY			
COMPONENTS	Y	N	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).	×			The detainee handbook is written in both English and Spanish.
The handbook is supplemented by the facility orientation video, where one is provided.	×			The facility does have an orientation video available.
All staff members receive a handbook and training regarding the handbook contents.				The training officer confirmed that all staff does receive training regarding the contents of the detainee handbook.
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	×			The handbook is revised as necessary.
There an annual review of the handbook by a designated committee or staff member.				There will be an annual review of all policies and procedures; however, at this time the facility has only been operating for three months.
<ul> <li>The detainee handbook addresses the following issues:</li> <li>Personal Items permitted to be retained by the detainee; and</li> <li>Initial issue of clothes, bedding and personal hygiene items.</li> </ul>				Personal items permitted to be retained and initial issue of clothing are described on pages 5 & 6 of the handbook.
The detainee handbook states in clear language the basic detainee responsibilities.				Detainee responsibilities are outlined on page five of the handbook.
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.		×		Classification and the classification appeals process is addressed on page seven of the new handbook. The new version of the handbook has not been published and issued to the detainee population.
The handbook states when a medical examination will be conducted.	×			Medical examination procedures are found on pages 9 - 11 of the handbook.
The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.	×			All areas are addressed in various parts of the detainee handbook.
The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices.				All areas of the component are adequately addressed in various locations within the handbook.
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	×			Disposable razor distribution policy is outlined on page seven of the handbook.
The handbook describes barber hours and hair cutting restrictions.	X			Barbering services are described

DETAINEE HANDBOOK  POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.						
COMPONENTS	Y	N _	NA	REMARKS		
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	×			Telephone policy and debit procedures are outlined on pages 13 & 14 of the handbook.		
The handbook addresses religious programming.	×			Religious programming information is described on page 14 of the handbook.		
The handbook states times and procedures for commissary or vending machine usage, where available.				Commissary procedures are outlined on page 14 of the handbook.		
The handbook describes the detainee voluntary work program.				Voluntary work program information is found on page 15 of the handbook.		
The handbook describes the library location and hours of operation, and law library procedures and schedules.				Library and law library procedures are described on page 15 of the handbook. Law library schedules are posted in the housing units.		
The handbook describes attorney and regular visitation hours, policies, and procedures.	X			Regular visitation policy and procedures are found on page 16 of the detainee handbook.		
The handbook describes the facility contraband policy.				Contraband policy is described on pages 27 & 28 of the handbook.		
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.				Visitation hours and schedules are published on page 16 of the handbook.		
The handbook describes the correspondence policy and procedures.	×			Correspondence information is included on page 18 of the handbook.		
The handbook describes the detainee disciplinary policy and procedures, including:  • Prohibited acts and severity scale sanctions;  • Time limits in the Disciplinary Process; and  • Summary of the Disciplinary Process.				Detainee disciplinary policies and procedures are described on pages 18 - 24 of the handbook.		
<ul> <li>The grievance section of the handbook explains all steps in the grievance process – Including: <ul> <li>Informal (if used) and formal grievance procedures;</li> <li>The appeals process;</li> <li>In CDF facilities: procedures for filing an appeal of a grievance with ICE.</li> <li>Staff/detainee availability to help during the grievance process.</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul> </li></ul>	⊠			All areas of the component are adequately addressed on page 25 of the detainee handbook.		

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE						
WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACI						
COMPONENTS	Y	N	NA	REMARKS		
The detainee handbook describes the medical sick call procedures for general population and segregation.	×			Sick call procedures for general population and segregation detainces are outlined on page nine of the handbook.		
The handbook describes the facility recreation policy including:  Outdoor recreation hours.  Indoor recreation hours.				Indoor and outdoor recreation regulations are described on pages 25 & 26 of the handbook.		
The handbook describes the detainee dress code for daily living; and work assignments.	$\boxtimes$			Dress code issues are adequately addressed on page 26 of the handbook.		
The handbook specifies the rights and responsibilities of all detainees.				Detainee rights and responsibilities are outlined on page two of the handbook.		
ACCEPTABLE DEFICIENT						

All areas of the detainee handbook were thoroughly reviewed for compliance with published ICE standards. A new version of the detainee handbook was recently developed to include additional information pertinent to detainee programs. The new updated version has not been disseminated to the detainee population.



FOOD SERVICE							
POLICY: EVERY FACILITY WILL PROVIDE DETAINERS IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.							
COMPONENTS	Y	N	NA	REMARKS			
The food service program is under the direct supervision of a professionally trained and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	⊠			The food service director has 11 years of food service experience with the Army. He is also servsafe trained and has a food handler card with the state of New Mexico.			
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.	$\boxtimes$						
The FSA provides food service employees with training that specifically addresses detainee-related issues.  • In ICE Facilities this includes a review of the ICE "Food Service" standard	×						
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	$\boxtimes$			Only the food service supervisor has the key to the knife cabinet.			
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	☒	, 🔲	Ö				
When necessary, special procedures govern the handling of food items that pose a security threat.	×			The facility has dry yeast which is maintained inside the housing control room.			
Operating procedures include daily searches (shakedowns) of detainee work areas.	×			Detention officers conduct shakedowns of detainees. Food service staff and detention officers shakedown all work areas.			
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.	×			Detention officers and food service staff conduct the population count in food service. However, the food service staff was not trained in count procedures, according to the food service director.			
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	$\boxtimes$						
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.							
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$						
During orientation and training session(s), the CS explains and demonstrates:  • Safe work practices and methods;  • Safety features of individual products/pieces of equipment; and  • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.	×						

FOOD SERVICE						
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NU	TRITIOUS	AND APPET	IZING MEA	LS, PREPARED IN ACCORDANCE WITH		
THE HIGHEST SANITARY STANDARDS.  COMPONENTS	<u> </u>	N	NA	REMARKS		
The Cook Supervisor documents all training in individual detainee			INA	REMARKS		
detention files.				<u> </u>		
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.	$\boxtimes$			Food service has approximately 12-15 detainees assigned to work food service and they receive \$1.00 per day. The food service quota of detainee workers needs to be increased to enhance the overall sanitation.		
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	⊠			B-5:00 a.m. L-11:45 a.m. and D-4:00 p.m. Therefore, no more than 14 hours elapses between the last meal served and first meal of the following day.		
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			×	Food service has cafeteria style operations. However, it has a blind window feeding program (just a small window where food trays are passed to the detainees).		
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	$\boxtimes$			Food service has a 42 day master cycle menu.		
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	×			Food service has a diverse menu, i.e. hot dogs, chili mac, tuna salad, cold cuts, chicken, taco meat, and turkey slices etc.		
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.		×		No complete nutritional analysis was available for review on the 42 day master cycle menus or common fare menu.		
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	×					
<ul> <li>The Cook Foreman has the authority to change menu items if necessary.</li> <li>If yes, documenting each substitution, along with its justification</li> <li>With copy to FSA</li> </ul>	×					
All staff and volunteers know and adhere to written "food preparation" procedures.	$\boxtimes$					
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	$\boxtimes$					

KOOD SER	VICE			
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NU	TRITIOUS	AND APPET	IZING MEA	LS, PREPARED IN ACCORDANCE WITH
THE HIGHEST SANITARY STANDARDS.	Y	l N	NYA	Parameter Control
A common-fare menu available to detainees whose dietary requirements cannot be met on the main line.  Changes to the planned common-fare menu can be made at the facility level;  Hot entrees are offered three times a week;  The common-fare menus satisfy nutritional recommended daily allowances (RDAs);  Staff routinely provide hot water for instant beverages and foods;  Common-fare meals are served with:  Disposable plates and utensils.  Reusable plates and utensils.  Staff use separate cutting boards, knives, spoons, scoops, etc.,		N S	NA .	REMARKS  The facility does have a Common Fare menu. However, approximately 30-50% of the food items were not kosher. Therefore, the current program is not meeting the detainees' religious dietary requirements as required. The food service director needs to develop policy and procedures to address religious diets.
to prepare the common-fare diet items.  A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.				The facility does have a Common Fare menu. However, approximately 30-50% of the food items were not kosher. Therefore, the current program is not meeting the detainees' religious dietary requirements as required. The food service director needs to develop policy and procedures to address religious diets.
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.				A schedule of religious ceremonial meals is not provided to the food service director prior to the beginning of the calendar year.
<ul> <li>The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> <li>Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for-Passover meals as those who do participate.</li> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>				The facility does have a Common Fare menu. However, approximately 30-50% of the food items were not kosher. Therefore, the current program is not meeting the detainees' religious dietary requirements as required. The food service director needs to develop policy and procedures to address religious diets.

FOOD SERVICE					
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH M	JTRITIOUS.	AND APPE	TIZING MEA	ALS, PREPARED IN ACCORDANCE WITH	
THE HIGHEST SANITARY STANDARDS.  COMPONENTS	Y	N	NA	REMARKS	
The food service program addresses medical diets.		⊠		Currently, food service is not providing any medical diets to anyone within the facility. Food service is required to provide all medical diets as ordered by the medical department according to MTC Policy Number 4.1.6, Special Diets. Food service does not have a proper medical diet menu to address any special medical diets.	
Satellite-feeding programs follow guidelines for proper sanitation.				The satellite-feeding program is not following proper sanitation guidelines. Several sanitation	
				issues were identified during the review. The following items need additional attention:	
				storage carts, food tray racks, cooler and freezer floors; dish machines need to be de-limed;	
				food steamer, hot serving line food wells need to be de-limed; and dining room floor and tables need cleaning. The food service	
				director did take some corrective action to correct some of the sanitation issues identified	
				during the review. It was noted that instead of detainees wearing proper safety shoes or rubber	
				boots, most of the food service workers were observed wearing tennis shoes while working in	
		-		the kitchen. This is a high risk area for potential injuries and slip hazards. The pot and pan	
				manual three-compartment sinks were not properly labeled.  None of the food service staff,	
				except for the food service director, has a New Mexico Food Handlers Card as required by MTC Policy Number 4.1.1, Food Service Management.	
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.	$\boxtimes$				

FOOD SERVICE						
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTHE HIGHEST SANITARY STANDARDS.	TRITIOUS	AND APPET	TIZING MEA	LS, PREPARED IN ACCORDANCE WITH		
COMPONENTS	Y	N	NA	REMARKS		
<ul> <li>The food service staff instructs detained volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food; and</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>	×					
Everyone working in the food service department complies with food safety and sanitation requirements.	×					
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment.  • Who conducts the inspections?		×		The food service director or his assistant is not conducting a weekly sanitation inspection.  Therefore, he is not able to provide sufficient information on deficiencies to enable the development of a corrective action plan to eliminate problem areas.		
Equipment is inspected for compliance with health and safety codes and regulations.  • When was the most recent inspection?  • Which agency conducted the inspection?			×	New Mexico Environmental Health Department Division has not come out to inspect food service as of yet. The facility started receiving ICE detainees in June of 2008. The facility is brand new and has been open for approximately 6 months.		
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	X					
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	Ø					
Staff documents the results of every refrigerator/freezer temperature check.	×					
The cleaning schedule for each food service area is conspicuously posted.	×		. 🗆			
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-RIS	SK		REPEAT FINDING		

A registered dietitian has not conducted a complete nutritional analysis of every master-cycle menu planned or common fare menu.

