

Condition of Confinement Review Worksheet*(This document must be attached to each G-324A Inspection Form)***This Form to be used for Inspections of all Facilities Used Over 72 Hours****ICE Detention Standards Review Worksheet****REVIEW TEAM USE: (Edits Permitted, ALL FIELDS REQUIRED)**

Facility Information			
Facility Name: Polk County Adult Detention Center		Review Purpose: Annual	
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	3400 FM 350 South		
City: Livingston	State: TX	Zip Code: 77351	
County:	Polk		
CEO Name:	(b)(6);(b)(7)(C)	CEO Title: Warden	
Review Information (Use following format for dates: mm/dd/yyyy)			
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ICE HQ USE ONLY: (DO NOT EDIT*)

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*If Edits are required, contact ICE HQ for an updated form.

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G-324A (NDS) With SAAP1 (Coded 09202013) Detention Inspection Form Worksheet for IGSA's - Rev: 09/20/2013 - Form Key 10

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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 Service Standards

ACCESS TO LEGAL MATERIALS (Key: A)		
POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility provides a designated law library for detainee use.	Meets Standard	
2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.	Meets Standard	All materials listed in Attachment A are provided through the LexisNexis electronic law library. The posting of materials is not required.
3. The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	Meets Standard	The library is furnished with sufficient chairs and tables providing workspace for detainees. The room is well lighted and quiet.
4. The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	Meets Standard	There are five computers with word processing capabilities, four printer/copiers and two typewriters available for use in the library. Sufficient supplies are available.
5. In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	Meets Standard	
6. Where provided, the Lexus Nexus library is updated and is current.	Meets Standard	LexisNexis was updated in October 2015.
7. Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.	Meets Standard	Materials approved by ICE will be accepted for inclusion in the legal library. If the materials are in a language other than English, an English translation must be provided. ICE will make a decision regarding the materials within 45 days of the request.
8. There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	Meets Standard	The law library technician inspects the materials and equipment daily. ICE personnel inspect the library weekly and provide updated materials as they are received from the field office.
9. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	Meets Standard	

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10. Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	Meets Standard	Any request that cannot be fulfilled by the facility will be forwarded to ICE. Copies of court decisions are provided as soon as possible.
11. Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	Meets Standard	Detainees are permitted to assist other detainees voluntarily and free of charge.
12. Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	Meets Standard	LexisNexis is available in English and includes a Spanish tutorial. Other assistance is provided upon request by the library technician.
13. 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.	Meets Standard	
14. Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	Meets Standard	Detainees housed in the special management unit are permitted access to the law library. If there are security concerns; requested materials will be delivered to the detainee. The facility does not deny access to legal materials.
15. All denials of access to the law library fully documented.	Meets Standard	There have been no denials of access to the law library. Personnel interviewed stated that if this were to occur it would be documented and ICE would be notified.
16. Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	Meets Standard	
17. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	Meets Standard	Policy and the facility handbook address this component.

ACCESS TO LEGAL MATERIALS – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

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Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

ICE determines acceptance of outside published materials into the law library based on usefulness of the materials and space limitations, and notifies the submitter if materials are declined. Outdated legal materials are removed from the law library and damaged or stolen materials are replaced as necessary.

Each detainee has the opportunity to research his legal status and is provided the necessary equipment and materials.

Detainees obtain photocopies for a legal proceeding by sending a request to the library technician. These requests are denied only if the document poses a security risk, threat to orderly operations, violation of any law or regulation and/or the request is clearly abusive or excessive. The library technician inspects documents offered for photocopying to ensure they comply with these rules, but does not read legal documents.

Unrepresented detainees requesting a notary public, certified mail, or other such services to pursue a legal matter are provided this assistance by staff if unable to secure the services by other means. The detainee handbook provides law library information. Detainees are permitted to spend additional time in the law library upon request.

During the evaluation of this standard, the law library was inspected; the LexisNexis program was manipulated; employees and detainees were interviewed; and policy and the detainee handbook were reviewed. All detainees interviewed stated that they were aware of the law library and that they had no complaints or issues concerning access to legal materials.

Overall Rating: Meets Standard

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
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Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

ADMISSION AND RELEASE (Key: B)		
POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. 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.	Meets Standard	Detainees are issued a facility handbook and the ICE National Detainee Handbook during the intake process. The handbooks are available in English and Spanish. Detainees also view an orientation video which addresses all of the listed topics. The video is currently available in English only. Intake personnel answer any questions that a detainee may have. A telephonic translation service is available if needed.
2. Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	Meets Standard	Medical screenings are performed by medical staff during the intake process.
3. Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	Meets Standard	Detainees are classified by facility personnel using the I-213 provided by ICE for each detainee.
4. All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	Meets Standard	Upon admission, a detainee is pat searched and clothing is thoroughly searched. The searches are conducted in the intake area, which provides a degree of privacy. There is no Detainee Search standard in the National Detention Standards.
5. 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.	Meets Standard	Reasonable suspicion that a detainee is in possession of contraband and prior approval from ICE and the OIC is required for a strip search.
6. The "Contraband" standard governs all personal property searches. IGSA's/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.	Meets Standard	All detainee property is searched and inventoried during the intake process. A copy of the inventory is provided to the detainee.
7. Staff completes Form I-387 or similar form for CDFs and IGSA's for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	Meets Standard	Lost or missing property claims are documented on a local form which is forwarded to onsite ICE staff.

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8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	Meets Standard	The facility is temperature controlled.
9. The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	Meets Standard	Personal hygiene items are provided during in-processing and replenished as needed. The facility does not house female ICE detainees.
10. All releases are properly coordinated with ICE using a Form I-203.	Meets Standard	A signed Form I-203 is required for release of an ICE detainee.
11. Staff completes paperwork/forms for release as required.	Meets Standard	

ADMISSION AND RELEASE – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

A telephonically based language service provides translation for detainees who do not speak English. This service is available during the orientation process as needed.

Institutional clothing, including undergarments, is provided. Personal clothing is not permitted. Combs are provided to detainees.

The evaluation of this standard included: review of policy, employee interviews, a tour of the intake area, and examination of admission documents.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

CLASSIFICATION SYSTEM (Key: C)		
POLICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a system for classifying detainees. In CDFs and IGSA's, an Objective Classification System or similar is used.	Meets Standard	Detainees are classified by facility personnel at this IGSA using an objective classification system.
2. The facility classification system includes: Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision.	Meets Standard	Detainees are classified upon arrival during the intake process. If a detainee cannot be classified at this time he will be separated from the general population until classification can be completed. The classification supervisor reviews every classification decision.
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	Meets Standard	Intake and classification officers review the I-213 and other documentation provided by ICE to identify and classify each new arrival and determine housing requirements. There are no A-files at the facility.
4. Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.	Meets Standard	
5. Housing assignments are based on classification-level.	Meets Standard	
6. A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	Meets Standard	Detainees recreate with other detainees with similar classification designations.
7. Detainee work assignments are based upon classification designations.	Meets Standard	
8. The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	Meets Standard	A reassessment/reclassification is performed sixty days after the initial classification. Subsequent reassessments are performed at ninety day intervals. Detainees may request reassessment at any time.
9. Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	Meets Standard	Detainees may appeal their classification designation to the assistant OIC who may reduce a classification level on appeal.

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10. Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.	Meets Standard	The classification supervisor stated that classification appeals are resolved and the detainees are notified of the outcome within five business days.
11. Classification designations may be appealed to a higher authority, such as the Warden or equivalent.	Meets Standard	Classification designations may be appealed to the OIC.
12. The Detainee Handbook or equivalent for IGSA's explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard	

CLASSIFICATION SYSTEM – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

Trained facility personnel classify detainees using information provided by ICE on Form I-213. ICE does not provide a Risk Classification Assessment (RCA) for each detainee. Detainees are assigned color coded uniforms and ID cards which correspond to the classification/housing level. The classification supervisor ensures that each detainee has been assigned to the appropriate housing unit. A staff member may recommend changes in classification due to incidents while in custody, a classification appeal by a detainee or recognized representative, or specific, articulable facts that surface after in-processing.

Medium custody detainees have no recent convictions for any offense listed under the highest section of the severity of offense guideline and no pattern or history of violent assaults, whether convicted or not. High custody detainees are considered a high-risk category and are assigned to high security housing. High custody detainees are always monitored and escorted.

During the evaluation of this standard, policy and the detainee handbook were reviewed, employees were interviewed, housing units were inspected, and classification documents were examined.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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CORRESPONDENCE AND OTHER MAIL (Key: D)		
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	RATING	REMARKS (1000 CHAR MAX)
1. The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.	Meets Standard	The rules for correspondence and other mail are provided to each detainee in the facility handbook and are posted in the housing units.
2. The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	Meets Standard	Key information is in English and Spanish which are the languages spoken by the majority of the detainees.
3. Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	Meets Standard	
4. Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	Meets Standard	
5. Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.	Meets Standard	General correspondence is opened and inspected in the presence of the detainee.
6. Staff does not read incoming general correspondence without the Warden's prior written approval.	Meets Standard	Incoming general correspondence is not read without prior written approval from the OIC.
7. Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	Meets Standard	Incoming special correspondence is opened in the presence of the detainee who signs a log verifying the action.
8. Staff is prohibited from reading or copying incoming special correspondence.	Meets Standard	
9. Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	Meets Standard	Outgoing correspondence is sealed by the detainee and is not opened without the detainee present.
10. Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	Meets Standard	
11. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	Meets Standard	Written notice is provided to the sender and the addressee when incoming mail is rejected.

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12. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	Meets Standard	A signed written notice is provided to the detainee when outgoing mail is censored or rejected.
13. Staff maintains a written record of every item removed from detainee mail.	Meets Standard	
14. The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	Meets Standard	
15. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	Meets Standard	The facility does not accept cash through the mail. If cash is discovered in incoming mail it is documented and returned to the sender. The detainee is provided with a signed written notice that the cash was rejected.
16. Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	Meets Standard	Original identity documents are forwarded to ICE.
17. Staff provides the detainee a copy of his/her identity document(s) upon request.	Meets Standard	
18. 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 IGSA's.	Meets Standard	
19. 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.	Meets Standard	Detainees with less than \$15.00 in their account are provided postage for the items listed in this component.
20. 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.	Meets Standard	Detainees may purchase unlimited stamps from the commissary.
21. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard	

CORRESPONDENCE AND OTHER MAIL – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

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Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

The handbook and postings in the housing units inform detainees that they may receive mail and provide the mailing address of the facility; instructions on how envelopes should be addressed; procedures for sending mail; information about identity documents received in the mail; instructions on how outgoing mail must be addressed; guidelines for and definition of special correspondence; descriptions of mail that may be rejected or received; instructions on package receipt; information about free postage; and instructions on the proper labeling for special correspondence.

Detainees may not receive compensation for correspondence with the news media and may not act as a reporter or publish under a byline. News media may initiate correspondence with a detainee.

To evaluate this standard, employees and detainees were interviewed, policy was reviewed, housing unit postings were examined, and the local and National Detainee Handbooks were reviewed. All detainees interviewed stated that they had no complaints regarding correspondence.

Overall Rating: Meets Standard

Reviewer Name (Printed)

(b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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DETAINEE HANDBOOK (Key: E)		
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	RATING	REMARKS (1000 CHAR MAX)
1. The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).	Meets Standard	Detainees are issued a handbook and the ICE National Detainee Handbook. Both handbooks are available in English and Spanish. Detainees are required to acknowledge, by signature, receipt of the handbook.
2. The handbook is supplemented by the facility orientation video, where one is provided.	Meets Standard	The detainees are shown an orientation video upon arrival. The video, which supplements the handbook, also plays in the housing unit three days a week.
3. All staff members receive a handbook and training regarding the handbook contents.	Meets Standard	Employees receive a copy of, and training on, the handbook during the initial orientation training.
4. The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	Meets Standard	The handbook is revised as needed. Changes are communicated to employees through roll calls. Detainees are notified through postings in the housing units.
5. There an annual review of the handbook by a designated committee or staff member.	Meets Standard	The handbook is revised annually by administrative employees.
6. The detainee handbook addresses the following issues: <div style="margin-left: 20px;">Personal Items permitted to be retained by the detainee; and</div> <div style="margin-left: 20px;">Initial issue of clothes, bedding and personal hygiene items.</div>	Meets Standard	The handbook addresses personal items permitted to be retained by the detainee, as well as the initial issuance of clothes, bedding and personal hygiene items.
7. The detainee handbook states in clear language the basic detainee responsibilities.	Meets Standard	
8. The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	Meets Standard	
9. The handbook states when a medical examination will be conducted.	Meets Standard	The handbook states that detainees will receive a medical examination within fourteen days of arrival.
10. The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.	Meets Standard	

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11. 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.	Meets Standard	All of the stated requirements of this component are included in the handbook.
12. The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	Meets Standard	The handbook outlines the daily procedure for obtaining and returning disposable razors and informs detainees that they are allowed to shave first prior to appearing in court.
13. The handbook describes barber hours and hair cutting restrictions.	Meets Standard	The handbook states that detainees may receive a free haircut and informs them that the barbering schedule is posted in the housing unit. The handbook does not include the haircutting restrictions; however, a revision to the handbook that was posted in the housing unit contained the haircutting restrictions.
14. 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.	Meets Standard	All the requirements of this component are included in the handbook.
15. The handbook addresses religious programming.	Meets Standard	
16. The handbook states times and procedures for commissary or vending machine usage, where available.	Meets Standard	There are no vending machines available for detainee use. The handbook describes the procedures and time frames for ordering commissary.
17. The handbook describes the detainee voluntary work program.	Meets Standard	The handbook includes a description of the voluntary work program.
18. The handbook describes the library location and hours of operation, and law library procedures and schedules.	Meets Standard	The handbook does not describe the location of the library and law library, however, a revision to the handbook that was posted in the housing unit described the locations of both libraries.
19. The handbook describes attorney and regular visitation hours, policies, and procedures.	Meets Standard	
20. The handbook describes the facility contraband policy.	Meets Standard	
21. The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

22. The handbook describes the correspondence policy and procedures.	Meets Standard	
23. 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.	Meets Standard	The handbook provides a summary of the policies and procedures within the disciplinary program, including the prohibited acts, severity scale sanctions and the time limits within the process.
24. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDF facilities: procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security.	Meets Standard	All of the bulleted requirements of this component are included in the handbook.
25. The detainee handbook describes the medical sick call procedures for general population and segregation.	Meets Standard	
26. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours.	Meets Standard	The handbook does not describe the hours for indoor and outdoor recreation; however, a revision to the handbook that was posted in the housing unit contained the hours for both the indoor and outdoor recreation.
27. The handbook describes the detainee dress code for daily living; and work assignments.	Meets Standard	
28. The handbook specifies the rights and responsibilities of all detainees.	Meets Standard	

DETAINEE HANDBOOK – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>		
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> Every detainee receives a copy of the handbook and the ICE National Detainee Handbook. A review of the handbooks verified that they accurately describe the rules, programs, procedures and requirements for detainees during their detention. The detainee handbook was free from derogatory or insensitive statements about detainee religion or culture.		
Overall Rating: Meets Standard		
Reviewer Name (Printed):	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
Reviewer Signature (for printed form submission):		

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. 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.	Meets Standard	The food service program is under the direction of a trained food service administrator (FSA). The FSA is currently on medical leave and the department is being supervised by a sergeant who previously worked in the department before being promoted to sergeant. Both the FSA and sergeant are ServSafe certified. The responsibilities of staff are in writing and determined by the FSA.
2. The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.	Meets Standard	The cook supervisors are on duty when the FSA is off duty and vice versa.
3. 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	Meets Standard	
4. Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	Meets Standard	The department does not use knives. Dough cutters are used in lieu of knives. The cabinet that the tools and dough cutters are stored in is secured by an approved locking device. Personnel assigned to the department maintain control of the key that locks the device.
5. All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	Meets Standard	There is no secure cutting room. Knives are not used in the food service department. The dough cutters that are used in lieu of knives have a metal cable attached that is secured to the workstation. Staff directly supervises the detainees using the dough cutters. Staff monitors the condition of all utensils.
6. When necessary, special procedures govern the handling of food items that pose a security threat.	N/A	The department does not use any of the products which are identified by the standard as posing a security threat.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

7. Operating procedures include daily searches (shakedowns) of detainee work areas.	Meets Standard	Post orders for the kitchen direct employees to perform daily area searches of detainee work areas.
8. The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.	Meets Standard	
9. The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	Meets Standard	ICE detainees were neat and clean and wearing the appropriate headgear, gloves and hair restraints.
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	Meets Standard	Job descriptions were updated 05/01/2015.
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	Meets Standard	ICE detainees working in the department have received documented instruction on the rules and regulations of the kitchen.
12. 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.	Meets Standard	The orientation program provides training on all of the bulleted topics required by this component.
13. The Cook Supervisor documents all training in individual detainee detention files.	Meets Standard	Documentation of training for workers is maintained in training files in the food service office as well as in the detention files.
14. Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSA's are subject to local and state rules and regulations regarding detainee pay.	Meets Standard	ICE detainee workers are compensated in accordance to the Voluntary Work Program standard and are paid one dollar per day.
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	
16. For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	Meets Standard	All detainee meals are served on trays and consumed in the housing units. This type of feeding program does not require sneeze guards, as there is no serving line or salad bar.
17. The facility has a standard 35-day menu cycle. IGSA's use a 35 day or similar system for rotating meals.	Meets Standard	A 35-day cycle menu is used for rotating meals.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

