

1333 New Hampshire Avenue NW

Washington, DC 20036

Contract # HSCECR-09-C-00004

ICE Detention Standards Compliance Review

Facility:

Caldwell County Detention Center

Inspection Date:

June 1-3, 2010

Report Date:

June 3, 2010



1333 New Hampshire Ave. NW Suite 300 Washington, DC 20036 202/419-3930 (T) 202/419-3931 (F) www.MGTofAmerica.com

June 3, 2010

MEMORANDUM FOR:

James M. Chaparro

Director

Office of Detention and Removal Operations

FROM:

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

Lead Compliance Inspec

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

SUBJECT:

Caldwell County Detenti

Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) 2000 National Detention Standards (NDS) at the Caldwell County Detention Center (CCDC) located in Kingston, Missouri, during the period of June 1-3, 2010. This facility is an IGSA.

The annual inspection was performed under the guidance of (b)(6), (b)(7)c Lead Compliance Inspector (LCI). Team members were:

Subject Matter Field	Team Member	
Security		
Medical Care		
Food Service	(b)(6), (b)(7)c	
Environmental Health and Safety		

Type of Review

This review was a scheduled annual inspection, which was performed to determine overall compliance with the ICE NDS for Over 72-hour facilities. The facility received a previous rating of "Acceptable" during the April 2009 inspection.

Review Summary

The facility is not currently accredited by the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), nor the Joint Commission on Accreditation of Health Organizations (JCAHO).

Standards Compliance

The following information is a summary of the standards reviewed and overall compliance as a result of the 2009 and 2010 NDS annual inspections.

2009 Inspection		
Compliant		36
Deficient		0
At-Risk		0
Repeat Deficiency		1
Not Applicable		1

2010 Inspection	
Compliant	37
Deficient	0
At-Risk	0
Repeat Deficiency	0
Not Applicable	1

LCI Issues and Concerns

The 2009 inspection rated the facility as having a "Repeat Deficiency" regarding Access to Medical Care. Since that time, the facility's administration has taken the necessary steps to comply with the requirements of the NDS. As such, an "Acceptable" rating was provided regarding Access to Medical Care for the 2010 inspection.

Recommended Rating and Justification:

The LCI recommends the facility receive a rating of "Acceptable." At the time of the inspection, the facility was a clean, efficient, and professional operation.

LCI Assurance Statement

Worksheet and are supported facility. In addition to the ent. Administrator (b)(6), (b)(7)c	d non-compliance are accurately and completely recorded on the G-324A y documentation in the inspection file. An out brief was conducted at the re inspection team, ICE Assistant Field Office Director (b)(6), (b)(7)c Jail Kitchen Manager (b)(6), (b)(7)c Nurse (b)(6), (b)(7)c Office Maintenance Supervisor (b)(6), (b)(7)c and Assistant Administrator (6), (b)(7)
(b)(6), (b)(7)cCI, MGT Printed Name/Title	June 3, 2010 Date
Signature:	