A proper Common Fare Program is not available to detainees whose religious dietary requirements cannot be met on the mainline as well as to accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Food Service does not have policy and procedures in place for religious dietary requirements.

A schedule of religious ceremonial meals is not provided to the food service director prior to the beginning of the calendar year.

The food service program is not addressing or providing any medical diets as required.

The satellite-feeding program is not following proper sanitation guidelines.

The weekly sanitation inspections of all food service areas and equipment are not being conducted as required.





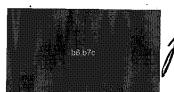
FUNDS AND PERSONA	L PROPI	CRTY		
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SPROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARI OTHER PROPERTY:	AND OTHE	er persoi	NAL PROI	PERTY; THE DOCUMENTATION AND
STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAIN BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CON				
COMPONENTS	YES	No	NA	REMARKS
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).	×			Detainee funds and valuables are separated, verified, and processed by intake staff at the time of admission. Funds are counted and all relevant information (offender name, number, and the amount of funds collected) is recorded.
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.				The facility limits large valuables which are secured in the property room.
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 was not itemizing all baggage, backpacks, and other bags as required. This was corrected during the review.
Staff forwards an arriving detainee's medication to the medical staff.	⊠			Medications confiscated or surrendered during the intake process are reviewed by medical staff. Prescriptions deemed necessary are forwarded to the detainees or filled and dispensed by the facility's medical staff.
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.				The facility just started to receive detainees on June 23, 2008.
Two officers are present during the processing of detainee funds and valuables during in-processing to the facility. Both officers verify funds and valuables.	Ø			
Staff searches arriving detainees and their personal property for contraband.	☒			Staff searches arriving detainees and their personal property for contraband.
Staff procedures follow written policy for returning forgotten property to detainees.		☒		MTC Policy Number 2.1.11, Detainee Funds and Personal Property, does not address proper procedures in returning forgotten property to detainees.
Property discrepancies are immediately reported to the CDEO or Chief of Security.				The procedure is addressed in MTC Policy Number 2.1.11, Detainee Funds and Personal

# FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07

FUNDS AND PERSONA	<b>LL PROPI</b>	ERTY		
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULAR OTHER PROPERTY.  STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAIL BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CON	AND OTHE LY SCHEDU NEE FUNDS	R PERSO AED INVI	NAL PROI ENTORYD BLES AN	PERTY; THE DOCUMENTATION AND NG OF ALL FUNDS, VALUABLES, AND DPROPERTY ARE HANDLED ONLY
Staff follows written procedures when returning property to detainees.		⊠		MTC Policy Number 2.1.11, Detainee Funds and Personal Property, does not address or provide proper procedures for returning property to detainees.
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.				MTC Policy Number 2.1.11, Detainee Funds and Personal Property, does address proper procedures for handling property claims.
The facility attempts to notify an out-processed detainee that he/she left property in the facility:  • By sending written notice to the detainee's last known address;  • Via certified mail; and  • The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.		×		MTC Policy Number 2.1.11, Detainee Funds and Personal Property, does not address or provide proper procedures for returning property to detainees.
The facility disposes of abandoned property in accordance with written procedures.  • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.	×			Policy Number 2.1.11 required that any detainee's abandoned property shall be reported to and turned over to ICE.
ACCEPTABLE DEFICIENT	AT-RISE	ζ.		REPEAT FINDING

The facility provides for the control and safeguarding of detainees' personal property through the secure storage of funds, valuables, baggage, and other personal property. Procedures for the documentation and receipt of surrendered property and the initial and regularly scheduled inventory of all funds, valuables, and other property are in place. However, Policy Number, 2.1.11, Detainee Funds and Personal Property, does not address or provide proper procedures for returning forgotten property or returning property to detainee's last known address.

AUDITOR'S SIGNATURE / DATE



for

### 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.

OF A GRIEVANCE WILL NOT BE TOLERATED.		A		
COMPONENTS	Y	N	NA	REMARKS
Written procedures provide for the informal resolution of oral grievances (Not mandatory).  • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.				Local policy 6.2.1 "Grievance Procedures" provides a five day time frame for a detainee to make his/her concern known to a staff member.
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.				Detainees may seek the assistance of another detainee or staff member in the preparation of their grievances.
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				Emergency grievance procedures are included as part of the overall lesson plan for grievance procedures.
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:  • If yes, explain.		$\boxtimes$		
<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>	×			The designated grievance lieutenant maintains an acceptable recordkeeping system. The recordkeeping system is documented using paper and electronic means.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	×			Local policy 6.2.1, paragraph 7, includes information that grievances pertaining to officer misconduct be forwarded to ICE.
ACCEPTABLE DEFICIENT	AT-RIS	K		REPEAT FINDING

### REMARKS:

All areas pertaining to grievance procedures were thoroughly reviewed for content and compliance with published ICE standards. There were no areas of concern noted.

September 18, 2008
AUDITOR'S SIGNATURE / DATE



POLICY: FACILITIES HOUSING ICE DETAINS THE PURPOSE OF INFORMING THEM OF U.S. I OF EACH FACILITY, ICE ENCOURAGES SUCH RIGHTS AND OPTIONS WITHIN IT.  CHECK HERE IF NO GROUP PRESENTA	IMMIGRATION LAW AND PROCEE H PRESENTATIONS, WHICH INST	OURES, CON IRUCT DETA	NSISTENTA AINEES AI	WITH THE BOUT TH	SECURITY AND ORDERLY OPERATION E IMMIGRATION SYSTEM AND THEIR
OVERALL AND CONTINUE ON WITH NEXT		l <b>iuv</b> loge.	A31 12 W	WINDS.	WIAKA SI ANDAKD AS ACCEPTABLE
COMPONENT	A STATE OF THE STA	YES	No	NA	REMARKS
The Field Office is responsive to requests representatives for group presentations.		×			
Upon receipt of concurrence by the Field Cauthorized ICE Field Office ensures time attorneys or accredited representatives.	ly and proper notification to				
The facility follows policy and procedure modifications to objectionable material p attorney or accredited representative.	provided or presented by the	×			
Posters announcing presentations appear hours in advance and sign-up sheets are av	in common areas at least 48 ailable and accessible.	Ø		Ģ	
Documentation is submitted and maintained permission to attend a presentation and the		×			
When the number of detainees allowed to at the facility provides a sufficient number detainees signed up may attend.					Detainees are required to participate in the "To Know Your Legal Rights" presentation.
Detainees in segregation, unable to atten request separate sessions with presenters. S		×			
Interpreters are admitted when necessary legal representatives.	to assist attorneys and other	×			
Presenters are afforded a minimum of one hand to conduct a question-and-answer sessi					
Staff permits presenters to distribute ICE-a		$\boxtimes$			
Presenters are permitted to meet with small their cases after the group presentation. ICE is present but do not monitor conversations	or authorized detention staff with legal providers.				
Group presenters who have had their privile writing by the Field Office Director or de suspension are documented. The Headquar Removal, Field Operations and Detention notified when a group or individual in presentations.	esignee; and the reasons for ters Office for Detention and n management Division, is				
The facility plays ICE-approved videotaped at regular opportunities, at the request of ou	presentations on legal rights atside organizations.	×			
A copy of the Group Legal Rights Preattachments, is available to detainees upon	esentation policy, including	×			
<b>◯</b> ACCEPTABLE	DEFICIENT	AT-RISK	ζ		REPEAT FINDING

The Diocesan Migrant and Refugee Services Inc. provide a "To Know Your Legal Rights" presentation. Every detainee is required to attend this presentation.



POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DÉTAINÉES PRO ICE DÉTAINÉE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE I 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.	×			Policy 4.2.1 "Laundry Services" provides procedures for the regular issuance and exchange of clothing, bedding, and linens.
All new detainees are issued clean, temperature-appropriate, presentable				
<ul> <li>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>	⊠			All detainees are issued the appropriate amount of clean, presentable clothing during inprocessing.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	☒			Additional clothing is available for changing weather conditions.
New detainees are issued clean bedding, linens, and towels. They receive at a minimum:  One mattress;				Tot shanging mounts continues.
<ul><li>One blanket;</li><li>Two sheets;</li><li>One pillowcase;</li></ul>	⊠			Detainees are issued the appropriate amount of bedding, linens, and towels.
<ul> <li>One towel; and</li> <li>Additional blankets are issued based on local weather conditions.</li> </ul>				
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	×			Detainees are provided additional clothing as dictated by job assignment.
Detainees are provided clean clothing, linen and towels.  Socks and undergarments - exchanged daily.  Outer garments - twice weekly.  Sheets - weekly.  Towels - weekly.  Pillowcases - weekly.	⊠			Clothing exchanges are provided to meet or exceed the minimum standards.
Food service detainee volunteer workers are permitted to exchange outer garments daily.	☒			Food service workers are permitted to exchange outer garments daily.
Volunteer detainee workers are permitted to exchange outer garments more frequently.	×			Outer garments are exchanged at least twice weekly.
ACCEPTABLE DEFICIENT	AT-RISE	ζ .	I	REPEAT FINDING

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

### REMARKS:

All areas pertaining to the issuance of clothing, bedding, and towels was thoroughly reviewed for compliance with ICE standards. It was noted that chemical control and inventory procedures in the laundry were excellent during the review process. There were no areas of concern noted.



MARRIAGE REQUESTS							
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.							
COMPONENTS	Y	N	NA	REMARKS			
The Field Office considers detainee marriage requests on a case-by-case basis.				Any marriage request will be forward to ICE local field office 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 facility has only had a couple of requests in the past three months since opening up in June 2008. Any ICE detainee request will be forward to ICE field office.			
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	· 🛛						
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.				Denials of requests for marriage are handled by the ICE field office.			
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.	×						
ACCEPTABLE ☐ DEFICIENT ☐	AT-RISE	ζ		REPEAT FINDING			

Marriage requests from ICE detainees are submitted directly to ICE to receive case-by-case consideration from the ICE field office. The facility has only had a couple of requests since receiving ICE detainees on June 23, 2008.

/ September 18, 2008
AUDITOR'S SIGNATURE / DATE





Conduct themselves in a manner that does not bring discredit to the ICE; Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return.  Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.  MTC, Operational Policies and Procedures No. 1.2.2, Subject-Detainee Transportation, requires staff to instruct the detainee about the rules of conduct during the escorted trip.  ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING	NON-MEDICAL EMERGENCY ESCORTED TRIPS							
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Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.    Acceptable   Deficient   At-Risk   Repeat Finding	• Know they are subject to search, t	rrinalysis, breathalyzer, or				conduct during and observed arp.		
detainee who violates trip rules.  ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING								
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING		return to the facility of any		· 🗂 📗				
	detainee who violates trip rules.			النيات				
	M ACCEPTABLE	DEFICIENT	AT-RISK REPEAT FINDING					
Remarks:	ACCEPTABLE					CIEAT THUMG		

Discussions with the warden and ICE personnel provided verification that facility staff performs escorts of this type.



