Department of Homeland Security

Immigration and Customs Enforcement
Office of Detention and Removal Operations

Condition of Confinement Inspection Worksheet

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

This Form is to be used for Inspections of Facilities used over 72 Hours



Performance-Based National Detention Standards Inspection Worksheet for Over 72 Hour Facilities

5-11-09 update **Intergovernmental Service Agreement (IGSA)** ICE Service Processing Center (SPC) **ICE Contract Detention Facility (CDF)** Name **Buffalo Federal Detention Facility** Address (Street and Name) 4250 Federal Drive City, State and Zip Code Batavia, New York 14020 County Genesee Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) Assistant Field Office Director (b)(6), (b)(7)cName and title of Lead Compliance Inspector (b)(6), (b)(7)cLCI Date[s] of Review March 23-25, 2010 Type of Review **⊠** Headquarters Operational Special Assessment Other

Introduction and Overview to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

Unlike "policy and procedures" that focus solely on what is to be done, performance-based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. Each National Detention Standard has been revised to produce Expected Outcomes that are clearly stated. Each standard reflects the overall mission and purpose of the agency and contributes to the goal that has been articulated.

Expected Practices found in the National Detention Standards (NDS) represent what is to be done to accomplish the Expected Outcomes that will meet the Purpose and Scope of the Detention Standard.

Outcome Measures (*key indicators*) are identifiers used to verify whether a facility is accomplishing the goals, of the outcomes expected.

The original 38 NDS have been revised into 41 performance-based standards. During the development four new standards were added to include: News Media, Searches of Detainees, Sexual Abuse and Assault Prevention and Intervention and Staff Training. The two standards on Special Management Units were condensed into one standard. The new performance-based standards have incorporated American Correctional Association (ACA) Adult Local Detention Facility standards, which are the industry benchmark.

Worksheet Overview

There are two sets of Detention Review Worksheets that are used to assess facility compliance with the National Detention Standards (NDS). Both sets of these worksheets are derived from the policy and procedures set forth in the NDS. The G324A is for use with facilities that house detainees for over 72 hours, while the G324B is for use with facilities that house detainees for less than 72 hours.

The G324B is for use with facilities that house detainees less than 72 hours and does not contain the same amount of requirements as the G324A in the following NDS: Correspondence and Other Mail, Escorted Trips for Non-Medical Emergencies, Law Libraries and Legal Material, Legal Rights Group Presentations, Marriage Requests, Recreation, and Voluntary Work Program. These standards were not included in the prior version of the G324B, due to the short term nature of detention in facilities that are used for 72 hours or less. These sections are now included in the G324B but only to the extent that facilities seek applicability and are not mandated by ICE. For example, voluntary work programs are not required, but if detainees work, compliance with the NDS is required.

Mandatory components in several of the standards have been indicated in the worksheets. Mandatory items are those which must be met in order for the facility to receive a "Meets Standards" rating for that standard. These mandatory components typically represent life safety issues. A "Does Not Meet Standards" on one of these components is very serious. Failing to

meet one of the mandatory components means that the overall facility review rating will be "Does Not Meet Standards".

The Outcome Measures Worksheet section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at the facility to be reviewed. Ideally, this information will be maintained on a continuous basis by the facility as part of a **key indicators** database to provide a perpetual record for monitoring facility performance. The Reviewer in Charge (RIC) will review facility outcome measures data and provide analysis of the data to describe facility performance and trends.

Worksheet Completion

Reviewers are required to complete each item within each section of the G324A and G324B Detention Review Worksheets. Worksheets are in a uniform format with 5 columns with NDS purpose and scope cited at the top of the worksheet. Column 1 contains the NDS standard assessment component. Columns 2-4 are provided for the ratings assigned to each component that is assessed. While there is a column titled N/A or not applicable, the N/A rating should be used rarely and only when applicable. The remarks section is provided for reviewers to include details on each rating that may raise a question such as the "Does Not Meet Standard" or "N/A" ratings.

A Remarks section is also provided at the end of the outcome measures section for summary comments and analysis of outcome measures data. The information included in the worksheet components remarks sections and in the final summary remarks section should be considered for inclusion in the reviewer report that summarizes the overall facility review process.

Outcome Measures Completion

The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team. Ideally, this information will be maintained on a continuous basis by the facility as part of a **key indicators** database to provide a perpetual record for monitoring facility performance. Data should be verified as accurate by the facility before including it in the database. Outcome measure data is intended to assess facility issues related to the NDS, so care should be taken to focus on ICE related issues. For example when computing the average daily population (ADP), assess and provide information on the ICE population.

The RIC will review facility outcome measures data and provide analysis of the data to describe facility performance and trends. In a few instances outcome measures are not provided for some the NDS because after careful consideration of the standard the assessment process has been determined to be more process oriented in nature.

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Performance-Based National Detention Standards

Section I SAFETY

- 1 Emergency Plans
- 2 Environmental Health and Safety
- 3 Transportation (By Land)

PART 1 - 1. EMERGENCY PLANS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			
2.	Detainees are protected from:				
	Personal abuse				
	Corporal punishment				
	Personal injury	\boxtimes			
	Disease				
	Property damage				
	Harassment from other detainees				
3. •	Staff is trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			Identifying the signs of detainee unrest is included as a part of
					new and annual recertification training for security staff.
4.	Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			A facility Immigration Enforcement Agent/Emergency Services Officer has been designated as the responsible person for the facility's emergency plans.
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	\boxtimes			Distribution of emergency plans is strictly controlled and limited to designated command staff.
7.	All staff receives training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	\boxtimes			
9.	The plans address the following issues:				
	Confidentiality	_	_		
	Accountability (copies and storage locations)	\boxtimes			
	 Annual review procedures and schedule Revisions 				
10.	Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	\boxtimes			
11.	Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			

PART 1 - 1. EMERGENCY PLANS

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

Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies 	\boxtimes			
Federal agencies 13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	\boxtimes			An H1N1 procedural exercise with the facility and local medical services groups was completed on September 28, 2009. An Alert Notification capabilities and processes exercise is scheduled for August 9-10, 2010, with the Federal Emergency Management Agency (FEMA), the Coast Guard, and outside law-enforcement agencies.
All staff receives copies of the Facilty Hostage policy and procedures.	\boxtimes			Staff review copies of the hostage policy during training, but are not allowed to retain the copy. The policy is available in the facility Control Center for staff to reference at any time.
15. Staff is trained to (b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.	\boxtimes			
The facility maintains a list of translator services in the event one is needed during a hostage crisis.	\boxtimes			A list of translator services is maintained in the Processing Center, Health Care Unit, and Control Center of the facility.
 Emergency plans include emergency medical treatment for staff and detainees during and after an incident. 	\boxtimes			
 The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees. 	\boxtimes			
 Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric). 	\boxtimes			Locations identifying shut-off valves and switches for utilities are displayed on (b)(7)e

PART 1 – 1. EMERGENCY PLANS						
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 	\boxtimes			The Staff Work Stoppage procedure is limited to Command Staff distribution.		
21. (MANDATORY) Written procedures cover:						
Work/Food Strike						
• Fire						
Environmental Hazard Patrice Transport time Contact Frances and Transport time C						
 Detainee Transportation System Emergency ICE-wide Lockdown 						
ICE-wide Lockdown Staff Work Stoppage						
Disturbances						
Escapes	\boxtimes					
Bomb Threats						
Adverse Weather						
Internal Searches						
Facility Evacuation						
Detainee Transportation System Plan						
Hostages (Internal)						
Civil Disturbances						
 The Emergency Plans specify a procedure for post- emergency debriefings and discussions. 	\boxtimes					
PART 1 – 1. EME	RGEN	CY PLANS	•			
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

The facility's emergency plans are clearly written and contain the procedures and protocols required by the PBNDS.

(b)(6), (b)(7)c March 25, 2010

Reviewer's Signature / Date

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			The facility has a system for maintaining and controlling hazardous materials.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			Inventories are maintained throughout the facility. This was verified through touring and inspecting areas in the facility, including housing units, the health care unit, the kitchen, and the maintenance department.
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 	\boxtimes			
	available to personnel managing the facility's safety program.				
4.	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures:				Protective equipment is provided to all personnel and detainees
•	Wear personal protective equipment. Report hazards and spills to the designated official.				when using flammable, toxic or caustic substances. This was confirmed during tours of the facility.
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			MSDS books are strategically located throughout the facility. There are two master manuals. One is located in the Area Safety Manager's Office and one in the medical department. All other departments have area specific MSDS books.
6.	Hazardous materials are always issued under proper supervision. • Quantities are limited.				
	Detainees are trained.	\boxtimes			
	Staff always supervises detainees using these substances.				
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

equipment.						
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
All toxic and caustic materials stored in their original containers in a secure area.	\boxtimes			The maintenance department has toxic and caustic materials secured and stored in accordance with the standard. Two areas are located inside the maintenance department and one area is located outside in an authorized storage location.		
 Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS. 	\boxtimes					
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	The facility does not allow any products that contain methyl alcohol.		
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	\boxtimes			When necessary, staff and detainees receive advanced training regarding flammable, toxic, and caustic materials.		
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	\boxtimes					
14. A technically qualified staff member conducts fire and safety inspections.	\boxtimes					
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	\boxtimes					
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The facilities prevention, control, and evacuation plans are included in policy 3.2.1, Fire and Life Safety Programs, 3.2.2, Fire Prevention Procedures and Equipment, and 3.2.3, Fire Response Plan. These plans are thorough and meet the requirements of the standard. The fire control plan has been reviewed and approved by the Fire Safety Liaison for the Town of Batavia Fire Department.		

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 	\boxtimes			The facility conducts monthly fire drills. Fire evacuation placards are posted which note both the primary and secondary evacuation routes. During the inspection, it was noted that a few fire extinguishers did not have the identifying placard placed above them.
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	\boxtimes			Fire drills are conducted monthly and emergency keys are accessed.
19. A sanitation program covers barbering operations.		\boxtimes		The facility does not have a dedicated barbershop. The gym is used, as needed, for haircuts. The facility does have a sanitation program, but it does not meet the necessary requirements.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.		\boxtimes		The facility provides some cleaning materials, but sanitation conditions do not comply with the standards.
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			The sanitation standards are posted.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			
25. Spill kits are readily available.	\boxtimes			Spill kits are available for the housing units in the satellite control centers.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			The facility has a contract with Stericyle for the removal of medical waste.
27. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	\boxtimes			The facility has a contract with Orkin Pest Control Company.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			The Batavia City Water Treatment Plant conducted a water test on September 9, 2009. No issues were identified.
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	\boxtimes			
32. The Facility appears clean and well maintained.	\boxtimes			At the time of the inspection, the facility appeared neat and clean.
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	\boxtimes			
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			The Health Services Administrator conducts and documents daily sanitation inspections.
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	\boxtimes			The Health Services Administrator conducts and documents daily inspections of the medical area.
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	\boxtimes			The Health Services Administrator conducts special investigations to survey environmental health conditions. Any recommendations are communicated to the Officer in Charge.
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	\boxtimes			The Health Services Administrator utilizes the Center for Disease Control policies as well as Standard Health Policies for Immigration Health Services as the base for the facility's environmental health program.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, 					
Occupational Safety and Health Administration,					
Environmental Protection Agency,	\boxtimes				
 Food and Drug Administration, 					
 National Fire Protection Association's Life Safety Code, and 					
 National Center for Disease Control and Prevention. 					
PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
	andard	□ N/A		☐Repeat Finding	

At the time of the inspection, the facility had a good hazardous materials program in place. All chemicals were secured and inventoried from shift to shift.

The fire safety program is detailed and thorough. Placards which are posted display both primary and secondary fire evacuation routes. Additionally, each post order includes this information as an attachment. Fire drills are conducted monthly and emergency keys are accessed.

Barbershop services are conducted in the gym, which does not meet the requirements of the standard. The standard requires the barbershop to have a location with restricted use for solely that purpose. Sanitation requirements are not met because detainees don't have easy access to clean barbering tools.

The facility maintenance department uses an automated monitoring system titled Continum Monitoring to monitor heating, ventilating, and air conditioning (HVAC) systems, hot water systems, and fire suppression systems. This system is effective. It identifies problem areas and sends alarm notifications to the Central Control Center and maintenance department.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 1 – 3. TRANSPORTATION (BY LAND)

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

⊠ Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes			
 Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment. 	\boxtimes			
Supervisors maintain records for each vehicle operated.	\boxtimes			
 Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review. 	\boxtimes			Vehicles with State of New York license plates are inspected in accordance with state law.
 Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review. 	\boxtimes			
 6. Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 	\boxtimes			
 7. Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. 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 to reach a safe area—exceeding the 10-hour limit. 				
8. (b)(7)e pfficers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. • When buses travel in tandem with detainees, there are (b)(7) qualified officers per vehicle. • (b)(7)e driver transports an empty vehicle.	×			(b)(7)eofficers with the appropriate licenses conduct every trip.
The transporting officer inspects the vehicle before the start of each detail.	\boxtimes			The facility uses a form to document the condition of the vehicle before and after each trip.
Positive identification of all detainees being transported is confirmed.	\boxtimes			
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			

PART 1 – 3.	TRANSPORTATION	(BY LAND)
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This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.

in control of the detainee case.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes			
13. All uniformed officers (b)(7)e and/or applicable contract policy when transporting detainees.	\boxtimes			(b)(7)e by uniformed officers.
 14. 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. 	\boxtimes			
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	×			
Officers ensure that no one contacts the detainees. (b)(7)e officer remains in the vehicle at all times when detainees are present.	\boxtimes			
Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	\boxtimes			
18. The vehicle crew inspects all Food Service meals 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. 	\boxtimes			
 Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 				
19. Vehicles have: (b)(7)e	\boxtimes			
20. The vehicles are clean and sanitary at all times.	\boxtimes			

PART 1_3 TRANSPO	DETAT	ION (RV I	AND	
PART 1 – 3. TRANSPORTATION (BY LAND) This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. 	\boxtimes			
 22. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death Vehicle fire Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list is not exclusively men or women or minors 	\boxtimes			
PART 1 – 3. TRANSPO	DRTAT	ION (BY L	AND)	
	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sources used, etc.) Fransportation is handled in accordance with the requirements of the PBNDS. The facility has (b)(7)e to handle transportation needs. The facility uses a form to document all key aspects or every trip.				