. Type of Facility Reviewed	I	Estimated Man	-days Per Yea	r:	
ICE Service Processin		13,200			
		10,200			
	tal Service Agreement	G. Accreditati	ion Certificat	-AC	
	and set vice rigitement			reditation[s] rece	ived:
B. Current Inspection		List all State of	National Acc	reditation[8] rece	ivea.
Type of Inspection		Check box	if facility has	no accreditation[
Field Office HQ Inspec	etion	CHECK DOX	II lacility lias	no accreditation	<u>SJ</u>
Date[s] of Facility Review	HOI	II Duchloma /	Commissioner	(()	.44 1 15
June 1-3, 2010				(Copies must be order or Class Act	
7,2020		Court Order		der or Class Act Class Action Or	
C. Previous/Most Recent Fac	rility Review			itigation Pending	
Date[s] of Last Facility Review	Alley Review				
July 21-23, 2009		Major Litiga		Life/Safety Issu	es
Previous Rating		Check if No	one.		
	ptable Deficient At-Risk	F 10 -114 TF			
	p El p I 10 1 don	I. Facility Hi	story		
D. Name and Location of Fac	cility	Date Built			
Name	,	8/23/2004	111 77		
Caldwell County Detention Cen	ter	Date Last Remo	odeled or Upg	raded	
Address (Street and Name)		12/2005			
280 W. Main		Date New Cons	struction / Bed	l space Added	
City, State and Zip Code		12/2005			
Kingston, MO 64650		Future Construc			
County		☐ Yes ⊠ No			
Caldwell		Current Bed spa		e Bed space (# N	ew Beds only)
ame and Title of Chief Executive		128	Numl	per: Date:	
(b)(6), (b)(7)c Jail Adminis	strator				
Telephone # (Include Area Code)			ity Populatio		
816-586- (b)(7)e		Total Facility In	<u>itake</u> for previ	ous 12 months	
Field Office / Sub-Office (List Office	ce with oversight responsibilities)	1615			
Chicago/Kansas City		Total ICE Man-	days for Prev	ious 12 months	
Distance from Field Office 500 miles/55 miles		13,140			
300 innes/33 innes					
E ICE Information		K. Classificati		CE SPCs and CD	Fs Only)
E. ICE Information	15		L	-1 L-2	L-3
Name of LCI (Last Name, Title		Adult Male			
)(6), (b)(7 <mark>)ECI / MGT of America, I</mark> 1		Adult Female			
Name of Team Member / Title /	•				
(b)(6), (b)(7)c Security CI / MGT of					
Name of Team Member / Title /		L. Facility Cap	acity		
)(6), (b)(7)c Food Service and Envi	ronmental Health & Safety		Rated	Operational	Emergency
CI / MGT of America		Adult Male	114	114	144
Name of Team Member / Title /	Duty Location	Adult Female	14	14	0
o)(6), (b)(7)c / Medical CI / MGT of .		☐ Facility holds	Juveniles Off	enders 16 and old	er as Adults
Name of Team Member / Title /					
/ /		M. Average Da	aily Population	on	
			IC IC	E USMS	Other
F. CDF/IGSA Information On	lv	Adult Male	34		23
	Date of Contract or IGSA	Adult Female	2		3
1	3/19/04		 		
Basic Rates per Man-Day		N. Facility Sta	ffing Level		
5.97		Security:	8 2.0 101	Support:	
other Charges: (If None, Indicat	e N/A)	(b)(7)e			
Basic rate includes transportation		(b)(1)e		(b)(7)e	
= morades dunsportation	351 71005 101 1012				

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	1Physical	4Physical	4Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	1P	4P	4P
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		1	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		1	0	0	0
Number of Times Special eaction Team eployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	1	1	2
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	14	23	8	22
	# Resolved in favor of Offender/Detainee	7	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	1A	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	11	9	8	26
	# Psychiatric Cases referred for Outside Care	0	0	1	0

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

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting Routine transportation of detainees/offenders is not considered "forced"

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

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

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

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)	
(b)(6), (b)(7)c	(b)(6), (b)(7)c
Title & Duty Location	
LCI/MGT of America, Inc.	June 3, 2010
Print Name, Title, & Duty Location (b)(6), (b)(7)c /Food Service & Environmental Health and Safety CI/MGT of America, Inc. Print Name, Title, & Duty Location	Print Name, Title, & Duty Location (b)(6), (b)(7)c Security CI/MGT of America, Inc. Print Name, Title, & Duty Location
(b)(6), (b)(7)c Medical CI/MGT of America, Inc.	
Recommended Rating: Superior Good Acceptable Deficient At-Risk	
Comments:	
(b)(7)e

The facility reported no deaths, escapes, or escape attempts in the past year.

LEAD COM

One attempted suicide was reported. On May 3, 2010, a 50 year old, a male non-ICE detainee attempted suicide. He attempted to hang himself with a sheet tied around his neck that was then tied to his bunk. The detainee was housed in the special management unit and was not on suicide watch. The detainee failed to respond to an intercom call and staff found him unresponsive in his cell. He was revived and was transported, by ambulance, to the local hospital. When the detainee was released, the judge remanded him to an inpatient psychiatric facility for at least 96 hours of observation. He was returned to the facility on May 18, 2010. On May 27, 2010, the detainee made a verbal suicide threat and was again ordered to the same in-patient psychiatric facility for at least 96 hours of observation. He was housed at the psychiatric facility throughout the course of this inspection. A review of his initial intake screening form revealed that staff identified him as someone with a history of mental health problems. However, he denied having current suicidal thoughts.

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



MEMORANDUM FOR:

Richard A. Wong

Field Office Director

Chicago Field Office

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

FROM:

Robert P. Helwig

Assistant Director for/Detention and Removal Management

SUBJECT:

Caldwell County Detention Center Annual Review

The annual review of the Caldwell County Detention Center conducted on June 1-3, 2010, in Kingston, Missouri has been received. A final rating of <u>Acceptable</u> 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 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 June 1, 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:	Officia	l File		•	
	ICE	(b)(6), (b)(7)c	06/22/2010		-
			(b)(7)e		

Department of Homeland Security

 \boxtimes

Local Jail - IGSA

Immigration and Customs Enforcement
Office of Detention and Removal Operations

Condition of Confinement Review Worksheet

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

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



ICE Detention Standards Review Worksheet

State Facility – IGSA
ICE Contract Detention Facility
Name
Caldwell County Detention Center
Address (Street and Name)
280 West Main Street
City, State and Zip Code
Kingston, Missouri 64650
County
Caldwell
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)c Jail Administrator
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)c
Date[s] of Review
June 1-3, 2010
Type of Review
Headquarters Operational Special Assessment Other