RECREATI				
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROPOSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROT				
COMPONENTS	Y	N	NA.	REMARKS
The facility has a recreation program and facility.				<u> </u>
A recreational specialist (for facilities with more than 350 detainees) tailor				The facility has a recreation
the program activities and offerings to the detainee population.	s   🖾			supervisor and a specialist.
Regular maintenance keeps recreational facilities and equipment in good	i			The facility has limited
condition.				recreation equipment, i.e. pull- up bars, volleyball, handball and basketball courts.
The recreational specialist or trained equivalent supervises detained recreation workers.				Currently, no detainees are assigned to the recreation department.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.				
Dayrooms offer sedentary activities, e.g., board games, cards, television.				The facility offers board games,
				cards, and TV on a daily basis.
Outside activities are restricted to limited-contact sports.				Outside recreation activities are restricted to limited contact sports such as basketball and volleyball.
Each detainee has the opportunity to participate in daily recreation.				
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.				Detainees have access to outside recreation activities for one hour daily, seven days per week.
Staff checks all items for damage and condition when equipment is returned.				
Staff conducts searches of recreation areas before and after use.	×	Π.		All recreation areas are searched prior to opening and closing.
All recreation areas under constant staff supervision.	$\boxtimes$			
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 have access to outside recreation activities for one hour daily, seven days 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.	X			
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.			$\boxtimes$	Volunteers are not utilized in the recreation program.
Visitors, relatives or friends are not allowed to serve as volunteers.	<b>+</b> 🗖			recreation program.
If outdoor recreation is offered, check this box. No further information		required	when o	atdoor repression is offered
If the facility has no outside recreation, are detainees considered for	nation is	l equil cu	WHEH	ituooi teeteakon is onereu.
transfer after six months?  • If yes, written procedures ensure timely review of all eligible detainees.				
Case officers make written transfer recommendations about every sixmonth detainee to the OIC.				
The OIC documents all detainee-transfer decisions, whether yes or no.				
The detainee's written decision for or against an offered transfer				
documented in his/her A-file.				
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.				

RECREATI	ON		4800			
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINERS, TO THE EXTENT						
POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTI	ECT THEIR	SAFETY A	ND WELF	ARÉ.		
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 REPEAT FINDING						

The facility provides access to limited recreational programs and activities to the entire population, to the extent possible, under conditions of security and supervision that protect their safety and welfare. Currently, the facility is housing approximately 920 ICE detainees. This facility has been open since June 23, 2008.

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RELIGIOUS PRACTICES						
POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.						
COMPONENTS	Y	N	NA	REMARKS		
Detainees are allowed to engage in religious services.	$\square$					
Space is available for detainees to conduct religious services.				Religious services are conducted in the multi-purpose room and in the housing unit.		
The facility allows detainees to observe the major "holy days" of their religious faith.  • List any exceptions.				Ramadan, Passover, Lent etc. are observed by detainees upon request.		
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.	×					
Each detainee is allowed religious items in his/her immediate possession.						
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	×			All volunteer clergy' credentials are checked and verified prior to admittance into the secure area of the facility. NCIC background investigations are also performed.		
Members of faiths not represented by clergy may conduct their own services within security allowances.	×					
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	⊠			Religious services are provided by clergy making rounds through the Special Management Unit or through the use of non-contact pastoral visits upon request.		
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

All detainees are provided with reasonable and equitable opportunities to participate in the practice of their faith within the constraints of safety, security, and orderly operations of the facility.

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DETAINEE TELEPHONE ACCESS						
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAIN	2 45 4 66 24 24 27			er and entre of the second		
COMPONENTS  Detainees are allowed access to telephones during established facility waking hours.	Y	n	NA □	REMARKS Telephones are turned on at 8:00 AM and shut off at 10:00 PM. Phones are shut off prior to institution counts and are turned back on after the count clears.		
Upon admittance, detainees are made aware of the facility's telephone access policy.	×			Telephone procedures are addressed in the detainee handbook and posted in the housing unit.		
Access rules are posted in housing units.						
The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.				Key information is provided to detainees in Spanish or other significant languages.		
Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	×			Each unit has three phones for a maximum of 50 detainees.		
Telephones are inspected regularly by facility staff to ensure that they are in good working order.	×			Phones are inspected regularly and a log is maintained.		
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.	Ø					
Detainees are afforded a reasonable degree of privacy for legal phone calls.	×					
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.	X					
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 OIG and Pro Bono numbers are programmed into the phone system.		
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.	☒					
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.	⊠ ·					
Any telephone restrictions are documented.	X					
The facility has a system for taking and delivering emergency detainee telephone messages.	Ø					
Emergency phone call messages are immediately given to detainees.						
Detainees are allowed to return emergency phone calls as soon as	$\boxtimes$					

DETAINEE TELEPHONE ACCESS  POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES! REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.							
COMPONENTS	Y	Ñ	NA	REMARKS			
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.	$\boxtimes$						
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	×			Detainees in administrative segregation and protective custody are afforded telephone privileges.			
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.	×			Phones clearly identify that the calls are being monitored at the facility.			
ACCEPTABLE DEFICIENT	AT-RIS	SK	REPEAT FINDING				

Policy # MTC 5.2.3, entitled "Telephone Access" dated June 1, 2008, provides guidance to staff regarding detainee telephone usage. Telephones are turned on at 8:00 AM and shut off at 10:00 PM. Phones are shut off prior to institution counts and are turned back on after the count clears. Telephone procedures are addressed in the detainee handbook and posted in the housing units. The OIG and Pro Bono numbers are programmed into the phone system.

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VISITATION						
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, L. MEDIA.	EGAL REPR	ESENTATI	VES, SPECI	AL INTEREST GROUPS, AND THE NEWS		
COMPONENTS	Y	N	NA	REMARKS		
There is a written visitation schedule and hours for general visitation.	×			Non-contact visiting is allowed weekly from 5:30 PM through 8:00 PM Monday through Friday and 12:00 PM through 3:00 PM Saturday and Sunday.		
The visitation hours tailored to the detainee population and the demand for visitation.	×					
The visitation schedule and rules are available to the public.	×			A visitation schedule and rules are available in the visiting lobby. Visitation rules are also available in the detainee handbook.		
The hours for all categories of visitation are posted in the visitation waiting area.	×					
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	×					
A general visitation log is maintained.	Ø			A visiting log is maintained by the facility.		
The detainees are permitted to retain personal property items specified in the standard.	×					
A visitor dress code is available to the public.	×			Visitor dress code is available in the front entrance.		
Visitors are searched and identified according to standard requirements.	×		. 🗆	Searches are not conducted on visitors because the facility utilizes non-contact visiting.		
The requirement on visitation by minors is complied with.				Visitation by minors is allowed with adult supervision.		
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.						
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			Ø			
Detainees in special housing are afforded visitation.	$\boxtimes$			Detainees in special housing are afforded visitation.		
Legal visitation is available seven (7) days a week, including holidays.				Legal visitation is available seven days a week including holidays.		
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	X ·			Legal visits occur as needed.		
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	$\boxtimes$					
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	⊠			Private consultation rooms are available for attorneys' meetings.		
The second state and adverse governing detained searches	M					

VISITATION							
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS							
MEDIA:							
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.							
Prior to each visit, legal service providers and assistants are identified per the standard.							
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	Ø			The list of pro bono legal organizations is posted in the housing units.			
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	×						
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.							
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.	×		Image: square of the property of				
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	×						
ACCEPTABLE DEFICIENT	AT-RIS	3K	I	REPEAT FINDING			

Policy # MTC 5.2.1, entitled "Visitation" dated September 16, 2008, provides guidance regarding detainee visitation. Non-contact visiting is allowed weekly from 5:30 PM through 8:00 PM Monday through Friday and 12:00 PM through 3:00 PM Saturday and Sunday. Visitation schedule and rules are available in the visiting lobby. Visitation rules are also available in the detainee handbook. The visitor dress code is available in the front entrance. Detainees in special housing are afforded visitation.





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.							
AND MOVE TO NEXT SECTION.							
COMPONENTS	Y	N	NA	REMARKS			
Does the facility have a voluntary work program?  • Do ICE detainees participate?	×						
Detainee housekeeping meets neatness and cleanliness standards.	Ø			Sanitation in the housing units was found to be acceptable.			
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.	Ø						
Where possible, physically and mentally challenged detainees participate in the program.				All detainees are given an opportunity to participate in the voluntary work 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.				All work schedules are fixed.			
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	×	i 🗆	. 🗆				
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	×			Pre-employment orientation training includes educating the detainees on their responsibilities as workers within the voluntary 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				All detainees assigned to food service were medically cleared.			
Detainees receive safety equipment/training sufficient for the assignment.	☒			Safety training is provided during the initial orientation class.			
Proper procedure is followed when an ICE detainee is injured on the job.							

The Otero County Processing Center, Volunteer Work Program provides detainees with the opportunity to work and earn money. While not legally required to do so, ICE affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

AUDITOR'S SIGNATURE / DATE



# **SECTION II** HEALTH SERVICES STANDARDS

dunger Si rials							
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.	⊠			Management & Training Corporation, Otero County Emergency Action Plan, Section Twelve, Hunger Strike Emergency Plan, and Physician Network Association Policy A- 4012, Hunger Strikes, fully address this standard			
CDFs and IGSAs immediately report a hunger strike to the ICE.	$\boxtimes$						
The facility has established procedures to ensure staff respond immediately to a hunger strike.	×						
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.  • If yes, in an observation room?	$\boxtimes$			This element is fully addressed in both policies			
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	×						
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	×						
The OIC of the facility obtains a hunger striker's consent before medical treatment.	×						
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.				This is addressed in the Physicians Network Association Policy A-4012, Hunger Strikes, dated 10/24/2006.			
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.	×						
Staff maintains the hunger striker's supply of drinking water/other beverages.	×						
During a hunger strike, staff removes all food items from the hunger striker's living area.	×						
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.	×						
The medical staff has written procedures for treating hunger strikers.	X						
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	Ø						
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.	⊠			A review of the training plan and interview with the training officer found all staff receive hunger strike training, to include identification and reporting during orientation and during the ongoing training program.			
ACCEPTABLE DEFICIENT	AT-RISE	ζ		REPEAT FINDING			

The facility has policies addressing hunger strikes. The mental health staff of the contract medical provider, Physicians Network Association, provides mental health treatment and evaluation for detainees on a hunger strike. All detention staff receives training in the identification and reporting of hunger strikes. Medical staff receives training for hunger strike intervention, evaluation, and treatment.

/ September 18, 2008

**AUDITOR'S SIGNATURE / DATE** 





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.						
COMPONENTS	Y	N	NA	REMARKS		
<u>Facilities</u> operate a health care facility in compliance with state and local laws and guidelines.	⊠			The policies of the facility and current medical operating procedures are in compliance with state and local laws and guidelines.		
The facility's in-processing procedures for arriving detainees include medical screening.	×					
All detainees have access to and receive medical care.	$\boxtimes$					
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	×					
The medical staff is large enough to provide, examine, and treat the facility's detainee population.	⊠			The Physician Network Association contractual services has a full complement of medical and mental health providers which is large enough to meet the clinical needs of the detainee population.		
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	×					
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 facility entrance includes a holding/waiting room.	X					
The medical facility's holding/waiting room is under the direct supervision of custodial staff.	$\boxtimes$					
Detainees in the holding/waiting room have access to a drinking fountain.	X					
Medical records are kept apart from other files. They are:						
<ul> <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>						
Pharmaceuticals are stored in a secure area.				All pharmaceuticals are stored in the pharmacy and inventoried quarterly for expiration dates. Medications carts are secured in the pharmacy except when conducting pill lines by clinical staff. Needles, syringes, and medical instruments are inventoried. A daily working stock of needles and syringes is maintained on a perpetual inventory.		