18. The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	Meets Standard	For ethnic diversity, the menus include meals such as tacos, picadillo, chorizo, enchilada casserole, tortillas, chili burritos, Spanish rice, chicken spaghetti, beef stew and pinto beans.
19. A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	Meets Standard	
20. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	Recipes are followed when prepared food items are served on the menu.
21. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification With copy to FSA	Meets Standard	The cook supervisors are authorized to make menu changes. All changes must be documented, notating the substitution and the justification for the change. The FSA reviews the form daily.
22. All staff and volunteers know and adhere to written "food preparation" procedures.	Meets Standard	
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	Requests for religious diets are approved by the chaplain and forwarded to the FSA.
24. 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., to prepare the common-fare diet items.	Meets Standard	A common-fare program is available to detainees whose dietary requirements cannot be met on the main menu. The common-fare program satisfies the nutritional recommended daily allowances and offers hot entrees twice daily. Staff use separate preparation utensils and serve the meals on disposable wares. Changes to the planned common-fare menu can be made at the local level. There are no instant breakfasts or instant beverages that require hot water.
25. A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	Meets Standard	
26. 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.	Meets Standard	The FSA is provided with a schedule of the religious ceremonial meals; however the schedule does not include the estimated number of participants and the special foods required for each group.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

27. The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.	Meets Standard	The common-fare program is available to accommodate detainees' religious needs during special religious observations throughout the year. The common-fare menu is based on a 35-day cycle. The FSA does not prepare a quarterly cost estimate for the common-fare program.
28. The food service program addresses medical diets.	Meets Standard	
29. Satellite-feeding programs follow guidelines for proper sanitation.	Meets Standard	
30. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	Meets Standard	Employees use thermometers at each meal to ensure that food items are within the prescribed "safe" temperature ranges. Observation of the lunch meal verified that proper temperatures are maintained and documented. Food is plated and delivered well within the two hour time frame.
31. All meals are provided in nutritionally adequate portions.	Meets Standard	
32. Food is not used to punish or reward detainees based upon behavior.	Meets Standard	
33. The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food; and The sanitary operation, care, and maintenance of equipment.	Meets Standard	The training program instructs ICE detainee volunteers on all of the bulleted requirements of this component.
34. Everyone working in the food service department complies with food safety and sanitation requirements.	Meets Standard	
35. Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. Who conducts the inspections?	Meets Standard	The FSA conducts weekly inspections of the food service department.
36. Equipment is inspected for compliance with health and safety codes and regulations. When was the most recent inspection? Which agency conducted the inspection?	Meets Standard	An independent, external source conducts annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. The Texas Department of Health Services conducted the last inspection on 2/15/2015.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

37. Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	Meets Standard	
38. Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	Meets Standard	Dish machine temperatures are observed and documented during each operation.
39. Staff documents the results of every refrigerator/freezer temperature check.	Meets Standard	Cooler and freezer temperatures are observed and recorded daily. Dry goods storeroom is also monitored and recorded daily.
40. The cleaning schedule for each food service area is conspicuously posted.	Meets Standard	
41. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	Meets Standard	
42. Storage areas are locked when not in use.	Meets Standard	Storage areas are locked and equipped with safety locks that open easily from the inside.

FOOD SERVICE – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

Observation of actual work processes, review of policies, and interviews with employees indicated that the food service department provides detainees with nutritious meals prepared in accordance with the industry standards. Meals are served in an unregimented manner. The dining tables in the units facilitate free seating, ease of movement, and ready supervision.

There is an established meal schedule for detainee food service workers. Prepared food items that have not been placed on the serving line are not retained for later use and are discarded. All prepared foods held in the refrigerators are labeled to identify the product, preparation date and time. Sack meal contents are consistent with requirements of the food service standard. Detainees in segregation are given sack meals only with the OIC's authorization. Medical staff is consulted when sack meals are ordered. Sack lunches for transportation are not prepared solely by food service staff as required by the standard.

Staff and detainees receive a pre-employment medical examination. A daily hygiene check is conducted on all detainees at the start of each shift. Detainees working in the food preparation and serving areas are not attired in white uniforms. The acting FSA stated that detainees were issued white jumpsuits to wear over their uniforms, but none of the workers were observed wearing the jumpsuits. All food service personnel are not provided or wearing approved rubber sole safety shoes as required by the standard. However, it should be noted that the food service standard also states that safety shoes shall be worn only in FSA designated foot hazard areas.

A sink with at least three labeled compartments is used for manually washing, rinsing, and sanitizing utensils and equipment. Chemicals used for sanitizing are dispensed at the appropriate ppm level and temperature. The dishwasher, including the automatic dispensers for detergents, wetting agents, and liquid sanitizer, are maintained in good repair. Utensils and equipment placed in the machine are exposed to all cycles. Moist cloths for wiping food spills on kitchenware and food-contact surfaces on equipment are clean, rinsed frequently and soaked in approved sanitizing solution between uses. The sanitizing solution is at the appropriate ppm level.

Ground fault protection is provided in the food service department, however, documentation of that fact has not been provided to the FSD by maintenance personnel. Lights in food production areas, utensil and equipment washing areas and other areas displaying or storing food, equipment or utensils are equipped with protective shielding. Fixed fire suppression systems are installed over all fryers, grills and other open flame devices. The systems are connected to the control room's annunciator panel and are equipped with a locally audible alarm. Grills and deep fat fryers are equipped with automatic fuel or energy cut off controls. Hood systems are cleaned after each use and inspected every six months by a qualified contractor. The meat slicer is equipped with an anti-restart device. Toxic chemicals are used in accordance with the standard on environmental health and safety. The FSA is responsible for pest control in the food service department. There are no outside doors where food is prepared, stored, or served that would require an air curtain to protect against insects and other rodents. Adequate and conveniently located toilet facilities are provided to all food service staff and detainee workers.

A tilt skillet was added to the food service preparation area in a location that did not have a floor drain. A raised stainless steel drain was fabricated and installed in front of the tilt skillet. The drain is significantly above floor level and could constitute a trip and or slip hazard.

The facility maintains a fifteen-day food supply. Inventory levels are established, monitored, and periodically adjusted to correct excesses or shortages.

The common-fare menu is based on a 35-day cycle. However, there is no provision for a ten-day federal holiday menu.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

FUNDS AND PERSONAL PROPERTY (Key: G)

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.

Standard N/A

Click the above button (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).	Meets Standard	Detainees are not authorized to possess cash. U.S. currency is surrendered, recorded and placed in an envelope, which is dropped into a locked box, until the business office supervisors deposit the funds into the detainee's commissary account. Foreign currency is itemized and secured with the detainee's valuable property. Valuable property is separated, itemized and secured in a valuable property cage. Both the funds and valuables are accessible only by designated supervisors.
2. Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	Meets Standard	
3. Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSA's and CDFs, using a personal property inventory form that meets the ICE standard?	Meets Standard	Intake personnel use a property inventory receipt form to itemize and categorize baggage, personal property, funds and valuables. The form is comparable to ICE property forms.
4. Staff forwards an arriving detainee's medication to the medical staff.	Meets Standard	Medications are surrendered to medical staff during intake.
5. Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.	Meets Standard	Supervisors conduct daily audits of the non-valuable property.
6. Two officers are present during the processing of detainee funds and valuables during in-processing to the facility. Both officers verify funds and valuables.	Meets Standard	Two officers are present to verify the processing of ICE detainee funds and valuables.
7. Staff searches arriving detainees and their personal property for contraband.	Meets Standard	Arriving detainees and their personal property are searched for contraband.
8. Staff procedures follow written policy for returning forgotten property to detainees.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

9. Property discrepancies are immediately reported to the CDEO or Chief of Security.	Meets Standard	All property discrepancies are communicated up the chain of command to the assistant OIC, who also notifies ICE.
10. Staff follows written procedures when returning property to detainees.	Meets Standard	
11. CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	Meets Standard	Lost/missing property claims are investigated by a supervisor. The facility does not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim. The OIC will notify ICE of all claims and outcomes. Claims are paid immediately following the conclusion of the investigation.
12. The facility attempts to notify an out-processed detainee that he/she left property in the facility: By sending written notice to the detainee's last known address; Via certified mail; and The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.	Meets Standard	Abandoned property belonging to ICE detainees is forwarded to ICE officials, who follow the bulleted requirements of this component.
13. 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.	Meets Standard	Policy requires that all abandoned property is immediately forwarded to ICE.

FUNDS AND PERSONAL PROPERTY – REVIEWER SUMMARY		
(Use following format for dates: mm/dd/yyyy)		
Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max) Policy reviews, employee interviews and inspection of the property room revealed that practices are sufficient to ensure that detainee property is safeguarded and controlled under conditions that enhance the security of detainee property. Detainees are permitted to keep in their possession reasonable quantities of personal property, if the particular items do not pose a threat to the security or good order of the facility. The local handbook notifies the detainees of the policies and procedures concerning items they may retain in their possession, rules for storing or mailing unauthorized property, the procedures for claiming property, and the procedures for filing a property claim. This IGSA facility does not have secured storage areas to store property in the housing units. Each bed is equipped with a mesh bag to store personal property. To prevent storage problems, the facility allows extra property to be sent to a third party of the detainees' choice. If detainee property is shipped, it is inventoried and a record is maintained. A copy of the record is placed in the detention file. Standard policy requires staff to obtain a forwarding address from every detainee who has personal property that can become lost or forgotten upon the detainee's release, transfer or removal. There is a commissary where detainees can purchase store items.		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

DETAINEE GRIEVANCE PROCEDURES (Key: H)

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

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. 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.	Meets Standard	Policy provides for an informal grievance process. Detainees have up to five calendar days after the event to make his concerns known to employees.
2. 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.	Meets Standard	Detainees have access to a grievance coordinator and may receive assistance from other detainees or employees when preparing a grievance. If the detainee is illiterate, disabled or non-English speaking, the decision will be read or translated into the detainee's language. A translation service is also available to assist non-English speaking detainees. Special assistance is available for those detainees needing additional help.
3. Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	Meets Standard	Policy defines an emergency grievance and outlines the procedures for expediting the process. Employees receive training regarding grievance procedures during initial and annual training.
4. There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: If yes, explain.	Meets Standard	There are no documented or substantiated cases of retaliation against detainees who have lodged a complaint.
5. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complaints" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed.	Meets Standard	A grievance log is maintained on all ICE detainee grievances. The facility processes and files all grievances and identifies any grievance deemed to be a nuisance a frivolous grievance.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

6. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	Meets Standard	
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DETAINEE GRIEVANCE PROCEDURES – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

A review of policy and interviews with staff verified that procedures are in place for addressing detainee grievances in a timely manner. Upon admission, each detainee receives a copy of the ICE National Detainee Handbook and a site-specific handbook that provides notice of all grievance procedures. The handbook explains how to file an informal and formal grievance, the procedures for filing an appeal, including the availability of assistance in preparing a grievance. The handbook also delineates the procedures for resolving a grievance or appeal, including the right to proceed to the OIC and/or ICE level. It also describes the procedures to file a complaint about officer misconduct directly with the Department of Homeland Security. Policy is in place to expedite emergency grievances and employees are required to forward any grievance that includes officer misconduct to ICE. There have only been four grievances filed since the current management's operation began on 05/01/2015. A review of the processing timelines verified that detainees received prompt and appropriate responses to these grievances.

Overall Rating: Meets Standard

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 01/07/2016
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Reviewer Signature (for printed form submission):

GROUP LEGAL RIGHTS PRESENTATIONS (Key: I)

Policy: Facilities housing ICE detainees shall permit AUTHORIZE persons to make presentations to groups of detainees for the purpose of informing them of U.S. immigration law and procedures, consistent with the security and orderly operation of each facility. ICE encourages such presentations, which instruct detainees about the immigration system and their rights and options within it.

Standard N/A

Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	N/A	
2. Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives.	N/A	
3. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	N/A	
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	N/A	
5. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	N/A	
6. When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend.	N/A	
7. Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are documented.	N/A	
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.	N/A	
9. Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session.	N/A	
10. Staff permits presenters to distribute ICE-approved materials.	N/A	
11. Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff is present but do not monitor conversations with legal providers.	N/A	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations.	N/A	
13. The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside organizations.	N/A	
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	N/A	

GROUP LEGAL RIGHTS PRESENTATIONS – REVIEWER SUMMARY		
<i>(Use following format for dates: mm/dd/yyyy)</i>		
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> The OIC advised that there have been no legal rights group presentations at the facility in the past twelve months.		
Overall Rating: N/A		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
Reviewer Signature (for printed form submission):		

Issuance and Exchange of Clothing, Bedding, and Towels (Key: J)		
POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. 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.	Meets Standard	Policy outlines the procedures for the issuance and exchange of clothing, bedding, linens and towels. The supply of these items exceeds the minimum required for the number of detainees housed.
2. All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive: One uniform shirt and one pair of uniform pants, or one jumpsuit; One pair of socks; One pair of underwear (Daily change); and One pair of facility-issued footwear.	Meets Standard	The standard issue of clothing consists of two uniforms, two pairs of undergarments, two pairs of socks and one pair of footwear. The clothing appears clean, temperature appropriate and presentable.
3. Additional clothing is available for changing weather conditions, or as seasonally appropriate.	N/A	This is not a SPC or CDF facility. At this IGSA facility, additional clothing is not available for changing weather conditions or as seasonally appropriate.
4. New detainees are issued clean bedding, linens, and towels. They receive at a minimum: One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.	Meets Standard	Detainees are issued a mattress, a blanket, two sheets, a pillowcase and a towel. Additional blankets are not issued due to thermostatically controlled temperatures in the units; however, detainee requests for additional blankets are considered on a case by case basis.
5. Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP

6. Detainees are provided clean clothing, linen and towels. Socks and undergarments - exchanged daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.	Does Not Meet Standard	The amount of clothing, linens and towels issued are adequate to ensure that detainees are provided clean exchanges except for the socks and undergarments. The socks and undergarments are laundered five days a week which prevents the detainees from having a daily exchange. The laundry schedule was revised with an implementation date of 01/09/2016. The revision was to begin laundering of socks and undergarments seven days per week.
7. Food service detainee volunteer workers are permitted to exchange outer garments daily.	Meets Standard	ICE detainees assigned to food service receive a clean change of clothes daily.
8. Volunteer detainee workers are permitted to exchange outer garments more frequently.	Meets Standard	Volunteer detainee workers are allowed clean changes of clothes when necessary.

Issuance and Exchange of Clothing, Bedding, and Towels – REVIEWER SUMMARY			
<i>(Use following format for dates: mm/dd/yyyy)</i>			
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i>			
A review of policy and interviews with staff verified that detainees receive the appropriate quality and quantity of clothing, bedding, linen, and towels. The issuance and exchange of clothing, bedding, and towels is conducted in accordance with the standard. Clothing exchanges are provided on a one-for-one basis to prevent hoarding and otherwise ensure an adequate supply of clothing. Detainees are not permitted to wash clothing items in the housing unit at this IGSA facility. The color of the uniform depends on the detainee's classification level.			
Overall Rating: Meets Standard			
Reviewer Name (Printed)	(b)(6);(b)(7)(C)		Completion Date: 1/7/2016
Reviewer Signature (for printed form submission):			

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

Marriage Requests (Key: K)		
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The Field Office considers detainee marriage requests on a case-by-case basis.	Meets Standard	Policy requires that when a detainee submits a request to be married, the FOD is notified for approval or denial of the request.
2. The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	Meets Standard	The FOD makes the decision to approve or deny all marriage requests.
3. It is standard practice to require a written request for permission to marry.	Meets Standard	ICE detainees wishing to marry must submit a written request to be married.
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	Meets Standard	
5. The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	Meets Standard	Facility employees generate all notifications to the detainee and their legal representative regarding the approval or denial.
6. When permission is denied, the Warden/OIC states the basis for his/her decision.	Meets Standard	
7. The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	Meets Standard	
Marriage Requests – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>		

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

Detainees are informed about the marriage request procedures through the local handbook and the National Detainee Handbook. Approval or denial of marriage requests is reviewed by the FOD or designee. Any OIC's decision to deny a marriage request is forwarded to the FOD for review. Staff notifies the detainee in writing of the reasons for the denial within thirty days from the date of request. The FOD or designee has the final approval regarding the OIC's denial.

Detainees may seek legal assistance throughout the marriage application process. Guidelines for denying a detainee's marriage request includes the following: the detainee is not legally eligible to be married; the detainee is not mentally competent, as determined by a qualified medical practitioner; the intended spouse has not affirmed, in writing, his/her intent to marry the detainee; the marriage would present a threat to the security or orderly operation of the facility; or there are compelling government interests for denying the request. A detainee may file an appeal to the FOD if the request is denied.

When a request is approved, the following guidelines are followed: the detainee, legal representative or other individual acting on the detainee's behalf make all the marriage arrangements, including, but not limited to blood tests, obtaining marriage license, and retaining an official to perform the marriage ceremony. ICE personnel do not participate in making marriage arrangements nor serve as witnesses in the ceremony. The marriage does not interrupt nor stay any hearing, transfer to another facility or removal from the United States and transfers do not occur solely to prevent a marriage. Arrangements made are consistent with the security and orderly operation of the facility according to the following stipulations: the ceremony shall take place inside the facility; all expenses relating to the marriage shall be borne by the detainee or person acting on the detainee's behalf; and the ceremony shall be private with no media publicity and only individuals essential for the marriage ceremony may attend. The OIC or FOD have the right of final approval concerning the time, place and manner of all arrangements. The FOD may revoke approval of a marriage request for good cause and notifies the detainee in writing. The detainee may file an appeal in such instances.