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EMERGENCY PLANS ENVIRONMENTAL HEALTH AND SAFETY HOLD ROOMS IN DETENTION FACILITIES KEY AND LOCK CONTROL
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EMERGENCY PLANS
EMERGENCY PLANS
EMERGENCY PLANS
EMERGENCY PLANS

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

SECTION I DETAINEE SERVICES STANDARDS

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	YES NO NA		REMARKS	
The facility provides a designated law library for detainee use.					
The law library contains all materials listed in the "Access to Legal	<u> </u>		<u> </u>		
Materials" Standard, Attachment A. The listing of materials is posted in the					
law library.					
The library contains a sufficient number of chairs, is well lit, and is				The law library is spacious, well-	
reasonably isolated from noisy areas.				lit, and has two tables with seven	
·		-		chairs.	
The law library is adequately equipped with typewriters and/or computers,	<u> </u>			The law library has two	
and has sufficient supplies for daily use by the detainees.				computers.	
In addition to the physical law library, detainees have access to the Lexus	N 7			1	
Nexus electronic law library.					
Where provided, the Lexus Nexus library is updated and is current.				The LexisNexis software at the	
• •				facility is dated September 2009.	
				The LexisNexis software when	
				started provides a message that	
				the software is past due for an	
·				update.	
Outside persons and organizations are permitted to submit published legal					
material for inclusion in the legal library. Outside published material is					
forwarded and reviewed by ICE prior to inclusion.					
There is a designated ICE or facility employee who inspects, updates, and	M				
maintains/replaces legal materials and equipment on a routine basis.					
Detainees are offered a minimum 5 hours per week in the law library.				T1 1 11	
Detainees are not required to forego recreation time in lieu of library usage.				The law library is open to	
Detainees facing a court deadline are given priority use of the law library.				detainees seven days a week.	
Detainees may request materials not currently in the law library. Each					
request is reviewed and, where appropriate, an acquisition request is timely					
initiated. Requests for copies of court decisions are accommodated within 3		ш			
− 5 business days.					
Detainees are permitted to assist other detainees, voluntarily and free of					
charge, in researching and preparing legal documents, consistent with					
security.					
Illiterate or non-English-speaking detainees without legal representation					
receive access to more than just English-language law books after					
indicating their need for help.					
Detainees may retain a reasonable amount of personal legal material in the					
general population and in the special management unit. Stored legal					
materials are accessible within 24 hours of a written request.					
Detainees housed in Administrative Detention and Disciplinary Segregation					
units have the same law library access as the general population, barring	\boxtimes			,	
security concerns. Detainees denied access to legal materials are		└	- '-'		
documented and reviewed routinely for lifting of sanctions.					
All denials of access to the law library fully documented.					
Facility staff informs ICE Management when a detainee or group of	\boxtimes				
detainees is denied access to the law library or law materials.					
Detainees who seek judicial relief on any matter are not subjected to	\boxtimes				
reprisals, retaliation, or penalties.					
□ ACCEPTABLE □ DEFICIENT □	AT-RISI	K		REPEAT FINDING	

REMARKS:

The LexisNexis legal library was last updated in September 2009. When the currently installed software is booted, a message comes on the screen that indicates the library is past due for replacement. The facility contacted the ICE Field Office in Chicago to see if the most current LexisNexis software was available. The staff was informed that the replacement software would be sent via overnight mail. Access to the law library is regulated by facility policy P1-1.A, Law Libraries and Legal Materials.

(b)(6), (b)(7)c June 3, 2010

AUDITOR'S SIGNATURE / DATE

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

ADMISSION AND RELEASE

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

COMPONENTS	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				The booking officer gives a verbal orientation to all newly arriving detainees. The verbal orientation and the detainee handbook contain all of the elements listed in this component, even though IGSA's are not required to provide detainees with information regarding unacceptable activities and behavior and corresponding sanctions or how to contact ICE. IGSA's are also not required to advise detainees of the availability of pro bono services and how to access these services. Other areas not required for IGSA's include providing a schedule of programs, daily activities, visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law & general library and sick call procedures.
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.				The booking officers do the initial medical screening. The officers screen each detainee by asking medical/mental health questions from a standardized list. A detainee is scheduled to see medical personnel if any question is answered affirmatively.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.				ICE provides the criminal history on each detainee on form I-213. ICE also sends the facility a classification recommendation on an ICE classification form.
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.				
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.				
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.				ICE detainees come to this facility with a property bag that has been inventoried and sealed by ICE officials. The sealed bag is maintained in a secure property room by the facility and is turned over to the transport officers when the detainee transfers to another location.
Staff completes Form I-387 or similar form for CDFs and IGSAs for every ost or missing property claim. Facilities forward all I-387 claims to ICE.				
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				