ACCESS TO MEDICAL CARE				
<b>POLICY:</b> EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED WELL-BEING OF ICE DETAINEES:	)/ACCREDI	ration-w	ORTHY H	EALTH PROGRAM FOR THE GENERAL
<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>				All newly arrived detainees receive a chest x-ray upon arrival at the facility with an immediate reading provided. If a questionable finding is identified the detainee is housed in the negative pressure rooms and evaluated by the physician.
All detainees receive a mental-health screening upon arrival. It is conducted:  • By a health care provider or specially trained officer; and • Before a detainee's assignment to a housing unit.				All detainees receive a mental health screening by medical staff. If a mental health concern is identified the detainee is referred to the contract psychiatrist.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	$\boxtimes$			
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	×			A review of 30 detainee files found that 28 of 30 had a health appraisal conducted by the physician assistant within 14 days of arrival. One medical file identified the health appraisal was completed 17 days after arrival and one 21 days after arrival.
Detainees in the Special Management Unit have access to health care services.  Staff provides detainees with health services (sick call) request slips.	×			Physician Network Association Policy, Access to Clinical Services A-03, dated 6/1/08, section 4, addresses medical staff making daily rounds in the Special Management Unit (SMU). A review of the SMU log identified that medical staff making rounds for sick call and pill lines are documented.  Sick Call request slips are
<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 request slips are available in the units from the correctional officer and are in English and Spanish. Once the detainee completes the request these are placed in the sick call box for medical to pick up and triage. The average time for a completed sick call request is 24 to 48 hours.
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.				Physician Network Association Policy, Emergency Plan A-08, dated 6/1/08 fully addresses this element on how to contact emergency medical care and

ACCESS TO MEDICAL CARE  POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.					
The plan includes an on-call provider.				T	
The plan includes a list of telephone numbers for local ambulance and hospital services.					
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.					
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	⊠			All detention staff is trained to respond to health related emergencies. The American Heart Association Life Saver course to include CPR and First Aid is provided to all staff.	
Where staff is used to distribute medication, a health care provider properly trains these officers.			$\boxtimes$	Only medical staff distributes medications.	
The medical unit keeps written records of medication that is distributed.				Medication Administration Records (MAR) are maintained on all prescribed medications distributed to the detainees. Numerous Keep-On-Person medications are provided to the detainees and these medications are maintained on the MARs for review of compliance.	
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.	×	. 🗆			
A signed and dated consent form is obtained from a detainee before medical treatment is administered.	×			,	
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	×				
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detaince.	$\boxtimes$				
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	×			The medical summary, to include medications, infectious disease status, and a copy of all pertinent information, is transferred with the detainee.	
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	×			The medical record is placed in a sealed envelope and marked with the detainee's name and Anumber and sealed with a tape labeled Medical Confidential.	
ACCEPTABLE DEFICIENT	AT-RISK	ζ	I	REPEAT FINDING	

Physician Network Association provides contractual medical staff on site 24 hours a day. Medical staff includes a physician, a physician assistant, one dentist, a dental assistant, a director of nursing, seven RNs, five LVNs, two medical records administrators, three general clerks, a mental health social worker, a psychiatrist, an x-ray technician, a pharmacy and supply manager, an assistant health services administrator, and the health services administrator. The physician provides oversight and supervision of the physician assistant. The physician is on site two days a week and the physician assistant provides onsite coverage five days a week. Thomason General Hospital in El Paso Texas provides in-patient and out-patient services.

A review of 30 detainee medical files found that 28 have a history and physical examination completed by the physician assistant within 14 days of arrival. Two detainees' history and physical examinations were completed late. One of the exams was conducted at 17 days and one at 21 days after the detainee's arrival.

All detainees receive a chest x-ray to rule out tuberculosis. The radiographic equipment provides a preliminary report of negative or abnormal findings and then a final report is reviewed by the physician.

All staff is trained to respond to health-related emergencies within a 4-minute response time and have received the American Red Cross Heart Savers course in basic CPR and first aid.

Only medical staff conducts medical and mental health intake screening.

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#### SUICIDE PREVENTION AND INTERVENTION POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT. COMPONENTS REMARKS Every new staff member receives suicide-prevention training. Suicide-Physician Network Association prevention training occurs during the employee orientation program. Suicide Prevention and Intervention Policy A-32, dated 10/24/2006, requires all staff to receive suicide prevention training. A review of the X training records and lesson plan for suicide prevention identified staff as receiving 2 hours of training during orientation and ongoing monthly training sessions during the "muster" sessions for correctional staff. The suicide prevention and Training prepares staff to: intervention training fully Recognize potentially suicidal behavior; addresses this element. Refer potentially suicidal detainees, following facility X П П Additionally, all staff completes procedures; and a post test of understanding of Understand and apply suicide-prevention techniques. the policy and intervention techniques. A health-care provider or specially trained officer screens all detainees for Medical staff completes a suicide potential as part of the admission process. mental health intake screening Screening does not occur later than one working day after the as part of the admission process. detainee's arrival. If a mental health history is X П П identified, the detainee is referred to the psychiatrist and placed on the mental health clinic roster. Management & Training Written procedures cover when and how to refer at-risk detainees to Corporation Policy 2.1.16. medical staff and procedures are followed. Suicide Prevention and Awareness, dated September 8, 冈 П 2008, and Physician Network Association Policy Suicide Prevention A-32, dated

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The facility has a designated isolation room for evaluation and treatment.

The designated isolation room does not contain any structures or smaller

items that could be used in a suicide attempt.

Medical staff has approved the room for this purpose.

10/24/06, fully address this

The facility has two cells

identified for special watch

under constant supervision by a trained correctional officer.

standard.

SUICIDE PREVENTION AND INTERVENTION  POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL					
RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.					
COMPONENTS	Y	N	NA	REMARKS	
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.				An officer sits outside the special watch room and constant observation is maintained for all special watches and documented in the log book.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

The MTC Suicide Prevention and Awareness Policy #2.1.16 and the Physician Network Association Suicide Prevention Policy A-32, fully address how to handle a potentially suicidal detainee to include supervision, referrals, and housing of the detainee.

All detention staff working with ICE detainees has received suicide prevention and intervention training during orientation and ongoing training. The lesson plan fully addresses how to recognize potential suicidal behavior, understand and apply suicide prevention techniques, and the referral to medical and mental health providers.

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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 ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS. WHILE IN TRANSIT.							
CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.							
COMPONENTS	Y	N	NA	REMARKS			
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.				Management & Training Corporation (MTC) Policy 6.5.1, Terminal Illness, Advance Directives, and Death, dated August 27, 2008 Section A 1 and Physician Network Association Policy B-23, dated 10/24/06, fully address this element.			
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.	×						
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.							
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	×			Physician Network Association Policy Section B Living Wills and Advance Directive does not address having a private attorney prepare the document. During the review process a revised policy was provided to the health service administrator to include guidelines to provide an opportunity to have a private attorney prepare the documents.			
There is a policy addressing "Do Not Resuscitate Orders"	$\boxtimes$						
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	×						
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.	×	. 🗆					
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	×						

TERMINAL ILLNESS, ADVANCED	TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH					
POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.						
CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.						
COMPONENTS	Y	N.	NA	REMARKS		
The facility has a policy and procedure to address the death of a detainee while in transport.	×					
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	×					
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?	×			This element is not addressed in either policy. During the review process a revised policy was provided to the health service administrator to address this element.		
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	×					
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.		. 🗆				
ICE staff follows established procedures to properly close the case of a deceased detainee.	⋈			The local ICE agent indicates appropriate procedures are followed to close the case of a deceased detainee.		
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

The facility has policy and procedures addressing terminal illness, advanced directives, and death. The local ICE agent indicates appropriate procedures are followed to close the case of a deceased detainee.

During the review process, policies were revised to fully address advanced directives, specifically the opportunity to have a private attorney prepare the documents. The Death of a Detainee policy was revised to identify whether a detainee is a U. S. military veteran, in which case, the Department of Veterans Affairs is notified.

AUDITOR'S SIGNATURE / DATE



for

# **SECTION III** 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	N	NA	REMARKS		
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.	⊠			Management & Training Corporation, Operational Policies and Procedures No. 2.3.1, Subject-Contraband, addresses properly handling contraband.		
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				Confiscated government property is forwarded to the shift supervisor who initiates a process assigning a control number to all contraband and placing it in the evidence box located in central control. All evidence in the evidence box is only removed by the chief of security or higher authority.		
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	×			MTC policy 2.3.1 addresses procedures for returning property not needed as evidence to the proper authority.		
Altered property is destroyed following documentation and using established procedures.	X					
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.	×			,		
Staff follows written procedures when destroying hard contraband that is illegal.	☒			The facility armory officer is designated to destroy hard contraband with at least one witness to the destruction.		
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes.  If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.	×					
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

A review of local policy, confiscation documentation, and interviews with staff indicate contraband is confiscated, stored, and destroyed in a manner which is consistent with accepted correctional practice. There is an effective system of control to ensure all contraband is accounted for and/or forwarded to the appropriate authority.

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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		Y	N	NA	REMARKS
A detention file is created for every new arrival 24 hours.		$\boxtimes$			Detention files are created for all detainees.
The detainee detention file contains eithe documentation and forms generated during the	ne admissions process.	×			A review of 25 active files and 10 inactive files reveals the files contain documentation and forms generated during the admissions process.
The detainee's detention file also contains do the detainee's custody.  • Special requests  • Any G-589s and/or I-77s closed-out  • Disciplinary forms/Segregation form  • Grievances, complaints, and the disp	during the detainee's stay as assistion(s) of same	×			A review of the detainee detention files indicates they contain all documents generated during the detainee's custody.
The detention files are located and maintained cabinets are lockable and distribution of the ke		X			Detention files are in a secured area.
The detention file remains active during the detainee is released from the facility, staff a release documents, the original closed-out valuables, the original I-385 or equivalent, an	detainee's stay. When the adds copies of completed receipts for property and	⊠	:		Release paperwork (I-203's) was not maintained in the detainee files. The facility corrected this issue and started filing the release paperwork in the detainee files.
The officer closing the detention file makes complete and ready to be archived.	a notation that the file is				Staff makes notations that the file is complete and ready to be archived.
Staff makes copies and sends documents fro requested by supervisory personnel at the received	eiving facility or office.	×			
Appropriate staff has access to the detention firequests are accommodated by making a requestroperly logged out and in by a represent department.	est for the file. Each file is	⊠			
ACCEPTABLE □ DEFICIENT □ AT-RISK □ REPEAT FINDING					

The facility creates a detention file for every ICE detainee booked into the facility. A review of the detainee detention files indicates they contain all documents generated during the detainee's custody. Detention files are in a secured area and only appropriate staff has access to the files.