Overall Rating: Meets Standard

Reviewer Name (Printed):	(b)(6);(b)(7)(C)	Completion Date: 01/07/2016
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Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

NON-MEDICAL EMERGENCY ESCORTED TRIPS (Key: L)		
POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS.		
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Standard N/A</div> <p>Click the above button if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: Funeral; or Deathbed	N/A	
2. The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family".	N/A	
3. The IGSA facility notifies ICE of all detainee requests for non-medical escorts.	N/A	
4. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required.	N/A	
5. Each escort includes at least two officers.	N/A	
6. Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	N/A	
7. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.	N/A	
8. Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.	N/A	
9. Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE; Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return.	N/A	
10. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	N/A	

NON-MEDICAL EMERGENCY ESCORTED TRIPS – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

All non-medical emergency escorted trips are handled by ICE personnel.

Overall Rating: N/A

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 01/07/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

RECREATION (Key: M)

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

Standard N/A

Click the above button if outdoor recreation is offered. Items 19-26 will be marked "N/A".

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a recreation program and facility.	Meets Standard	Detainees have access to indoor and outdoor recreation, exercise programs, and activities within the parameters of a safe, secure and orderly operation.
2. A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	Meets Standard	The average daily ICE population does exceed the 350 detainee threshold. At this IGSA facility, the assistant OIC is responsible for the development and oversight of the recreation program content and officers provide the day to day supervision.
3. Regular maintenance keeps recreational facilities and equipment in good condition.	Meets Standard	
4. The recreational specialist or trained equivalent supervises detainee recreation workers.	Meets Standard	There are no ICE detainees assigned to the recreation program. Orderlies are assigned to keep the recreation areas clean. The workers are supervised by trained officers.
5. The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.	Meets Standard	
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	Meets Standard	Dayroom activities consist of board games, leisure library, cards and television.
7. Outside activities are restricted to limited-contact sports.	Meets Standard	Outdoor activities are limited to handball and cardiovascular activities. Free weights are prohibited.
8. Each detainee has the opportunity to participate in daily recreation.	Meets Standard	
9. Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	Meets Standard	Detainees have access to the outdoor recreation areas for at least one hour a day, seven days a week.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

10. Staff checks all items for damage and condition when equipment is returned.	Meets Standard	
11. Staff conducts searches of recreation areas before and after use.	Meets Standard	
12. All recreation areas under constant staff supervision.	Meets Standard	
13. Supervising staff is equipped with radios.	Meets Standard	All officers supervising recreation areas are equipped with radios.
14. The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	Meets Standard	Detainees housed in SHU have access to outdoor recreation for at least one hour a day, five days a week. There are no detainees currently housed in SHU.
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	Meets Standard	
16. Special programs or religious activities are available to detainees.	Meets Standard	
17. Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.	Meets Standard	Volunteers are required to sign a liability waiver prior to entering the secure portion of the facility.
18. Visitors, relatives or friends are not allowed to serve as volunteers.	Meets Standard	Visitors, friends and relatives are prohibited from serving as volunteers.
19. If the facility has no outside recreation, are detainees considered for transfer after six months? If yes, written procedures ensure timely review of all eligible detainees.	N/A	Indoor and outdoor recreation is available.
20. Case officers make written transfer recommendations about every six-month detainee to the OIC.	N/A	Indoor and outdoor recreation is available.
21. The OIC documents all detainee-transfer decisions, whether yes or no.	N/A	Indoor and outdoor recreation is available.
22. The detainee's written decision for or against an offered transfer documented in his/her A-file.	N/A	Indoor and outdoor recreation is available.
23. Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.	N/A	Indoor and outdoor recreation is available.
24. If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.	N/A	Indoor and outdoor recreation is available.
25. 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.	N/A	Indoor and outdoor recreation is available.
26. The detainee's legal representative is notified of the detainee's/OIC's decision.	N/A	Indoor and outdoor recreation is available.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

RECREATION – REVIEWER SUMMARY (Use following format for dates: mm/dd/yyyy)		
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> A review of policies, interviews with employees and observation of the recreation program indicated that the dayroom and outdoor recreation activities are provided under conditions of security that protect the safety and welfare of the detainees. Both the indoor and outdoor recreation exercise areas provide the appropriate space for detainees to comfortably participate in recreation activities. Recreation activities are available for those detainees with special needs and under no circumstances are detainees required to forgo his law library privileges for recreation.		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
Reviewer Signature (for printed form submission):		

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

RELIGIOUS PRACTICES (Key: N)		
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	RATING	REMARKS (1000 CHAR MAX)
1. Detainees are allowed to engage in religious services.	Meets Standard	Religious services are provided through the efforts of a volunteer chaplain and the contributions of volunteers from the community.
2. Space is available for detainees to conduct religious services.	Meets Standard	There is a dedicated chapel for religious activities. Services are also conducted in a multi-purpose room. The rooms are sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably and are maintained in a neutral fashion suitable for use by all faith groups.
3. The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	Meets Standard	
4. 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.	Meets Standard	Holy-day observances are accommodated by honoring fasting requirements, providing special meals, and allowing for activity restrictions and/or special religious services.
5. Each detainee is allowed religious items in his/her immediate possession.	Meets Standard	
6. Volunteer's credentials are checked and verified before allowing participation in detainee programs.	Meets Standard	Background investigations are completed before allowing volunteer participation in detainee programs.
7. Members of faiths not represented by clergy may conduct their own services within security allowances.	Meets Standard	
8. Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	Meets Standard	Detainees housed in the segregation units receive individual pastoral care by the chaplain. Detainees are also allowed to receive visits from outside clergy through the visiting program.

RELIGIOUS PRACTICES – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>
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National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

A review of policy and interviews with the chaplains indicated that detainees are allowed to pursue the practice of their religious faith. Religious services are provided through the chaplain and the efforts of volunteer clergy and lay persons from the community. Employees do not disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change his religious affiliation. Attendance at all religious activities are voluntary and open to all detainees. When necessary for the security or good order of the facility, the OIC can limit attendance at, or discontinue a religious activity. ICE does not require a detainee to profess a religious belief. A detainee can designate any or no religious preference during in the intake process. By notifying the chaplain or other designated individual, in writing, a detainee can request to change this designation at any time, and the change is effected in a timely fashion.

Detainees can request the introduction of new or unfamiliar religious components to the program. The chaplains ask the detainee to provide additional data in order to make an informed decision to include or exclude the practice from the religious services program. Detainees are allowed to participate in group services. Local religious volunteers conduct the services not provided by the chaplains. The specific needs of special needs detainees may require the contracting of spiritual counselors or advisers for religious needs other than those of a specific faith tradition. If requested the chaplain will facilitate arrangements for pastoral visits by a clergyperson or representative of a detainee's faith. Pastoral visits ordinarily take place in the multipurpose room, with accommodations made for privacy, if requested.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

DETAINEE TELEPHONE ACCESS (Key: O)		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Detainees are allowed access to telephones during established facility waking hours.	Meets Standard	Telephones are available in the housing units.
2. Upon admittance, detainees are made aware of the facility's telephone access policy.	Meets Standard	The telephone policy is included in the handbook which is provided to detainees during the intake process and is addressed in the orientation video.
3. Access rules are posted in housing units.	Meets Standard	
4. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	Meets Standard	Key information is provided in English and Spanish; the predominant languages spoken by detainees.
5. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	Meets Standard	Telephones are provided in the housing units at a minimum ratio of one telephone per twelve detainees.
6. Telephones are inspected regularly by facility staff to ensure that they are in good working order.	Meets Standard	Facility personnel and ICE personnel inspect the telephones on a regular basis.
7. The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	Meets Standard	The telephone provider is notified immediately upon the discovery of an out of order telephone.
8. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.	Meets Standard	
9. Detainees are afforded a reasonable degree of privacy for legal phone calls.	Does Not Meet Standard	The telephones are located next to the bunks in some housing units and there are no privacy shields between the telephones in the housing units with two telephones.
10. A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	Facility officers or ICE personnel will assist a detainee who is having trouble placing a confidential call.
11. The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	
12. Special Access calls are at no charge to the detainees.	Meets Standard	The special access numbers are programmed into the detainee telephone system and are free of charge.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

14. 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.	Meets Standard	The inspector contacted the OIG on a housing unit telephone using the speed dial number.
15. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.	N/A	The facility meets this requirement.
16. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	Meets Standard	
17. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	Meets Standard	ICE personnel will arrange these calls.
18. Any telephone restrictions are documented.	Meets Standard	Any telephone restrictions would be documented on an incident report. There have been no such restrictions in the past twelve months.
19. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	Policy addresses emergency telephone messages for detainees.
20. Emergency phone call messages are immediately given to detainees.	Meets Standard	Messages are delivered to the detainee upon verification of the emergency.
21. Detainees are allowed to return emergency phone calls as soon as possible.	Meets Standard	A supervisor or the chaplain will assist a detainee in returning an emergency phone call.
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	Meets Standard	
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	Meets Standard	
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.	Meets Standard	
25. Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	Meets Standard	
26. 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.	Meets Standard	Notification of monitoring is posted on the telephones and is noted in the facility handbook. There is also a recorded message advising that the call may be monitored when a telephone call is placed. Special access calls are not monitored.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

DETAINEE TELEPHONE ACCESS – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

The facility permits detainees to make direct calls, free of charge for indigent detainees, to the local immigration court and the Board of Immigration Appeals; Federal and State courts; to consular officials; to legal service providers; to a government office when needed for their case; in a personal or family emergency; or when the detainee can otherwise demonstrate a compelling need. There are neither time limits nor frequency restrictions for telephone calls to a legal representative unless necessary to maintain security.

Telephone calls from housing unit telephones are not limited in duration. Telephone privileges may be suspended entirely during an emergency with the authorization of the OIC, and are only suspended for the time necessary under the circumstances.

Indigent detainees may return emergency telephone calls free of charge. All local collect calls cost \$4.35, regardless of length. Collect long distance calls cost \$.25 per minute. Prepaid/calling card local calls cost \$.25 per minute and international calls cost \$1.00 per minute.

To evaluate this standard, policy was reviewed, detainees and employees were interviewed, call rates were calculated, and detainee telephones were tested. The detainees interviewed stated that the telephones were in good working order and they had no complaints.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

VISITATION (Key: P)		
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. There is a written visitation schedule and hours for general visitation.	Meets Standard	
2. The visitation hours tailored to the detainee population and the demand for visitation.	Meets Standard	Visitation hours are from 8:00 a.m. to 5:00 p.m. Wednesday through Sunday. Other hours may be approved by the OIC.
3. The visitation schedule and rules are available to the public.	Meets Standard	The schedule is posted at the front gate, in the lobby of the facility and on the facility website.
4. The hours for all categories of visitation are posted in the visitation waiting area.	Meets Standard	
5. A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	Meets Standard	A copy of the schedule and visiting rules is available to visitors upon request.
6. A general visitation log is maintained.	Meets Standard	Separate written logs are maintained for general visitation and legal visitation.
7. The detainees are permitted to retain personal property items specified in the standard.	Meets Standard	
8. A visitor dress code is available to the public.	Meets Standard	
9. Visitors are searched and identified according to standard requirements.	Meets Standard	Visitors must provide a valid photo ID and must clear a metal detector.
10. The requirement on visitation by minors is complied with.	Meets Standard	Minors may visit if accompanied by an adult.
11. At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.	N/A	Minors are permitted to visit.
12. 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.	N/A	Minors are permitted to visit.
13. Detainees in special housing are afforded visitation.	Meets Standard	
14. Legal visitation is available seven (7) days a week, including holidays.	Meets Standard	
15. 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.	Meets Standard	Legal visitation hours are 8:00 a.m.to 5:00 p.m. Monday through Friday and 5:00 p.m. to 9:00 p.m. Saturday and Sunday.
16. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	Meets Standard	A sack lunch is provided to the detainee if a meeting with a legal representative continues through a scheduled meal.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

17. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	Meets Standard	Private consultation rooms are available for attorney meetings. The rooms are equipped with a pass-through for the exchange of documents.
18. There are written procedures governing detainee searches.	Meets Standard	
19. 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.	N/A	Strip searches are not required.
20. Prior to each visit, legal service providers and assistants are identified per the standard.	Meets Standard	Legal service providers must present a valid photo ID and a Bar Card. Legal assistants must provide proof of employment as such.
21. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	
22. The decision to permit or deny a tour is not delegated below the level of Field Office Director.	Meets Standard	
23. Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	Meets Standard	All NGO visits must be approved by ICE.
24. Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	Meets Standard	Prior approval from ICE is required for law enforcement official visits.
25. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	Meets Standard	
26. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	Meets Standard	ICE approval is required for examinations by independent medical service providers and experts.

VISITATION – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

Visits are facilitated in screened, non-contact booths. The handbook addresses visiting rules and hours. The visitation schedule and procedures are available to the public via telephone. Written procedures address incoming property and money for detainees and permit visitors to leave money for detainees, for which they receive a receipt. Visitors may not give money directly to a detainee.

Visitation is restricted only through the disciplinary process and criminal behavior during visits may be referred for prosecution. The visiting booths are appropriately furnished but do not lend themselves to comfort, as the visiting stools are stainless steel and backless. Visiting hours may be limited based on space and resources, but have not been during the past year. The visitation period is one hour. Family and friends may visit detainees, and detainees may visit other family members who are detained at this facility by special arrangement. Visitors refusing search procedures, which consist of divesting their person of personal items not permitted into the visitation booths, are not permitted to visit.

Legal visitors may be accompanied by interpreters. Legal visitors are not required to know the detainee's A-number in order to visit. Legal providers are not required to file a Form G-28 for pre-representation meetings with detainees or for representation of non-immigration matters, but must file a G-28 to represent detainees for immigration matters. Blank G-28 forms are available in the visitor entrance and online.

Employees visually observe legal visits, but are not able to hear conversations, and legal visits may continue through counts. Upon request, legal visits may occur in general visitation areas if private consultation rooms are not available. Documents exchanged between detainees and their legal visitors are inspected by employees, but not read. Consultation visitation, asylum officer visits, and consular officer visits are managed within the stipulations of the Standard.

NGO visitation and facility tour requests are submitted to ICE in writing and state the reasons for the visit and issues to be discussed. Legitimate community service organizations may visit upon approval of ICE. News media visit only with approval of ICE. All requirements of the Standard are adhered to for news media visits and interviews.

Policy lists the items of personal property that may enter the visitation areas, and pets are not included on that list.

The evaluation of this standard included a review of facility policy, the handbook and visitation logs, observation of postings and the visitation areas; and interviews of facility and ICE personnel. All visits are non-contact.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

VOLUNTARY WORK PROGRAM (Key: Q)

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.

Standard N/A

Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Does the facility have a voluntary work program? Do ICE detainees participate?	Meets Standard	The facility has a voluntary work program. Detainees work in the housing areas, food service, laundry and other locations throughout the facility.
2. Detainee housekeeping meets neatness and cleanliness standards.	Meets Standard	
3. Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.	Meets Standard	Detainees are not authorized to work outside of the secure perimeter of the facility.
4. Written procedures govern selection of detainees for the Voluntary Work Program.	Meets Standard	Written policy governs the selection of detainees for the voluntary work program.
5. Where possible, physically and mentally challenged detainees participate in the program.	Meets Standard	
6. The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day and Forty hours a week.	Meets Standard	Detainees are not required to work for more than eight hours a day, forty hours per week.
7. Detainee volunteers generally work according to fixed schedule.	Meets Standard	
8. If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	Meets Standard	
9. Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	Meets Standard	
10. The voluntary work program meets: OSHA, NFPA, ACA standards	Meets Standard	Detainees are provided with basic safety protections consistent with regulatory standards.
11. Medical staff screen and formally certify detainee food service volunteers. Before the assignment begins; and As a matter of written procedure	Meets Standard	Food service workers receive food handler's certification before their assignment begins. The certifications are documented in the food service department as well as in the detainee's medical file.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

12. Detainees receive safety equipment/ training sufficient for the assignment.	Meets Standard	
13. Proper procedure is followed when an ICE detainee is injured on the job.	Meets Standard	ICE detainees injured on the job are provided medical treatment as required. The incident is documented and immediately reported to ICE.

VOLUNTARY WORK PROGRAM – REVIEWER SUMMARY (Use following format for dates: mm/dd/yyyy)		
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> ICE detainees are authorized to participate in the voluntary work program. A review of policy and interviews with staff and detainees verified that the detainees work in an atmosphere that is safe and that all detainees have access to the program.		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
Reviewer Signature (for printed form submission):		

Section II

Health Service Standards

HUNGER STRIKES (Key: R)		
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	RATING	REMARKS (1000 CHAR MAX)
1. When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.	Meets Standard	Per policy and practice, a detainee is referred to medical personnel when he has refused food for three consecutive meals or if there is a self-declaration of a hunger strike.
2. CDFs and IGSAAs immediately report a hunger strike to the ICE.	Meets Standard	Per the health services administrator (HSA), ICE is contacted immediately once a detainee has declared a hunger strike.
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	Meets Standard	Policy establishes procedures to ensure an appropriate staff response to hunger strikes.
4. Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. If yes, in an observation room?	Meets Standard	Per policy, the hunger striker is isolated from other detainees by placement in a designated medical observation cell.
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	Meets Standard	Medical personnel are authorized to place a hunger-striking detainee in a locked medical observation cell.
6. Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	Meets Standard	Medical personnel record the detainee's weight and vital signs on a daily basis as per policy.
7. The OIC of the facility obtains a hunger striker's consent before medical treatment.	Meets Standard	A general consent for medical treatment is obtained from the detainee during the intake screening process. Any invasive treatment requires a specific consent from the detainee.
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.	Meets Standard	Per policy, if a detainee refuses medical treatment, he is required to sign a refusal form. Signed Refusal of Treatment forms were noted during the medical records review.
9. During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.	Meets Standard	A hunger striker is offered three meals a day which is documented on the officer's log.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

10. Staff maintains the hunger striker's supply of drinking water/other beverages.	Meets Standard	Personnel maintain and provide drinking water and other beverages as prescribed by the standard, for the hunger striker. There is an independent source of drinking water in the cell which is turned off for accurate fluid intake measurements.
11. During a hunger strike, staff removes all food items from the hunger striker's living area.	Meets Standard	Per the HSA, all food items are removed from the observation cell and no commissary items are permitted.
12. 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.	Meets Standard	Fluid intake and food consumption are recorded on a Vital Signs Monitoring Sheet.
13. The medical staff has written procedures for treating hunger strikers.	Meets Standard	There are written medical procedures for the treatment of hunger strikers.
14. Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	Meets Standard	Treatment attempts, including any counseling with respect to the consequences of a hunger strike, are documented as progress notes in the medical file.
15. 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.	Meets Standard	All personnel receive training on hunger strikes during orientation and annual refresher training, as evidenced by a review of the training records. Medical staff members receive training on hunger strike management, evaluation and treatment techniques during designated monthly staff meetings and orientation to the department, by reviewing the protocols.