ADMISSION AND RELEASE

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

INDUDDITAL I.						
	COMPONENTS		YES	No	NA	REMARKS
	ovides and replenishes persona c items are available. ICE De					
All releases are	e properly coordinated with IC	E using a Form I-203.				Although IGSAs are not required to comply with this component, all releases are coordinated with ICE utilizing a form I-203.
Staff completes	s paperwork/forms for release a	as required.				
	ACCEPTABLE [DEFICIENT	AT-I	RISK	•	REPEAT FINDING

REMARKS:

The admission and release process for ICE detainees is governed by facility policy P1-2.A, Admission and Release. The facility complies with the NDS regarding Admission and Release.

(b)(6), (b)(7)c June 3, 2010	
AUDITOR'S SIGNATURE / DA	(b)(6), (b)(7)c

CLASSIFICATION SYSTEM

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

COMPONENTS	YES	No	NA	
The facility has a system for classifying detainees. In CDFs	1150	NO	IVA	REMARKS The facility utilizes an objective classification
and IGSAs, an Objective Classification System or similar is used.				instrument that produces a numerical score for each detainee. The score corresponds to a recommended classification level.
The facility classification system includes:				
 Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision. 				
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				The booking officer is responsible for completing the initial classification of each new detainee.
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				The booking officer uses the information contained in form I-213 that accompanies each ICE detainee for initial classification purposes.
Housing assignments are based on classification-level.	\boxtimes			
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			
Detainee work assignments are based upon classification designations.				Detainees are not allowed to work at this facility.
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	\boxtimes			The automated classification system at the facility prints a daily list of detainees who need their 60 day reassessment.
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				Facility policy P1-3.A, Classification System, outlines the classification appeal process. The policy mandates that only a designated supervisor may reduce a classification level on appeal, even though IGSAs are not required to comply with that element of the component.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.				Although IGSAs are not required to comply with this component, the facility adheres to the mandates regarding classification appeals.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.				Even though IGSAs are not required to comply with this component, the facility allows ICE detainees to appeal classification decisions to the jail administrator.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				
ACCEPTABLE DEFICIENT			AT-RIS	SK REPEAT FINDING

REMARKS:

Each ICE detainee arrives at the facility pre-classified by ICE officials. The ICE classification form and supporting documentation is included in each detainee's transfer packet. The booking officer takes the information from the ICE classification form and transfers it to a facility classification form that mirrors the ICE form. Both forms are then placed in the detainee's detention file. The booking officer reviews the information with each ICE detainee including the recommended classification level. Each detainee is required to sign the facility classification form indicating that the information was shared with them. The classification process at the facility is regulated by policy P1-3.A, Classification System

(b)(6), (b)(7)c June 3, 2010

AUDITOR'S SIGNATURE / DATI

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

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each				The English and Spanish detainee handbook at
housing or common area, or provided to each detainee via a				the facility outlines the correspondence rules.
detainee handbook.			凵	The facility does post the correspondence rules
				in each housing area even though IGSAs are not required to do so.
The facility provides key information in languages other than				The handbook and all notices posted in the
English; In the language(s) spoken by significant numbers of		ΙП		detainee living areas are in English and
detainees. List any exceptions.		_	-	Spanish.
Incoming mail is distributed to detainees within 24 hours or 1				The incoming mail is picked up at the post
business day after it is received and inspected.				office at 9:00 AM each business day. It is
				screened and distributed the same day.
Outgoing mail is delivered to the postal service within one			l 🖳	Outgoing mail collected from the previous day
business day of its entering the internal mail system (excluding weekends and holidays).		╽╙		is delivered to the post office at 9:00 AM each business day.
Staff does not open and inspect incoming general correspondence				
and other mail (including packages and publications) without the			 	Staff routinely opens and inspects incoming
detainee present unless documented and authorized in writing by				general correspondence outside the presence of
the Warden or equivalent for prevailing security reasons.				the detainee.
Staff does not read incoming general correspondence without the				The facility complies with this component, even
Warden's prior written approval.				though IGSAs are not required to do so.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures				
without the detainee present.				
Staff is prohibited from reading or copying incoming special				
correspondence.		Ш	Li	
Staff is only authorized to inspect outgoing correspondence or				
other mail without the detainee present when there is reason to				Staff routinely opens and inspects outgoing
believe the item might present a threat to the facility's secure or				general correspondence outside the presence of
orderly operation, endanger the recipient or the public, or might				the detainee.
facilitate criminal activity. Correspondence to a politician or to the media is processed as				
special correspondence and is not read or copied.				
The official authorizing the rejection of incoming mail sends				Staff sends rejection notices to the sender and
written notice to the sender and the addressee.	\boxtimes			the addressee, even though IGSAs are not
				required to notify the addressee.
The official authorizing censorship or rejection of outgoing mail	\boxtimes			
provides the detainee with signed written notice.				
Staff maintains a written record of every item removed from detainee mail.	\boxtimes			
The Warden or equivalent monitors staff handling of discovered				
contraband and its disposition. Records are accurate and up to	\boxtimes			
date.				
The procedure for safeguarding cash removed from a detainee		-	-	
protects the detainee from loss of funds and theft. The amount of				
cash credited to detainee accounts is accurate. Discrepancies are	\boxtimes			
documented and investigated. Standard procedure includes issuing				
a receipt to the detainee.				771
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in	\boxtimes		П	This requirement is included in facility policy
A-files.		Ч		P1-4.A, Correspondence and Other Mail.