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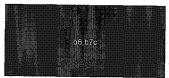
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#### DISCIPLINARY POLICY POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS. COMPONENTS NA REMARKS The facility has a written disciplinary system using progressive levels of Management & Training Corporation, Operational reviews and appeals. Policies and Procedures No. X П 6.3.1, Subject-Disciplinary Procedures, addressees a progressive system of discipline and appeals. A review of the facility policy The facility rules state that disciplinary action shall not be capricious or 6.3.1, Subject-Disciplinary retaliatory. X П П Procedures, includes the statement that discipline shall not be capricious or retaliatory. Written rules prohibit staff from imposing or permitting the following sanctions: corporal punishment deviations from normal food service clothing deprivation $\boxtimes$ bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of physical exercise The rules of conduct, sanctions, and procedures for violations are defined Detainees are informed verbally in writing and communicated to all detainees verbally and in writing. of the rules of conduct during 冈 П $\Box$ the intake process. The information is also contained in the detainee handbook. The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility: An inspection of six detainee • Rights and Responsibilities 冈 $\Box$ living areas revealed the Prohibited Acts discipline criteria is posted. Disciplinary Severity Scale When minor rule violations or prohibited acts occur, informal resolutions The facility shift lieutenant is responsible for adjudication of are encouraged. 冈 П minor infractions. Incident reports and Notice of Charges are promptly forwarded to the The facility discipline procedures require staff to designated supervisor. forward disciplinary reports to $\boxtimes$ the shift supervisor prior to completing their shift. Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene 冈 П before an investigation ends. An intermediate disciplinary process is used to adjudicate minor X П infractions.

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	
A disciplinary panel (or equivalent in IGSAs) adjudicates infractions.  The panel:					
<ul> <li>Conducts hearings on all charges and allegations referred by the UDC;</li> </ul>				The chief of security	
<ul> <li>Considers written reports, statements, physical evidence, and oral testimony;</li> </ul>				(disciplinary hearing officer) adjudicates infractions.	
<ul> <li>Hears pleadings by detainees and staff representatives;</li> <li>Bases its findings on the preponderance of evidence; and</li> </ul>		. ,			
Imposes only authorized sanctions		-			
A staff representative is available if requested for a detainee facing a disciplinary hearing.				MTC Operational Policies and Procedures, No. 6.3.1, Subject-Disciplinary Procedures, reference a staff representative during disciplinary hearing.	
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	. 🛛				
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.					
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	☒	. 🗆			
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	×				
ACCEPTABLE □ DEFICIENT □	AT-RISK	<b>T</b>	]	REPEAT FINDING	

A review of the discipline policy and practical application of the process revealed staff are well-trained, proficient, and knowledgeable of the discipline process. Interviews of detainees in living areas and SMU indicate detainees are treated fairly and understand the discipline process.

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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 S						
COMPONENTS	Y	N	NA	REMARKS		
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.		<u></u>		Management & Training Corporation, Operational Policies and Procedures, No. 2.1.8, Subject-Detainees		
				Control and Movement, section (e) states, "No detainee or groups of detainees shall be given authority over other detainees."		
Detainees are protected from:				MTC Operational Policies and		
<ul> <li>Personal abuse</li> <li>Corporal punishment</li> <li>Personal injury</li> <li>Disease</li> <li>Property damage</li> <li>Harassment from other detainees</li> </ul>	⊠			Procedures, No. 6.1.2, Subject-Detainee Rights, section (c) states, "Detainees will not be subject to personal abuse, corporal punishment, personal injury, disease, property damage, or harassment. The personal property of detainees will be protected."		
Staff is trained to identify signs of detainee unrest.  • What type of training and how often?				The facility staff received training in communication skills, detainee supervision, manipulation, and fraternization during in-service and preservice training.		
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	X			The facility supervisory staff disseminates information during "Shift Muster" prior to staff going on duty.		
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 warden is the designated person responsible for emergency plans and their implementation.		
The plans address the following issues:  Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions	⊠					
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	$\boxtimes$					
The facility has cooperative contingency plans with applicable:  Local law enforcement agencies  State agencies  Rederal agencies		⊠		The facility does not have cooperative contingency plans with local, state, and federal law enforcement agencies		

EMERGENCY (CONTINGENCY) PLANS					
POLICY ALL FACILITIES HOLDING ICE DETAINES 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 CDF'S 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	
All staff receives copies of Hostage Situation Management policy and procedures.	×			The facility staff has access to hostage management policy on the computer share directory that is located in the administration area.	
Staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and psychological effects.					
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.	$\boxtimes$				
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).	$\boxtimes$				
Written procedures cover:  Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances				During the review it was noted the facility emergency plans do not cover written procedures for Work/Food Strike. However, on 9-18-08, management staff developed written procedures for Work/Food Strike.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

The facility does not have cooperative contingency plans with local, state, and federal law enforcement agencies.

AUDITOR'S SIGNATURE / DATE



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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

SAPE-HANDLING PROCEDURES	Y	N	NY A	
COMPONENTS	Y	11	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				The facility does have a system for the storage, issuance and inventories of hazardous materials. Local policy 1.3.6
				"Control of Flammable, Toxic, and Caustic Materials" indicates program particulars.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.				Constant inventories are being maintained.
The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date				
<ul> <li>for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>				Material Safety Data Sheets were not available for items stored in the food service dining room chemical closet.
All personnel using flammable, toxic, and/or caustic substances follow				All staff members receive
the prescribed procedures. They:  • Wear personal protective equipment; and • Report hazards and spills to the designated official.				training pertaining to the OSHA 1910.1200 "Hazard Communication" standard.
The MSDSs are readily accessible to staff and detainees in work areas.	Ø			MSDSs are readily available to staff and detainees.
Hazardous materials are always issued under proper supervision.  • Quantities are limited; and • Staff always supervises detainees using these substances.	×			Observations and interviews concluded that hazardous materials are under proper supervision.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	×			Flammable and combustible materials are stored properly.
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	×			There was no evidence of electrical fixtures not meeting National Electric Code requirements.
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.				The facility appears to have adequate ventilation and air exchanges in all areas.
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	$\boxtimes$			There was no evidence of vents or ducts being blocked or obstructed.
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.)	☒			Living unit temperatures were observed to be within prescribed temperature parameters.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.				Shower and sink water temperatures did not exceed 105 degrees.
All toxic and caustic materials are stored in their original containers in a secure area.				All toxic and caustic materials are stored in their original container and properly secured.

ENVIRONMENTAL HEAI	TH AND	SAFET"	Y	
POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTI PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AS APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION SAFE-HANDLING PROCEDURES	ID LABELI N [NFPA]	NG OF HA ); IDENTIF	ZARDOUS	MATERIALS IN ACCORDANCE WITH
COMPONENTS	<b>Y</b>	N	NA	REMARKS
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	×			
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.	⊠			Staff directly supervises methyl alcohol products.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.				Employees and detainees do receive training in chemical usage.
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).		×		All areas, with the exception of a secondary means of egress from the Food Service Department appear to be compliant with published NFPA and OSHA regulations and/or guidelines.
A technically qualified officer conducts the fire and safety inspections.	×			The facility employs a full time safety manager.
The Safety Office (or officer) maintains files of inspection reports.	X			The safety officer (risk manager) maintains files of all inspection reports.
The facility has an approved fire prevention, control, and evacuation plan.		×		The facility is currently developing a fire prevention, control and evacuation plan.
<ul> <li>Monthly fire inspections;</li> <li>Fire protection equipment strategically located throughout the facility;</li> <li>Public posting of emergency plans with accessible building/room floor plans;</li> <li>Exit signs and directional arrows; and</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>				Certain elements of the fire plan are in place. However, the facility does not currently have a comprehensive approved fire plan. Additionally, most areas of the facility do not have exit signs with directional arrows installed. The contractor has been made aware of this deficiency. Furthermore, the contractor acknowledged the deficiency in a letter dated September 17, 2008. Exit lights are to be ordered and delivery expected on September 23, 2008.
Fire drills are conducted and documented monthly.		×		Fire drills are conducted on a monthly basis. Emergency keys are not drawn to unlock emergency exit doors not in daily use

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUST PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the Maria Control of the sear	and a second of the control of the c
APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION SAFE-HANDLING PROCEDURES				
COMPONENTS	Y	N	NA	REMARKS
A sanitation program covers barbering operations.	×			Local policy 1.1.1, Facility Sanitation & Maintenance, covers all areas of the facility.
The barber shop has the facilities and equipment necessary to meet sanitation requirements.	×			The barbershop does have the facilities and equipment necessary to meet sanitation requirements.
The sanitation standards are conspicuously posted in the barbershop.	×			Sanitation standards are posted in the barbershop.
Written procedures regulate the handling and disposal of used needles and other sharp objects.				Local policy 2.4.4 "Access to Keys, Tools and Utensils" stipulates the handling of used needles and other sharps.
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.				Items representing a potential safety or security risk are being inventoried on a daily basis.
<ul> <li>Standard cleaning practices include:</li> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>				Local policy 1.1.1 "Facility Sanitation and Maintenance" specifies sanitation and inspection standards.
The facility follows standard cleaning procedures.	×			Standard cleaning procedures are located in local policy 1.1.1.
Spill kits are readily available.				Spill kits were not readily available in any area of the facility.
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				Stericycle is the contractor handling medical waste for the facility.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	$\boxtimes$			All staff is trained in the OSHA blood borne pathogen standard 29 CFR 1910.1030.
Do the methods for handling/disposing of refuse meet all regulatory requirements?				The facility maintains a contract with El Paso Disposal for refuse removal.
<ul> <li>A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventative spraying for indigenous insects.</li> </ul>	×			The facility maintains a contract for pest control services with Continental Termite & Pest Control. Monthly services are provided under the contract.
Drinking water and wastewater is routinely tested according to a fixed schedule.	$\boxtimes$			Water testing and analysis is provided by the University of New Mexico.

ENVIRONMENTAL HEAL  POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTI PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AN APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION SAFE-HANDLING PROCEDURES	CMATERIA ID LABELIN	LS THROU IG OF HA	JGH A HAZ ZARDOUS	MATERIALS IN ACCORDANCE WITH
COMPONENTS	Y	N	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>				Documentation of emergency generator testing was not available.
☐ ACCEPTABLE ☑ DEFICIENT ☐	AT-RISE	ζ		REPEAT FINDING

All areas of the Environmental Health and Safety components were thoroughly reviewed for compliance with published ICE standards and guidelines.

The Material Safety Data Sheets (MSDS) in the Food Service Department are not up-to-date for every hazardous substance.

The facility does not comply 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). The two doors in each of the detainee dining areas, which seat approximately 150, do not have two exits (per area) that are remotely located from each other, as specified by the following NFPA 101 Life Codes.

NFPA 101, 4.5.3, Means of Egress

4.5.3.1, Number of Means of Egress. Two means of egress, as a minimum, shall be provided in every building or structure, section, and area where size, occupancy, and arrangement endanger occupants attempting to use a single means of egress that is blocked by fire or smoke. The two means of egress shall be arranged to minimize the possibility that both might be rendered impassable by the same emergency condition.

NFPA 101, 7.5, Arrangement of Means of Egress.