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

Performance-Based National Detention Standards

Section II SECURITY

- 4 Admission and Release
- 5 Classification System
- 6 Contraband
- 7 Facility Security and Control
- 8 Funds and Personal Property
- 9 Hold Rooms in Detention Facilities
- 10 Key and Lock Control
- 11 Population Counts
- 12 Post Orders
- 13 Searches of Detainees
- 14 Sexual Abuse and Assault Prevention and Intervention
- 15 Special Management Units
- 16 Staff-Detainee Communication
- 17 Tool Control
- 18 Use of Force and Restraints

PART 2 – 4. ADMISSION AND RELEASE

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

Orc	orderly operations when detainees are admitted to or released from a facility.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	\boxtimes			An orientation video is shown continuously in the processing center. A detainee handbook is provided to each detainee during the admission process. The handbook is available in English, Spanish, French, and Chinese.		
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.	\boxtimes			Medical staff has two work stations in the processing center. All new detainees are screened by medical staff before leaving this area.		
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	\boxtimes					
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes			Strip search procedures are described in facility policy 3.1.18. A "G-1025" form is placed in the detainee file after a strip search is conducted.		
	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	\boxtimes					
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	\boxtimes					
7.	Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	\boxtimes					

PART 2 – 4. ADI					
This Detention Standard protects the community, detail orderly operations when detainees are admitted to or				contractors by ensuring secure and	
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	ent 🖂			The detainee handbook describes the clothing items and quantity issued upon admission to the facility. Detainees sign a form to acknowledge receipt of these items.	
9. All releases are coordinated with ICE.	\boxtimes				
 Staff complete paperwork/forms for release required. 	as				
 Each detainee receives a receipt for personal proper secured by the facility. 	erty 🖂				
 The facility has a system to maintain accurate reco- and documentation for admission, orientation, a release. 					
 ICE staff enter all information pertaining to relea removal, or transfer of all detainees into the Enfor Alien Detention Module (EADM) within 8 hours action. 	of 🖂				
 All orientation material shall be provided in Engli Spanish, and other language(s) as determined by Field Office Director. 					
PART 2 – 4. ADMISSION AND RELEASE					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding □ Repeat Finding □ N/A					
Remarks: (Record significant facts, observations, other sources used, etc.) Admission staff was interviewed and the admission process was observed. The processing of detainees appeared to be efficient and comply with the requirements of this standard.					

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 2 - 5. CLASSIFICATION SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	\boxtimes			
2.	The facility classification system includes:				
	 Classifying detainees upon arrival. 				
	 Separating individuals who cannot be classified upon arrival from the general population. 	\boxtimes			Some ICE detainees have been classified by ICE before arrival at the facility.
	 The first-line supervisor or designated classification specialist reviews every classification decision. 				the facility.
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			
4.	Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	\boxtimes			
5.	Housing assignments are based on classification-level.	\boxtimes			The facility has b)(7) housing units. Non-criminal ICE-detainees are housed in units b)(7) which are dormitory style housing units.
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			
7.	Detainee work assignments are based upon classification designations.	\boxtimes			
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.	\boxtimes			The average length of stay for detainees is at the facility is forty days.
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes			
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	\boxtimes			
11.	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	\boxtimes			

PART 2 – 5. CLASS	PART 2 – 5. CLASSIFICATION SYSTEM					
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each. 	\boxtimes					
 In SPCs and CDFs detainees are assigned color- coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification. 	\boxtimes					
PART 2 – 5. CLASSIFICATION SYSTEM						

Detainees at this facility are classified as low (Level 1), medium (Level 2) or high risk (Level 3). The color of the detainee's wrist band and uniform denotes the detainees' status.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 2 - 6. CONTRABAND This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband. Does Not Meet Standard Meets Standard Components Remarks The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it \boxtimes when necessary to the proper authority for action/possible seizure. 2. Contraband that is government property is retained as evidence for potential disciplinary action or criminal \boxtimes prosecution. 3. Staff return property not needed as evidence to the proper authority. Written procedures cover the return \boxtimes of such property. 4. Altered property is destroyed following documentation \times and using established procedures. 5. Before confiscating religious items, the Facility The disposition of confiscated Administrator or designated investigator contacts a \times religious items is determined by religious authority. the facility's religious authority. 6. Staff follow written procedures when destroying hard X contraband that is illegal. 7. Hard contraband that is illegal (under criminal Soft contraband and some nonstatutes) is retained and used for official use, e.g. illegal hard contraband are training purposes. secured in the (b)(7)e If yes, under specific circumstances and using (b)(7)e All contraband is specified written procedures. Hard contraband is \times documented using a Contraband secured when not in use. Receipt or facility form I-641, Soft Contraband is mailed to a third party or Evidence Custody Log to stored in accordance with the Detention Standard establish a chain of custody. on Funds and Personal Property. 8. Detainees receive notification of contraband rules and Detainees receive a receipt for \bowtie procedures in the Detainee Handbook and notified any contraband that is when property is identified and seized as contraband. confiscated. 9. Facilities with Canine Units only use them for The facility does not have a \times П Canine Unit. contraband detection. PART 2 - 6. CONTRABAND □ Does Not Meet Standard N/A □ Repeat Finding Remarks: (Record significant facts, observations, other sources used, etc.) Contraband is handled in accordance with the requirements of this standard. Disposition of contraband is

documented.

Canines are not used at this facility.

(b)(6), (b)(7)cMarch 25, 2010 Reviewer's Signature / Date

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

Components Section Page	that facility security is maintained and that events that pos	C a lisk	or nami a	le pie	vented.
department heads visit detainee living quarters and activity areas weekly. 2. At least one male and one female staff are on duty where both males and females are housed. 3. Comprehensive annual staffing analysis determines staffing needs and plans. 4. Essential posts and positions are filled with qualified personnel. 5. Every Control Center officer receives specialized training. 6. Policy restricts staff access to the Control Center. 7. Detainees do not have access to the Control Center. 8. Communications are centralized in the Control Center. 9. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center. 10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent). 11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed. 12. Staff make watch calls every half-hour between 6 PM and 6 AM. 13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports. 14. The front-entrance officer checks the ID of everyone entering or exiting the facility. Has a secure, color-coded visitor pass	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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Cards (Form G-74 or contract equivalent).	coordinated by a secure, well-equipped, and	\boxtimes			
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electronically recorded. 16. The facility has a secure, color-coded visitor pass		\boxtimes			
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PART 2 - 7. FACILITY SECURITY AND CONTROL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			The facility sallyport is under constant video surveillance. Sallyport officers physically approach and inspect all vehicular traffic going in and out of the facility.
 18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle during the facility visit 	\boxtimes			
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			Sallyport officers physically inspect all vehicular traffic going in and out of the facility.
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			The facility uses search procedures outlined in their Entrance Procedures policy. Contraband notices are posted at entrance areas.
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes			The facility front entrance also uses a metal detector.
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes			
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			
24. Housing area searches occur at irregular times.	\boxtimes			
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes			
26. There are post orders for every security officer post.	\boxtimes			
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			All detainee movement in the facility occurs with a staff escort.
 Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space. 	\boxtimes			The facility uses direct supervision for the security and control of detainees.

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Every search of the SMU and other housing units is documented.	\boxtimes					
30. The SMU entrance has a sallyport.	\boxtimes					
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\boxtimes					
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections 	\boxtimes			Facility staff use a Daily Safety/Fire and Sanitation Inspection checklist for each shift. Each Shift Supervisors'		
Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement				signature is required to document the completion of the shift inspection.		
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes					
34. Documentation of security inspections is kept on file.	\boxtimes					
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	\boxtimes					
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes					
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes					
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			The Outside Perimeter Officer's post duties require inspections of the perimeter fence. These inspections are conducted each shift. The Inside Perimeter Officer's post duties require inspections of walls, exits, and exterior windows. This post is (b)(7)e However, the walls, exits, and exterior window inspections are conducted on each shift as part of the Daily Safety/Fire and Sanitation Inspection required for each post on the roster.		

PART 2 – 7. FACILITY SE	CURIT	Y AND CO	ONTR	OL	
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.					
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes				
40. Visitation areas receive frequent, irregular inspections.	\boxtimes				
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes				
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.		\boxtimes		The maintenance supervisor stated that monthly fence checks are completed. However, no documentation was available to support these inspections.	
FACILITY SECURITY AND CONTROL					

Overall facility security and control procedures are performed and well documented.

Monthly fence checks are not documented.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
inclifaci	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes						
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes						
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	\boxtimes						
4.	(b)(7)e fficers are present during the processing of detainee funds and valuables during admissions processing to the facility. $(b)(7)e$ fficers verify funds and valuables.	\boxtimes						
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?	\boxtimes			The facility utilizes all the appropriate inventory forms as required for SPCs.			
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes						
7.	Staff forward an arriving detainee's medicine to the medical staff.	\boxtimes						
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes						
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes						
10.	Staff follow written procedures when returning property to detainees.	\boxtimes						
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	\boxtimes			The facility is an SPC and property claims are handled in accordance with the standard.			
12.	 The facility attempts to notify an out-processed detainee that he/she left property in the facility. By sending written notice to the detainee's last known address; via certified mail; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 	\boxtimes						

PART 2 - 8. FUNDS AND PERSONAL PROPERTY								
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.								
☐ Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	Staff obtain a forwarding address from each detainee.	\boxtimes						
	It is standard procedure for $(b)(7)e$ officers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes						
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	\boxtimes			The facility maintains property receipts numerically.			
	Staff complete and distribute the G-589 in accordance with the ICE standard.	\boxtimes						
	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.		\boxtimes		The facility has an electronic logging system. This log does not contain the staff initials or star number.			
18.	Staff tag large valuables with both a G-589 and an I-77.	\boxtimes						
19.	The supervisor verifies the accuracy of every G-589.	\boxtimes						
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed.]]				
	 All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 							
	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	\boxtimes						
	Staff secure every container used to store property with a tamper-proof numbered strap.	\boxtimes						
23.	A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.		\boxtimes		The logbook records all the information with the exception of the I-77 number and the security tie-strap number, if the tie strap is changed.			
	In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	\boxtimes						
25.	The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.	\boxtimes						

PART 2 - 8. FUNDS AND	PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.						
☐ Standard NA: (IGSA ONLY) Check this box if all IC handled only by the ICE Field Office or Sub-Office in C						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 The facility positively identifies every detainee being released or transferred. 	\boxtimes					
 Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed. 	\boxtimes					
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A- file, retaining a copy in the detainee's detention file.	\boxtimes					
PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

The facility is has an electronic tracking system for the G-589. However, it does not contain the staff member's initials or star number as required by the standard.

The logbook records all the information except the I-77 number and the security- tie strap number. If the tie strap is changed when the property is audited, the logbook is not updated to reflect the new strap number.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The hold room is situated in a location within the secure perimeter.	\boxtimes			There are nine hold rooms in the facility. Six in the Processing Center and three in the visiting area.
2. The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			
The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			
No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			
Hold room walls and ceilings are escape and tamper resistant.	\boxtimes			Steel reinforcement bars have been built into the side and ceiling walls of the facility hold rooms.
6. Detainees are not held in hold rooms for more than 12 hours.	\boxtimes			
7. Male and females detainees are segregated from each other at all times.	\boxtimes			The facility does not admit female detainees.
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			
If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	\boxtimes			
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	\boxtimes			
 11. When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 	\boxtimes			Once a hold room is empty, staff enter the room, survey for contraband, damage, cleanliness. Any issue discovered is reported and repairs requested.
(MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.	\boxtimes			In the event of an emergency, the officer assigned to an area that contains a hold room is responsible for detainee evacuation. This evacuation responsibility is addressed in the post order.
An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	\boxtimes			

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there	\boxtimes			
is an additional 7 unencumbered square feet for each additional detainee.				
15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit.			\boxtimes	This facility was designed before 1998.
 Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 				
 In SPCs designed after 1998 the hold rooms have floor drain(s). 	\boxtimes			
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	\boxtimes			
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	\boxtimes			The facility does not house females or juveniles.
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	\boxtimes			Minors are not housed at this facility.
Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard.	\boxtimes			Each detainee is logged in and out of the Processing Center. Detainees are routinely moved into and out of a series of hold rooms as various stages of intake are completed.
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. 	\boxtimes			
 Meal are served to juveniles regardless of time in custody 				
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes			
23. The maximum occupancy for the hold room will be posted.	\boxtimes			Maximum occupancy signs were legible and posted in each facility hold room window.

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	\boxtimes				
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			The facility has been designated as smoke free. As such, smoking in the facility is not permitted.	
 Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 	\boxtimes			Hold rooms are subject to direct supervision. Visual monitoring is constant.	
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					

Hold rooms are adequate in size and well-equipped. At the time of the inspection, the hold rooms were clean.