						
CORRESPONDENCE AND OTHER MAIL						
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SENI LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY	O AND	RECEIVI	E CORRI	ESPONDENCE IN A TIMELY MANNER, SUBJECT TO		
TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIB	SUTE IT:	S GUIDE	LINES C	ONCERNING CORRESPONDENCE AND OTHER MAIL.		
Staff provides the detainee a copy of his/her identity document(s) upon request.				This requirement is included in facility policy P1-4.A, Correspondence and Other Mail.		
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.	\boxtimes					
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.						
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	\boxtimes					
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.						
△ ACCEPTABLE		AT-J	Risk	REPEAT FINDING		
REMARKS: Staff at the facility routinely open and inspect incoming and outgoing general correspondence for contraband outside the presence of the respective detainee. All correspondence rules and processes are covered in facility policy P1-4.A, Correspondence and Other Mail and in the detainee handbook. (b)(6), (b)(7)c / June 3, 2010 AUDITOR'S SIGNATURE / DA (b)(6), (b)(7)c						

DETAINEE HANDBOOK

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

COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).				The detainee handbook is written in English and translated into Spanish.
The handbook is supplemented by the facility orientation video, where one is provided.				The facility conducts verbal orientations to supplement the handbook. There is no orientation video.
All staff members receive a handbook and training regarding the handbook contents.				
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 printed 3/17/09 and amended on 6/2/09.
There an annual review of the handbook by a designated committee or staff member.				
 The detainee handbook addresses the following issues: Personal Items permitted to be retained by the detainee; and Initial issue of clothes, bedding and personal hygiene items. 				
The detainee handbook states in clear language the basic detainee responsibilities.	\boxtimes			
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
The handbook states when a medical examination will be conducted.				
The handbook describes the facility, housing units, dayrooms, indorm activities, and special housing units.	\boxtimes			
The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices.				
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.				
The handbook describes barber hours and hair cutting restrictions.				
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			
The handbook addresses religious programming.	\boxtimes			
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 does not describe the work program. The facility does not permit any detainee to participate in a voluntary work program.
The handbook describes the library location and hours of operation, and law library procedures and schedules.				

DETAINEE HANDBOOK

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HA	NDBOOF	C TO SER	VE AS A	N OVERVIEW OF, AND GUIDE TO, THE DETENTION
POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY.	THE HA	NDBOO	K WILL.	ALSO DESCRIBE THE SERVICES, PROGRAMS, AND
OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDIN	NG THE F	ACILITY	, ICE, P	RIVATE ORGANIZATIONS, ETC. EVERY DETAINEE
WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE COMPONENTS	YES	No	NA	
The handbook describes attorney and regular visitation hours,		NO	INA.	REMARKS
policies, and procedures.				
The handbook describes the facility contraband policy.		П	HT	
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.				
The handbook describes the correspondence policy and procedures.				
The handbook describes the detainee disciplinary policy and			 	
procedures, including: Prohibited acts and severity scale sanctions; Time limits in the Disciplinary Process; and Summary of the Disciplinary Process.				
 The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDF facilities: procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 				Facility policy P1-8.A, Detainee Grievance Procedures, outlines informal procedures, which staff confirmed are utilized regularly. It is recommended that the information on informally resolving grievances be added to the detainee handbook.
The detainee handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			
The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours.	\boxtimes			Indoor recreation is offered daily. Outdoor recreation is not offered.
The handbook describes the detainee dress code for daily living; and	\boxtimes			
work assignments. The handbook specifies the rights and responsibilities of all				
detainees.				
✓ ACCEPTABLE ☐ DEFICIENT		AT-RI	sk	REPEAT FINDING
REMARKS: The handbook provides vital orientation information to the detainee informally resolving a grievance or information in regard to a volunt this information to the detainee handbook.	populati ary worl	ion. Th	e handt ım. It is	book does not include the procedures for recommended that the facility consider adding
(b)(6), (b)(7)c June 3, 201 AUDITOR'S SIGNATURE / DAT (b)(6), (b)(7)c				