- 7.5.1.3.1, Where more than one exit is required from a building or portion thereof, such exits shall be remotely located from each other and shall be arranged and constructed to minimize the possibility that more than one has the potential to be blocked by any one fire or other emergency condition.
- 7.5.1.3.2, Where two exits or exit access doors are required, they shall be located at a distance from one another not less than one-half the length of the maximum overall diagonal dimension of the building or area to be served, measured in a straight line between the nearest edge of the exit doors or exit access doors, unless otherwise provided in 7.5.1.3.3 through 7.5.1.3.5.
- 7.5.1.3.3 In buildings protected throughout by an approved supervised automatic sprinkler system in accordance with Section 9.7, the minimum separation distance between two exits or exit access doors measured in accordance with 7.5.1.3.2 shall be not less than one-third the length of the maximum overall diagonal dimension of the building or area to be served.
- 7.5.1.3.6 Where more than two exits or exit access doors are required, at least two of the required exits or exit access doors shall be arranged to comply with the minimum separation distance requirements.
- 7.5.1.3.7 The balance of the exits or exit access doors specified in 7.5.1.3.6 shall be located so that, if one becomes locked, the others shall be available.

NFPA 101, 7.5.2, Impediments to Egress.

7.5.2.1 Access to an exit shall not be through kitchens, storerooms other than as provided in Chapter 36 and Chapter 37, restrooms, workrooms, closets, bedrooms, or similar spaces or other rooms or spaces subject to locking, unless passage through such rooms or spaces is permitted for the occupancy by Chapter 18, 19, 22 or 23. Chapters 22 or 23 do not allow passage through kitchens.

The facility does not have an approved fire prevention, control, and evacuation plan. The plan requirements should include monthly fire inspections; fire protection equipment strategically located throughout the facility; public posting of emergency plans with accessible building/room floor plans; exit signs and directional arrows; and area-specific exit diagram conspicuously posted in the diagrammed area. Additionally, NFPA Life Safety Code 101, Chapter 7 requires the installation of illuminated exit signs with directional arrows throughout the facility.

Fire drills are conducted and documented monthly. However, emergency keys are not drawn and used to unlock one set of emergency exit doors.

Spill kits are not readily available.

There was no documentation available to indicate that emergency power generators are tested at least every two weeks. Additionally, there was no evidence or documentation to indicate that the generator is receiving quarterly testing and servicing from and external generator servicing company.

AUDITUR'S SIGNATURE / DATE

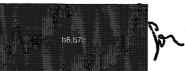




HOLD ROOMS IN DETENTION FACILITIES					
POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSE					
COMPONENTS	Y	N	NA	REMARKS	
The hold rooms are situated within the secure perimeter.	×			The facility has 3 hold rooms within the secure perimeter.	
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.	×			The hold rooms conform to ICE requirements.	
The hold rooms contain sufficient seating for the number of detainees held.	$\boxtimes$			Benches are utilized for the detainees.	
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.	×			During the review detainees were observed sleeping on the floor with blankets.	
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.				Interview with supervisory staff, indicated detainees are removed from hold room within 6 hours.	
Male and females are segregated from each other.		· 🗆	×	The facility does not house females.	
Detainees under the age of 18 are not held with adult detainees.			×	The facility does not house detainees under the age of 18.	
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.					
All detainees are given a pat down search for weapons or contraband before being placed in the room.	×				
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.	⊠			b2High	
When the last detainee has been removed from the hold room, it is given a thorough inspection.					
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	☒				
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	⊠		□•		
ACCEPTABLE DEFICIENT	AT-RIS	<b>SK</b>		REPEAT FINDING	

Hold rooms are used only for temporary detention of detainees awaiting removal, transfer, treatment, intra-facility movement, or other processing into or out of the facility. An inspection of the hold rooms, which are located in the intake area, revealed the rooms are constructed and managed in accordance with policy and accepted practices. Hold rooms are constructed well and searched before other detainees are placed in the area.

/ September 18, 2008
AUDITOR'S SIGNATURE / DATE



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

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

KEYS AND LOCKS				
COMPONENTS	Y	N	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.		×		The security officer has not attended an approved locksmith training program.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	×			
The security officer, or equivalent in IGSAs, provides training to employees in key control.	×			Review of the facility training curriculum revealed that staff received key control training during in-service and preservice training.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	×			
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				
Facility policies and procedures address the issue of compromised keys and locks.	×			Management Training & Corporation, Operational Policies and Procedures, No. 2.4.1, Subject-Key and Lock Control, addresses the issue of compromised keys and locks.
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.	×			
Only dead bolt or dead lock functions are used in detainee accessible areas.		×		52High
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	$\boxtimes$			
Grand master keying systems are prohibited.	$\boxtimes$			
All worn or discarded keys and locks are cut up and properly disposed of.	×			MTC policy Key and Lock Control procedures provide direction on the destruction of worn and discarded keys.
Padlocks and/or chains are prohibited from use on cell doors.				b2High.
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to:  Occupational Safety and Environmental Health Manual, Ch. 3;  National Fire Protection Association Life Safety Code 101.	×			
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	×			
Procedures are in place to ensure that key rings are:  Identifiable;  The numbers of keys are cited; and  Keys cannot be removed.				

KEY AND LOCK ( (SECURITY, ACCOUNTABILIT	医抗性皮肤结合性 医皮肤 化二氯甲	to the Stage of the stage	ANCE)	
POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SEE AND LOCKS.	SYSTEM FOI	R THE USE	, ACCOUN	TABILITY AND MAINTENANCE OF ALL
COMPONENTS	Y	N	NA	REMARKS
Emergency keys are available for all areas of the facility.				Emergency keys to all areas of the facility are located in Central Control.
The facilities use a key accountability system.				b2High
Authorization is necessary to issue any restricted key.				The facility staff must receive authorization to issue any restricted key from the chief of security, associate warden or the warden.
Individual gun lockers are provided.  They are located in an area that permits constant officer observation.  In an area that does not allow detainee or public access.				b2High
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	×			Management Training & Corporation, Operational Policies and Procedures, No. 2.4.1, Subject-Key and Lock Control, address key accountability, and keys are physically counted on each shift.
<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>		×		b2High.
ACCEPTABLE DEFICIENT	AT-RISI	<b>C</b>		REPEAT FINDING
REMARKS:			4.	
During the review  recommended additional training be given to staff regarding key control  b2High  b2High  b2High			i ,	It is
September 18, 2008 AUDITOR'S SIGNATURE / DATE	m			

POPULATION COUNTS						
POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS CONDUCTED AS NECESSARY.						
COMPONENTS	Y	N	NA .	REMARKS		
Staff conduct a formal count at least once each shift.	Ø			The facility conducts 8 formal counts within a 24 hour period.		
Activities cease or are strictly controlled while a formal count is being conducted.	×					
Certain operations cease during formal counts.						
All movement ceases for the duration of a formal count.			·			
Formal counts in all units take place simultaneously.						
Detainee participation in counts is prohibited.	$\boxtimes$					
A face-to-photo count follows each unsuccessful recount.	$\boxtimes$			The facility conducts one face- to-photo count per 24 hour period.		
Officers positively identify each detainee before counting him/her as present.	×					
Written procedures cover informal and emergency counts.  • They are followed during informal counts and emergencies.	⊠			Management Training & Corporation, Operational Policies and Procedures, No. 2.1.9, Subject-Detainees Counts, addresses written procedures for informal and emergency counts.		
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.	☒			The count room maintains an out-count record of all detainees leaving the facility.		
This training is documented in each officer's training folder.	$\boxtimes$					
ACCEPTABLE □ DEFICIENT □ AT-RISK □ REPEAT FINDING						

Count procedures at the facility are appropriate and are in line with effective accountability practices. The number of counts performed appears to be adequate to ensure detainees are accounted for. During this review the team members accompanied staff in the housing units as they performed the 3:45pm count on September 16 and the 11:00am count on September 17. One team member observed the taking of the count in the count room.

AUDITOR'S SIGNATURE / DATE



POST ORDERS						
POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.						
COMPONENTS			NA	REMARKS		
Every fixed post has a set of post orders.	×			During the review the facility did not have post orders for outside hospital. However, management developed post orders on 9-18-08.  Transportation post orders were not maintained on the buses or vans during escort. They are maintained in the intake area.		
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.						
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.				The chief of security is responsible for keeping all post-orders current with quarterly reviews.		
The IGSA maintains a complete set (central file) of post orders.						
The central file is accessible to all staff.	X					
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.	$\boxtimes$					
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.	⊠			A review of 25 post orders revealed the warden signed and dated the first page.		
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	☒					
Procedures keep post orders and logbooks secure from detainees at all times.	X					
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.	X					
Armed-post post orders provide instructions for escape attempts.	×	- 🗆		A review of transportation, and perimeter post-orders revealed instructions for escape attempts are provided.		
The post orders for housing units track the event schedule.	$\boxtimes$					
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						

Transportation post orders were not maintained on the bus or van during escort.

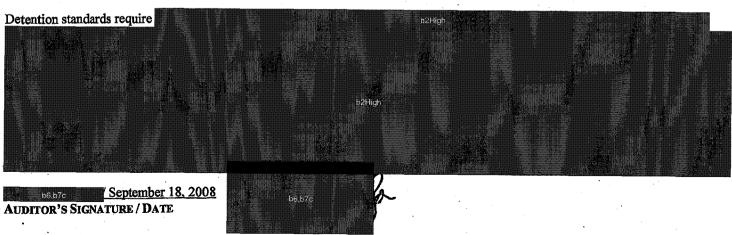
September 18, 2008 AUDITOR'S SIGNATURE / DATE





SECURITY INSPECTIONS  POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE					
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHER RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING				URES MUST BE FULLUWED, WILL DE	
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	⊠			Management & Training Corporation, Operational Policies and Procedures, No. 2.1.5, Subject-Patrols and Inspections, includes a listing of areas to be inspected and provides direction to staff in all areas to perform daily security inspections.	
Every officer is required to conduct a security check of his/her assigned area. The results are documented.				Daily security checks are documented in the housing unit log book.	
Documentation of security inspections is kept on file.	$\boxtimes$				
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				All discrepancies are reported to the shift supervisor and a work order must be submitted by the end of the shift.	
The front-entrance officer checks the ID of everyone entering or exiting the facility.	Ø				
All visits are officially recorded in a visitor logbook or electronically recorded.	×			All visitors are required to sign into the facility and are issued a pass or escorted to the area they are visiting.	
The facility has a secure visitor pass system.	$\boxtimes$				
Every Control Center officer receives specialized training.	×			Staff received on the job training by senior staff.	
The Control Center is staffed around the clock.	×			The central control room is staffed around the clock.	
Policy restricts staff access to the Control Center.	⋈			The Central Control Post-Orders address staff access to Central Control.	
Detainees are restricted from access to the Control Center.					
Communications are centralized in the Control Center.					
Officers monitor all vehicular traffic entering and leaving the facility.	×			b2High	
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	⊠				
Officers the recyclic receipt each vehicle entering and legging the facility		<del> </del>			