Component 15 of this standard was marked as not applicable since the facility was designed prior to 1998.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			The Key Control Officer conducts all key and lock controls training for new officers and annual recertifications.
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			Preventive maintenance training is conducted quarterly and documented.
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes			
10.	The facility does not use grand master keying systems.	\boxtimes			
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			
12.	Padlocks and/or chains are not used on cell doors.	\boxtimes			
13.	The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to				
	 Occupational Safety and Environmental Health Manual, Chapter 3 				
	 National Fire Protection Association Life Safety Code 101. 				
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			The facility Control Center has ample room for the storage and issuance of facility key rings.
15.	Procedures in place to ensure that key rings are:				
	Identifiable	\boxtimes			
	Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings.				
16	 Keys cannot be removed from issued key rings Emergency keys are available for all areas of the 				
	facility.	\boxtimes			
17.	The facility uses a key accountability system.	\boxtimes			

PART 2 - 10. KEY AND LOCK CONTROL This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained. Does Not Meet Standard Meets Standard Components Remarks The on-duty shift supervisor 18. Authorization is necessary to issue any restricted key. \times authorizes the issuance of restricted keys. 19. Individual gun lockers are provided. The gun lockers are located in They are located in an area that permits constant the (b)(7)e and access is under constant camera \times officer observation. In an area that does not allow detainee or public surveillance. 20. The facility has a key accountability policy and procedures to ensure key accountability. The keys \bowtie are physically counted daily. 21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event An employee is required to an employee inadvertently carries a key ring return a key ring to the facility home. \bowtie immediately if it is inadvertently When a key or key ring is lost, misplaced, or not taken home. accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 22. Locks and locking devices are continually inspected, Door exit locks are inspected maintained, and inventoried. monthly. All other doors are \times inspected quarterly. Key rings are inspected routinely during shift inventories. 23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of \bowtie security officer. 24. The designated key control officer is the only employee who is authorized to add or remove a key \times from a ring. 25. The splitting of key rings into separate rings is not There are no sub-rings attached \times authorized. to facility key rings. PART 2 - 10. KEY AND LOCK CONTROL ☐ Does Not Meet Standard Repeat Finding □ N/A

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

The facility key control system is monitored and maintained in accordance with the requirements of this standard.

(b)(6), (b)(7)c / March 25, 2010 Reviewer's Signature / Date

PART 2 – 11. POPULATION COUNTS						
This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count. 	\boxtimes			Facility counts are taken at 2:00 AM, 6:00 AM,11:30 AM, 4:30 PM, a face-to-photo count, and 11:30 PM.		
Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes			The facility Control Center announces a cease movement order over the radio system to initiate the count procedure.		
3. There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes					
4. Formal counts in all units take place simultaneously.	\boxtimes					
Officers do not allow detainee participation in the count.	\boxtimes					
A face-to-photo count follows each unsuccessful recount.	\boxtimes					
 Officers positively identify each detainee before counting him/her as present. 	\boxtimes					
Written procedures cover informal and emergency counts.	\boxtimes					
 The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility. 	\boxtimes			The Control Center electronically maintains the facility 'out-count' record.		
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	\boxtimes					
PART 2 – 11. POPULATION COUNTS						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding □ □ Repeat Finding □ N/A □ N/A □ Repeat Finding □ N/A □ N/						

The March 24, 2010, 11:30 AM, count was observed in two housing units and the Control Center. Count cleared at 11:48 AM, and all procedures were followed.

Count procedures were methodical. The computer system and paperwork used to record and validate the count were accurate and complete.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 2 - 12. POST ORDERS

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

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

PART 2 – 12. POST ORDERS						
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.						
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
The Post Orders for housing units track the daily event schedule.	\boxtimes			The Housing Unit Officer Post Order contains a 24-hour daily event schedule.		
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	\boxtimes					
DADT 2 42 F	OCT C	DDEBC				
PART 2 – 12. F				_		
⊠ Meets Standard □ Does Not Meet St	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) The facility post orders are thorough and meet the requirements of the standard. The detail outlined in each post order systematically explains the expected duties and responsibilities of the assignment.						

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 2 - 13. SEARCHES OF DETAINEES

This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.

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Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
 There are written policy and procedures governing searches of housing areas, work areas and of detainees. 				Facility policy 3.1.18 addresses the requirements of this standard.
Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.				
 Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable. 				
 Written policy and procedures require staff to leave a searched housing area, work area and detained property in its original order, to the extent practicable. 	\boxtimes			
Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes			
 Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor. 				
 Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person. 				
 "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures 				Two cells in the Processing Center would be used, if needed.
 Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried controlled, and stored so as to maintain and document the chain of custody. 				
10. Canines are not used in the presence of detainees	\boxtimes			Canines are not used at this facility.
PART 2 – 13. SEAR	CHES O	F DETAIN	EES	
⊠ Meets Standard □ Does Not Meet S	tandard	□ N/A		☐Repeat Finding
Pamarka: /Papard significant facts, about ations, other as				

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

The facility's policy and procedures adequately address the requirements of this standard.

(b)(6), (b)(7)c March 25, 2010
Reviewer's Signature / Date

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

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

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			The facility has a comprehensive policy for Sexual Abuse and Assault Prevention and Intervention.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The written policies and procedures are approved by the facility's Officer in Charge.
3.	Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			There were no sexual assaults within the preceding twelve months. Therefore, no reports were available for review.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			Security and medical staff receive training during the initial orientation. Annual continuing education courses on the prevention and intervention of sexual abuse and assaults is also provided.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			The Sexual Assault Awareness Notice is posted in housing units on bulletin boards.
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			The Sexual Assault Awareness information is contained in the detainee handbook.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			At the time of the Intake Medical Screening, detainees are assessed for "high risk" sexual assaultive and sexual victimization potential. These detainees are placed in a housing unit and counseled accordingly.
9.	on a detainee have been documented in the past year.	\boxtimes			There were no sexual assaults within the preceding twelve months.
	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			
11.	There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	\boxtimes			The facility has the capacity to respond promptly and effectively to a detainee that has been sexually abused or assaulted.

This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.										
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks						
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	\boxtimes									
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes									
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes									
15. 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.	\boxtimes									
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION										
	andard	□ N/A		⊠ Meets Standard						

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

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

There were no sexual assaults within the twelve months preceding this inspection. If required, the facility has the capacity to respond promptly and effectively to the sexual abuse or assault of a detainee.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

Seí	Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Written policy and procedures are in place for special management units.	\boxtimes					
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes					
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	\boxtimes					
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	\boxtimes			Each detainee file contains an Admittance Record with written documentation from Health Care Unit staff verifying immediate notification of a detainee's initial placement in the Special Management Unit.		
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	\boxtimes					
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes					
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			Inspection of several cells revealed proper ventilation, lighting, and sanitation standards are maintained.		
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes					
9.	A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.	\boxtimes					

Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 	\boxtimes						
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 	\boxtimes			The facility form, Special Housing Unit Record, contains all the information required on the form I-888.			
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	\boxtimes						
 There are written policy and procedures concerning the property detainees may retain in each type of segregation. 	\boxtimes						
14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	\boxtimes						

Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	\bowtie			Detainees housed in Administrative Segregation are allowed two hours per day for out-of-cell activities.		
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	\boxtimes					
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes					
18. The facility administrator (or designee) visits each SMU daily.	\boxtimes					
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).				A Registered Nurse from the Health Care Unit visits the Special Management Unit (SMU) each day. A Physician's Assistant visits the SMU three times per week.		
 Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu. 	\boxtimes					
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	\boxtimes					
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.						
23. Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes					
24. Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes					

Degregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	\boxtimes			Existing procedure and protocol requires full documentation of all Special Management Unit visitation restrictions.	
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	\boxtimes			There have been no restricted or disallowed visits at the facility.	
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	\boxtimes				
28.	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	\boxtimes				
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	\boxtimes			Visitation conditions for violent and disruptive detainees are subject to approval by ICE and the Officer in Charge of the facility.	
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes				
	There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes			Command staff informs legal service providers of special security precautions prior to entering the visiting area.	
32.	Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	\boxtimes				
33.	Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	\boxtimes				

Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	\boxtimes			
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	\boxtimes			
 Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances. 	\boxtimes			
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 	\boxtimes			
38. Recreation for detainees in the SMU is separate from the general population.	\boxtimes			Recreation for detainees housed in the Special Management Unit occurs in a separate area adjacent to the back of the unit.
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	\boxtimes			
40. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	\boxtimes			

Cegregation Section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written					
	authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation.	\boxtimes			At the time of the inspection, recreation privileges have not been denied or restricted.	
	When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.					
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	\boxtimes				
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is	\boxtimes				
	denied recreation privileges for more than 15 days.					
44.	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or	\boxtimes				
	free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.					

Seg	Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required	\boxtimes					
46	for a detainee awaiting removal, release, or transfer within 24 hours.) There are implemented written procedures for the						
70.	regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee				Administrative Segregation reviews are documented on facility form 008.		
	should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.						

	Degregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
47.	A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	\boxtimes					
48.	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	\boxtimes					
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	\boxtimes			Administrative Segregation reviews are documented on facility form 008.		
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	\boxtimes					
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	×					
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	\boxtimes					
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	\boxtimes					

PART 2 -	- 15	SPECIAL	MANAGEMENT UNITS	
1 7111 2 -	- 10.	OI LUIAL	MANAGEMENT CHIS	

Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.	\boxtimes					
55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887). At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised. The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator. All review documents are placed in the detainee's detention file.	\boxtimes					
PART 2 – 15. SPECIAL				_		

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

Services and privileges provided to detainees housed in the Special Management Unit (SMU) are well documented. A file is created for all detainees entering the SMU. All documentation generated during the time in the SMU is entered into that file.

All the required information for compliance with this standard is being recorded, distributed, and filed within prescribed timelines.

At the time of the inspection, the SMU was controlled and orderly.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 2 - 16. STAFF-DETAINEE COMMUNICATION

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

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

	posto. 0011014				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			Deportation Officers are located at the facility. The weekly visitation schedule is posted in every housing unit.
4.	Visiting ICE staff observe and note current climate and conditions of confinement.	\boxtimes			
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	\boxtimes			
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes			
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.		\boxtimes		The request form is kept in the housing unit until picked up by a Deportation Officer. Requests are retrieved daily, Monday through Friday. Weekend request slips are retrieved on the Monday rounds. A secure box is not used for request forms.
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,		\boxtimes		If a detainee has placed the request slip in a sealed envelope, it is only opened by ICE staff. A secure box is not used for detainee request forms.
	ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes			Staff advised that requests are usually handled on the same day when received.
10.	ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			The right to correspond with ICE staff is clearly stated in the detainee handbook.
11.	OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	\boxtimes			
12.	Daily telephone serviceability checks are documented in the housing unit logbook.	\bowtie			The telephones are checked by each shift and the results are logged.
	PART 2 – 16. STAFF-DET	AINEE	COMMUN	IICATI	ON

⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding	
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Remarks: (Record significant facts, observations, other sources used, etc.)

The facility does not use locked request slip boxes for detainee requests.

ICE staff visits every housing unit daily, Monday through Friday. Every detainee has the opportunity to see his assigned case officer at least once a week. Additionally, he may send a request slip that will be given to his case officer each day, Monday through Friday.

Visits by ICE staff are recorded in the housing unit log. Every detainee request slip is entered into a data system. The response to the request is also entered into the data system. There are (b)(7)e Deportation Officers located at this facility. An ICE Supervisor and an ICE Patrol Officer visits every housing unit on every shift, and their visits are logged.

Based on interviews and by observing a Deportation Officer make housing unit visits, it is apparent that detainees have easy and frequent access to ICE staff.

(b)(6), (b)(7)c arch 25, 2010

Reviewer's Signature / Date

PART 2-17. TOOL CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			The Officer in Charge approves the tool control procedures which each department head is responsible to implement
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	\boxtimes			
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			Tools, keys, medical and culinary equipment are controlled through the use of monthly inventories. Additionally, there are procedures for issuance and return.
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	\boxtimes			
5.	Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory	\boxtimes			The recreation department does not maintain tools.
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			Tool inventories were legible and conspicuously posted.
7.	 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	\boxtimes			Tool inventories are monitored at least every 30 days.

PART 2-17. TOOL CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
8.	The facility has a tool classification system. Tools are classified according to:	\boxtimes			All facility tools are classified as
	Restricted (dangerous/hazardous)				Restricted.
0	Non Restricted (non-hazardous). Department hands are many arising for invalue and in a				
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes			
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes			
11.	The facility has an approved tool storage system.				
	 The system ensures that all stored tools are accountable. 				
	 Tools are stored on shadow boards in which the shadows resemble the tool. 				N
	 Shadow boards have a white background. 	\boxtimes			No tools at the facility have been designated as non-restricted.
	 Restricted tools are shadowed in red. 				accignated action recuires at
	 Non-restricted tools are shadowed in black. 				
	 Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				
12.	Tools removed from service have their shadows removed from shadow boards.	\boxtimes			
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\boxtimes			Tools not adaptable to a shadow board are stored in a locked cage in the tool room.
14.	Sterile packs are stored under lock and key.	\boxtimes			
15.	Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			
16.	There are policies and procedures to address the issue of lost tools. The policy and procedures include:				
	 Verbal and written notification. 	\boxtimes			
	 Procedures for detainee access. 				
	 Necessary documentation/review for all incidents of lost tools. 				
17.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes			Broken and worn out tools are kept in the locked cage in the tool room taken off facility grounds for disposal.

PART 2-17. TOOL CONTROL						
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks		
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.	\boxtimes					
19. Hoses longer than three feet in length are classified as a restricted tool.	\boxtimes			Hoses, ropes, and electrical cords in excess of three feet are marked as restricted tools.		
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	\boxtimes					
PART 2-17. TO	OL CO	NTROL				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

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

The facility meets the tool control requirements for this standard. The tool control system is easy to understand and implement.