HUNGER STRIKE – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

As per the HSA, The clinical director would release the detainee from the hunger strike, by reflecting a progress note in the medical record. Forced medical treatment would be administered in accordance with applicable laws and only if the detainee's life or health is at risk. The OIC notifies ICE of any detainee who is refusing treatment. Mental health personnel, via telepsychiatry, conducts an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness, as reflected in policy.

There were no hunger strikes in the past year. Therefore, the inspector could not fully assess compliance with the standard. Policy and procedures are in place for the management and care of hunger strikers, and personnel are trained on hunger strike identification, treatment and management. Evaluation of this standard was based on review of policy, an interview with the HSA and review of training documentation.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

ACCESS TO MEDICAL CARE (Key: S)		
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Facilities operate a health care facility in compliance with state and local laws and guidelines.	Meets Standard	The facility was accredited by the American Correctional Association but will need to reapply for accreditation because of the Management Training Corporation assuming management of the facility in May 2015. The off-site pharmacy services provider, Diamond Pharmacy, visits the facility on a quarterly basis and conducts inspections and meetings, as evidenced by the most recent report of 12/21/2015. The facility has a current Clinical Laboratory Improvement Amendment of 1988 waiver. A review of the credentialing file reflected the licenses of medical personnel are current and up-to-date.
2. The facility's in-processing procedures for arriving detainees include medical screening.	Meets Standard	As verified by a review of the medical records, intake procedures include medical screening conducted by medical personnel.

3. All detainees have access to and receive medical care.	Meets Standard	Primary access to medical care is via a written request. Request forms are available in various hallways or per request to a correctional officer. Completed forms are placed in the medical mail box and picked up by medical personnel once a day. Urgent medical issues can be brought to the attention of an officer, who will then notify medical personnel. As verified by a review of the medical records, medical care is accessible and being provided to the detainee population in a timely manner. Sick call is conducted seven days a week by the nursing staff, even though the detainee handbook reflects five days per week. Specialty and emergency care are available in the community. Livingston Memorial Hospital is normally used for emergencies, with the Conroe hospital used for trauma care. Chronic care clinics are managed by the mid-level providers and the physician.
4. The facility has access to a PHS/DIHS Managed Health Care Coordinator.	Meets Standard	The HSA reports good communication with the designated IHSC field case manager, either telephonically or via the Medical Provider Analysis and Review (MedPar) system.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

<p>5. The medical staff is large enough to provide, examine, and treat the facility's detainee population.</p>	<p align="center">Meets Standard</p>	<p>Staffing includes a health services administrator (HSA)/registered nurse (RN), one additional RN, (b)(7) licensed vocational nurses (LVNs), and (b)(7) medical records clerks. A physician assistant provides coverage for six hours, three days a week. The physician is at the facility two days a week for five hours. Mental health services, to include on-call services, are provided by a contract psychiatrist and licensed professional counselor, via telepsychiatry. Contract dental services are available in the local community. The medical unit is staffed seven days a week, 24 hours a day. The medical staff is sufficient to provide for the basic medical, mental health and dental needs of the population.</p>
<p>6. The facility has sufficient space and equipment to afford detainee privacy when receiving health care.</p>	<p align="center">Meets Standard</p>	<p>The medical unit has two examination rooms which provide sufficient equipment, space and privacy for encounters.</p>
<p>7. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.</p>	<p align="center">Meets Standard</p>	<p>The medical unit is located within the confines of the secure perimeter and has restricted access, electronically controlled by master control.</p>
<p>8. The medical facility entrance includes a holding/waiting room.</p>	<p align="center">Meets Standard</p>	<p>The medical unit includes a detainee holding area.</p>
<p>9. The medical facility's holding/waiting room is under the direct supervision of custodial staff.</p>	<p align="center">Meets Standard</p>	<p>The holding area is under the direct supervision of an assigned correctional officer.</p>
<p>10. Detainees in the holding/waiting room have access to a drinking fountain.</p>	<p align="center">Meets Standard</p>	<p>The holding area includes a combination sink/drinking fountain and a toilet.</p>
<p>11. Medical records are kept apart from other files. They are:</p> <ul style="list-style-type: none"> Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files. 	<p align="center">Meets Standard</p>	<p>Medical files are maintained separate from other files in a secure, locked room. Access is restricted to authorized medical staff. No copies of medical documents are placed in non-medical detainee files.</p>

<p>12. Pharmaceuticals are stored in a secure area.</p>	<p>Meets Standard</p>	<p>Pharmaceuticals are stored in a secure room, with solid walls from the floor to the ceiling and a high grade security door and lock. There is also a pass-through medication window that has a high grade security lock. Drug Enforcement Administration Schedule II-V controlled substances are stored in a locked cabinet in the medication cart. There were no controlled substances at the facility during the inspection. Appropriate inventory records are maintained. A check of syringes and controlled substances reflected accurate inventories. Only authorized medical personnel have access to the room.</p>
<p>13. Medical screening includes a Tuberculosis (TB) test.</p> <p>Every arriving detainee receives a TB test during the admission process;</p> <p>Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and</p> <p>Detainees not screened are housed separate from the general population.</p>	<p>Meets Standard</p>	<p>TB testing is generally conducted via x-ray at an ICE processing facility in Houston, prior to the detainee's admission to this facility. If testing is indicated, an x-ray is taken upon admission and digitally transmitted to the University of Maryland for reading. The results of the x-ray are normally received the same day. All records reviewed included documentation of timely testing. Any detainee with symptoms of active TB disease would be placed in a respiratory isolation cell in the medical unit for evaluation and treatment. Detainees not screened would be housed separately from the general population, placing them in a medical observation cell.</p>
<p>14. All detainees receive a mental-health screening upon arrival. It is conducted:</p> <p>By a health care provider or specially trained officer; and</p> <p>Before a detainee's assignment to a housing unit.</p>	<p>Meets Standard</p>	<p>All detainees receive a mental health screening by medical personnel upon arrival, as verified by a review of the medical records. The screening is performed prior to the detainee's assignment to a housing unit.</p>

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

15. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	Meets Standard	Medical personnel complete all intake screening forms. An RN will review any form completed by an LVN, as observed by a review of the medical records.
16. The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	Meets Standard	Review of the medical records reflected that physical examinations are being conducted within the fourteen-day time period and generally within ten days of admission. The exams are performed by an RN who has been trained by the physician. Training documentation verified the training. A review of completed exams reflected that the physician is reviewing and signing the forms.
17. Detainees in the Special Management Unit have access to health care services.	Meets Standard	Detainees in the special management unit (SMU) have access to medical care by submitting a sick call request, by communicating their concern to the correctional officers or by informing medical personnel who make face-to-face rounds on the unit on a daily basis. The rounds are documented on the detention forms posted on the outside of each cell. There were no detainees on the SMU during the inspection.
18. Staff provides detainees with health services (sick call) request slips daily, upon request. Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider.	Meets Standard	Sick call request forms are available to the detainee population in various hallways or from correctional personnel, upon request. The forms are available in both English and Spanish. Medical personnel collect the requests from the medical mail boxes on a daily basis. Per a review of the sick call log and medical records, the request slips are processed and triaged in a timely manner, with the detainees normally being seen the next day.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

19. 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.	Meets Standard	The medical unit is staffed seven days a week, 24 hours day. The facility has a written emergency plan for the delivery of emergency medical services. An emergency medical bag and automated external defibrillator (AED) are located in the medical unit. First aid kits are located in strategic areas in the facility and on all transportation vehicles. If outside emergency care is indicated, the 911 emergency call system is activated, with the detainee being transported to either the Livingston or Conroe hospital.
20. The plan includes an on-call provider.	Meets Standard	The on-call providers include the physician and mid-level provider for medical concerns and the contract mental health personnel for mental health issues.
21. The plan includes a list of telephone numbers for local ambulance and hospital services.	Meets Standard	The emergency contact list includes the on-call staff, medical personnel and hospital phone numbers. However, the list needed to be updated with current staff and phone numbers and was updated during the inspection.
22. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	Meets Standard	The emergency plan addresses security and safety issues for emergency health care delivery.

23. Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	Meets Standard	<p>All personnel are trained in CPR and use of the AED during orientation and every two years thereafter. A review of the training documentation verified the training. Correctional personnel are trained to respond to health-related emergencies within a 4-minute response time. This training is provided by a responsible medical authority and includes the following:</p> <ol style="list-style-type: none"> 1. The recognition of signs of potential health emergencies and the required response; 2. The administration of first aid and CPR; 3. The facility plan and its required methods of obtaining emergency medical assistance; 4. The recognition of signs and symptoms of mental illness (including suicide risk) retardation, and chemical dependency; and 5. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services. As per the HSA, response time to emergencies is within four minutes.
24. Where staff is used to distribute medication, a health care provider properly trains these officers.	N/A	Only medical personnel distribute medication.
25. The medical unit keeps written records of medication that is distributed.	Meets Standard	<p>All medication administered to detainees is documented on electronic medication administration records (MARs). A review of scanned copies of the MARs in the medical records revealed they are being maintained in an accurate fashion. "keep-on-person" (KOP) medications must be approved by either a mid-level provider or the physician.</p>

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

26. The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.	Meets Standard	The OIC and other concerned staff are notified of a special needs detainee via email.
27. A signed and dated consent form is obtained from a detainee before medical treatment is administered.	Meets Standard	As confirmed per a review of medical files, a dated consent for treatment form is signed by each detainee upon admission. If an invasive procedure is later indicated, a separate procedure-specific consent form is signed by the detainee.
28. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	Meets Standard	An Authorization to Release Health Care Information form is signed by the detainee prior to the release of confidential medical information to outside sources.
29. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	Meets Standard	The medical unit receives an email from ICE prior to the release, transfer or removal of a detainee. This notification is normally received the day before the detainee's removal.
30. Detainee's medical records or a copy thereof, are available and transferred with the detainee.	Meets Standard	A transfer summary is prepared by medical personnel for transfer with the detainee. The summary includes any current medications, TB testing results and any pertinent medical and/or mental health information and alerts.
31. Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	Meets Standard	Medical records are placed in a sealed envelope with the detainee's name and A-number. A "medical confidential" strip is placed on the envelope.

ACCESS TO MEDICAL CARE – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

The Management and Training Corporation arranges for specialized health care, mental health care, and hospitalization within the local community, under the authority of a contractual agreement with Polk County. All detainees initially screened are evaluated for their use or dependence on alcohol, opiates and sedatives. Detainees reporting a use of these substances are evaluated for their degree of reliance and the need for detoxification. Detainees experiencing severe withdrawal are transferred to an acute care community hospital, if clinically indicated. The facility has a policy to ensure initial screening is documented. All health appraisals are conducted according to NCCHC standards. Translation assistance is provided to detainees as needed, primarily through a telephone language line, Google translation or a staff member. The initial dental screening exam is not performed by a physician, PA or NP, but rather by a trained RN during the physical examination. Routine dental treatment is available for those detainees who are at the facility for over six months. Emergency dental treatment in the community is available for the relief of pain and trauma. Detainees are not used in medical, pharmaceutical or cosmetic experiments or research. This does not preclude an individual detainee from receiving a medical procedure not generally available, but determined medically necessary by the primary health care provider and approved by IHSC.

The OIC and HSA determine availability and location of the emergency medical bags, with the bag being located in the medical unit. The diagnosis of a HIV infection is made by the clinical director, who also determines the need for isolation. A detainee diagnosed with HIV would be referred to a community infectious disease specialist, as per the HSA. HIV infections are reported to responsible government bodies, to include the local public health authorities. Active TB cases are evaluated for possible HIV infection, although there have been no positive cases in the past year. Staff or detainee exposure to infectious body fluids is reported to the clinical director, as per the HSA. ICE is notified of any detainee's release or transfer requiring a medical or psychiatric alert. There are weekly administrative meetings between the OIC and the HSA.

On 01/01/2016, a 19 year old detainee from El Salvador was diagnosed with chicken pox. He was admitted to the facility on 12/22/2015, and presented no symptoms or medical issues. As the result of an urgent care referral, he was seen at nursing sick call on 12/31/2015, placed in a medical observation cell and referred to the mid-level provider for an appointment the following day. After the medical encounter with the mid-level provider, he was clinically diagnosed with chicken pox, placed in a respiratory isolation cell and tested. As of this date, the confirmation test results have not been received by the facility. The housing dormitory on which subject was housed has been placed on 21-day quarantine and provided with medical management and testing. It should be noted that this case was not reported to the local health department at the time of the diagnosis. The HSA, however, reported this incident during the inspection. ICE is aware of this case and the protocols that have been implemented.

The facility has sufficient medical personnel and resources to provide for the basic medical, dental and mental health needs of the detainee population. Nursing sick call is conducted seven days a week, with the physician providing onsite services two days a week for a period of five hours. Emergency medical services and specialty care are available in the local community. Psychotropic medications are prescribed by the contract psychiatrist, via telepsychiatry. Several detainees were interviewed and their comments pertaining to medical care were generally positive, with no significant complaints being voiced. An inspection of selected housing units for detainees reflected acceptable sanitation conditions. No significant issues were noted with respect to the conditions of confinement. The facility does not charge medical co-pay fees, for either ICE detainees or the general population. Active medical records included timely and appropriate documentation. The detainees were knowledgeable with how to access medical services. The evaluation of this standard was based on interviews with medical personnel, a review of policy, and an observation of the medical unit and practices.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

SUICIDE PREVENTION AND INTERVENTION (Key: T)		
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	RATING	REMARKS (1000 CHAR MAX)
1. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	Meets Standard	All new employees, including medical personnel, receive training in suicide prevention during orientation and annual refresher training, as confirmed by a review of the training records and the PowerPoint presentation.
2. Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.	Meets Standard	A review of the training curriculum revealed that it covers the bulleted items listed in this component.
3. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. Screening does not occur later than one working day after the detainee's arrival.	Meets Standard	Medical personnel screen all detainees for suicide potential upon admission to the facility. A review of the medical records confirmed this practice.
4. Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	Meets Standard	Policy addresses when and how to refer at-risk detainees to medical staff.
5. The facility has a designated isolation room for evaluation and treatment.	Meets Standard	Observation cell #5 in the medical unit is designated for suicide watch, evaluation and treatment.
6. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	Meets Standard	An inspection of the cell used for this purpose confirmed it contains no structures or other objects that could be used in a suicide attempt.
7. Medical staff has approved the room for this purpose.	Meets Standard	Medical personnel have approved the cell for this purpose.
8. Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	Meets Standard	Policy requires correctional staff to document behavioral observations every fifteen minutes.

SUICIDE PREVENTION AND INTERVENTION – REVIEWER SUMMARY*(Use following format for dates: mm/dd/yyyy)*

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

Medical staff immediately follows-up with any detainee who has been identified as at risk for suicide. Detainees on suicide watch are under constant, direct staff supervision. ICE is notified of any detainee who is placed on suicide watch. Only the contract psychiatrist can release a detainee from suicide watch and returns him to the general population, if appropriate. When there is imminent risk of bodily injury or death, the mental health staff makes a recommendation for community hospitalization for evaluation and treatment.

There were no ICE detainee or non-ICE detainee suicides, or serious suicide attempts since the last inspection. There was one detainee on suicide watch during the past year that was placed on watch after his admission to the facility, because of having a recent history of a suicide watch at another facility, a history of self-reported sexual victimization, and vague comments of suicidal ideations at the time of intake screening. A review of the medical record reflected appropriate documentation with respect to identification and management; however, subject was placed on watch for a period of five days and released by the contract psychiatrist without any official documentation to the record from the psychiatrist. There was a progress note by the HSA which reflects telephonic approval for the discharge as per the psychiatrist. In reviewing the inactive medical record for this detainee it should be noted the record was unorganized and not in chronological order which made it difficult to find documentation pertaining to the events, assessments, and management of the case.

Since there were no suicides or serious attempts the inspector could not fully assess compliance with the standard. Medical personnel can place a detainee on suicide watch, with the contract telepsychiatry mental health staff being contacted to conduct an assessment as soon as practicable. The detainee is placed in a tear resistant gown while on suicide watch. The evaluation of this standard was based on an interview with the HSA, a review of policy and training documentation, and an inspection of the suicide watch cell.

Overall Rating: Meets Standard

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
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Reviewer Signature (for printed form submission):

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH (Key: U)

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.

Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.	Meets Standard	The facility does not have the resources to care for chronically or terminally ill detainees. If a case does arise, the facility will contact ICE so that transfer to an appropriate facility can be initiated.
2. 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.	Meets Standard	ICE is responsible for notifying the next of kin as to a detainee's condition, location and any visiting restrictions or limitations.
3. 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.	Meets Standard	Policy addresses the Texas State Advanced Directives. The policy provides the necessary instructions for the detainee and also informs him that he can appoint another person to make advance decisions.
4. The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	Meets Standard	As stipulated in the guidelines, detainees can have a private attorney assist in the preparation of advanced directives.
5. There is a policy addressing "Do Not Resuscitate Orders"	Meets Standard	Policy addresses do not resuscitate (DNR) order guidelines.
6. Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	Meets Standard	Per the HSA, a detainee with a DNR order would receive maximum therapeutic efforts and palliative care, but would not be resuscitated.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

7. 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 IGSA's, this notification is made through the local ICE representative.	Meets Standard	If a detainee has a DNR order, the local ICE representative would be contacted.
8. The facility has written procedures to address the issues of organ donation by detainees.	Meets Standard	Written procedure addresses organ donations by detainees.
9. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	Meets Standard	Per policy and the local ICE representative, the facility will contact ICE in the event of a detainee death. ICE will be responsible for contacting consulates and family members.
10. The facility has a policy and procedure to address the death of a detainee while in transport.	Meets Standard	Policy addresses the death of a detainee during transport.
11. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	Meets Standard	Per the local ICE representative, a deceased detainee's remains would be disposed of in accordance with the standard.
12. 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?	Meets Standard	ICE would make arrangements for an indigent burial if neither the family nor the consulate claimed the remains. If the detainee was a U.S. military veteran, the Department of Veterans Affairs would be notified by ICE.
13. An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	Meets Standard	ICE is responsible for placing a copy of the death certificate in the detainee's A-file.
14. 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.	Meets Standard	Policy establishes procedures for contacting the coroner, and that procedures will be followed that will comport with local and state laws.
15. ICE staff follows established procedures to properly close the case of a deceased detainee.	Meets Standard	The ICE representative interviewed was knowledgeable regarding the requirements to properly close the case of a deceased detainee.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

The facility would notify ICE of any detainee who is seriously ill or injured, via email. When it has been determined that the detainee's medical directive should be implemented, appropriate chain-of-command notifications would be made. A DNR order written by a staff physician requires the clinical director and HSA's approval. The detainee's medical record would include documentation validating the DNR order, as per the HSA. The facility utilizes the chaplain to communicate news of serious illness or death of a detainee or member of the detainee's family, but there is no written procedure for this practice.

There were no ICE detainee or offender deaths at the facility during the past year. The facility has policy and procedures in place to properly manage advance directives, a continuum of care, terminal illness, and the death of a detainee. The facility does not have the necessary medical resources to accept and care for severely or terminally ill detainees. If these cases develop, ICE is contacted so that a transfer to a more appropriate facility can be initiated. Evaluation of this standard was based on review of policy and procedure and interviews with medical and local ICE staff.

Overall Rating: Meets Standard**Reviewer Name (Printed):** (b)(6);(b)(7)(C)**Completion Date:** 1/7/2016**Reviewer Signature (for printed form submission):**

Section III

SECURITY AND CONTROL STANDARDS

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

CONTRABAND (Key: V)		
POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. 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.	Meets Standard	Policy governs the handling of illegal contraband. Procedures require employees to inventory, hold, and report to the proper authority when contraband is found for action/possible seizure.
2. Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.
3. Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	Meets Standard	Written procedures contain direction that property not needed as evidence is returned and procedures provide direction for the return of such property.
4. Altered property is destroyed following documentation and using established procedures.	Meets Standard	Procedures require that altered property be documented and destroyed following established procedures.
5. Before confiscating religious items, the OIC or designated investigator contacts a religious authority.	Meets Standard	Policy states the chaplain will be contacted by the OIC or designee concerning the confiscation of religious items.
6. Staff follows written procedures when destroying hard contraband that is illegal.	Meets Standard	
7. 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.	N/A	The training manager advised that hard contraband is not retained and used for training purposes.

CONTRABAND – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

The evaluation of this standard was based on review of policy, review of incident reports documenting the discovery of contraband and interviews of the assistant OIC and training manager. These reviews showed the facility is preserving, inventorying, controlling and disposing of seized contraband in accordance with policy.

All found contraband is entered into an evidence log maintained in central control and is then stored in an evidence box also located in central control. A separate evidence destruction log is maintained in central control. The assistant OIC reported that since May 2015 when Management and Training Corporation (MTC) assumed responsibility for the facility there have been no incidents involving the discovery of hard contraband being found in the possession of ICE detainees. Two incident reports were reviewed documenting the discovery of soft contraband. These reports fully documented the discovery and disposition of the contraband.

Policy states that excess property shall be disposed of in accordance with policy. Policy outlines the procedures that must be followed to determine if an item will be destroyed and the process for destruction if appropriate. Detainees are advised of the rules and procedures governing contraband via the local handbook and the orientation video.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

DETENTION FILES (Key: W)		
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	RATING	REMARKS (1000 CHAR MAX)
1. A detention file is created for every new arrival whose stay will exceed 24 hours.	Meets Standard	A detention file is created for each detainee upon admission to the facility.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	Detention files contain intake identification forms, property/money receipts, classification forms, I-216 forms, and other forms generated during the intake process.
3. The detainee's detention file also contains documents generated during the detainee's custody. Special requests Any G-589s and/or I-77s closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same	Meets Standard	The detention files reviewed contained all listed documents pertinent to the detainee.
4. The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	Meets Standard	The detention files are located in a secure room in lockable cabinets. Access to the files is limited.
5. The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.	Meets Standard	The inactive files reviewed contained signed release documents and closed-out receipts.
6. The officer closing the detention file makes a notation that the file is complete and ready to be archived.	Meets Standard	
7. Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	Meets Standard	Copies of documents are sent upon receipt of a legitimate request and approval from ICE. The action is documented in the detention file.
8. Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	Meets Standard	Access is available as needed by staff and ICE officers to conduct their duties. Files are signed out and in on a log in the records room.

DETENTION FILES – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

The employee completing the admissions portion of the detention file activates the file by virtue of including the admission documents within the file. The detention file is not transferred with the detainee. Document requests from other facilities are annotated in the archived detention file. The field office maintains A-files, as opposed to detention files as stipulated by the standard, for every detainee housed at this facility. Archived files are maintained for six years.

During the evaluation of this standard, detention files were reviewed and employees were interviewed.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

DISCIPLINARY POLICY (Key: X)		
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	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a written disciplinary system using progressive levels of reviews and appeals.	Meets Standard	Policy sets forth a system which uses progressive levels of reviews and appeals.
2. The facility rules state that disciplinary action shall not be capricious or retaliatory.	Meets Standard	Policy states that disciplinary action shall not be capricious or retaliatory.
3. Written rules prohibit staff from imposing or permitting the following sanctions: corporal punishment deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of physical exercise	Meets Standard	Policy prohibits disciplinary hearing officers or panels from imposing any of the sanctions noted in this component.
4. The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	Meets Standard	The rules of conduct, sanctions, procedures for violations and procedures for filing appeals are defined in writing and communicated to all detainees in writing via the local handbook and verbally in an orientation video.
5. The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions	Meets Standard	All of the bulleted items in this component are posted in English and Spanish in the housing units and are contained in the local handbook.
6. When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	Meets Standard	Policy encourages the informal resolution of minor rule violations.
7. Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.	Meets Standard	All incident and disciplinary reports are promptly reviewed by the shift supervisor prior to the end of his/her shift.
8. Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	Meets Standard	
9. An intermediate disciplinary process is used to adjudicate minor infractions.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC; Considers written reports, statements, physical evidence, and oral testimony; Hears pleadings by detainees and staff representatives; Bases its findings on the preponderance of evidence; and Imposes only authorized sanctions	Meets Standard	A disciplinary hearing officer is used to adjudicate minor infractions and an institution disciplinary panel is used to adjudicate major infractions. Each hearing authority addresses all of the areas listed in this component during the hearing process.
11. A staff representative is available if requested for a detainee facing a disciplinary hearing.	Meets Standard	An employee representative is appointed when requested by the detainee.
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	Policy permits hearing postponements and requires that such postponements be documented.
13. 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.	Meets Standard	The duration of punishment does not exceed established sanctions. For ICE detainees the maximum sanction in disciplinary segregation for a single offense is limited to sixty days.
14. Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	Meets Standard	
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	

DISCIPLINARY POLICY – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

The evaluation of this standard was based on review of policy, review of two completed rule violation reports and disciplinary hearing forms. This facility has a comprehensive disciplinary process which affords detainees their due process rights and levels of appeals. The local handbook provides detainees a comprehensive overview of the disciplinary process.

Two completed rule violation reports and disciplinary hearing forms were reviewed. These reports and completed forms showed that rule infractions were fully documented and that the hearing process was completed per policy.

The facility has graduated scales of offenses and disciplinary consequences. Policy does not state that a detainee will not be held accountable for his conduct if a medical authority finds him mentally incompetent. Policy does not state that a detainee, who lacks the ability to understand the nature of the disciplinary proceedings against him, or to assist in his own defense, is considered incompetent. Policy requires that the investigating officer be of supervisory rank and have no prior involvement in the incident.

Only the institutional disciplinary panel/hearing officer can place a detainee in disciplinary segregation. Time served in segregation pending the outcome of the proceedings may be credited to the number of days to be spent in the segregation unit after the decision is announced. The disciplinary report and accompanying documents are not placed in the file of a detainee who is found not guilty. The facility retains discipline material in its own files for institutional uses (statistical, historical, etc.) for a period of one year.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

EMERGENCY (CONTINGENCY) PLANS (Key: Y)		
POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCs AND CDFs ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Policy precludes detainees or detainee groups from exercising control or authority over other detainees.	Meets Standard	Policy and practice prohibits detainees from being given control or authority over other detainees.
2. Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees	Meets Standard	Written policies and staff practices protect detainees from all of the abuses listed in this component.
3. Staff is trained to identify signs of detainee unrest. What type of training and how often?	Meets Standard	Employees are trained to recognize the signs of detainee unrest. This training is provided in pre-service and annual in-service training.
4. Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	Meets Standard	Information is disseminated by using shift briefings at the start of each shift and employees reviewing the various logs as they assume their posts.
5. There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	Meets Standard	The assistant OIC is responsible for the administration of all emergency plans and their implementation. Sufficient time is allotted for development and implementation of the plans.
6. The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions	Meets Standard	Each of the requirements of this component is addressed in policy.
7. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	Meets Standard	
8. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies	Meets Standard	There are cooperative agreements with county law enforcement, state and federal agencies and local medical responders.

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9. All staff receives copies of Hostage Situation Management policy and procedures.	Meets Standard	The training manager confirmed that all employees receive a copy of and training in the hostage situation management policy.
10. Staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and psychological effects.	Meets Standard	Employees are trained to ignore instructions from hostages. Released hostages receive immediate medical and psychological assistance if indicated.
11. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	The emergency plans provide for medical treatment of employees and detainees during and after an incident.
12. Food service maintains at least 3 days' worth of emergency meals for staff and detainees.	Meets Standard	Food service maintains a fifteen day supply of emergency meals.
13. Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).	Meets Standard	The written emergency plans binder identifies the locations of shut-off valves and utility switches.
14. Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances	Meets Standard	Written emergency plans cover each of the events listed in this component.

EMERGENCY (CONTINGENCY) PLANS – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

Review of the facility emergency plans and procedures and interview of the assistant OIC and training manager confirmed the facility has plans in place for emergencies which are likely to occur. These plans are considered confidential and are handled accordingly. Officers are well versed in monitoring the detainee climate within the facility. All officers receive pre-service and annual training on the facility emergency plans. The housing units containing ICE detainees were toured and officers and ICE detainees were interviewed. The detainees interviewed did not express any concerns about any aspect of their treatment while at the facility. The detainee climate in the units was relaxed, officers were observed interacting with detainees in a calm and respectful manner. The units were clean and well maintained.

The facility has plans addressing at a minimum: chain of command, command post/center, staff recall, staff assembly, emergency response team, use of force, videotaping, records and logs and employee conduct and responsibility and public relations.

Overall Rating: Meets Standard

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
Reviewer Signature (for printed form submission):		

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	Meets Standard	
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	Meets Standard	A perpetual inventory of all hazardous substances is maintained before, during and after each use. All storage areas and cabinets were observed to be within OSHA standards. OSHA approved eyewash stations were observed in designated areas of the facility.
3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program.	Does Not Meet Standard	The compliance officer, maintenance supervisor and warehouse supervisor maintain master indexes of MSDS's for all hazardous substances. The master index files did not include an up-to-date list of emergency phone numbers. None of the MSDS files in the facility included a plant diagram and legend showing the location of storage areas. The plant diagrams and list of emergency phone numbers were added during the inspection.
4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: Wear personal protective equipment; and Report hazards and spills to the designated official.	Does Not Meet Standard	Personal protective equipment (PPE) was not available in all areas where hazardous chemicals are used. Hazards and spills are reported to supervisory officials.
5. The MSDSs are readily accessible to staff and detainees in work areas.	Meets Standard	MSDS binders are located in every work and storage area and are available for review as required.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

6. Hazardous materials are always issued under proper supervision. Quantities are limited; and Staff always supervises detainees using these substances.	Meets Standard	Most of the chemicals used by detainees are diluted by staff. This results in most detainees working with non-hazardous quantities of diluted chemicals. Where non-diluted hazardous materials are needed, they are properly secured and used only under supervision.
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	Meets Standard	
8. Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	Meets Standard	
9. The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	Meets Standard	
10. Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	Meets Standard	
11. 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.)	Meets Standard	Temperatures in the living units are maintained between 72 and 73 degrees year around.
12. Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	Meets Standard	Water for the showers and sinks averages between 115 and 118 degrees.
13. All toxic and caustic materials are stored in their original containers in a secure area.	Meets Standard	
14. Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	Meets Standard	
15. 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.	N/A	No products containing methyl alcohol were observed during this inspection.
16. Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	Meets Standard	
17. 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).	Meets Standard	Annual inspections of the facility are conducted by the City of Livingston Fire Marshal.
18. A technically qualified officer conducts the fire and safety inspections.	Meets Standard	Monthly fire and safety inspections are conducted by an employee who has received OSHA fire safety training.
19. The Safety Office (or officer) maintains files of inspection reports.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

20. The facility has an approved fire prevention, control, and evacuation plan.	Does Not Meet Standard	The facility did not have an approved fire prevention, control and evacuation plan on file. All of the policies and procedures were in place, but the plan had not been approved by the local fire authority. The plan, which was approved by the City of Livingston Fire Department on 01/07/2016, includes control of ignition sources, control of combustible and flammable fuel load sources, provision for occupant protection from fire and smoke and the inspection, testing and maintenance of fire protection equipment in accordance with NFPA codes.
21. The plan requires: Monthly fire inspections; Fire protection equipment strategically located throughout the facility; Public posting of emergency plans with accessible building/room floor plans; Exit signs and directional arrows; and An area-specific exit diagram conspicuously posted in the diagrammed area.	Meets Standard	All of the bulleted requirements of this component are included in the fire prevention, control and evacuation plan.
22. Fire drills are conducted and documented monthly.	Meets Standard	Fire drills are scheduled so that employees on each shift participate in an annual drill. Detainees were evacuated except in areas where safety or security could be jeopardized. The evacuations were simulated in areas where the detainees were not evacuated. Emergency keys were drawn and one set of emergency doors, not in daily use, were unlocked within four and one half minutes.
23. A sanitation program covers barbering operations.	Meets Standard	Policy describes the sanitation requirements for the barbering operations.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

24. The barber shop has the facilities and equipment necessary to meet sanitation requirements.	Meets Standard	The barbershop had all the equipment and facilities necessary for maintaining sanitary procedures for hair care including all the tools being cleaned and effectively disinfected to prevent the transfer of infection associated with scalp diseases. The floors were smooth, nonabsorbent and easily cleaned. The walls and ceiling were in good repair and painted in a light color. The lavatory had both hot and cold running water and the hot water was capable of maintaining a constant flow of water between 115 degrees and 120 degrees.
25. The sanitation standards are conspicuously posted in the barbershop.	Meets Standard	
26. Written procedures regulate the handling and disposal of used needles and other sharp objects.	Meets Standard	
27. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	Meets Standard	Inventories of items representing potential safety and security risks are conducted by the duty nurse at the end of each shift.
28. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections.	Meets Standard	An established cleaning schedule is followed using specific approved cleansers. Follow-up is provided as needed.
29. The facility follows standard cleaning procedures.	Meets Standard	
30. Spill kits are readily available.	Meets Standard	
31. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Med Pro, a licensed medical waste contractor disposes of infectious/bio-hazardous waste.
32. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	All employees are trained in universal precautions upon initial hire and annually thereafter.
33. Do the methods for handling/disposing of refuse meet all regulatory requirements?	Meets Standard	Lone Star Waste Disposal is contracted to dispose of bulk refuse.

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34. A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventative spraying for indigenous insects.	Meets Standard	Broken Arrow Pest Control, a licensed, certified, trained pest control company conducts monthly preventative spraying for indigenous pests throughout the facility.
35. Drinking water and wastewater is routinely tested according to a fixed schedule.	Meets Standard	Drinking and waste water is tested regularly by the Trinity River Authority.
36. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements).	Meets Standard	Generators are tested weekly for one hour. Testing of other emergency systems is conducted on a quarterly basis. Corrective actions are taken when necessary.