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.						
RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING  COMPONENTS	YES	NO NO	NA	REMARKS		
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	×					
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.				A tool inventory form is completed before tools are taken into the secure area of the facility.		
The SMU entrance has a sally port.		$\boxtimes$		b2High		
Written procedures govern searches of detainee housing units and personal areas.	X					
Housing area searches occur at irregular times.	×			Post orders require staff to perform regular and irregular searches of detainee living areas.		
Every search of the SMU and other housing units is documented.	×			The SMU staff document cell searches in Search Matrix Form, and housing unit staff document searches in the Daily Shakedown Form.		
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.	×			A review of the Daily Shift Activity Report revealed these areas are inspected daily by shift supervisors.		
Daily procedures include:  Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.	×			b2High		
Visitation areas receive frequent, irregular inspections.	$\boxtimes$					
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING		
REMARKS:			<del>=</del>			
Detention standards require	b2High					



# SPECIAL MANAGEMENT UNIT (SMU) Administrative Segregation

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

[DISCHERNAK   SECRECATION] STANDARDA	Annual Control of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 A	
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.				A detention order is completed for each detainee confined to the SMU. A review of eight SMU files indicated detainees are placed in SMU consistent with policy.
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).	×			The chief of security conducts regular reviews of detainees in administrative detention.
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 chief of security conducts reviews of detainees who have spent 3, 10, 17, 24, and 30 days in administrative segregation. A written documentation is maintained with 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 given a copy of administrative segregation review form. The detainee may appeal to the assistant director of inmate services.
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 facility policy requires staff to notify the CORT any time a detainee's stay in administrative detention exceeds 30 days.
The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.  • A written record is made of the decision and the justification.  • The detainee receives a copy of this record.	×			
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.	☒			
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	×			
The SMU is:  Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition.	☒			Otero County Processing Center SMU is well ventilated, properly lighted, heated, and in sanitary condition.

#### SPECIAL MANAGEMENT UNIT (SMU) ADMINISTRATIVE SEGREGATION POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINES FROM THE GENERAL POPULATION: THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINERS BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD). Components Y N NA REMARKS All cells are equipped with beds. X П П • Every bed is securely fastened to the floor or wall. The number of detainees in any cell does not exceed the occupancy limit. When occupancy exceeds recommended capacity, do basic All cells in the SMU are single X П living standards decline? occupancy. Do criteria for objectively assessing living standards exist? If yes, are the criteria included in the written procedures? The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the $\boxtimes$ П general population. Detainees receive three nutritious meals per day, from the general population's menu of the day. Ø • Do detainees eat only with disposable utensils? • Is food ever used as punishment? Each detainee maintains a normal level of personal hygiene in the SMU. The detainees have the opportunity to shower and shave at X П least three times a week. If not, explain. The detainees are provided: Barbering services; Recreation privileges in accordance with the "Detainee Recreation" standard; Non-legal reading material; $\boxtimes$ Religious material; The same correspondence privileges as detainees in the general population: Telephone access similar to that of the general population; and Personal legal material. A health care professional visits every detainee at least three times a Health Care professionals visit all detainees in SMU three times week. 冈 П П daily, and supervisory staff The shift supervisor visits each detainee daily. visits daily. Weekends and holidays. Procedures comply with the "Visitation" standard. Detainees may visit once per The detainee retains visiting privileges; and X week for 30 minutes. The visiting room is available during normal visiting hours. 冈 Visits from clergy are allowed.

 $\boxtimes$ 

Detainees in SMU are provided

request the detainee is escorted

the same opportunity as detainees in the general

to the law library.

population. Upon written

Detainees have the same law-library access as the general population.

Are legal materials brought to them?

As a group?

Are they required to use the law library Separately, or

# SPECIAL MANAGEMENT UNIT (SMU) ADMINISTRATIVE SEGREGATION

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

[DISCIPLINARY SEGREGATION] STANDARD):  COMPONENTS	Y	N	NA	REMARKS
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	×			SMU maintains a Daily Activity Log of detainee-related activity, e.g., meals served, recreation, and visitors are recorded.
<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>	×			
Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.  • Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;  • The medical officer/health care professional signs each individual's record during each visit; and  • The housing officer initials the record when all detainee services are completed or at the end of the shift.	×			
A new record is created for each week the detainee is in Administrative Segregation.  • The weekly records are retained in the SMU until the detainee's return to the general population.	×			
ACCEPTABLE DEFICIENT	AT-RIS	SK	□I	REPEAT FINDING

#### REMARKS:

The facility ensures supervision of the detainees in Special Housing Unit. The operations of the unit is supervised by staff that ensures detainees have all permitted items of personal property and access to medical services. Detainees in administrative segregation, protective custody, and disciplinary detention are housed separately. Logs have daily entries of any unusual detainee behavior. The sign-in log was reviewed and it revealed that supervisory staff makes daily visits of the Special Housing Unit.

AUDITOR'S SIGNATURE / DATE



# SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION

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

COMPONENTS	Y	N	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	⊠			Management & Training Corporation, Operational Policy and Procedures, No. 2.1.15, Subject-Special Housing Unit, provides written procedures for placing detainees in disciplinary segregation.
The sanctions for violations committed during one incident are limited to 60 days.	Ø			
A completed Disciplinary Segregation Order accompanies the detainee into the SMU.  • The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.	M			The detainee receives a disciplinary segregation order within 24 hours of placement in disciplinary segregation.
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals.  • After each formal review, the detainee receives a written copy of the decision and supporting reasons.	×			The chief of security conducts reviews of each detainee who has spent seven days in disciplinary segregation and every week thereafter for the first two months and every 30 days thereafter. The detainee is provided with a written copy of the decision.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	×			·
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	×			
Living conditions in disciplinary SMUs remain the same regardless of behavior.  • If no, does staff prepare written documentation for this action?  • Does the OIC sign to indicate approval.	×			
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	×			
The quarters used for segregation are:      Well-ventilated.     Adequately lighted.     Appropriately heated.     Maintained in a sanitary condition.	⊠			Otero County Processing Center SMU is well ventilated, properly lighted, heated, and in sanitary condition.
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	☒			
The number of detainees confined to each cell or room is limited to the number for which the space was designate.  • Does the OIC approve excess occupancy on a temporary basis?	×			All cells in the SMU are single occupancy.
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	×			

# 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.

OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.		TO SERVICE TO SERVICE TO		<u>- 60月 - 50                                 </u>
COMPONENTS	<b>Y</b>	N	NA	REMARKS
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.				
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day.  • Food is not used as punishment.	×			
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	Ø			
Detainees receive, unless documented as a threat to security:  Barbering services; Recreation privileges; Other-than-legal reading material; Religious material; The same correspondence privileges as other detainees; and Personal legal material.	×			
<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>	×			
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 visit all detainees in SMU three times daily, and supervisory staff visits daily.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	×			Detainees may visit once per week for 30 minutes.
<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>	⊠ ·			
<ul> <li>Visits from clergy are allowed.</li> <li>The clergy member is given the option of visiting/not visiting the segregated detainee.</li> <li>Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.</li> </ul>	⊠	<u> </u>		
<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> <li>Staff documents every incident of denied access to the law library.</li> </ul>	⊠			Upon written request to staff, the detainee is escorted to the law library.
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	$\boxtimes$			SMU maintains a Daily Activity Log of detainee-related activity, e.g., meals served, recreation, and visitors are recorded.

SPECIAL MANAGE Disciplinary Sec				
POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTION OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.				
COMPONENTS	Y	N	NA	REMARKS
The SPC's, the Special Management Housing Unit Record (I-888 or equivalent), is prepared as soon as the detainee is placed in the SMU.  • All I-888s are filled out by the end of each shift.  • The CDF/IGSA facility use Form.  • I-888 (or equivalent local form).	×			A Daily Activity Log is prepared when a detainee is placed in SMU.
<ul> <li>SMU staff record whether the detainee ate, showered, exercised, took medication, etc.</li> <li>Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc.</li> <li>The health care official sign individual records after each visit.</li> <li>The housing officer initials the record when all detainee services are completed or at the end of the shift.</li> <li>A new record is created weekly for each detainee in the SMU.</li> <li>The SMU retains these records until the detainee leaves the SMU.</li> </ul>	⊠			
ACCEPTABLE DEFICIENT	AT-RE	SK		REPEAT FINDING

Otero County Processing Center has a required Special Management Unit that isolates certain detainees from the general population. One unit, Administrative Segregation, houses detainees isolated for their own protection, while the other unit is for detainees being disciplined for an institution violation.

b6,67c September 18, 2008
AUDITOR'S SIGNATURE / DATE





POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL IT THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERA EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVESTOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.	TED OR TY	PEWRITT	en <mark>Mas</mark> t	ER INVENTORY LIST OF TOOLS AND
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.	×			The chief of security is responsible for developing tool control procedures and an inspection system.
Department heads are responsible for implementing this standard in their departments.				
Tool inventories are required for the:  • Maintenance Department;  • Medial Department;  • Food Service Department;  • Electronics Shop;  • Recreation Department; and  • Armory.	⊠			The maintenance shop, medical, food service, and the armory have the required tool inventory.
<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>				
The facility has a tool classification system. Tools are classified according to:  Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous).	×			The facility has two different tool classification systems: sensitive tools/class A, and non-sensitive (less dangerous) tools.
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.	×			Management & Training Corporation, Operational Policies and Procedures, No. 2.4.2, Subject-Tool Control, references procedures for the marking of tools with a departmental number.
The facility has an approved tool storage system.  The system ensures that all stored tools are accountable. Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice.	×			
Each facility has procedures for the issuance of tools to staff and detainees.	×			
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.				
Broken or worn out tools are surveyed and disposed of in an 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.	×			

TOOL INVENTORY AND ACCOUNTABILI COMPON	ITY DURING AN AUDIT.		BE CURRENT, FILED AND READILY AVAILA  NA REMARKS	
<b>◯</b> ACCEPTABLE	DEFICIENT	AT-RISK	REPEAT FINDING	

The tool control program at the Otero Processing Center functions at a high level of proficiency. Staff is aware of procedures for reporting lost or missing tools, inventory verification, and daily tool accountability. Inventory and tool files are accurate and current. Staff members in all areas of the institution are familiar with tool control requirements.

AUDITOR'S SIGNATURE / DATE



for

# 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.

ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.				MILLOSO AND INCHES DEVENTAN
STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS CONTROL OF THE DETAINEE CASE.	HANDLED	ONLY BY	тне ІСІ	FIELD OFFICE OR SUB-OFFICE IN
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.	☒			A review of training records revealed transportation staff is properly licensed.
Supervisors maintain records for each vehicle operator.	×	口		The transportation lieutenant maintains the records of each vehicle operator.
<ul> <li>Officers use a checklist during every vehicle inspection.</li> <li>Officers report deficiencies affecting operability; and</li> <li>Deficiencies are corrected before the vehicle goes back into service.</li> </ul>	×			
<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>	⊠			
<ul> <li>Two officers with valid CDLs required in any bus transporting detainees.</li> <li>When buses travel in tandem with detainees, there are two qualified officers per vehicle.</li> <li>An unaccompanied driver may transport an empty vehicle.</li> </ul>				
Before the start of each detail, the vehicle is thoroughly searched.	⊠			Observation of trip preparation revealed transport staff performs vehicle searches and inspections prior to departure.
Positive identification of all detainees being transported is confirmed.	$\boxtimes$			
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	×			Transporting staff conduct pat searches of detainees as they enter the 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.	×			Observation: transportation staff wore protective vests when transporting detainees.