At the time of the inspection, the posted inventory sheets for all storage areas were legible.

Accountability and documentation of tools issued and returned is thorough as well as for tools being brought into and removed from the facility by outside contractors.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a Use of Force Policy.	\boxtimes			The facility Use of Force policy is comprehensive.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	\boxtimes			
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. • Under staff supervision.	\boxtimes			
7.	Staff members are trained in the performance of the	\boxtimes			Staff are trained in the "Use-of-
	Use-of-Force Team Technique.	М			Force Team Technique'.
8.	All use-of-force incidents are documented and reviewed.	\boxtimes			
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	\boxtimes			Since September 2009, there have been six incidents video recorded.
10.	Staff:				
	 Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. 	\boxtimes			
	Uses restraints only when other non- confrontational means, including verbal persuasion, have failed or are impractical.				

PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

Components 11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary. 12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).		Does Not	N/A	Remarks Use-of-Force team training and written procedure address prevention of injury and exposure to communicable
Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints.				diseases.
 Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. 				
 Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee 				
twice per eight-hour shift. • When qualified medical staff are not immediately available, staff position the detainee "face-up."				
The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.	\boxtimes			
15. All detainee checks are logged.				
In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.				
 17. When the Facility Administrator authorizes use of non-lethal weapons: Medical staff are consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 	\boxtimes			
 Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access. 	\boxtimes			
 If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools. 	\boxtimes			

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks		
Special precautions are taken when restraining pregnant detainees.			\boxtimes	The facility does not house females.		
 Medical personnel are consulted 21. Protective gear is worn when restraining detainees with open cuts or wounds. 	\boxtimes					
22. Staff document every use of force, including what type of restraints was used during the incident.	\boxtimes					
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes					
 24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring 	\boxtimes			Training in self-defense, confrontation-avoidance techniques, is conducted in new officer training as well as in		
they are certified in all devices approved for use.				annual recertification training.		
25. All staff authorized to use (b)(7)e receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.	\boxtimes			Training module in the use of (b)(7)e occurs in new officer training and in annual recertification training.		
26. The use of canines is restricted to contraband detection purposes only.	\boxtimes			Canines are not used at this facility.		
 The officers are thoroughly trained in the use of soft and hard restraints. 	\boxtimes					
28. <u>In SPCs.</u> the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes					
PART 2 – 18. USE OF FO	RCE A	ND REST	RAIN'	rs		
	andard	□ N/A	i	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) The use of force incidents reviewed were well documented and complied with the requirements of the standard.						
Video recordings of use of force incidents are available for review and are properly stored.						
(b)(7)e						
Canines are not used at this facility. (b)(6), (b)(7)c March 25, 2010						
reviewer's Signature / Date						

Performance-Based National Detention Standards

Section III ORDER

19 Disciplinary System

PART 3 – 19. DISCIPLINARY SYSTEM

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

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

PART 3 - 19. DISCIPLINARY SYSTEM This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not. Meets Standard Does Not Meet Standard Components Remarks 10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC Considers written reports, statements, physical evidence, and oral testimony \times Hears pleadings by detainee and staff representative Bases its findings on the preponderance of evidence Imposes only authorized sanctions 11. A staff representative is available if requested for a \times detainee facing a disciplinary hearing 12. The facility permits hearing postponements or Two hearings were postponed in continuances when conditions warrant such a the past year. Both X continuance. Reasons are documented. postponements were well documented. 13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The \boxtimes maximum time in disciplinary segregation does not exceed 60 days for a single offense. 14. Written procedures govern the handling

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

The facility disciplinary system meets the requirements of this standard.

confidential-source information. Procedures include

criteria for recognizing "substantial evidence".

15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and

The facility does not deprive detainees of legal materials or legal access while in disciplinary housing status.

☐ Does Not Meet Standard

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

distributed as required.

⋈ Meets Standard

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 \bowtie

PART 3 - 19. DISCIPLINARY SYSTEM

N/A

Repeat Finding

Performance-Based National Detention Standards

Section IV CARE

- 20 Food Service
- 21 Hunger Strikes
- 22 Medical Care
- 23 Personal Hygiene
- 24 Suicide Prevention and Intervention
- 25 Terminal Illness, Advance Directives, and Death

PART 4 – 20. FOOD SERVICE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	\boxtimes			The food service department has a contract with the Valley Metro-Barbosa Group.
	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes			A Cook Foreman is on duty when the FSA is not.
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	\boxtimes			
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	\boxtimes			The knife cabinet is in a secure room. Only the FSA and Assistant FSA have access to this area. The key to this room is secured in the (b)(7)e
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	\boxtimes			All knife use is conducted in a secured prep room. Knives are not utilized in areas where detainees work.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			Sugar is the only security threat item identified during the inspection. It was secured in the
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			Searches are conducted by the security staff.
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff is trained in count procedures.	\boxtimes			Security staff conducts the counts within the food service area.
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	\boxtimes			A daily inspection of all detainee workers is conducted and documented by the Assistant FSA or Cook Foreman.
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			

PART 4 - 20. FOOD SERVICE

in a sanitary and mygienic rood service operation.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates:							
 Safe work practices and methods. 							
 Safety features of individual products/ pieces of equipment. 	\boxtimes						
 Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 							
The Cook Foreman documents all training in individual detainee detention files.	\boxtimes			Training documentation was noted in several detainee files.			
14. Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.	\boxtimes			Detainees are paid \$1.00 per day while working in the food service department.			
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes			Two hot meals are served daily. Breakfast is served at 6:30 AM. Lunch is served at 12:00 PM. Dinner is served at 5:00 PM.			
For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	The facility does not use cafeteria style operations. Satellite feeding is conducted in the housing units.			
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes						
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	\boxtimes			The facility has a nutritional menu that is reviewed by a registered dietician. The last review was conducted in November 2009.			
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	×			Detailed recipes are provided and followed when preparing menu items.			
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 	\boxtimes						
21. All staff and volunteers know and adhere to written "food preparation" procedures.	\bowtie						

PART 4 - 20. FOOD SERVICE

in a sanitary and riggienic rood service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. 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. 				Separate trays and utensils are utilized when preparing and serving Common Fare meals.		
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	×					
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	\boxtimes					
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	\boxtimes			A schedule of ceremonial meals is provided to the food service department. The facility ensures these meals are provided to the population.		
 26. 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. 						
27. The food service program addresses medical diets.	\boxtimes					
28. Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes					
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes					

PART 4 - 20. FOOD SERVICE

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
30. All meals provided in nutritionally adequate portions.	\boxtimes			
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
32. The food service staff instruct detainee volunteers on:				
 Personal cleanliness and hygiene; 				
 Sanitary techniques for preparing, storing, and serving food, and; 	\boxtimes			
 The sanitary operation, care, and maintenance of equipment. 				
33. Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			Hairnets and gloves are worn by both staff and detainee workers.
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	\boxtimes			Daily inspections are conducted by the Assistant FSA. At the time of the inspection, the food service area was neat and clean.
 Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed. 	\boxtimes			
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	\boxtimes			Dishwashing temperatures are taken after each meal and recorded in the FSA's office.
 (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service. 	\boxtimes			Refrigerator/freezer temperatures are taken and recorded in the FSA's Office.
38. The cleaning schedule for each food service area is conspicuously posted.	\boxtimes			
 Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation. 	\boxtimes			
40. Storage areas are locked when not in use.	\boxtimes			
41. Food service personnel conduct shakedowns along with detention staff.	\boxtimes			Food service staff assist security with shakedowns, when necessary.
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.			\boxtimes	The facility conducts satellite feeding in the housing units.
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes			
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	\boxtimes			

PART 4 - 20. FOOD SERVICE This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. Does Not Meet Standard Meets Standard Components Remarks 45. When required, only food service staff prepare the \bowtie sack lunches for detainee transportation. 46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or \times served to protect against insects and other rodents. 47. Staff comply with the ICE requirements for "food \boxtimes receipt and storage. 48. Stock inventory levels are monitored and adjusted to \times correct overage and shortage problems. 49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and \boxtimes explain any shortcomings. 50. Dining room facilities and operating procedures will Satellite feeding is conducted in provide sufficient space and time for detainees to eat the housing unit dayroom areas X П meals in a relatively relaxed, unregimented which provides a relaxed and atmosphere. unregimented atmosphere. 51. (MANDATORY) An independent, external source The New York State Department shall conduct annual inspections to ensure that the of Health conducted an inspection on March 15, 2010. food service facilities and equipment meet One minor violation was noted of governmental health and safety codes. \times fruit flies being observed in the Corrective action is taken on deficiencies, if any. knife room. This concern was addressed by the pest control vendor. 52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a X written report to the Facility Administrator. 53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. \boxtimes Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.

FOOD SERVICE

Meets Standard Does Not Meet Standard N/A Repeat Finding

 \boxtimes

54. (MANDATORY) The FSA is responsible for pest control in the food service department, including

contracting the services of an outside exterminator.

The FSA works with the

maintenance administrator to

coordinate pest control services

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

The facility has a contract with the Vallet Metro-Barbosa Group to provide the food service program.

At the time of the inspection, the food service area was neat and clean. Cleaning schedules are posted, and daily inspections are completed to ensure proper sanitation standards are met.

The facility has a well balanced menu which is reviewed and approved by a registered dietician.

(b)(6), (b)(7)c March 25, 2010

PART 4 - 21. HUNGER STRIKES

This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.

treating any detained who is on a nunger strike.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.	\boxtimes			Medical staff is notified when a detainee refuses food for a 72 hour period.		
Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			The medical staff notifies the facility's Officer in Charge.		
The facility has established procedures to ensure staff respond immediately to a hunger strike.	×			There are policies to ensure that staff effectively responds to a detainee on a hunger strike.		
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			Detainees who are on a hunger strike are placed in an observation cell in the segregation unit.		
 Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room. 	\boxtimes			The placement of a detainee who is on a hunger strike in an observation room is a joint decision between medical and security staff.		
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			The medical staff records the weight and vital signs once every twenty four hours or more frequently, if warranted.		
7. The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			Consent is obtained before medical treatment is rendered.		
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	\boxtimes			A signed Refusal of Treatment Form is obtained when a detainee rejects medical evaluation or treatment.		
 Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers. 	\boxtimes			Three meals continue to be provided to a detainee on a hunger strike.		
Staff maintain the hunger striker's supply of drinking water/other beverages.	\boxtimes			A detainee on a hunger strike continues to have access to milk or juice. This is available with the three daily meals that are provided.		
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			Food items are removed from a hunger striker's cell.		
12. Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			Vital signs, fluid, and food intake are recorded in the medical record.		
The medical staff have written procedures for treating hunger strikers.	\boxtimes			There are written policies for the provision of services to a hunger striker.		

PART 4 – 21. HUNGER STRIKES This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate,						
treating any detainee who is on a hunger strike. Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	\boxtimes			Medical staff documents all treatments. Information is provided to the detainee concerning the adverse risks and impact to health that will result if the hunger strike continues.		
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	\boxtimes			Security staff receives training to identify a hunger striker during their formal security training. Medical staff is knowledgeable in the treatment to be provided to a hunger striker consistent with their respective professional training. In addition, security and medical staff participate in annual continuing education on this topic.		
PART 4 – 21. HUNGER STRIKES						
⊠ Meets Standard						

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

The medical and mental health services that are provided for hunger strikes are managed through a cooperative relationship between the medical and security staff.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 4 – 22. MEDICAL CARE

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			The facility's medical program is accredited by the American Correctional Association, National Commission on Correctional Health Care, and the Joint Commission on Accreditation of Healthcare Organizations.
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			All detainees receive a comprehensive medical screening upon arrival.
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	\boxtimes			The Division of Immigration Health Services (DIHS) provides a full complement of competent medical, mental health, dental, and nursing practitioners who provide comprehensive services. The staffing allocation is reviewed annually by the DIHS Chief Operating Officer.
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	×			The facility provides a detailed oral orientation concerning the process by which detainees can access health services. In addition, the detainee is provided a handbook which describes the procedure to access health services.
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	×			Detainees have 24 hour a day, 7 days a week access to medical services. A full range of emergency medical, dental and mental health services is also provided.
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	\boxtimes			All direct care staff receive a tuberculosis test prior to job assignment and periodically during their employment. Employees are offered the hepatitis B vaccine series.
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.				The medical services are provided by credentialed, qualified health care personnel. All staff possesses current licenses in accordance with applicable state and federal governing regulations. Each staff position has a detailed job description which describes employment duties and assignments.

μ.σ.	prevention and health education, so that their health care needs are met in a timely and emicient mariner.					
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	\boxtimes			The facility provides all detainees with a detainee handbook which delineates the procedure to access health services.	
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	\boxtimes			The facility's medical staff credentialing and verification is in compliance with American Correctional Association, National Commission on Correctional Health Care, and the Joint Commission on Accreditation of Healthcare Organization standards. All of these organizations have accredited the medical services of the facility.	
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 	\boxtimes			All detainees receive a comprehensive medical, dental, and mental health screening, upon arrival to the facility. The initial medical screening is only performed by a trained health care professional.	
11.	(MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	\boxtimes			If language difficulties adversely impact the provision of medical services, staff access the Interprutalk Communication System for translation services.	
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			The medical area has treatment rooms that afford the requisite privacy and level of confidentiality for medical examinations and treatments. In addition, there is medical equipment within the rooms to support the medical services provided.	
	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			The medical area has restricted access, and is within the secure perimeter of the facility.	
14.	The medical facility entrance includes a holding/waiting room.	\boxtimes			There is a holding/waiting room area within the medical facility.	