ENVIRONMENTAL HEALTH AND SAFETY – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

A review of policy, interviews with employees, and an inspection of the physical plant was conducted. Direct observation of the system for storing, issuing and maintaining chemicals was performed. A review of safety files verified that monthly fire drills, monthly fire inspections, and the testing of emergency equipment were documented. Exit diagrams are written in English and Spanish included “you are here” markers, emergency equipment locations. Several replacement signs were noted to also include the areas of safe refuge. An approved copy of the master MSDS file has not been provided to the local fire department. Semi-annual reviews of the master MSDS files have been conducted.

Environmental health and safety policy protects detainees, personnel, contractors and volunteers from injury and illness by ensuring standards of cleanliness and sanitation. Environmental health conditions are maintained at a level that meets recognized standards of hygiene. General cleaning procedures include isolation cleaning, terminal cleaning, blood and body fluid clean-up and the selection and use of disinfectants. Infectious waste is clearly labeled and the bags are impermeable and specifically for bio-hazardous waste storage. Universal precautions are followed by all personnel when handling untreated infectious waste. The facility has developed an exposure-control plan. Items included under this policy are: hypodermic needles and syringes, scalpel blades, glass vials or ampoules containing materials deemed to be infectious, burrs, glass cartridges, and lancets. Should an individual become exposed while handling a potentially contaminated sharp instruments, the individual is counseled regarding baseline testing for HBV and HIV and referred to their health care source. If the injury involves a person who is a known source of possible infection, that person is also tested as required. The incident is reported as an occupational injury and documented in accordance with applicable regulations and laws.

There are policies and procedures pertaining to the environmental health program that evaluate, eliminate or control both sources and modes of transmission of communicable disease and of injuries. The HSA, in conjunction with the risk manager, conducts investigations, inspections and training regarding environmental health conditions with recommendations to the OIC.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

HOLD ROOMS IN DETENTION FACILITIES (Key: AA)		
POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The hold rooms are situated within the secure perimeter.	Meets Standard	All the hold rooms are located within the secure perimeter.
2. The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.	Meets Standard	The hold rooms were observed to be well lighted and vented with activating switches located outside the rooms.
3. The hold rooms contain sufficient seating for the number of detainees held.	Meets Standard	Each of the hold rooms contains sufficient seating for the number of detainees held.
4. Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.	Meets Standard	No bunks, cots, beds or other sleeping apparatus is allowed in the hold rooms and none was observed during multiple tours of the intake area and hold rooms.
5. The walls and ceilings of the hold rooms are tamper and escape proof.	Meets Standard	The hold rooms were observed to be escape and tamper resistant.
6. Individuals are not held in hold rooms for more than 12 hours.	Meets Standard	
7. Male and females are segregated from each other.	Meets Standard	Male and female detainees are segregated from each other as female detainees are not held at this facility.
8. Detainees under the age of 18 are not held with adult detainees.	Meets Standard	Juvenile ICE detainees are not held with adult detainees as juvenile detainees are not held at this facility.
9. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard	
10. In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	Meets Standard	Toilets are located inside each hold room.
11. All detainees are given a pat down search for weapons or contraband before being placed in the room.	Meets Standard	

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12. 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.	Meets Standard	Officers closely supervise the hold rooms using direct supervision. The rooms are irregularly monitored every fifteen minutes. The fifteen-minute checks are documented in a log. Review of the logs confirmed the checks were being conducted and logged as required. Unusual behavior is noted and reported.
13. When the last detainee has been removed from the hold room, it is given a thorough inspection.	Meets Standard	
14. 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.	Meets Standard	There is a written evacuation plan. The intake officers are responsible for evacuating the hold rooms in the case of an evacuation.
15. An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	Meets Standard	

HOLD ROOMS IN DETENTION FACILITIES – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

Review of policy and practice, inspection of the intake area and interviews of the intake supervisor and officers showed the facility is using the hold rooms for the temporary detention of detainees being processed into/out of the facility. Detainees are not held in excess of twelve hours in the hold rooms. The hold rooms were observed to be clean and well maintained. Persons exempt from placement in a hold room are seated outside the hold rooms under direct officer observation/supervision and are taken to the medical clinic as soon as possible.

Officers inspect parcels, suitcases, bags, bundles, boxes, and other property before accepting any item of property. Sharp objects are removed from the detainee's possession. All newly arriving detainees receive a pat search. Policy states that if a strip search is indicated the search is conducted by an officer of the same sex and a second officer of the same sex observes the search. Intake officers conformed that they look at every individual before placing them in the hold room, checking for obvious mental or physical conditions.

Intake officers maintain a detention log of every detainee placed in a hold room. Officers immediately enter information into the log upon a detainee's placement in a hold room. Officers provide a meal to detainees in the hold room for more than six hours. Policy requires officers to be sensitive to the cultural/religious culinary restrictions and/or differences of all detainees whenever possible.

The shift supervisor is notified regarding unusual detainee behaviors or complaints. Detainees are not permitted to smoke in the hold rooms or any other portion of the facility. Officers do not enter a hold room unless another officer is stationed outside the door. Officers do not carry firearms, batons or other non-deadly force devices into the hold room.

Any evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures discovered during hold room inspection is reported to the shift supervisor for corrective action or repair. Officers notify the shift supervisor immediately of medical emergencies.

When the detainee is removed from the hold room for outside treatment, officers accompany and remain with the detainee until doctors determine whether the condition will require hospitalization, and then either return the detainee to the facility or notify the shift supervisor and await further instructions.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) (Key: AB)		
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	RATING	REMARKS (1000 CHAR MAX)
1. The security officer[s], or equivalent in IGSA's, has attended an approved locksmith training program.	Meets Standard	The maintenance supervisor has attended an approved locksmith training program.
2. The security officer, or equivalent in IGSA's, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	Meets Standard	The assistant OIC has responsibility for all administrative duties relating to keys and locks.
3. The security officer, or equivalent in IGSA's, provides training to employees in key control.	Meets Standard	The training supervisor is responsible for providing training in key control.
4. The security officer, or equivalent in IGSA's, maintains inventories of all keys, locks and locking devices.	Meets Standard	The assistant OIC maintains inventories of all keys and locking devices. Inventories are updated quarterly and review of the inventories showed they were current.
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	Meets Standard	Maintenance employees perform all preventative maintenance functions and maintain all documentation.
6. Facility policies and procedures address the issue of compromised keys and locks.	Meets Standard	
7. The security officer, or equivalent in IGSA's, develops policy and procedures to ensure safe combinations integrity.	Meets Standard	There are three safes in the facility. Two are in business services and one in the OIC's office. The OIC and business manager are responsible for the integrity of the combinations for the safes located in their areas.
8. Only dead bolt or dead lock functions are used in detainee accessible areas.	Meets Standard	
9. Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	Meets Standard	
10. Grand master keying systems are prohibited.	Meets Standard	The facility does not use/allow a grand master keying system.
11. All worn or discarded keys and locks are cut up and properly disposed of.	Meets Standard	The maintenance supervisor disposes of all discarded keys and locks.
12. Padlocks and/or chains are prohibited from use on cell doors.	Meets Standard	Padlocks and/or chains are not used on cell or dormitory doors and none were observed during multiple tours of the housing units.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101.	Meets Standard	
14. The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	Meets Standard	The operational keyboard is located in central control and is sufficient to accommodate all key rings including keys in use.
15. Procedures are in place to ensure that key rings are: Identifiable; The numbers of keys are cited; and Keys cannot be removed.	Meets Standard	Individual key rings were inspected and all were found to contain chits citing the key ring number and the number of keys on the ring. Keys cannot be removed from these rings.
16. Emergency keys are available for all areas of the facility.	Meets Standard	Emergency keys are stored in central control and a second set is located in the armory.
17. The facilities use a key accountability system.	Meets Standard	
18. Authorization is necessary to issue any restricted key.	Meets Standard	
19. 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.	Meets Standard	Gun lockers are located at the back gate. The gate is under constant video observation and the area does not allow detainee or public access.
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	Meets Standard	The central control officer maintains an in/out log for all keys issued in addition to using a chit system to denote which employee has a key ring. All key rings are accounted for at the start of each eight hour shift. Individual keys are counted at the start of each shift.
21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff.	Meets Standard	All employees are trained and held responsible for the proper handling of keys. Training, employee practices and procedures address all of the elements in this component.

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

The evaluation of this standard was based on review of policy and procedures, interview of the assistant OIC, inspection of individual key rings and visual observation of the keyboard located in central control. These reviews confirmed that policies and procedures for the use, accountability and maintenance of keys are in place and being followed. The keyboard is large enough to accommodate all key rings, including keys in use and provides positive accountability of all key rings. The assistant OIC maintains a computer program in which all key rings and the individual keys assigned to each ring is maintained. The same system maintains an inventory of all locking devices.

Although the assistant OIC has responsibility as the key control officer duties there is a written position description that includes duties, responsibilities and chain of command for the key control officer position. At the present time there is no officer assigned to the armory/key control officer position. These functions have been assigned to the assistant warden. The assistant OIC advised that in the near future as more officers are hired a designated officer will be assigned the duties of armory/key control officer. Access to restricted keys is determined by the assistant OIC. No key(s) are issued on a 24-hour basis.

The use of gun lockers for long term storage is prohibited.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

POPULATION COUNTS (Key: AC)		
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	RATING	REMARKS (1000 CHAR MAX)
1. Staff conduct a formal count at least once each shift.	Meets Standard	There are seven counts each 24 hours with multiple counts occurring on each eight hour shift.
2. Activities cease or are strictly controlled while a formal count is being conducted.	Meets Standard	All activities are controlled or cease during counts.
3. Certain operations cease during formal counts.	Meets Standard	All operations cease during the formal counts.
4. All movement ceases for the duration of a formal count.	Meets Standard	There is no movement during counts.
5. Formal counts in all units take place simultaneously.	Meets Standard	All counts are conducted simultaneously.
6. Detainee participation in counts is prohibited.	Meets Standard	Detainees do not participate in the count process.
7. A face-to-photo count follows each unsuccessful recount.	Meets Standard	The daily 7:30 a.m. and 10:00 p.m. counts are face-to-photo counts and a face-to-photo count is required to be conducted after each unsuccessful recount.
8. Officers positively identify each detainee before counting him/her as present.	Meets Standard	Policy and practice requires that officers see a living, moving and breathing individual before counting him as present. During the count process officers were observed to ensure they were counting a living individual.
9. Written procedures cover informal and emergency counts. They are followed during informal counts and emergencies.	Meets Standard	
10. The control officer (or other designated position) maintains an out -count record of all detainees temporarily leaving the facility.	Meets Standard	The count room maintains a record of all detainees temporarily leaving or out of the facility.
11. This training is documented in each officer's training folder.	Meets Standard	

POPULATION COUNTS – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>
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National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

The evaluation of this standard was based on review of facility policy and employee interviews and observation of the 1:45 p.m. count from various locations within the facility. The overall count process accounts for all detainees throughout each 24 hour period. Formal counts take place at least every eight hours.

Formal counts are conducted at specific times of the day or night in a predetermined manner. Officers make irregular but frequent checks to verify the presence of all detainees in their charge and the results are recorded in the housing officer logs. Review of multiple housing unit logs showed the formal and informal counts were being conducted per policy. The shift supervisor is required to verify the accuracy of all formal counts. The facility master count is maintained by employees in the count room.

Overall Rating: Meets Standard**Reviewer Name (Printed)**

(b)(6);(b)(7)(C)

Completion Date: 1/7/2016**Reviewer Signature (for printed form submission):**

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

POST ORDERS (Key: AD)		
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	RATING	REMARKS (1000 CHAR MAX)
1. Every fixed post has a set of post orders.	Meets Standard	
2. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	Meets Standard	Post orders were reviewed and found to contain the latest inserts and necessary revisions.
3. One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	Meets Standard	The compliance manager is responsible for keeping all post orders current.
4. The IGSA maintains a complete set (central file) of post orders.	Meets Standard	The OIC and assistant OIC maintain a computerized complete set of post orders.
5. The central file is accessible to all staff.	Meets Standard	The computerized post order central file is located in the OIC's and assistant OIC's offices and is accessible to all employees.
6. The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.	Meets Standard	The assistant OIC initiates/authorizes all post order changes.
7. The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.	Meets Standard	The post orders are signed and dated by the assistant OIC.
8. A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	Meets Standard	
9. Procedures keep post orders and logbooks secure from detainees at all times.	Meets Standard	The post orders and logbooks were observed to be kept secure from detainees at all times.
10. Every armed-post officer qualifies with the post weapon(s) before assuming post duty.	Meets Standard	The transportation and perimeter patrol posts are the only armed posts. Officers assigned to these posts must qualify with the post weapons before assuming the positions.
11. Armed-post post orders provide instructions for escape attempts.	Does Not Meet Standard	The post orders for the perimeter patrol post were found to not contain instructions for escape attempts. During the course of the inspection these post orders were amended to contain instructions for this post in the event of an escape attempt/escape.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

12. The post orders for housing units track the event schedule.	Meets Standard	The housing unit post orders track the daily event and activity schedule format.
13. Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.	Meets Standard	Detainee daily activity is recorded by housing unit officers in unit log books. The post orders located at each post include instructions for maintaining the log. Numerous housing unit logs were reviewed and found to be maintained in accordance with policy.

POST ORDERS – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

Evaluation of this standard was based on review of policies, post orders, log books and employee interviews. Post orders were reviewed at multiple locations throughout the facility and were found to be current and to contain the required updates. The post orders contain all of the information and instruction needed to ensure that each officer assigned to a security post knows the procedures, duties and responsibilities of that post.

Post orders specify the duties of each post in the facility, along with the procedures to be followed in carrying out those duties. Written procedures require that all officers read applicable post orders and provide official on-duty time for officers to read post orders and ensure that officers read those applicable post orders prior to assuming the post.

The perimeter patrol and transportation officer positions are the only armed posts. Policy requires that these post orders for these posts contain a description and explanation of the proper care and safe handling of firearms, the circumstances and conditions under which the use of firearms is authorized and contain direction that any staff member who is taken hostage is considered to be under duress and any order issued by such a person, regardless of his or her position of authority is to be disregarded. In reviewing the post orders for the perimeter patrol position there was no direction provided on the safe handling of firearms, the circumstances and conditions in which firearms use is authorized and no direction concerning the fact that any instructions from hostages were to be disregarded. During the course of the inspection the perimeter post orders were amended and the missing language concerning hostage situations and the safe handling and use of firearms was added.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

SECURITY INSPECTIONS (Key: AE)		
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. 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	Meets Standard	The facility has comprehensive security inspection policies that address each bulleted item in this component.
2. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	Meets Standard	Every officer and supervisor is required to inspect his/her assigned areas and document the inspection in the appropriate log or form.
3. Documentation of security inspections is kept on file.	Meets Standard	Security inspections are conducted by officers on each shift and documentation of the inspections is retained in the appropriate log book.
4. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	Meets Standard	Failures to take corrective action or recurring problems are reported to the shift supervisor.
5. The front-entrance officer checks the ID of everyone entering or exiting the facility.	Meets Standard	
6. All visits are officially recorded in a visitor logbook or electronically recorded.	Meets Standard	
7. The facility has a secure visitor pass system.	Meets Standard	
8. Every Control Center officer receives specialized training.	Meets Standard	
9. The Control Center is staffed around the clock.	Meets Standard	The central control center is staffed at all times.
10. Policy restricts staff access to the Control Center.	Meets Standard	Policy and practice restricts access to central control to only those staff with a need to be in central control.
11. Detainees are restricted from access to the Control Center.	Meets Standard	Detainees are not allowed into central control.
12. Communications are centralized in the Control Center.	Meets Standard	All communications are centralized in central control.
13. Officers monitor all vehicular traffic entering and leaving the facility.	Meets Standard	The back gate officers monitor all vehicular traffic entering and leaving the facility.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

14. 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	Meets Standard	The back gate officer maintains a log of incoming and departing vehicles. The log records each of the items noted in this component. Entries in the log were inspected back to May 2015 and were found to be properly recorded and the log maintained according to policy.
15. Officers thoroughly search each vehicle entering and leaving the facility.	Meets Standard	The back gate officer is responsible for thoroughly searching each vehicle entering and leaving the facility.
16. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	Meets Standard	
17. Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.	Meets Standard	All tools are inventoried prior to entering and leaving the facility.
18. The SMU entrance has a sally port.	Meets Standard	
19. Written procedures govern searches of detainee housing units and personal areas.	Meets Standard	
20. Housing area searches occur at irregular times.	Meets Standard	Policy requires that searches of all housing units occur at irregular times.
21. Every search of the SMU and other housing units is documented.	Meets Standard	
22. Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	Meets Standard	Policy requires that all of the areas noted in this component are searched on an irregular daily basis. The results are documented in the central control daily activity log.
23. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	Meets Standard	Exterior checks of the facility cover all of the areas specified in this component and are conducted once each shift.
24. Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.	Meets Standard	The perimeter alarm system and physical checks of the perimeter fence are conducted once each eight hour shift. The results are documented in the central control log.
25. Visitation areas receive frequent, irregular inspections.	Meets Standard	

SECURITY INSPECTIONS – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

Review of policies, facility logs and post orders and interviews of the assistant OIC and numerous officers confirmed that the facility has an inspection process and other necessary controls in place to control the introduction of contraband and to ensure facility safety, prevent harm to employees and detainees, prevent escapes and maintain the facility in a sanitary condition for employees and detainees.

The assistant OIC is responsible for including all areas of the facility in the daily security inspection process. The facility front entrance has a sally port type entrance to prevent unauthorized entry or exit. The employees assigned to the main entrance visiting position have constant contact with the general public. During the inspection, these employees were observed to be professional in both demeanor and attire. The employees assigned to the visiting/main entrance posts check the identification documents of every visitor, employee, and other person entering or leaving the facility.