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a professionally trained and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.				CBM, a food service corporation based in Sioux Falls, South Dakota, has a contract to provide meals for this facility. Local CBM personnel receive monthly safety training from the regional manager. The on-site food service manager is Serv-Safe certified.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.				This component is specific to SPCs/CDFs. However, the Cook Supervisor is on duty when the Food Service Manager (FSM) is off duty and vice versa.
The FSA provides food service employees with training that specifically addresses detainee-related issues. • In ICE Facilities this includes a review of the ICE "Food Service" standard				
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	\boxtimes			
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.				Staff monitoring of the condition of the knives and dining utensils is only required in SPCs/CDFs. This facility monitors and replaces kitchen utensils as required. Knives are not in a secure cutting room or physically secured to a workstation since all food service operations are conducted by contract food service staff.
When necessary, special procedures govern the handling of food items that pose a security threat.				
Operating procedures include daily searches (shakedowns) of detainee work areas.			\boxtimes	Contract food service staff conducts all food service operations. Detainees do not work in the food service department. Therefore, shakedowns of detainee work areas are not possible.
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.				Food service staff does not conduct counts since detainees do not work in the food service department.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.				Detainees are not assigned to any work detail.
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.			\boxtimes	Job descriptions are unnecessary since there are no detainee work details.
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.				Detainees do not participate in the voluntary work program at this facility.
 During orientation and training session(s), the CS explains and demonstrates: Safe work practices and methods; Safety features of individual products/pieces of equipment; and Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work. 				Training is not required since detainees are not assigned to any work detail.

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	YES	No	NA	REMARKS
The Cook Supervisor documents all training in individual detainee detention files.			\boxtimes	Documentation is not required as detainees do not participate in the voluntary work program.
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.			\boxtimes	Detainees' receiving pay in accordance with the "Voluntary Work Program" is a required component specific to SPCs/CDFs. This facility does not have a voluntary work program.
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.				
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				This facility uses a satellite feeding system in lieu of cafeteria style operations.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.				IGSAs are not required to have a 35 day menu cycle. However, CBM maintains a five week (35 day) menu cycle at this facility.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).				
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	\boxtimes			
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				
 The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification With copy to FSA 				The standard requires that the "Cook Supervisor or equivalent" have this authority. This facility utilizes a Cook Supervisor. Documentation of substitutions with a justification was available for review.
All staff and volunteers know and adhere to written "food preparation" procedures.				
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes			Religious menu requests are forwarded to the Jail Administrator for review.
A common-fare menu available to detainees whose dietary requirements cannot be met on the main line. Changes to the planned common-fare menu can be made at the facility level; Hot entrees are offered three times a week; The common-fare menus satisfy nutritional recommended daily allowances (RDAs); Staff routinely provide hot water for instant beverages and foods; Common-fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items.				A comprehensive common-fare program is in place at this facility. Staff uses separate cutting boards, knives, and utensils to prepare common-fare diet items. Hot water is not provided for instant beverages and foods.
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.				

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	YES	No	NA	REMARKS
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.				
 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. 				
The food service program addresses medical diets.				
Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.				Two hot meals are served daily. Food temperatures are taken prior to plating the food and at set intervals during the plating process. Temperatures are documented. The meat entrée and rice temperatures were 175 and 180 degrees respectively. Cold salad temperatures were 35 degrees. All temperatures fell within the prescribed "safe" temperature range.
All meals are provided in nutritionally adequate portions.				
Food is not used to punish or reward detainees based upon behavior.				
 The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food; and The sanitary operation, care, and maintenance of equipment. 			×	Detainee volunteers do not participate in the work program.
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?	\boxtimes			The Food Service Manager (FSM) conducts weekly inspections. Monthly inspections are conducted by the Regional Manager from CBM.
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?	\boxtimes			Show Me Food and Nutrition Service, Inc. conducted the most recent health and safety inspection in July of 2009. The State of Missouri does not conduct inspections of food service operations.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	\boxtimes			
Standard procedure includes checking and documenting emperatures of all dishwashing machines after each meal.	\boxtimes			Temperature logs were current.
Staff documents the results of every refrigerator/freezer temperature check.	\boxtimes			Recorded temperatures fell within the optimum range.