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			The medical area is under the supervision of (b)(7) security officers assigned to the medical area.
	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			The medical waiting area does not have a drinking fountain. However, drinking water is made available, upon request.
17.	 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	\boxtimes			Medical records are maintained in a locked room, within the medical administrative office. Access is restricted to the medical staff.
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			A signed consent form is obtained from a detainee prior to receiving medical treatments.
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			Detainees sign a form authorizing the release of medical records to external sources.
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Sufficient advanced notification is provided to medical staff concerning the release of a detainee.
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			The detainee's medical record is available for transfer with a detainee. A transfer summary form will accompany the detainee.
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			The detainee's medical record is transferred in a sealed envelope, marked Medical Confidential, with the detainee's name and A-Number.
23.	Medical screening includes a Tuberculosis (TB) test.	\boxtimes			A PPD test or chest x-ray is given to all detainees at the time of the intake screening.
24.	 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			Detainees receive a mental health screening as a component of the intake assessment. The medical staff identifies those detainees requiring additional medical and/or mental health services.

prevention and health education, so that their health care needs are thet in a timely and emicient mariner.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
25. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			All detainees requiring immediate medical or mental health services are referred to the facility's medical practitioner.	
26. (MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	\boxtimes			Detainees receive a physical examination, on average, within 10 days of arrival to the facility.	
Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	\boxtimes			Detainees housed in a Special Housing Unit have access to health care. Nursing staff visit the Special Housing Unit daily and have face-to-face contact with the detainees.	
 Staff provides detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the 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. 	\boxtimes			Sick call slips in English and Spanish are available in the housing units. Nursing staff collect the sick call slips daily at 6:00 AM for the day's sick call session.	
29. (MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	\boxtimes			There is a policy for the provision of 24-hour emergency medical services. The 911 Emergency Call System is utilized, as required.	
30. The plan includes an on-call provider.	\boxtimes			There is a plan for on-call medical staff. On-call contact telephone numbers are maintained on file in the medical office.	
31. The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			Emergency contact telephone numbers for Emergency Transport and the local Hospital Emergency Room are on file within the medical office.	
 The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety. 	\boxtimes			The provision of emergency health care is in accord with security and medical standard operating procedures.	

prevention and health education, so that their health care needs are met in a timely and emicient mariner.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
33. (MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	\boxtimes			Security and health care staff are trained on an annual basis in first aid and the use of applicable equipment for responding to medical emergencies. Security and medical staff can respond to health related emergencies in less than four minutes.		
34. Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Only medical staff distributes medications.		
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	\boxtimes			The pharmaceutical services are managed by a licensed pharmacist in accordance with federal and state regulations governing pharmacy operations. Drug Enforcement Agency (DEA) controlled pharmaceuticals are counted on each shift.		
 36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				The management of the pharmacy is in total compliance with the PBNDS for pharmacy management and operations. The pharmacy is governed by and in compliance with the policies of the Division of Immigration Health Services for pharmacy services.		

prevention and health education, so that their health cal	1	1		.,
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 37. All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; 	h			Pharmaceuticals are stored in a
 Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling A solid core entrance door with a high securit lock (with no other access); and A secure medication storage area. 	y			locked pharmacy room, within the medical administrative office, and in locked med carts. Access to the pharmacy is restricted to medical staff.
 38. In SPCs and CDFs, the pharmacy has a lockin pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personned properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 	e			Pharmaceuticals are issued by licensed nursing staff during scheduled medication administration sessions in accordance with physicians' orders. There is a licensed pharmacist on staff.
39. Distribution of medication is in accordance wit specific instructions and procedures established be the health care provider. Written records of a medication given to detainees are maintained.	у			Medications are dispensed in accordance with the prescribing physicians' instructions. Medication Administration Records (MARs) are maintained for each detainee.
 40. Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours day, the health care provider distribute medication. In facilities that are not medically staffed 24 hour a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staffed are not on duty. 	a s S S			The facility is staffed 24 hours a day, seven days a week by medical personnel. Only medical staff distributes medications.
41. The facility maintains documentation of the trainin given any officer required to distribute medication and the officer has available for reference the trainin syllabus or other guide or protocol provided by th health authority.	i, g □		\boxtimes	Only medical staff distributes medications.

pre	vention and health education, so that their health care	ieeus a	are met m	a ume	ry and emident manner.
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			The medical staff notifies the Officer in Charge (OIC) of the facility that a detainee has special medical requirements.
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			Detainees have access for examinations by independent medical service providers and experts, as warranted.
44.	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 	\boxtimes			The management of infectious disease is in compliance with the requirements of this standard. Moreover, the management of infectious disease is governed by and in compliance with the policies of the Division of Immigration Health Services, and the Centers for Disease Control for infectious disease.
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			Detainees with a communicable disease are placed in an isolation cell.
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	\boxtimes			In accordance with the guidelines of the Centers for Disease Control, all detainees receive a PPD test upon arrival. A chest x-ray is ordered, as warranted, to confirm TB. Detainees that have not been screened are placed in an isolation cell.
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			Detainees with TB symptoms are placed in a negative pressure cell until additional diagnostic studies are completed.

Pio	prevention and health education, so that their health care needs are met in a timely and emiclent mariner.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			Medical transports to the local hospital for access to medical specialists or in-patient hospitalization is the responsibility of the facility's ICE staff. Emergency medical transports are utilized via the 911 medical system.		
49.	Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	\boxtimes			The facility does not have a medical infirmary. Detainees that are chronically ill upon intake may not be admitted to the facility. Detainees who become chronically or terminally ill while in custody are transferred to a local hospital or an ICE facility that has an infirmary.		
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.			\boxtimes	Females are not admitted to this facility.		
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	\boxtimes			Detainees with chronic medical conditions are scheduled for the applicable chronic care clinic. The chronic care clinic staff asses and provide the requisite medical oversight for the respective chronic conditions, which include, but are not limited to, hypertension, diabetes, HIV, and cardiac issues.		
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.	\boxtimes			The medical staff notifies the facility's Officer in Charge that a detainee has special medical requirements that require a special housing assignment or transport consideration.		
53.	specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			Detainees have access to a full time licensed dentist for routine and urgent care.		
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	\boxtimes			There is sufficient medical and mental health staff to ensure that detainees receive mental health examinations and any requisite counseling or treatments.		

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
55. Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			Mental health crisis intervention services can be provided at the facility. However, to respond to acute mental health episodes, referral to in-patient services at a local hospital is available.
56. Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			Medical and mental health interviews and examinations are conducted in treatment rooms that afford the requisite privacy and level of confidentiality for treatments. There are no females admitted to this facility.
57. (MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	\boxtimes			A mental health screening is a component of the intake assessment process. Staff is trained to make the initial assessment, and immediately refer the detainee to a mental health professional.
58. (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify:				
 The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 	\boxtimes			The facility's policies meet the requirements for this standard. During the year preceding this inspection, restraints for medical or mental health purposes were not used.

prevention and realth education, so that their health care				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 59. (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 	\boxtimes			The facility's policies meet the requirements of this component. Detainees that would require acute mental health intervention, such as the involuntary administration of medications, would be transferred to the local hospital for in-patient treatment services.
60. An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	\boxtimes			All detainees receive a dental screening and physical exam during the in-take assessment by a trained health care practitioner. On average, the dental exam occurs within ten days, but no longer than fourteen days. Detainees are referred to the dential for treatment of acute dental problems.
61. In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			First aid kits are located in all housing units, kitchen, recreation areas, intake, and the Central Control Center. The contents of the first aid kits are inspected monthly by the medical unit's health and safety officer.
62. An automatic external defibrillator should be available for use at the facility.	\boxtimes			There is an Automated External Defibulator (AED) in the medical area and another AED located in the facility's in-take center.
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	\boxtimes			If a detainee refuses treatment, the facility's Officer in Charge will be notified. If forced treatment is required, the detainee will be transferred to the local hospital for treatment services.
64. In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.	\boxtimes			The facility's health services administrator and the facility's Officer in Charge meet twice a week.

PART 4 – 22. N	PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have a prevention and health education, so that their health care						
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	\boxtimes			The facility meets the requirements of this component.		
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	\boxtimes			The facility's policies meet the requirements for this component. The health services administrator has established a comprehensive internal review and quality assurance reporting and analysis system that reviews all components and activities of the facility's health care delivery system.		
PART 4 – 22. N	IEDICA	L CARE				

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

The medical services at this facility have been accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC) and Joint Commission on Accreditation of Health Organizations (JACHO).

The medical services are provided by and staffed by the Division of Immigration Health Services.

A review of fifteen randomly selected detainee medical records was analyzed. The review of medical records documented that a medical assessment of the detainee was performed during the intake process. PPDs were planted and read or a chest x-ray was provided at the time of the intake assessment. A consent form for the provision of medical services was signed by the detainee during the intake process. A History and Physical (H&P) examination was completed within the requisite time frame. The Health Services Administrator stated that the H&Ps are completed, on average in 10 days. A review of 15 medical records indicated that the H&Ps were completed within 7 days.

All detainees have access to comprehensive medical and mental health services. The medical services consist of daily sick call, medical and psychiatric services, chronic care clinics, and pharmaceutical administration.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 4 - 23. PERSONAL HYGIENE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees. 	\boxtimes			The facility's policies meet the requirements of this component.
 2. All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 	×			The facility's policies for the quantity of clothing issued to detainees exceed the requirements for this component.
Additional clothing is available for changing weather conditions and as is seasonally appropriate.	\boxtimes			Additional clothing is available based on the weather conditions of the season.
4. New detainees are issued clean bedding, linens and towels, at a minimum: • One mattress • One blanket • Two sheets • One pillow • One pillowcase • One towel • Additional blankets, based on local weather conditions.				The facility's policies meet the requirements of this component.
 The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items. 	\boxtimes			The facility initially provides an extensive supply of personal hygiene items that will be replenished by the housing officer on a weekly basis. There are no females housed at this facility.

PART 4 - 23. PERSONAL HYGIENE

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

	, p				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
6.	Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets.	\boxtimes			The facility's housing unit toilet facilities meet the requirements of this component. The toilet facilities were clean and operational at the time of the inspection. The toilet facilities comply with the American Correctional Association standards for the ratio of toilets and urinals.
7.	 Bathing facilities are: Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees. 	\boxtimes			The facility's housing unit showering facilities meet the requirements of this component. The shower facilities were clean and operational at the time of the inspection. The shower facilities comply with the American Correctional Association standards for the ratio for shower facilities.
8.	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	\boxtimes			
9.	Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.	×			Laundry services are provided twice each week.
	. Food service detainee volunteer workers are permitted to exchange outer garments daily.	\boxtimes			Food service workers are issued three sets of white uniforms which are laundered in accordance with the laundry schedule.
11.	. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	\boxtimes			
	PART 4 – 23. PER	SONA			
		andard	l N/A	i	☐Repeat Finding

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

The facility provides detainees with all required bedding, clothing, and personal hygiene items upon arrival and throughout the detainee's incarceration at this facility.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually. 	\boxtimes			The suicide prevention and intervention program is in compliance with Division of Immigration Health Services policies for this standard.	
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 					
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	\boxtimes			Every staff member is provided Suicide Prevention and Intervention Training as a component of orientation. In addition, on-going staff development courses are scheduled throughout the year to maintain and enhance the knowledge and skills of both security and medical staffs.	

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
4. Training prepares staff to:				
 Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, 				
 Demographic, cultural, and precipitating factors of suicidal behavior, 				
 Responding to suicidal and depressed detainees, 				Security and medical staff are
 Effective communication between correctional and health care personnel, 	\boxtimes			knowledgeable in identifying the warning signs and symptoms of
 Necessary referral procedures, 				suicidal ideation.
 Housing observation and suicide-watch level procedures, 				
 Follow-up monitoring of detainees who have already attempted suicide, and 				
Reporting and written documentation procedures.				
 A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. 				Every individual admitted to this facility receives a comprehensive mental health
 Screening does not occur later than one working day after the detainee's arrival. 	\boxtimes			assessment as a component of the in-take assessment. A
 Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 				detainee at-risk is immediately referred to medical for further observation.
 Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed. 	\boxtimes			Written procedures are established to refer at-risk detainees to medical staff.
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.	\boxtimes			The facility's policy for the provision of mental health services requires the clinical director or a mental health specialist's authorization to return a previously suicidal detainee to the general population.
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			There are designated isolation cells that are used for evaluation and treatment.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			The designated isolation room contains no objects that could be used to facilitate suicide actions.
10. Medical staff have approved the room for this purpose.	\boxtimes			The suicide isolation room has been approved for use.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment. Meets Standard Does Not Meet Components Remarks Staff observe and document Staff observe and document the status of a suicidewatch detainee at least once every suicide watch. The facility's \boxtimes minutes/constant observation. suicide watch policy requires one-on-one observation. 12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by The facility staff observe and medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may document a suicide watch as prescribed by the clinical director recommend constant direct supervision. If a \bowtie or mental health professional. In detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the addition, nursing staff observes the detainee every two hours. status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD. 13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee The facility has twenty-four hour who has been identified as suicidal. ICE/DRO, shall \times medical staffing and services. consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance 14. Every completed suicide and serious suicide The facility's policies require a attempt shall be subject to a mortality review critical incident report be prepared for a completed and/or process. A critical incident debriefing shall be attempted suicide. The health

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

provided to all affected staff and detainees.

Security and medical staff are trained to recognize potentially suicidal behavior and to access medical/mental health services staff for professional intervention.