The OIC has established procedures for tracking the arrival and departure of contract employees. All employees must use an electronic time clock to sign in/out prior to entering the facility. All other visitors must sign in/out on a log at the main entrance to the facility.

All detainees are fed in the housing units and the food carts are escorted to the units by officers.

Officers do not have keys which open both the inner and outer door of any sally port type entrance. All sally port doors at this facility are electronically controlled by the control center officers. Inner and outer doors are not opened at the same time.

Overall Rating: Meets Standard

Reviewer Name (Printed)

(b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) (Key: AF)		
POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. 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.	Meets Standard	Detainees are placed into administrative segregation as a means of providing non-punitive housing for detainees who cannot live in the general population. Detainees are placed in administrative segregation in accordance with written criteria contained in policy.
2. 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.	Meets Standard	Policy allows that detainees may be placed on administrative segregation status before a written order is approved. Policy requires that in such cases the detainee is provided a copy of the placement order no later than 24 hours after placement.
3. 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).	Meets Standard	The assistant OIC or a lieutenant reviews the status of detainees on administrative segregation status. A lieutenant reviews the placement status of detainees within 72 hours or less after their placement.
4. 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?	Meets Standard	The assistant OIC reviews the placement status of detainees in administrative segregation every seven days for the first 60 days and every month thereafter. The review includes an interview of the detainee and a written record is made of the decision and justification using a local segregation review form.
5. 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.	Meets Standard	Detainees are given a written record of each review and may appeal any decision by filing a grievance.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

<p>6. The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSA's) any time a detainee's stay in administrative detention exceeds 30 days.</p> <p>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.</p>	Meets Standard	ICE officials are stationed on site and are notified immediately whenever an ICE detainee is housed in the special management unit (SMU) in administrative segregation status longer than thirty days. ICE officials reported that they would make the appropriate notifications if a detainee is in administrative segregation status for longer than sixty days.
<p>7. The OIC (or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.</p> <p>A written record is made of the decision and the justification.</p> <p>The detainee receives a copy of this record.</p>	Meets Standard	Policy requires that the OIC or designee review the case of any detainee who objects to placement over thirty days. A written record is made of the decision and justification and the detainee receives a copy of the completed form.
<p>8. 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.</p>	Meets Standard	Detainees are given a written record of each seven day review, and may appeal any decision by filing a grievance.
<p>9. Administratively segregated detainees enjoy the same general privileges as detainees in the general population.</p>	Meets Standard	
<p>10. The SMU is:</p> <p>Well ventilated;</p> <p>Adequately lighted;</p> <p>Appropriately heated; and</p> <p>Maintained in a sanitary condition.</p>	Meets Standard	The SMU was toured and found to be well vented, lighted, heated and maintained in a sanitary condition.
<p>11. All cells are equipped with beds.</p> <p>Every bed is securely fastened to the floor or wall.</p>	Meets Standard	The cells in the SMU all have a single bed which is securely fastened to the floor.
<p>12. The number of detainees in any cell does not exceed the occupancy limit.</p> <p>When occupancy exceeds recommended capacity, do basic living standards decline?</p> <p>Do criteria for objectively assessing living standards exist?</p> <p>If yes, are the criteria included in the written procedures?</p>	Meets Standard	
<p>13. The segregated detainees have the same opportunities to exchange/laundry clothing, bedding, and linen as detainees in the general population.</p>	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

14. Detainees receive three nutritious meals per day, from the general population's menu of the day. Do detainees eat only with disposable utensils? Is food ever used as punishment?	Meets Standard	All detainees housed in administrative segregation receive three nutritious meals per day from the general population menu. Detainees use disposable utensils and food is not used as punishment.
15. Each detainee maintains a normal level of personal hygiene in the SMU. The detainees have the opportunity to shower and shave at least three times a week. If not, explain.	Meets Standard	
16. The detainees are provided: Barbering services; Recreation privileges in accordance with the "Detainee Recreation" standard; Non-legal reading material; 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.	Meets Standard	Detainees in administrative segregation receive all of the services listed in this component.
17. A health care professional visits every detainee at least three times a week. The shift supervisor visits each detainee daily. Weekends and holidays.	Meets Standard	Policy requires a health care professional to conduct a face to face visit with each detainee in administrative segregation on a daily basis. The shift supervisor is required to visit each detainee daily including weekends and holidays.
18. Procedures comply with the "Visitation" standard. The detainee retains visiting privileges; and The visiting room is available during normal visiting hours.	Meets Standard	
19. Visits from clergy are allowed.	Meets Standard	
20. Detainees have the same law-library access as the general population. Are they required to use the law library <input checked="" type="checkbox"/> Separately, or <input type="checkbox"/> As a group? Are legal materials brought to them?	Meets Standard	Detainees in administrative segregation have the same law library access as the general population. Detainees are escorted to the law library and requested legal materials may be brought to the detainees.
21. The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	Meets Standard	If a detainee is placed in SMU officers maintain a special housing unit record for detainees on administrative segregation status and record all detainee related activity.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

<p>22. SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU.</p> <p>Staff completes the form at the end of each shift.</p> <p>CDFs and IGSA facilities use Form I-888 (or local equivalent).</p>	<p>Meets Standard</p>	<p>This IGSA initiates a local special housing unit record upon a detainee's placement in administrative segregation and unit officers complete the form during and at the end of each shift.</p>
<p>23. Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.</p> <p>Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;</p> <p>The medical officer/health care professional signs each individual's record during each visit; and</p> <p>The housing officer initials the record when all detainee services are completed or at the end of the shift.</p>	<p>Meets Standard</p>	<p>Officers record all detainee daily activities taking place each shift in the individual housing unit record sheets maintained for each detainee. Officers record all pertinent information such as medical condition, suicide/violent behavior in the log. Medical employees are required to sign the segregation log each time they visit the detainee. The housing unit officers sign the record each shift.</p>
<p>24. A new record is created for each week the detainee is in Administrative Segregation.</p> <p>The weekly records are retained in the SMU until the detainee's return to the general population.</p>	<p>Meets Standard</p>	<p>A new individual housing unit record is created each week for each detainee who is in administrative segregation. The records are retained in the housing units until the detainees return to the general population.</p>

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

Evaluation of this standard was based on review of policy, interview of the OIC and assistant OIC and a tour of the SMU. At the time of this inspection there were no detainees in the SMU on administrative segregation status. The OIC reported that since the current company assumed control of the facility in May 2015 there have been no ICE detainees housed in the SMU on administrative segregation status.

Policy states that detainees housed on administrative segregation status are allowed to participate in TV viewing, board games, socializing and work details and are provided opportunities to spend time outside their cells over and above recreation periods. The OIC has established written policy regarding the property that detainees may retain in administrative segregation. Detainees do not participate in visitation while in restraints as all visiting is conducted in a non-contact manner. General visitation may be restricted or disallowed when a detainee, while in an administrative segregation status, is charged with, or has been found to have committed, a prohibited act having to do with visiting guidelines or has otherwise acted in a way that would reasonably indicate that he would be a threat to the orderliness or security of the visiting room.

Policy states that detainees are allowed to retain a reasonable amount of legal material; detainees are allowed prompt access to legal material placed in storage. Requests for access to legal material are accommodated as soon as possible, but in no case more than 24 hours after receipt of the initial request. Detainees in administrative segregation may not be denied legal visitation, but reasonable security precautions will be taken where necessary.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) (Key: AG)		
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	RATING	REMARKS (1000 CHAR MAX)
1. Officers placing detainees in disciplinary segregation follow written procedures.	Meets Standard	Officers follow written procedures when placing detainees in disciplinary segregation.
2. The sanctions for violations committed during one incident are limited to 60 days.	Meets Standard	The maximum sanction for ICE detainees for a single offense is sixty days.
3. 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.	Meets Standard	A completed segregation order accompanies the detainees to disciplinary segregation. Detainees sign for and receive a copy of the order within 24 hours of being placed in disciplinary segregation.
4. 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.	Meets Standard	The assistant OIC or a lieutenant reviews the cases of individual detainees housed in disciplinary segregation at set intervals and gives the detainees a written copy of the decision and supporting reasons.
5. The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	Meets Standard	
6. Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	Meets Standard	
7. 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.	Meets Standard	
8. Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	Meets Standard	
9. The quarters used for segregation are: Well-ventilated. Adequately lighted. Appropriately heated. Maintained in a sanitary condition.	Meets Standard	The special management unit (SMU) was toured and was found to be well vented, lighted, heated and maintained in a sanitary condition.
10. All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	Meets Standard	

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11. 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?	Meets Standard	The cells in the SMU all have a single bed. The cells do not house in excess of one detainee.
12. 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.	Meets Standard	The OIC advised that since May 2015 no detainee has been placed on "dry cell" status. Should this status be required a justification would be made, the detainees status would be reviewed each shift and items would be returned as soon as it is safe.
13. Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	Meets Standard	
14. 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.	Meets Standard	All detainees housed in disciplinary segregation receive three nutritious meals per day from the general population menu. Detainees use disposable utensils and food is not used as punishment.
15. Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	Meets Standard	
16. 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.	Meets Standard	Detainees in disciplinary segregation receive all of the services listed in this component.
17. When phone access is limited by number or type of calls, the following areas are exempt: Calls about the detainee's immigration case or other legal matters; Calls to consular/embassy officials; and Calls during family emergencies (as determined by the OIC/Warden).	Meets Standard	When phone access is limited the calls listed in this component are exempted
18. A health care professional visits every detainee in disciplinary segregation every week day. The shift supervisor visits each segregated detainee daily Weekends and holidays.	Meets Standard	A health care professional is required to conduct a face to face visit with each detainee in disciplinary segregation on a daily basis. The shift supervisor visits each detainee daily including weekends and holidays.

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19. SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	Meets Standard	
20. SMU detainees receive legal visits, as provided in the "Visitation" standard. Legal service providers are notified of security concerns arising before a visit.	Meets Standard	
21. Visits from clergy are allowed. The clergy member is given the option of visiting/not visiting the segregated detainee. Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.	Meets Standard	
22. SMU detainees have law library access. Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. Legal material brought to individuals in the SMU on a case-by-case basis. Staff documents every incident of denied access to the law library.	Meets Standard	
23. All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	Meets Standard	Officers maintain a special housing unit record for detainees on disciplinary segregation status and record all detainee related activity.
24. The SPCs, 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).	Meets Standard	This IGSA initiates a special housing unit record upon a detainee's placement on disciplinary segregation status and unit officers complete the form during and at the end of each shift
25. SMU staff record whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU.	Meets Standard	Officers record all detainee daily activities taking place each shift in the special housing unit records maintained for each detainee. Officers record all pertinent information such as medical condition, suicide/violent behavior in the log. Medical employees sign the segregation record each time they visit the detainee. The housing unit deputies sign the record each shift.

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

Evaluation of this standard was based on review of policy, interview of the OIC and assistant OIC and a tour of the SMU. At the time of this inspection there were no detainees in the SMU on disciplinary segregation status. The OIC reported that since the current company assumed control of the facility in May 2015 there have been no ICE detainees housed in the SMU on disciplinary segregation status.

Detainees are placed in disciplinary segregation following the findings of a disciplinary panel/hearing officer pursuant to written policy. Segregated detainees have the opportunity to maintain a normal level of personal hygiene. Detainees with a large amount of legal material may be required to place a portion of the material in their personal property, with access permitted during scheduled hours. Requests for access to legal material are accommodated as soon as possible, but in no case more than 24 hours after receipt of the initial request.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

TOOL CONTROL (Key: AH)		
POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The assistant OIC is responsible for developing the tool control procedure and an inspection system to insure accountability.
2. Department heads are responsible for implementing this standard in their departments.	Meets Standard	Department heads are responsible for implementing this standard in their departments.
3. Tool inventories are required for the: Maintenance Department; Medial Department; Food Service Department; Electronics Shop; Recreation Department; and Armory.	Meets Standard	Tool inventories are required for the maintenance, armory, medical and food service departments. There are no tools in the recreation department. An interview of the maintenance supervisor confirmed that maintenance employees each have individual tool carts which are used to bring tools into the facility. Each employee maintains an inventory of tools brought into the facility. Medical instruments and tools were found to be securely stored and inventoried. The armory and the individual maintenance shops are located outside the secure perimeter and were not inspected.
4. The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required.	Meets Standard	
5. The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous).	Meets Standard	The facility has a tool classification system. Tools are classified as either class A (sensitive) or non-sensitive (class B).
6. Department heads are responsible for implementing tool-control procedures.	Meets Standard	Department heads are responsible for implementing tool control procedures in their areas.

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7. The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	Meets Standard	The tool control policy requires that tools be marked and are readily identifiable. Tools and food preparation utensils used in the kitchen were found to be properly marked. Interview of the maintenance supervisor confirmed that all tools used in the maintenance department are properly marked and readily identifiable. Tools stored in a small room inside central control were marked and readily identifiable. Medical instruments due to their nature were not marked but were found to be securely stored and inventoried.
8. 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.	Meets Standard	All departments storing tools conduct daily inventories of all tools stored at their locations. All tools in the kitchen and maintenance departments are stored in such a manner that a missing tool would be readily noticed.
9. Each facility has procedures for the issuance of tools to staff and detainees.	Meets Standard	
10. 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.	Meets Standard	The tool control policy addresses the issue of lost tools. The policy fully addresses each of the issues noted in this component.
11. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	Meets Standard	
12. 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.	Meets Standard	All private maintenance workers are required to submit an inventory of all tools prior to entering the facility. Tools are checked upon entering and leaving the facility.

TOOL CONTROL – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

The evaluation of this standard was based on review of policies, interview of the food service administrator, maintenance supervisor, assistant OIC and physical inspection of locations storing tools inside the secure perimeter. The maintenance shops and the armory are located outside the secure perimeter and were not inspected. Review of tool control practice, inventories and accountability throughout the facility found that procedures were being followed. Maintenance employees inventory all tools they bring into the facility to ensure all tools are accounted for entering/leaving the facility. Kitchen officers and food service employees inventory all utensils at the start and end of each shift.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

TRANSPORTATION (Land Transportation) (Key: AI)

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 N/A

Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	Meets Standard	The HR office monitors the driving records of all transportation officers.
2. Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.	Meets Standard	
3. Supervisors maintain records for each vehicle operator.	Meets Standard	The transportation supervisor maintains records for each vehicle operator.
4. Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability; and Deficiencies are corrected before the vehicle goes back into service.	Meets Standard	Pre-transport checklists are completed and include all the information required by the standard. Deficiencies are corrected before the vehicle goes back into service.
5. Transporting officers: Limit driving time to 10 hours in any 15 hour period; Drive only after eight consecutive off-duty hours; Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours; Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days; During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area exceeding the 10-hour limit.	Meets Standard	The bulleted items of this component are stipulated in policy.
6. (b)(7) officers with valid CDLs required in any bus transporting detainees. When buses travel in tandem with detainees, there are (b)(7) qualified officers per vehicle. An unaccompanied driver may transport an empty vehicle.	Meets Standard	Policy addresses the requirements of this component.
7. Before the start of each detail, the vehicle is thoroughly searched.	Meets Standard	
8. Positive identification of all detainees being transported is confirmed.	Meets Standard	Detainees are identified by photo.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

9. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	Meets Standard	Detainees are pat searched prior to being allowed to board the vehicle.
10. The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.	Meets Standard	
11. Protective vests are provided to all transporting officers.	Meets Standard	Protective vests are provided to transport officers.
12. 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.	Meets Standard	
13. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	
14. Officers ensure that no one contacts the detainees. (b)(7) officer remains in the vehicle at all times when detainees are present.	Meets Standard	Policy requires that one officer remain with the vehicle when detainees are present.
15. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	Meets Standard	Sack lunches that meet the minimum dietary standards as approved by a dietician are provided for long distance transport.
16. The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule.	Meets Standard	Per the transportation supervisor, the vehicle crew inspects all food service pickups before accepting the meals. Basin, latrines and drinking water containers are cleaned and sanitized after each trip.
17. Vehicles have: (b)(7)(E)	Meets Standard	(b)(7)(E)
18. The vehicles are clean and sanitary at all times.	Meets Standard	The bus inspected was found to be clean and sanitary.
19. Personal property of a detainee transferring to another facility is: Inventoried; Inspected; and Accompanies the detainee.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

<p>20. The following contingencies are included in the written procedures for vehicle crews:</p> <ul style="list-style-type: none"> 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 	Meets Standard	Written procedures address all listed contingencies. The facility does not accept minors and does not house female ICE detainees.
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TRANSPORTATION (Land Transportation) – REVIEWER SUMMARY (Use following format for dates: mm/dd/yyyy)		
<p>Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)</p> <p>A supervisor is responsible for scheduling and monitoring vehicular maintenance, making transfer arrangements, supervising and instructing officers, and maintaining detainee security. Transport plans and routes are revised by the supervisor when necessary due to weather, road conditions, or other considerations.</p> <p>ICE uses completed Form I-216 to notify the facility of impending transfers and includes any special instructions for detainees as warranted. Detainees are transferred to other facilities with a completed Form G-391. The G-391 is signed and filled in appropriately. Form G-391 is also used for local trips to court and medical appointments, though not required by the standard. Transportation officers have not completed an ICE approved bus driver training course. Transportation officers wear only agency uniforms during transports and are trained in the applicable firearms.</p> <p>All detainees are restrained during transports. Officers check the fit of restraining devices immediately after application, at every relay point, and any time the detainee complains. Restraints are double-locked when applicable. Restraints are never attached to an immobile object.</p> <p>Detainees are transported in a manner that provides for the security of the public, while preserving the safety of staff members and detainees. This standard was evaluated via employee interviews, examination of driving records and vehicle inspection checklists, and a review of policy.</p>		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
Reviewer Signature (for printed form submission):		