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FOC POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE THE HIGHEST SANITARY STANDARDS.	DD SER		US AND A	APPETIZING MEALS, PREPARED IN ACCORDANCE WITH
COMPONENTS	YES	No	NA	REMARKS
The cleaning schedule for each food service area is conspicuously posted.				
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes			
Storage areas are locked when not in use.	\boxtimes			
ACCEPTABLE DEFICIENT		AT	-Risk	REPEAT FINDING

REMARKS:

Since the last inspection, the facility has entered into a contract with CBM for food service operations. The local CBM Food Service Manager and Regional Manager were available during the inspection to answer questions. Well established food service policies and procedures are in place. During the inspection, the required documentation to back-up the observed practice for a well managed food service operation was available. CBM Corporate Resources ensures ongoing training for all staff. The physical plant was clean and well maintained. Contract food service staff conducts all aspects of the food service operation. The corporate registered dietitian is readily available to approve menu substitutions. The common-fare program is comprehensive and meets all of the standard requirements.

(b)(6), (b)(7)c June 3, 2010
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FUNDS AND PERSONAL PROPERTY

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL

PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY. ☐ STANDARD 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 YES No NA REMARKS Detainee funds and valuables are properly separated, stored, and are \boxtimes П accessible only by designated supervisor(s). Detainees' large valuables are secured in a location accessible to designated \boxtimes supervisor(s) or processing staff only. Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and CDFs, using a personal X П property inventory form that meets the ICE standard? Staff forwards an arriving detainee's medication to the medical staff. \boxtimes Audits of baggage and non-valuable property occur each quarter and audits This component is a specific are logged and verified. requirement for SPCs/CDFs. M П However, monthly audits of the property room are conducted. (b)(7)e officers are present during the processing of detainee funds and This component is required for valuables during in-processing to the facility (b)(7)e fficers verify funds and SPCs/CDFs. However, during the \Box \boxtimes inspection, observed practice and procedures confirmed (b)(7) efficers verify funds and valuables. Staff searches arriving detainees and their personal property for contraband. The searching of arriving detainees and their personal property for П M contraband is only required for SPCs/CDFs. However, the facility complies with this component. Staff procedures follow written policy for returning forgotten property to \boxtimes \Box Property discrepancies are immediately reported to the CDEO or Chief of This component is only required for Security. SPCs/CDFs. However, written \Box \boxtimes policies ensure property discrepancies are reported to the appropriate supervisor. Staff follows written procedures when returning property to detainees. \boxtimes CDF/IGSA facility procedures for handling detainee property claims are \boxtimes similar with the ICE standard. The facility attempts to notify an out-processed detainee that he/she left property in the facility: This component is only required for By sending written notice to the detainee's last known address; SPCs/CDFs. Local policy states that \boxtimes Via certified mail; and any detainee property left at the The notice state that the detainee has 30 days in which to claim the facility will be forwarded to ICE. property, after which it will be considered abandoned. The facility disposes of abandoned property in accordance with written The facility's disposal of abandoned procedures. property in accordance with written \boxtimes If a CDF/IGSA facility, written procedure requires the prompt procedures is required of SPCs/CDFs. forwarding of abandoned property to ICE. Local policy requires forwarding abandoned property to ICE. **ACCEPTABLE** DEFICIENT AT-RISK REPEAT FINDING

REMARKS:

Detainee funds and personal property is managed through the combined efforts of local detention staff and the ICE Sub-Office. Overall, the facility complies with the NDS regarding Funds and Personal Property.

(b)(6), (b)(7)c / June 3, 2010 AUDITOR'S SIGNATURE / DAT (b)(6), (b)(7)c

DETAINEE GRIEVANCE PROCEDURES

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

Of A GREET VIRIOUS WEED NOT BE TO ERRATED.	<u> </u>	3.4 (2)		
COMPONENTS	YES	No	NA	REMARKS
 Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff. 				
Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. • Detainees may seek help from other detainees or facility staff when preparing a grievance. • Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.				
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.				There are no documented or substantiated cases of staff harassing, disciplining, or retaliating against a detainee who lodged a complaint.
 Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complaints" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	X			The requirement for nuisance complaints to be identified and recorded is a specific requirement for SPCs/CDFs. The facility maintains a log for all written grievances to include nuisance complaints.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			
□ ACCEPTABLE □ DEFICIENT □	AT-RIS	K		REPEAT FINDING

REMARKS:

During the inspection, written grievance procedures and observed practice indicated there is an effective system for ensuring detainee complaints are reviewed and resolved in a timely manner.

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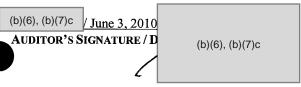
GROUP LEGAL RIGHTS PRESENTATIONS

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

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

REMARKS:

There have been no requests for group legal rights presentations since the last ICE inspection.



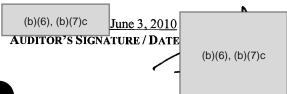
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.