Does Not Meet Standard

PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION

 \times

N/A

services administrator chairs the mortality review team to review all aspects of the respective

■ Repeat Finding

incident.

All detainees have access to comprehensive medical and mental health services.

During the year preceding this inspection, there was one unsuccessful suicide attempt. In response to the attempted suicide, the medical-psychiatric professionals immediately responded and provided the detainee with the appropriate medical and psychiatric therapeutic intervention services.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART	4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH	
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.						
☐ Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.						
Con	nponents	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	chronically or terminally ill, are opriate off-site medical facility.	×			The facility does not have a medical infirmary. Detainees who are chronically ill may not be admitted to the facility. Detainees who become chronically or terminally ill while in custody will be transferred to a local hospital or transferred to an ICE facility that has an infirmary.	
 the next-of-kin of the of The detainee's loo 	iate ICE office promptly notifies detainee's: medical condition. cation. and rules at that location.	×			The medical staff will notify the facility's Officer in Charge of the medical condition of the respective detainee. The facility will notify the next-of-kin as to the location and rules that govern visitation for the detainee.	
Directive Form for In Advanced Directives. These guidelines detainees who wis opportunity to have	s addressing State Advanced implementing Living Wills and its sinclude instructions for ship to have a living will. It is provide the detainee the eaprivate attorney prepare the detainee's expense.	\boxtimes			If requested, the State Advanced Directive Form will be made available to detainees.	

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH							
This Detention Standard ensurated injury, and advance direct					rices addresses terminal illness, a detainee's death.		
☐ Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.							
Compoi	nents	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Orders"	sing "Do Not Resuscitate	\boxtimes			There is an established policy for "Do Not Resuscitate Orders". The Medical Provider has a policy that addresses "Do Not Resuscitate Orders" which is consistent with the respective accreditation agencies. This includes the American Correctional Association, the National Commission on Correctional Health Care, the Joint Commission on Accreditation of Health Organizations and community standards for health care services.		
	t Resuscitate" order in the naximal therapeutic efforts	\boxtimes			A "Do Not Resucitate" request would be honored. However, medical services would ensure comfort levels, minimizing severe pain and suffering with pharmaceuticals, consistent with the physician's orders.		
Headquarters' Legal Cour circumstances of any o Resuscitate" order in the r	DRO Medical Director and nsel of the name and basic detainee with a "Do Not medical record. In the case is made through the local	\boxtimes			The facility's health care administrator notifies the facility's Officer in Charge of a detainee's request to execute a "Do Not Resuscitate" order.		
issues of organ donation b		\boxtimes			The detainee is generally not housed at this facility long enough to warrant contacting ICE concerning requests for organ donations. However, if the detainee wishes to explore the feasibility of an organ transplant for a family member, the facility's medical director and ICE representatives will assess the eligibility and expense for an organ donation.		
	procedures to notify ICE members and consulates, e in custody.	\boxtimes			The facility's Officer in Charge will notify the FOD and family members when a detainee dies while in custody.		

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH						
This Detention Standard ensures that each facility's contin fatal injury, and advance directives and provides specific g						
	☐ Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. The facility has a policy and procedure to address the death of a detainee while in transport. Output Description:	\boxtimes			The transport officer will notify the shift commander who in turn will notify the Officer in Charge (OIC). The facility's OIC will notify the FOD concerning a detainee's death.		
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 	\boxtimes			The ICE Field Office is responsible for the disposition of the body.		
 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the 	\boxtimes			The ICE Field Office schedules the detainee's burial in accordance with established ICE		
Department of Veterans Affairs notified.				policies.		
 An original or certified copy of a detainee's death certificate is placed in the subject's A-File. 	\boxtimes			This is the responsibility of ICE.		
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 	\boxtimes			If the detainee dies while in custody, the facility's Officer in Charge will notify the FOD and the state police. The local Coroner will perform an autopsy and issue the Death Certificate.		
 ICE staff follow established procedures to properly close the case of a deceased detainee. 	\boxtimes			This is the responsibility of ICE.		
PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH		

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

There were no deaths reported during the review period.

The facility's policies and Medical Protocols in conjunction with ICE requirements are followed pertaining to detainee medical services associated with Terminal Illness, Advance Directives, and Death.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

Performance-Based National Detention Standards

Section V ACTIVITIES

- 26 Correspondence and Other Mail
- 27 Escorted Trips for Non-Medical Emergencies
- 28 Marriage Requests
- 29 Recreation
- 30 Religious Practices
- 31 Telephone Access
- 32 Visitation
- **33 Voluntary Work Program**

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

	s	t Vot		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	\boxtimes			Detainee mail procedures are described in great detail in the detainee handbook.
The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			
 Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected. 	\boxtimes			
 Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays). 	\boxtimes			
Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	\boxtimes			
6. Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes			In a memorandum dated May 20, 2008, the facility Officer in Charge granted authorization for the mail clerk to open and inspect mail without the detainee being present.
7. Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes			
Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
 Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present. 	\boxtimes			
10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes			
 Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied. 	\boxtimes			
 The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee. 	\boxtimes			
 The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice. 	\boxtimes			

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
 Staff maintain a written record of every item removed from detainee mail. 	\boxtimes				
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes				
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	\boxtimes				
 Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files. 	\boxtimes			Identity documents are given to the Deportation Officers based at the facility.	
 Staff provide the detainee a copy of his or her identity document(s) upon request. 	\boxtimes				
 Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband". 	\boxtimes				
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	\boxtimes			An indigent log is maintained.	
21. 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.	\boxtimes				
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes				
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes				
24. Detainees have access to outside publications.	\boxtimes				
PART 5 – 26. CORRESPON			HER I	MAIL	
	andard	□ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Detainee mail is handled in accordance with the requirements of this standard. Computerized logs are maintained to document the significant aspects of the requirements. (b)(6), (b)(7)c / March 25, 2010 Reviewer's Signature / Date					

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES

This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: Funeral	\boxtimes			The facility's Officer in Charge is the AFOD and will confer with the FOD.
Deathbed				
 The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common- law spouse). 				
 The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts. 	\boxtimes			
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.	\boxtimes			
Detainees who require overnight housing are placed in approved IGSA facilities.	\boxtimes			
6. Each escort detail includes at least b)(7)e officers.	\boxtimes			
7. The detainee remains under constant, direct visual supervision of escorting staff.	\boxtimes			Visual supervision is maintained at all times.
 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. 	\boxtimes			
 Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee. 	\boxtimes			
 Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason. 	\boxtimes			

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals. ☑ Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. Does Not Meet Standard Meets Standard Components Remarks 11. Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to ICE/DRO. Do not violate federal, state, or local laws. Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. \boxtimes Do not arrange to visit family or friends unless approved before the trip. Make no unauthorized phone calls. Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer. \times etc. 13. Standard procedure requires the immediate return to \times the facility of any detainee who violates trip rules. 14. The Field Office Director is the approving official for all X non-medical escorted trips. 15. Facility procedures comply with the following ICE Standards: Transportation (Land Transportation \times Restraints applied strictly in accordance with the Use of Force Standard PART 5 - 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES □ Does Not Meet Standard Repeat Finding N/A

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

All escorted trips for non-medical emergencies are handled in accordance with the requirements of this standard.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	\boxtimes			The Facility Administrator/Officer in Charge reviews and considers marriage request on a case-by-case basis.	
2.	The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	\boxtimes				
3.	It is standard practice to require a written request for permission to marry.	\boxtimes				
4.	The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes				
5.	The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	\boxtimes				
6.	When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes				
7.	The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	\boxtimes				
8.	The detainee handbook explains the marriage request process.	\boxtimes				
9.	In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	\boxtimes			The Facility Administrator/Officer in Charge is the approving authority.	
	PART 5 – 28. MAR	RIAGE	REQUEST	ΓS		
		andard	□ N/A	ı	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) The facility had 53 requests for marriage in the past year, and all requests were approved. Of the 53 marriage approvals, 8 marriages took place at the facility.						
	(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date					

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i his Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.	I his Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order					
☐ If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
The Facility provides:						
 An indoor recreation program. 	\boxtimes			The facility offers both indoor and outdoor recreation.		
An outdoor recreation program.				and outdoor recreation.		
 A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population. 	\boxtimes					
 Regular maintenance keeps recreational facilities and equipment in good condition. 	\boxtimes					
 The recreational specialist or trained equivalent supervises detainee recreation workers. 	\boxtimes					
 The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees. 	\boxtimes					
Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			Checkers, dominos, cards, etc, are provided.		
Outside activities are restricted to limited-contact sports.	\boxtimes					
Each detainee has the opportunity to participate in daily recreation.	\boxtimes					
 Detainees have access to recreation activities outside the housing units for at least one hour daily. 	\boxtimes			Outside recreation is provided, daily, to the detainee population.		
 Staff check all items for damage and condition when equipment is returned. 	\boxtimes					
 Staff conduct searches of recreation areas before and after use. 	\boxtimes			Security staff conducts searches of both the gym and outdoor recreation yards.		
12. Recreation areas are under constant staff supervision.	\boxtimes					
13. Supervising staff are equipped with radios.	\boxtimes					
 The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week. 	\boxtimes					
 Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges. 	\boxtimes					
 Special programs or religious activities are available to detainees. 	\boxtimes					
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	×					
 Visitors, relatives or friends of detainees are not allowed to serve as volunteers. 	\boxtimes			Visitors, relatives, and friends of detainees are not approved as volunteers.		

PART 5 - 29. I	RECRE	ATION				
within the constraints of safety, security, and good order.	This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.					
☐ If outdoor recreation is offered check this box. Iter	ns 20-2	27 should	then	be marked "N/A".		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 If yes, written procedures ensure timely review of all eligible detainees. 			\boxtimes			
20. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes			
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			\boxtimes			
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.			\boxtimes			
 The detainee's written decision for or against an offered transfer documented in his or her A-file. 			\boxtimes			
 Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer. 			\boxtimes			
 If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days. 			\boxtimes			
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			\boxtimes			
 The detainee's legal representative is notified of the detainee's/Facility Administrator's decision. 			\boxtimes			
PART 5 - 29. RECREATION						
	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) Recreation services are provided to the detainee population daily. Recreational activities are coordinated by the facility						

Visitors, relatives, and friends of detainees are not approved as volunteers.

This facility has indoor and outdoor recreation.

March 25, 2010 (b)(6), (b)(7)cReviewer's Signature / Date

PART 5 - 30. RELIGIOUS PRACTICES

This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.

	Components	Meets Standards	Does Not Meet Standards	V/N	Remarks
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	\boxtimes			
2.	Space is available for detainees to participate in religious services.	\boxtimes			Religious service programs are conducted in the gym and library.
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	\boxtimes			
4.	 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 	\boxtimes			Coordination of religious meals is facilitated by the food service department.
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes			
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes			
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			Religious service staff tours the SMU on a weekly basis.
	RELIGIOUS	PRAC1	ICES		
		andard	☐ N/A		☐Repeat Finding

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

Religious services are adequately provided to the detainee population at this facility.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 5 - 31. TELEPHONE ACCESS

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

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PART 5 - 31. TELEPHONE ACCESS

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

providing them reasonable and equitable access to telephone services.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes				
18.	All telephone restrictions are documented.	\boxtimes				
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes				
20.	Phone call messages are given to detainees as soon as possible.	\boxtimes			A number is posted on the facility website with instructions on how to leave a message for a detainee. The phone number was checked and found to be working.	
21.	Detainees are allowed to return emergency phone calls as soon as possible.	\boxtimes				
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	\boxtimes			Upon request, detainees may make phone calls. These calls are made from the "Quiet Room" located in the housing unit.	
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes			Upon request, detainees may make phone calls.	
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes				
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes				
26.	When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	\boxtimes			Telephone monitoring notices in English, Spanish, French, Chinese, and Arabic are posted near the telephones in the housing units.	
27.	The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	\boxtimes			A test call to the OIG was successfully placed from C-3, using the instructions placed on the wall near the phones. A test call was also completed from the holding unit in the processing area.	
28.	The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis.	\boxtimes				
PART 5 – 31. TELEPHONE ACCESS						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

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

The facility meets all requirements of this standard.

Two test calls were successfully made to the OIG number from the detainee telephones.

A new provider, Talton Communications, recently began telephone services at this facility. A voice biometric password is used by detainees to access the system. Staff reported that costs of calls are lower. Money may be added to a detainee's account in several ways. Money may be added from an auto-teller located in the facility's lobby or via the internet by accessing the facility's website.

(b)(6), (b)(7)c

March 25, 2010

Reviewer's Signature / Date

PART 5 - 32. VISITATION

This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.	\boxtimes			Visitation procedures are described in the detainee handbook, posted in the facility lobby, and described on the facility's website.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	\boxtimes			
3.	The visitation schedule and rules are available to the public.	\boxtimes			
	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	\boxtimes			
6.	A general visitation log is maintained.	\boxtimes			
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes			
8.	A visitor dress code is available to the public.	\boxtimes			The visitor dress code is described on the facility's website.
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			
10.	The requirement on visitation by minors is complied with.	\boxtimes			
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.			\boxtimes	The facility allows minors to visit.
	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			\boxtimes	The facility allows minors to visit.
	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			
	Detainees in special housing are afforded visitation.	\boxtimes			Upon request, visits may be allowed.
	Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			
	On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	\boxtimes			
	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			
18.	Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			

PART 5 – 32. VISITATION This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order. Meets Standard Does Not Meet Standard Components Remarks 19. There are written procedures governing detainee \boxtimes searches. 20. Legal representatives and assistants are subject to a non-intrusive search - such as a pat-down search of the person or a search of the person's belongings - at \times any time for the purpose of ascertaining the presence of contraband. 21. Per the Standard, prior to each visit, legal service \times providers and assistants are identified. 22. The current list of pro bono legal organizations is The list of pro bono legal organizations is posted in the posted in the detainee housing areas and other housing units and in the law appropriate areas. \times library. A link to the pro bono legal list is also posted on the facility's website. 23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and \times associated with detention issues to the appropriate Field Office Director for approval. 24. Provisions for NGO visitation as stated in the X Detention Standards are complied with. 25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator \boxtimes for approval.

emarks: (Record	d significant facts	observations	other sources us	ed etc

26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility

Administrator or ICE Field Office.