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

USE OF FORCE (Key: AJ)		
POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	Meets Standard	Policy allows employees to respond to immediate use-of-force situations without a supervisor's approval.
2. 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.	Meets Standard	
3. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	Meets Standard	Written policy states that calculated rather than immediate use of force is feasible in most cases.
4. The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	Meets Standard	The facility subscribes to the confrontation avoidance procedures and policy requires that detention officials, health professionals and others will meet before any calculated use of force.
5. 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.	Meets Standard	Officers are trained in and use the use of force team technique and when it is required to be used it is under staff supervision.
6. Staff members are trained in the performance of the Use-of-Force Team Technique.	Meets Standard	
7. All use-of-force incidents are documented and reviewed.	Meets Standard	All use-of-force incidents are required to be documented.
8. Staff: Do not use force as punishment; Attempt to gain the detainee's voluntary cooperation before resorting to force; Use only as much force as necessary to control the detainee; and Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.	Meets Standard	Policy and practice requires all employees to fully comply with all of the directions contained in this component.
9. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	N/A	The facility does not use medication for restraint purposes.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

10. Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).	Meets Standard	
11. Standard procedures associated with using four-point restraints include: Soft restraints (e.g., vinyl); Dressing the detainee appropriately for the temperature; A bed, mattress, and blanket/sheet; Checking the detainee at least every 15 minutes; Logging each check; 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".	N/A	This facility does not use any type of immobilizing restraints.
12. 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.	N/A	This facility does not use any type of immobilizing restraints.
13. All detainee checks are logged.	N/A	This facility does not use any type of immobilizing restraints.
14. In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	Meets Standard	In all use-of-force situations medical employees are contacted once the detainee is under control.
15. When the OIC authorizes use of non-lethal weapons: Medical staff is consulted before staff use (b)(7)(E) non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.	Meets Standard	Policy requires that whenever possible prior to the use of non-lethal weapons medical professionals are consulted and that they review the detainee medical file and verify the detainee does not have any medical conditions which would preclude the use of (b)(7)(E) or other non-lethal weapons.
16. Special precautions are taken when restraining pregnant detainees. Medical personnel are consulted	N/A	Although pregnant detainees are not held at this facility policy does state that medical employees shall prescribe precautions to be used if restraining pregnant detainees.
17. Protective gear is worn when restraining detainees with open cuts or wounds.	Meets Standard	
18. Staff documents every use of force and/or non-routine application of restraints.	Meets Standard	Policy requires that every use of force and non-routine use of restraints is documented.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

19. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	
20. 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.	Meets Standard	All officers receive training in self-defense, confrontation avoidance techniques and use of force to control detainees. Officers receive specialized training and are certified in the use of special devices.
21. In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	Meets Standard	This IGSA uses a local use of force form to report/document all use-of-force incidents.

USE OF FORCE – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

The evaluation of this standard was based on review of policy and interview of the assistant OIC. Since May 2015 there have been no incidents where force was used against an ICE detainee. Policy and training asserts that only the minimum force needed to control the situation will be used. All uses of force are required to be documented and reviewed. The use of Tasers is not permitted. The use of (b)(7)(E) by select trained officers is authorized by policy and is the only chemical agent approved for use. The facility does not have or use canines.

All calculated use of force incidents are required to be video-taped. These video tapes must be included in the investigative package for the "after action review." The on duty supervisor must be on the scene before any calculated use of force. No staff member involved in the incident precipitating the need for force can be a member of the use of force team. Calculated use of force video tapes are maintained in accordance with the Use of Force standard.

Policy requires that video tapes are catalogued and preserved for the life of the contract. The maintaining of video cameras and related equipment is the responsibility of the central control officers as the cameras are stored in central control. The facility's approved list of restraint equipment does not deviate from the list specified in the standard. There is no use of force equipment stored in the segregation unit or the general population housing units. All use of force equipment is stored in central control in the same manner as "Class A" tools.

The compliance manager is the designated individual who maintains all use of force documentation. The OIC reviews and signs after-action review reports. An after action report is completed within two working days following conclusion of the use of force or application of restraints incidents.

Policy requires that shift supervisors inspect areas for blood or other body-fluid spillage after an incident. Unless it is determined that the spillage must be preserved as evidence, staff immediately sanitize the affected areas. The medical department provides guidance on appropriate cleaning solutions and usage, and spill kits are available.

Unauthorized less-than-lethal force devices such as blackjacks, sap gloves, mace, tear gas, or other chemical agents except (b)(7)(F) are not permitted. Policy prohibits the following acts: any type of choke or carotid hold; use of a baton to apply a choke or "come-along" hold; intentional baton strikes to the head, face or groin or other area specified in the standard; striking a detainee for failing to obey an order; striking a detainee when grasping or pushing him/her; and using force against a detainee offering no resistance.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

STAFF DETAINEE COMMUNICATIONS (Key: AK)		
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	RATING	REMARKS (1000 CHAR MAX)
1. The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	Meets Standard	Weekly announced and unannounced visits occur at this IGSA facility.
2. Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	Meets Standard	Facility logs indicate that weekly visits are conducted.
3. Scheduled visits are posted in ICE detainee areas.	Meets Standard	The visit schedule is posted in the housing units.
4. Visiting staff observe and note current climate and conditions of confinement at each IGSA.	Meets Standard	Completed Facility Liaison Checklists noted the climate and conditions of confinement.
5. ICE information request Forms are available at the IGSA for use by ICE detainees.	Meets Standard	Detainees may submit requests directly to onsite ICE officers or may place them in the secure boxes located in the hallways.
6. The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	Meets Standard	
7. ICE staff responds to a detainee request from an IGSA within 72 hours.	Meets Standard	The request log maintained by the DO indicates that most requests are responded to within two working days.
8. ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	Meets Standard	

STAFF DETAINEE COMMUNICATIONS – REVIEWER SUMMARY		
<i>(Use following format for dates: mm/dd/yyyy)</i>		
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> Detainees have formal and informal access to and interaction with key facility and ICE staff on a regular basis. A review of facility logs indicated that on-site ICE personnel visit the housing units on a daily basis. Formal written requests to ICE are not read, altered, or delayed by facility staff. Detainees can obtain assistance from other detainees or staff in preparing a request form. ICE maintains a log for detainee requests which reflects the date the request was received; detainee's name, A-number and nationality; the officer logging the request, and date returned to the detainee and response. Completed requests are filed in the detention file and remain there for at least three years. This standard was evaluated via a review of policy and detainee handbooks; inspection of completed detainee request forms, the detainee request form log, and the facility visit reports; interviews with staff and detainees; and observations made during facility tours.		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

DETAINEE TRANSFER STANDARD (Key: AL)		
POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer. The notification is recorded in the detainee's file; and When the A File is not available, notification is noted within DACS	Meets Standard	All notifications are handled by ICE staff. When a G-28 has been filed the representative of record is notified within 24 hours per the DO.
2. Notification includes the reason for the transfer and the location of the new facility.	Meets Standard	
3. The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	Meets Standard	Discretion regarding the timing of the notification is allowed when security concerns exist.
4. The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	Meets Standard	
5. Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer; The detainee is not notified of the transfer until immediately prior to departing the facility; and The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.	Meets Standard	Facility policy addresses all requirements of this component.
6. The detainee is provided with a completed Detainee Transfer Notification Form.	Meets Standard	
7. Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	Meets Standard	
8. For medical transfers: The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; Medical transfers are coordinated through the local ICE office; and A medical transfer summary is completed and accompanies the detainee.	Meets Standard	Medical transfers are coordinated by ICE and approved by IHSC. Facility medical personnel provide a completed medical transfer summary.
9. Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.	N/A	The facility is an IGSA; there are no IHSC staff members. Facility medical personnel complete a transfer summary form which accompanies the detainee in a properly marked and sealed envelope.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP1

10. For medical transfers, transporting officers receive instructions regarding medical issues.	Meets Standard	Transporting officers receive information on a need-to-know basis.
11. Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	Meets Standard	
12. Transfer and documentary procedures outlined in Section C and D are followed.	Meets Standard	
13. Meals are provided when transfers occur during normally schedule meal times.	Meets Standard	Sack lunches are provided for long distance transfers.
14. An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	Meets Standard	
15. Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	Meets Standard	

DETAINEE TRANSFER STANDARD – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

The evaluation of this standard included a review of facility policy and interviews of facility and ICE personnel. ICE personnel make all necessary notifications when a detainee is transferred.

Detainees are provided the opportunity to make a telephone call in the booking area upon arrival at this facility. Room and board cases are administered per the standard.

Overall Rating: Meets Standard

Reviewer Name (Printed)

(b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: AM)		
POLICY: THIS DETENTION STANDARD REQUIRES THAT FACILITIES THAT HOUSE ICE/ERO DETAINEES AFFIRMATIVELY ACT TO PREVENT SEXUAL ABUSE AND ASSAULTS ON DETAINEES, PROVIDE PROMPT AND EFFECTIVE INTERVENTION AND TREATMENT FOR VICTIMS OF SEXUAL ABUSE AND ASSAULT, AND CONTROL, DISCIPLINE, AND PROSECUTE THE PERPETRATORS OF SEXUAL ABUSE AND ASSAULT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a Sexual Abuse and Assault Prevention and Intervention Program consistent with the ICE Zero Tolerance Policy.	Meets Standard	The facility has a Sexual Abuse and Assault Prevention and Intervention Program which is consistent with the ICE zero tolerance policy.
2. The facility administrator has designated a Sexual Abuse and Assault Prevention and Intervention Program coordinator for the facility.	Meets Standard	The OIC has designated the associate OIC as the acting program coordinator.
3. All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	Meets Standard	All employees are trained during orientation and annual refresher training as required by the standard.
4. The facility maintains written documentation verifying employee, volunteer, and contractor training.	Meets Standard	As verified by a review of the training documentation, the facility maintains records that verify employee, volunteer and contractor training.
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	Meets Standard	Detainees are informed about the program via an orientation video and local information pamphlets which are given to the detainees during admission and orientation. The information is not contained in the handbook, but is provided in the equivalent information pamphlet.
6. The Sexual Assault Awareness Notice, along with the name of the program coordinator and local organizations that can assist detainees who have been victims of sexual assault, is posted on all housing unit bulletin boards.	Meets Standard	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards, along with the name of the program coordinator and local organizations that can provide assistance.
7. The Sexual Assault Awareness Information brochure is distributed to detainees.	Meets Standard	The Sexual Assault Awareness Information brochure is given to detainees during admission and orientation.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

<p>8. Detainees are screened upon arrival for “high risk” sexual assaultive and sexual victimization potential and housed and counseled accordingly.</p>	<p>Meets Standard</p>	<p>Upon admission, detainees are screened for sexual assaultive and sexual victimization potential and housed and provided with counseling accordingly. There is a bifurcated screening process: The detention personnel complete a Screening For Risk of Sexual Victimization and Abusiveness Form and the medical screening conducted by medical personnel also queries the detainees with respect to sexual victimization and assaultive behavioral.</p>
<p>9. A detainee who is subjected to sexual abuse or assault is not returned to general population until proper re-classification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed.</p>	<p>Meets Standard</p>	<p>Any detainee subjected to sexual abuse/assault, is not returned to the general population until re-classification, which takes into consideration any vulnerability factors. Detainees who are subjected to sexual abuse or assault are placed in the least restrictive housing or in a medical observation cell until the conclusion of the investigation and reclassification.</p>
<p>10. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command and immediate ICE reporting.</p>	<p>Meets Standard</p>	<p>Policy requires prompt and effective intervention and chain-of-command reporting to include ICE. There was one reported incident or allegation in the past year which was promptly reported through the chain-of-command and ICE.</p>
<p>11. The facility uses a coordinated, multidisciplinary team approach to responding to sexual abuse, such as a sexual assault response team (SART), which includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise.</p>	<p>Meets Standard</p>	<p>The facility utilizes a multidisciplinary team to respond to incidents of sexual abuse. The team is comprised of the program coordinator, HSA, a mental health representative via a conference call, and the facility investigator. Outside representatives can be called on to provide services and expertise, if indicated.</p>

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

12. Care is taken to place a victimized detainee in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), but victims are not held for longer than five days in any type of administrative segregation except in highly unusual circumstances or at the request of the detainee.	Meets Standard	As per the program coordinator, the victimized detainee is placed in the least restrictive housing option available, which would be either another housing unit or a medical observation cell. The detainee would not be placed in the special management unit.
13. Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation.	Meets Standard	As per policy, any staff member subject to an allegation of sexual abuse/assault is placed on administrative leave pending the outcome of the investigation. There have been no staff allegations during the past year.
14. When there is an alleged sexual assault, staff gather and maintain evidence, make referrals to appropriate law enforcement agencies for possible prosecution, and ensure that qualified investigators conduct a prompt, thorough, objective, and fair investigation.	Meets Standard	Facility personnel would gather and maintain evidence and ensure that referrals are made to appropriate law enforcement officials (Polk County Sheriff's Office) for possible prosecution. The internal investigation would be conducted by the designated facility investigator and the sheriff's office after the internal investigation is complete. Depending on the seriousness of the confirmed incident, the sheriff would refer the case to the county prosecutor for possible prosecution.
15. When there is an alleged or proven sexual assault, the required notifications are promptly made to facility supervisors and ICE management.	Meets Standard	Per policy, any allegation or proven sexual assault is reported to facility supervisors and ICE management. There was one allegation during the past year which was promptly reported to all concerned facility supervisors and ICE management.
16. When possible and feasible, victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	Meets Standard	Per the program coordinator, victims of sexual assault will be referred to CHI Livingston Hospital for examination and treatment, and gathering of evidence.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAP

17. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	Meets Standard	All records associated with claims of sexual abuse or assault are maintained by the program coordinator in her office. The coordinator uses a log to track all cases, which was reviewed by the inspector.
18. The Sexual Abuse and Assault Prevention and Intervention Program coordinator conducts an annual review of aggregate data regarding incidents of sexual abuse or assault, and presents the findings to the Field Office Director and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices.	Does Not Meet Standard	The program coordinator conducts an annual review of the data regarding sexual abuse/assaults; however, the findings were not transmitted to the field office director and ICE/ERO headquarters, via the ICE chain-of-command. The annual report was provided to ICE during the inspection.
19. Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	Tracking statistics, logs and reports were available for review by the inspector.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – REVIEWER SUMMARY

(Use following format for dates: mm/dd/yyyy)

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities With SAAPI

Overall Remarks: *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

Approved policies ensure immediate protection to victims, include prevention of retaliation, assure medical and mental health referrals for alleged victims, specify medical employees' responsibility to report allegations or suspicions of sexual assault to facility staff and specify evidence gathering and forensic medical exam protocols. The program coordinator is not assigned responsibility for detainee education regarding issues pertaining to sexual assault, and there is no information in the policy which addresses this issue. Detainees are provided instructions on how to contact DHS/OIG or ICE to confidentially report sexual abuse or assault.

The Sexual Abuse and Assault Prevention and Intervention Program (SAAPI) coordinator assists with the development of written policies and procedures and training protocols and serves as a liaison with other agencies. Employee, contractor and volunteer training include all of the topics listed in the Standard. Following the intake process, detainees are provided information in the orientation video concerning the SAAPI program and are required to sign for information which contains SAAPI information.

Detainees identified as "high risk" for committing sexual assault are being assessed by a mental health or other qualified health care professional, as evidenced by the review of a medical record of a detainee who was identified as having a self-reported history of being a sexual assault victim.

Statements from detainees claiming to be victims of sexual assaults are taken seriously and professionally responded to. SAAPI case records include general files and administrative investigative files and are maintained chronologically, in accordance with medical care and detention standards and applicable policies. Law enforcement sensitive documents such as criminal investigations are not stored at the facility, as they would be maintained by the sheriff's office.

As per the HSA, testing is conducted for sexually transmitted diseases and infections and referrals for counseling are made as appropriate; upon request, prophylactic treatment, emergency contraception and follow-up examinations for sexually transmitted diseases are offered; after the physical examination, the detainee is offered any indicated crisis intervention, counseling and long-term follow-up. During the community forensic examination, the victim may choose to have an outside advocate present. When the detainee is transferred, the OIC is notified.

The facility has a sexual abuse and assault prevention and intervention program that affirmatively respond to such incidents. The facility effectively responds to allegations and incidents and would provide appropriate classification and medical/mental health post-crises follow-up as indicated. There was one detainee-on-detainee and no staff-on-detainee allegations in the past year. The detainee-on-detainee allegation centered on a detainee saying he had been touched on the buttocks while sleeping. An internal investigation and the investigation by the sheriff's office concluded the allegation was unfounded. Policy and procedures ensure timely and appropriate responses, evaluation, treatment and notification to ICE. Evaluation of this standard was based on a review of policy, procedures and training documentation, and interviews with the program coordinator and the local ICE representative.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

DOCUMENT CHECK

The document check should be run upon completion of the review form and PRIOR to submission to DHS-ICE. This check will help ensure the form is ready for upload to DHS-ICE systems. Errors indicate issues were found with specific data entered into the form. Items Not Rated indicate there were line items found on the form which remain in a "Not Rated" status. This action will also update the table of contents.

Review Document Issue Summary		Ratings check complete.			
Check Document:	Run Check	Error(s) Found:	0	Items Not Rated:	0
Errors:					
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> No Errors Found </div>					
Items Not Rated:					
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> All Items Rated </div>					

Run Indicator: ☒