# 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.

ENFORCEMENT OFFICERS ON AUTHORIZED CONTRACT PERSONNEL.				
STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS CONTROL OF THE DETAINEE CASE.	HANDLED	ONLY BY	THE ICE	FIELD OFFICE OR SUB-OFFICE IN
COMPONENTS	YES	No	NA	REMARKS
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.	×			Transportation Post Orders address the use of restraint 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.				
<ul> <li>Meals are provided during long distance transfers.</li> <li>The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.</li> </ul>				
<ul> <li>The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).</li> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative;</li> <li>Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule.</li> </ul>		⊠		The latrines on the buses were not clean and operational. There were no drinking-water containers on the buses.
Vehicles have:  Two-way radios; Cellular telephones; and Equipment boxes stocked in accordance with the Use of Force Standard.	×			
The vehicles are clean and sanitary at all times.		×		Inspection of Otero County Processing Center, transportation buses B-3, 4,5,7,13,17, and Van numbers V-9, and V-12, revealed these vehicles were not clean and sanitary.
Personal property of a detainee transferring to another facility is:  Inventoried; Inspected; and Accompanies the detainee.	×			

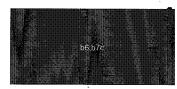
TRANSPORTATION  LAND TRANSPORTATION					
POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.					
STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.					
COMPONENTS	YES	No	NA	REMARKS	
The following contingencies are included in the written procedures for vehicle crews:  • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list includes women or minors				Interview with transportation staff and inspection of the buses, revealed there are no written contingencies maintained on the bus.	
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISE	ζ ,		REPEAT FINDING	

The latrines on the buses were not clean and operational. There were no drinking-water containers on the buses.

Inspection of MTC transportation buses B-3, 4,5,7,13,17, and Van numbers V-9, and V-12, showed these vehicles were not clean and sanitary.

Interview with transportation staff and inspection of the buses revealed there are no written contingencies maintained on the buses or vans.

AUDITOR'S SIGNATURE / DATE



POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES T REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY T DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICA APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:	THAT AMOI AND OTHE	UNT OF FORS, TO PR	ORCE NEO EVENT SI SSARY TO	CESSARY TO GAIN CONTROL OF THE ERIOUS PROPERTY DAMAGE AND TO
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.	⊠			Management & Training Corporation, Operational Policies and Procedures, No. 2.2.1, Subject-Use of Force, authorizes staff to use force when there is a threat to the safety of staff or detainees without the approval of a supervisor.
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.				
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	×			MTC Operational Policies and Procedures, No. 2.2.1, Subject-Use of Force, addresses calculated rather than immediate use of 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.				
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.				
Staff members are trained in the performance of the Use-of-Force Team Technique.	×			Initial and annual training agendas revealed staff receive training in the Use of Force Team Technique.
All use-of-force incidents are documented and reviewed.	$\square$			
<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>	×			
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	×			Interview with the chief of security revealed only medical staff authorizes the use of medication when it is necessary.
Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).	×			

USE OF FORCE

USE	OF	FOR	CE

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:

Standard procedures associated with using four-point restraints include:  Soft restraints (e.g., vinyl); Dressing the detainee appropriately for the temperature; A bed, mattress, and blanket/sheet; Checking the detainee appropriately for the temperature; Checking the detaine appropriately for the temper	COMPONENTS	YES	No	NA	REMARKS
Dressing the detainee appropriately for the temperature; A bed, mattress, and blanket/sheet; Checking the detainee at least every 15 minutes; Logging each check; Turning the bed-restrained detainee often enough to prevent soreness or stiffness; Medical evaluation of the restrained detainee twice per eight-hour shift; and When qualified medical staff is not immediately available, staff position the detainee "face-up".  The shift supervisor monitors the detainee's position/condition every two hours.  He/she allows the detainee to use the rest room at these times under safeguards.  All detainee checks are logged.  In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.  When the OIC authorizes use of non-lethal weapons:  Medical staff is consulted before staff use pepper spray/non-lethal weapons.  Medical staff is consulted before staff use pepper spray/non-lethal weapons.  Medical staff is consulted before staff use pepper spray/non-lethal weapons is authorized.  Special precautions are taken when restraining pregnant detainees.  Medical precautions are taken when restraining pregnant detainees.  All use of force incidents are reviewed by the chief of security, assistant warden, and warden.  All use of force incidents are reviewed by the chief of security, assistant warden, and warden.  All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.  Specialized training is given and Officers are certified in all devices they use.	Standard procedures associated with using four-point restraints include:				
A bed, mattress, and blanket/sheet; Checking the detainee at least every 15 minutes; Logging each check; Turning the bed-restrained detainee often enough to prevent soreness or stiffness; Medical evaluation of the restrained detainee twice per eight-hour shift; and When qualified medical staff is not immediately available, staff position the detainee "face-up".  The shift supervisor monitors the detainee 's position/condition every two hours. He/she allows the detainee 's position/condition every two hours.  He/she allows the detainee to use the rest room at these times under safeguards.  All detainee checks are logged. In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.  When the OIC authorizes use of non-lethal weapons:  Medical staff is consulted before staff use pepper spray/non-lethal weapons.  Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.  Special precautions are taken when restraining pregnant detainees.  Medical precautions are taken when restraining pregnant detainees.  Medical precautions are taken when restraining detainees with open cuts or wounds.  Staff documents every use of force and/or non-routine application of restraints.  All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.  Specialized training is given and Officers are certified in all devices they use.  In SPCs, is the Use of Force form is used? In other facilities (IGSAs/	<ul> <li>Soft restraints (e.g., vinyl);</li> </ul>			1	
Checking the detainee at least every 15 minutes; Logging each check; Turning the bed-restrained detaince often enough to prevent soreness or stiffness; Medical evaluation of the restrained detaince twice per eight-how shift; and When qualified medical staff is not immediately available, staff position the detaince "face-up".  The shift supervisor monitors the detaince of sposition/condition every two hours.  He/she allows the detaince to use the rest room at these times under safeguards.  All detaince checks are logged.  In special precautions are taken when restraining bregnant detainces.  Special precautions are taken when restraining pregnant detainces. Special precautions are taken when restraining pregnant detainces. Special precautions are taken when restraining pregnant detainces. Special precautions are taken when restraining pregnant detainces. Special precautions are taken when restraining pregnant detainces. Special precautions are taken when restraining pregnant detainces. Staff documents every use of force and/or non-routine application of restraints.  All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainces. Specialized training is given and Officers are certified in all devices they use.  In SPCs, is the Use of Force form is used? In other facilities (IGSAs/		-			
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	CDFs) is this form or its equivalent used?			니	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING	ACCEPTABLE DEFICIENT	AT-RISK	ζ	□F	REPEAT FINDING

Staff appears to have a sound understanding in the use-of-force procedures and the necessity to utilize confrontation avoidance procedures. Documentation suggests great concern for the safety of staff and detainees. Use-of-force files included required documentation and there is an appropriate level of review to ensure the effectiveness of the program.

/ September 18, 2008
AUDITOR'S SIGNATURE / DATE





STAFF DETAINEE COMMUNICATIONS  POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME						
FRAME.  COMPONENTS		   <b>y</b>	N	NA	REMARKS	
The ICE Field Office Director ensures t unannounced visits occur at the IGSA.	that weekly announced and	×			ICE staff ensures weekly visits occur. ICE officials usually visit daily.	
Detention and Deportation Staff conduct s detainees held in the IGSA.	scheduled weekly visits with	×				
Scheduled visits are posted in ICE detainee	areas.	×			Schedules are posted in the housing units.	
Visiting staff observe and note current confinement at each IGSA.					ICE officials observe the current climate and conditions of confinement and use checklists to document their findings.	
ICE information request Forms are available detainees.	e at the IGSA for use by ICE					
The IGSA treats detainee correspondence Correspondence.		×				
ICE staff responds to a detainee request from	m an IGSA within 72 hours.	⊠			ICE officials provided ICE information request forms weekly.	
ICE detainees are notified in writing upon their right to correspond with ICE staff regar of confinement.					Detainees are being notified of their right to correspond with ICE official at the initial orientation.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

Staff detainee communications are excellent at the facility. ICE staff ensures weekly visits occur and ICE officials usually visit daily. ICE officials observe the current climate and conditions of confinement and use checklists to document their findings. Housing Units include the postings of the OIG hotline information, sexual harassment/assault prevention and reporting information, as well as probono legal telephone numbers and consulate office telephone numbers.

AUDITOR'S SIGNATURE / DATE



# DETAINEE TRANSFER STANDARD

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

COMPONENTS	Y	N	NA	REMARKS
When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the				
detainee's Deportation Officer.			П	
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.			🗆	
The deportation officer is allowed discretion regarding the timing of the	1521			
notification when extenuating circumstances are involved.	X			
The attorney and detainee are notified that it is their responsibility to	$\boxtimes$			
notify family members regarding a transfer.				
Facility policy mandates that:	,			
• Times and transfer plans are never discussed with the detainee prior to transfer;	i	:		
• The detainee is not notified of the transfer until immediately		П		
prior to departing the facility; and				
The detainee is not permitted to make any phone calls or have	-			•
contact with any detainee in the general population.				<u> </u>
The detainee is provided with a completed Detainee Transfer Notification	$\boxtimes$			
Form.				
Form G-391 or equivalent authorizing the removal of a detainee from a				
facility is used.  For medical transfers:				
m m . 1				
The Detainee Immigration Health Service (or IGSA) (DIHS)     Medical Director or designee approves the transfer;				
<ul> <li>Medical transfers are coordinated through the local ICE office;</li> </ul>	$\boxtimes$			
and			· <del></del>	
<ul> <li>A medical transfer summary is completed and accompanies the</li> </ul>				
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	$\boxtimes$			
Medical Confidential.				
For medical transfers, transporting officers receive instructions regarding	57			
medical issues.	$\boxtimes$			
Detainee's funds, valuables, and property are returned and transferred	$\boxtimes$		П	
with the detainee to his/her new location.			<u> </u>	
Transfer and documentary procedures outlined in Section C and D are	$\boxtimes$			•
followed.				
Meals are provided when transfers occur during normally schedule meal	$\boxtimes$			
times.  An A File or work folder accompanies the detainee when transferred to a	·			
different field office or sub-office.	$\boxtimes$			
WILLIAM MINE OF DRO ATTON				

DETAINEE TRANSFEI					
POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINE	. 1 9	3.5.1.7.6		D. A. G. G. M. A. M. G. M. G. M.	
JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WIL				しんしょう だいた だない しょうこうそう かうし さいたいがっし はん さかんかい とかい	
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 ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE.					
COMPONENTS	Y	N	NA	REMARKS	
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	×				
ACCEPTABLE DEFICIENT	AT-RISE	ζ .		REPEAT FINDING	

All ICE detainees are evaluated and approved by ICE prior to transportation by the facility staff. ICE detainees are released only to the custody of ICE officials.

September 18, 2008 AUDITOR'S SIGNATURE / DATE