Detainees have non-contact visits.

Attorney visits are contact visits, unless the attorney requests a non-contact visit.

The visitation policy at this facility is clearly described to visitors and detainees. All visits and visitors are documented

 \times

PART 5 - 32. VISITATION

☐ Does Not Meet Standard

N/A

Repeat Finding

in logbooks.
The visitation rooms were busy during the days of this inspection
(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 5 - 33. VOLUNTARY WORK PROGRAM

This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections. Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page					
3 a	and move to next section.				
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
1.	The facility has a voluntary work program.	\boxtimes			
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes			
	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.	\boxtimes			The facility does not have work details assigned outside the secure perimeter.
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 	\boxtimes			
5.	Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes			
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.	\boxtimes			
7.	Detainee volunteers ordinarily work according to a fixed schedule.	\boxtimes			
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	\boxtimes			
	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			The Voluntary Work Program form is completed, but the form is not always placed in the detention file.
	The voluntary work program meets:OSHA standardsNFPA standardsACA standards	\boxtimes			
11	 Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 	\boxtimes			Medical staff screen and clear detainees to work in the food service department. Documentation is placed in the detainee's file.
	. Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes			
13	. Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes			

PART 5 – 33. VOLUNTARY WORK PROGRAM							
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding				
Remarks: (Record significant fac	ets, observations, other sources us	ed, etc.)					
The facility has a Voluntary Work Program in place that allows eligible detainees to work. This process is handled by the classification staff.							
(b)(6), (b)(7)c March 25, 20 Reviewer's Signature / Date	10						

Performance-Based National Detention Standards

Section VI JUSTICE

- 34 Detainee Handbook
- 35 Grievance System
- 36 Law Libraries and Legal Material
- **37 Legal Rights Group Presentations**

PART 6 - 34. DETAINEE HANDBOOK

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	\boxtimes			
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes			The detainee handbook is written in English, Spanish, and Chinese.
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			The facility uses Interpret-Talk to assist in providing interpretive services for the detainees.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			
5.	The handbook supplements the facility orientation video where one is provided.	\boxtimes			
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			The handbook was revised in November 2009.
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			
8.	The detainee handbook address the following issues: • Personal Items permitted to be retained by the				
	detainee.Initial issue of clothes, bedding and personal hygiene items.	\boxtimes			
	How to access care.				
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
11.	The handbook states when a medical examination will be conducted.	\boxtimes			
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	\boxtimes			
13.	The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	\boxtimes			

PART 6 - 34. DETAINEE HANDBOOK

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

detaillees dolliformedge rescript of those materials.				
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	\boxtimes			
15. The handbook describes barber hours and hair cutting restrictions.	\boxtimes			
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			
17. The handbook addresses religious programming.	\boxtimes			
18. The handbook states times and procedures for commissary or vending machine usage. (where available)	\boxtimes			
 The handbook describes the detainee voluntary work program. 	\boxtimes			
 The handbook describes the library location and hours of operation and law library procedures and schedules. 	\boxtimes			
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	\boxtimes			
22. The handbook/supplement provides local ICE contact information.	\boxtimes			
23. The handbook describes the facility contraband policy.	\boxtimes			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			
 The handbook describes the correspondence policy and procedures. 	\boxtimes			
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 	\boxtimes			

PART 6 - 34. DETAINEE HANDBOOK

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
 27. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance 								
procedures;								
 The appeals process; 								
 In CDFs procedures for filing an appeal of a grievance with ICE. 	\boxtimes							
 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. 								
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			Medical sick call procedures for general population and detainees in segregation are included in the detainee handbook.				
29. The handbook describes the facility recreation policy including:								
 Outdoor recreation hours. 	\bowtie							
 Indoor recreation hours. 								
In dorm leisure activities.								
Rules for television viewing.								
 The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. 	\boxtimes							
 The handbook specifies the rights and responsibilities of all detainees. 	\boxtimes							
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes			Detainees sign for a copy of the handbook which is provided during the intake process.				
 Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand. 	\boxtimes							
PART 6 - 34. DETA	AINEE I	HANDBOO	K					
	⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

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

The detainee handbook is thorough and comprehensive. Detainees can request translation assistance through their case worker who will assist in obtaining the needed assistance.

March 25, 2010 (b)(6), (b)(7)c March 25, Reviewer's Signature / Date

PART 6 - 35. GRIEVANCE SYSTEM This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses. Meets Standard Does Not Meet Standard Remarks Components 1. Detainees are informed about the facility's informal The facility encourages informal and formal grievance system. resolution prior to the detainee \boxtimes filing a grievance. The request form system is used for the informal resolution process. 2. The admissions process includes providing each new \bowtie arrival with a copy of the detainee handbook (or equivalent). 3. The grievance section of the handbook explains all steps in the grievance process - Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures: Staff/detainee availability to help during the \times grievance process Guarantee against staff retaliation filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 4. Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the \times detainee has up to five days within which to make his or her concern known to a member of the staff. 5. Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance. \boxtimes Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary. 6. Facility has written procedures for identifying and \times handling a time-sensitive emergency grievance. 7. Every member of the staff knows how to identify Several staff were interviewed emergency grievances, including the procedures for and all indicated their familiarity \boxtimes expediting them. with the emergency grievance process. 8. Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or \bowtie grievance.

PART 6 - 35. GRIEVANCE SYSTEM This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses. Does Not Meet Standard Meets Standard Components Remarks 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping A logbook and data base are system is maintained. \boxtimes maintained to record grievances. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may X authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator. 11. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a \bowtie CDF/IGSA facility, to ICE. 12. Informal resolution of a written grievance is Several detention files were documented in the detainee's Detention File. \times reviewed. Informal resolution of grievances was noted. 13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to X ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General. 14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. \times In all facilities written procedures cover detainee appeals and are included in the detainee handbook 15. In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance X outcome to file a formal grievance. PART 6 - 35, GRIEVANCE SYSTEM **⋈** Meets Standard Repeat Finding □ Does Not Meet Standard N/A

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

A review of the grievance procedure revealed that the facility utilizes the informal resolution process to resolve most issues. The few grievances that the facility received were well documented, investigated, and resolved.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Meets Standard Does Not Meet Standard Remarks Components 1. The facility provides a designated law library for X detainee use. 2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. \boxtimes LexisNexis is used at this facility. In lieu of/or in addition to the physical law library. ICE detainees have access to the Lexus Nexus electronic law library. 3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Documents from the LexisNexis Operable computers and printers, in sufficient \times may be sent to a printer in the numbers in order to provide access recreation specialist's office. Photocopiers, and Supplies for both. 4. The library contains a sufficient number of chairs, is \times well lit and is reasonably isolated from noisy areas. 5. The law library is adequately equipped with The law library has seven typewriters, computers or both and has sufficient \boxtimes computers and two typewriters. supplies for daily use by the detainees. 6. Detainees are provided with the means to save legal \bowtie work in a private electronic format for future use. 7. The facility subscribes to updating services where applicable and legal materials requiring updates are \times current. 8. Outside persons and organizations are permitted to submit published legal material for inclusion in the \boxtimes legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion. 9. There is a designated ICE or facility employee who The facility's Information inspects, updates, and maintain/replace legal material Technology Specialist keeps the and equipment on a routine basis. The designee \times law library computers operable properly disposes outdated supplements and replaces and loads the LexisNexis disks. damaged or missing material promptly. 10. 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 \times facing a court deadline are given priority use of the law library. 11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely \times pursued. Request for copies of court decisions are accommodated within 3 - 5 business days.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL				
This Detention Standard protects detainees' rights by ensu	uring th	eir access	to cou	urts, counsel, and legal materials.
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes			
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	\boxtimes			
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes			Liberal amounts of legal materials were observed in the possession of detainees.
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			Detainees in special housing units may request access to the law library. There is a room in each special housing unit which detainees may use that contains a computer with access to LexisNexis. A word processing program is also available on the computer for detainees to use.
16. All denials of access to the law library fully documented.	\boxtimes			
 Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials. 	\boxtimes			
 Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties. 	\boxtimes			
 Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. 	\boxtimes			
PART 6 – 36. LAW LIBRAR	ES AN	D LEGAL	MATE	RIAL
	andard	□ N/A		☐Repeat Finding

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

The law library is supervised by the facility's two recreation specialists.

LexisNexis is used at this facility. The LexisNexis was up-to-date.

The general housing units have access to the law library Monday - Friday. The law library is used extensively by detainees. Interviews with detainees confirmed that the law library was accessible.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
	rd protects detainees' rights by ensons for the purpose of informing the				formation presented by authorized aw and procedures.
	omponents	Meets Standard	Does Not Meet Standard	N/A	Remarks
	o Group Presentations were cond Acceptable overall and continue of				
and accredited presentations.	responsive to requests by attorneys representatives for group	\boxtimes			The facility's recreation specialists coordinate the group presentations.
Director, the facili Office ensures pr	concurrence by the Field Office ty or authorized ICE/DRO Field oper notification to attorneys or ntatives in a timely manner.	\boxtimes			
rejecting or reques	vs policy and procedure when ting modifications to objectionable or presented by the attorney or ntative.	\boxtimes			
	g presentations appear in common ours in advance and sign-up sheets ccessible.	\boxtimes			
immigration law, p Documentation is s	ccess to group presentations on procedures and detainee options. ubmitted and maintained when any permission to attend a presentation for the denial.	\boxtimes			Detainees have not been denied access to group presentations.
presentation is limi	of detainees allowed to attend a ted, the facility allows a sufficient ations so that all detainees signed	\boxtimes			
reasons may re	gation, unable to attend for security quest separate sessions with requests are documented.	\boxtimes			
	Imitted when necessary to assist regal representatives.	\boxtimes			
make the presenta a question-and-ans		\boxtimes			
Staff permit pres approved materials	senters to distribute ICE/DRO-	\boxtimes			
groups of detainee group presentation	s presenters to meet with small is to discuss their cases after the ICE/DRO or authorized detention it do not monitor conversations with	\boxtimes			

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
☐ Check here if No Group Presentations were cond Acceptable overall and continue o					
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.	\boxtimes				
 The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations. 	\boxtimes				
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 	\boxtimes			The detainee handbook describes the Group Legal Rights Presentation policy.	
 The facility maintains equipment for viewing approved electronically formatted presentations. 	\boxtimes				
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
	⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding				

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

The facility hosts Group Legal Rights Presentations 2-3 times per week.

The Erie County Bar Association conducts the presentations. The Immigration Court, located at the facility, provides a listing of the names of detainees admitted to the facility to the Erie County Bar Association to facilitate these presentations. According to staff, these presentations are well received.

(b)(6), (b)(7)c / March 25, 2010 Reviewer's Signature / Date

Performance-Based National Detention Standards

Section VII ADMINISTRATION & MANAGEMENT

- 38 Detention Files
- 39 News Media Interviews and Tours
- **40 Staff Training**
- 41 Transfer of Detainees

PART 7 - 38. DETENTION FILES

This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.

	booked into a facility for more than 24 notifs a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
A Detention File is created for every new arrival whose stay will exceed 24 hours.				A detention file is created for every new admission.		
The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			Four detention files were reviewed and all contained the required documents.		
The detainee's Detention File also contains documents generated during the detainee's custody. Special requests						
 Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay 						
 Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same 						
 The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors. 	\boxtimes			All active and inactive detention files are kept in a secure manner.		
5. The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.						
 The officer closing the Detention File makes a notation that the file is complete and ready to be archived. 	\boxtimes					
 Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office. 						
8. Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.						
Electronic record-keeping systems and data are protected from unauthorized access.						
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.						
Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.						

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

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

Detention files are handled in accordance with the requirements of this standard.

(b)(6), (b)(7)c March 25, 2010

Reviewer's Signature / Date

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours. Meets Standards Does Not Meet Standards Components Remarks 1. The ICE/DRO Field Office Director approved all There were two media interview interviews by reporters, other news media requests during the last year. representatives, academics and others not covered by One was denied by the FOD. the Detention Standard on Visitation. The detainee involved in the \bowtie second request refused to consent to an interview. Therefore, the request was denied. 2. All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in \bowtie the detainee's A-file with a copy in the facility's Detention File. 3. The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee \times who was the center of a controversy, or special interest, or high profile case. 4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives X who photographed or recorded any detainee in any way that would individually identify him or her. 5. All press pools are organized 'according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or \times requested, tours, or visits were notified that. effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS **⋈** Meets Standard ■ Does Not Meet Standard ■ Repeat Finding N/A

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

At the time of the inspection, a revision of policy was under review regarding the requirements of this standard.

(b)(6), (b)(7)cMarch 25, 2010 Reviewer's Signature / Date

PART 7 - 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training. Meets Standard Does Not Meet Standard Components Remarks 1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, \boxtimes and volunteers. 2. The amount and content of training is consistent with the duties and function of each individual and the \boxtimes degree of direct supervision that individual receives. 3. At least one qualified individual with specialized The facility Training Coordinator training for the position coordinates and oversees the has completed the appropriate staff development and training program. X 40 hour Training-for-Trainers minimum, full-time training personnel complete a 40course. hour training-for-trainers course. 4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility \bowtie administrator. 5. An accurate and complete record is maintained of all formal training activities in: Individual files are maintained for all employees. Training Individual training folders, X information was noted during a

review of numerous files.

Other training records systems, and/or

Electronic systems.

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

	-			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. 	\boxtimes			

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations Key control; appropriate conduct with detainees Responsibilities and rights of employees Standard precautions Occupational exposure Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations. National Detention Standards. Medical grievance procedures and protocol. Requirement for special needs detainees. Code of Ethics Drug free workplace Hostage situations and staff conduct if taken hostage. 				

requiring that they receive initial and ongoing refresher tra		# p		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 Security personnel (including contractors) will receive training on the following subjects, at a minimum: 				
 Security procedures and regulations 				
Supervision of detainees				
 Searches of detainees, housing units, and work areas 				
 Signs of suicide risk, precaution, prevention and intervention. 				
Code of Ethics				
Health-related emergencies				
Drug-free workplace				
Suicide precautions				
Self-defense techniques				
Use-of-force regulations and tactics	_			
Report writing	\boxtimes			
Detainee rules and regulations				
Key control				
 Rights and responsibilities of detainees 				
Safety procedures				
 Emergency plans and procedures 				
Interpersonal relations				
Social/cultural lifestyles of the detainee population				
 Cultural diversity/understanding staff & detainees 				
Communication skills				
 Cardiopulmonary resuscitation (CPR)/first aid 				
Counseling techniques				
 Sexual abuse/assault awareness 				
 National Detention Standards. 				
11. Situation Response Teams (SRTs) receive:				A file review of several (b)(7)e
 Specialized training before undertaking their assignments. 	\boxtimes			(b)(7)e training files found that all have received the appropriate specialized training.
12. Facility management and supervisory staff receive:	_			Management and Supervisors
Management and Supervisory training	\boxtimes			complete a 120 hour leadership course.
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	\boxtimes			Numerous training files, agendas, and sign in sheets were reviewed for verification of firearms qualifications.

requiring that they receive initial and ongoing refresher tra	ıııııg.			
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
 (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually. 	\boxtimes			Training records were reviewed for verification.
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	\boxtimes			(b)(7)e conducted with the tirearms training. Numerous training records were reviewed.
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 				
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drugfree workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			A review of several personnel files of new staff verified that they have signed the drug-free workplace form.
 18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 	\boxtimes			
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			A review of several new staff personnel files verified that staff has signed facility work rules, ethics, regulations, conditions of employment, and related document forms.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses.				
 Administering first aid and cardiopulmonary resuscitation (CPR). Obtaining emergency medical assistance through the facility plan and its required procedures. 	\boxtimes			Facility drills are conducted to test staff knowledge and response to health emergency related incidents.
 Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. 				
 The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 				
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:				
 Understanding that sexual abuse or assault is never an acceptable consequence of detention. 				
 Recognizing housing or other situations where sexual abuse or assault may occur. 	\boxtimes			
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 				
 Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				

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

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, at requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	\boxtimes			
PART 7 – 40. STAFF TRAINING				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

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

An interview with the Training Coordinator and a review of training records, agendas, lesson plans, and sign-in sheets, revealed that training is being conducted in accordance with this standard.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date

PART 7 - 41. TRANSFER OF DETAINEES

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	 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 within 24 hours of transfer. The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 	\boxtimes			If a G-28 is on file, the legal counsel will be notified.
2.	Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			
	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			
	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			
5.	 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 		\boxtimes		Facility policy 4.7.1 does not describe all the requirements of this standard. However, actual facility practices conform to the requirements of this standard.
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			
	 For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of prescription medications. Detainees are transferred with a completed transfer				
	summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.				
10.	For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes			

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

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

Facility policy 4.7.1 does not include all requirements of this standard. However, the facility's actual practices regarding the transfer of detainees meet the requirements of this standard. Prior to the start of the inspection, the facility policy was being revised to fully address the requirements of this standard.

(b)(6), (b)(7)c March 25, 2010 Reviewer's Signature / Date **ICE Service Processing Center**

Type of Facility Reviewed

Estimated Man-days Per Year

N/A

Accreditation Certificates

List all State or National Accreditation[s] received:

ICE Contract Detention Fac	cility	American Correctional Association: 8/08; Joint Commission								
ICE Intergovernmental Serv		of Accreditation of Health Organizations: 6/08; National					National			
	8	C	ommission on C	Correction	al Healtl	Care: 10/0	8			
B. Current Inspection			Check box if	facility h	as no acc	reditation[s	1			
Type of Inspection		7 _								
Field Office HQ Inspection		G	. Problems / C	Complain	ts (Cop	ies must be	attached)			
Date[s] of Facility Review			The Facility is under Court Order or Class Action Finding							
March 23-25, 2010			Court Order Class Action Order							
				Significan						
C. Design Mark Design Fredrice D	•		The Facility has Significant Litigation Pending Major Litigation Life/Safety Issues							
C. Previous/Most Recent Facility R	eview	¬	Check if Non				-			
Date[s] of Last Facility Review			4 0110011 11101							
September 22-24, 2009		⊢ т	Facility Hist	torv						
Previous Rating			ate Built	ioi y						
Meets Standards □ Does No.	ot Meet Standards		farch 1998							
			ate Last Remod	lalad or I	noradad					
D. Name and Location of Facility			/A	icicu oi o	pgraded					
Name			ate New Constr	nuction / E	edenace	Addad				
Buffalo Federal Detention Facility Address (Street and Name)			10/07, 186 be				ring and			
4250 Federal Drive			dding additional							
City, State and Zip Code			uture Construct			intory nousi	ng units.			
Batavia, New York 14020		[-	Yes No		eu					
County		1			Dad		w Beds only)			
Genesee			urrent Bedspace 66			A Date: N/	• /			
Name and Title of Facility Administrator			00	INU	moer. N	A Date. N/	а			
(Warden/OIC/Superintendent)			T-4-1 E99	. n 1						
(b)(6), (b)(7)c Assistant Field Office Direct	etor	J.				2 41				
Telephone # (Include Area Code)		—	Total Facility Intake for previous 12 months 4423							
585-3(b)(6), (b)(7)c Field Office / Sub-Office (List Office with	arransi aht maan anaihiliti as)									
Buffalo	oversight responsibilities)	—	Total ICE Mandays for Previous 12 months 184911							
Distance from Field Office		- 1	54911							
45 miles		17	C1		TOE OD	CICD	E- O-L-)			
		_ K	. Classificatio	n Levei		_				
E. ICE Information			1.14.3.6.1		L-1	L-2	L-3			
Name of Inspector (Last Name, Title and D	outy Station)		dult Male		166	314	111			
(b) (6), (b) (7) CI / MGT of America		A	dult Female		N/A	N/A	N/A			
Name of Team Member / Title / Duty Loca	tion		F 6							
(b)(6), (b)(7) CI-Security / MGT of America		L.	. Facility Cap		Τ.		_			
Name of Team Member / Title / Duty Loca		I .	1.1.261	Rated	Op	erational	Emergency			
(b) (6), (b) (7) CI-Medical Care / MGT of America Name of Team Member / Title / Duty Loca			dult Male	480		666	666			
(b)(6), (b)(7)GI-Food Service and Environment		A	dult Female	N/A		N/A	N/A			
MGT of America	al Health and Salety		Facility holds	Juveniles	Offender	s 16 and olde	er as Adults			
Wor or mierica		┪								
		_ N	I. Average Da			7707.50				
F. CDF/IGSA Information Only					ICE	USMS	Other			
	of Contract or IGSA	_	dult Male		480	84	N/A			
N/A N/A	A Collinact of TOSA	A	dult Female		N/A	N/A	N/A			
Basic Rates per Man-Day		1								
N/A			. Facility Stat	ffing Leve						
Other Charges: (If None, Indicate N/A	1	S	ecurity:		Sup		CE(b)(7)eDIHS			
N/A; ; ;	·J			- SIEA	(b)(7)	Contract(b)(7)eLitigation			
IVA, , ,		(b)	(7)eEA (b)(7)e	Deportati	on O(1)	F Contract I	Maintenance			

- SIEA (b)(7)e Deportation

Contract Security

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	0	5-Physical	12-Physical	10-Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	5	12	10
Assault: Detainee on	Types (Sexual Physical, etc.)	2- Liquid	5-Physical	6-Physical 2-Liquid	2-Physical 1-Liquid
Staff	With Weapon	0	0	0	0
	Without Weapon	2	5	8	3
Number of Forced Moves, incl. Forced Cell moves ³		0	1	2	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		2 (High Risk Community Escorts)	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	1	1	1
Escapes	Attempted	0	0	0	0
•	Actual	0	0	0	0
Grievances:	# Received	1	0	2	2
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	A	0	0
	Number	0	1	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	30	27	29	19
	# Psychiatric Cases referred for Outside Care	2	1	1	1

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

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

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

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

	DHS/ICE Detention Standards Review Summary Report					
	Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable	1	2	3	4	
	RT 1 SAFETY					
1	Emergency Plans	\boxtimes				
2	Environmental Health and Safety					
3	Transportation (By Land)	\boxtimes			Ш	
	RT 2 SECURITY					
4	Admission and Release				\square	
5	Classification System			\sqcup		
6	Contraband			\sqcup		
7	Facility Security and Control			ᄖ		
8	Funds and Personal Property			닏	\sqcup	
9	Hold Rooms in Detention Facilities			ᆜ	\square	
10	Key and Lock Control			ᆜ		
11	Population Counts				\sqcup	
12	Post Orders Post Orders				\square	
13	Searches of Detainees			ᆜ		
14	Sexual Abuse and Assault Prevention and Intervention				igwdapprox	
	Special Management Units				\square	
16	Staff-Detainee Communication			\Box		
17	Tool Control				\square	
18	Use of Force and Restraints				ш	
	RT 3 ORDER			_	_	
19	Disciplinary System	\boxtimes			ш	
	RT 4 CARE					
	Food Service			\square		
	Hunger Strikes					
22	Medical Care		Ш		\square	
	Personal Hygiene		Щ	닏		
-	Suicide Prevention and Intervention			ᆜ	igwdot	
	Terminal Illness, Advance Directives, and Death					
	RT 5 ACTIVITIES					
	Correspondence and Other Mail	+		ᆜ	-	
27	Escorted Trips for Non-Medical Emergencies					
28	Marriage Requests				\square	
29	Recreation			屵	$\vdash \vdash \vdash$	
	Religious Practices	X			$\vdash \vdash \vdash$	
	Telephone Access			片	$\vdash \vdash$	
	Visitation			屵		
	Voluntary Work Program	×		Ш	Ш	
	RT 6 JUSTICE	K.21				
34			<u> </u>	屵	$\vdash \vdash$	
	Grievance System				$\vdash \vdash \vdash$	
	Law Libraries and Legal Material				$\vdash\vdash\vdash$	
37	u u u	\boxtimes	Ш	Ш		
	RT 7 ADMINISTRATION & MANAGEMENT	NZI				
	Detention Files	×	<u> </u>	屵	$\vdash\vdash\vdash$	
	News Media Interviews and Tours			屵	$\vdash \vdash \vdash$	
	Staff Training Transfer of Bataina and Bat				$\vdash \vdash \vdash$	
41	Transfer of Detainees	\boxtimes		L□		

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)c Title & Duty Location	Date
LCI, MGT of America	March 26, 2010

Геат Members						
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location					
(b)(6), (b)(7)c CI-Security, MGT of America Print Name, Title, & Duty Location	(b)(6), (b)(7)c CI-Medical Care, MGT of America Print Name, Title, & Duty Location					
(b)(6), (b)(7)c Food Service and Environmental Health and Safety, MGT of America						

Recommended Rating:	Meets Standards
	Does Not Meet Standards

Comments:

During the past year there was one suicide attempt at the facility. On April 10, 2009, at 11:50 PM, a 36 year old old ICE detainee was found lying on the floor next to the lower bunk with a knotted tee-shirt around the lower bed frame and his neck. The tee-shirt was removed from his neck, and he was treated by medical staff. Medical staff placed him on suicide watch. The detainee was sent to York, PA, on April 12, 2009.

The detainee was originally admitted to the Buffalo Federal Detention Facility on December 24, 2008. In addition to the intake screening and physical, this detainee was seen by the psychiatrist on December 30, 2008.

(b)(7)e

Canines are not used at this facility.

The liquid assaults by detainees on staff referenced is this report were minor. None of the liquids thrown against staff involved bodily fluids or a toxic substance.

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



MEMORANDUM FOR: Michael T. Phillips

Field Office Director Buffalo Field Office

FROM: Robert P. Helwig

Assistant Director for Detention and Removal Management

SUBJECT: Buffalo Federal Detention Center Annual Review

The annual review of the Buffalo Federal Detention Center conducted on March 23-25, 2010, in Batavia, New York has been received. A final rating of **Meets Standards** has been assigned. No further action is required and this review is closed.

The rating was based on the Lead Compliance Inspector (LCI) Summary Memorandum and supporting documentation. The Field Office Director must now initiate the following actions in accordance with the Detention Management Control Program (DMCP):

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility **within** five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A, *Detention Facility Review Form*, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before March 23, 2011.

Should you or your staff have any questions regarding this matter, please contact Gary Mead, Deputy Assistant Director, Detention Management Division at (202) 7327(6), (b) (7)(C)

cc:	Official File		
	ICE:HQDRO	(b)(6), (b)(7)c	/23/2010
	(b)(7)e		