COMPONENTS	YES	No	NA	REMARKS		
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels. • The supply of these items exceeds the minimum required for the number of detainees.				Facility policy P1-10.A, Personal Hygiene, outlines procedures for the regular issuance and exchange of clothing, bedding, and linens.		
All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive: One uniform shirt and one pair of uniform pants, or one jumpsuit; One pair of socks; One pair of underwear (Daily change); and One pair of facility-issued footwear.				This component is a specific requirement for SPCs/CDFs. Detainees receive clean temperature-appropriate clothing during admission to the facility. This includes one pair of shoes, two uniforms, and two pair of socks and underwear.		
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	\boxtimes					
New detainees are issued clean bedding, linens, and towels. They receive at a minimum: One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.				Detainees being issued one mattress, one blanket, two sheets, one pillowcase, one towel and additional blankets based on the weather conditions is only required for SPCs/CDFs. However, the facility complies with this component.		
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.			\boxtimes	Detainees do not participate in the voluntary work program.		
 Detainees are provided clean clothing, linen and towels. Socks and undergarments - exchanged daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 						
Food service detainee volunteer workers are permitted to exchange outer garments daily.			\boxtimes	This component is only required for SPCs/CDFs. Detainees are not assigned to work in food service.		
Volunteer detainee workers are permitted to exchange outer garments more frequently.			\boxtimes	Volunteer detainee workers being permitted to exchange outer garments more frequently is only required for SPCs/CDFs. Detainee work details are not authorized at this facility.		
✓ ACCEPTABLE ☐ DEFICIENT	ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

Detainees receive clean clothing, bedding and linens upon arrival, with an opportunity for exchange.



MARRIAGE REQUESTS POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT. COMPONENTS YES No REMARKS NA The Field Office considers detainee marriage requests on a case-by-case Written procedures for this basis. component are outlined in facility \boxtimes П policy P1-11.A, Marriage Requests. The Field Office Director reviews every marriage request rejected by a \boxtimes Warden/OIC or IGSA. Rejections are documented. It is standard practice to require a written request for permission to marry. The detainee handbook explains how to receive a marriage \boxtimes request packet with forms and guidelines. The written request includes a signed statement or comparable X documentation from the intended spouse, confirming marital intent. The Warden/OIC provides a written copy of his/her decision to the detainee \boxtimes and his/her legal representative. When permission is denied, the Warden/OIC states the basis for his/her \boxtimes П decision. The Warden/OIC provides the detainee with a place and time to make \boxtimes П wedding arrangements. **ACCEPTABLE** ☐ DEFICIENT ☐ AT-RISK REPEAT FINDING

REMARKS:

Facility policy mirrors ICE requirements for detainee marriage requests and complies with the NDS.

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NON-MEDICAL EMERGENCY ESCORTED TRIPS

STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMER OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.	RGENCYES	SCORTED	TRIPS AR	E HANDLED ONLY BY THE ICE FIELD
COMPONENTS	YES	No	NA	REMARKS
The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral; or • Deathbed				
The facility recognizes mother, father, brother, sister, spouse, child, step- parent, and foster parent as "immediate family".				
The IGSA facility notifies ICE of all detainee requests for non-medical escorts.				During the inspection, policy and observation of facility practice indicate ICE is notified by the facility when detainees request a non-medical escorted trip.
The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required				
Each escort includes at leas (b)(7)efficers.				
Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.				
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.	\boxtimes			
Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.	\boxtimes			
 Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE; Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. 				
Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
ACCEPTABLE DEFICIENT	AT-RISE			REPEAT FINDING
REMARKS: The facility's policy, procedures, and practice comply with the NDS regards procedures are comprehensive.	ing Non-M	ledical Er	nergency	Escorted Trips. The facility
(b)(6), (b)(7)c June 3, 201(AUDITOR'S SIGNATURE / DAT (b)(6), (b)(7)c				

RECREATION

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a recreation program and facility.				
A recreational specialist (for facilities with more than 350 detainees) tailor the program activities and offerings to the detainee population.				This component is specific for SPCs/CDFs. The capacity of this facility is 128 which would not require a recreation specialist position. Facility detention officers manage detainee recreational activities.
Regular maintenance keeps recreational facilities and equipment in good condition.				
The recreational specialist or trained equivalent supervises detained recreation workers.				Detainees do not participate in a voluntary work program.
The recreational specialist or trainee equivalent oversees recreation program for special housing units (SHU) and special-needs detainees.				The detention officers oversee recreation activities.
Dayrooms offer sedentary activities, e.g., board games, cards, television.				
Outside activities are restricted to limited-contact sports.		\boxtimes		Outdoor recreation is not available.
Each detainee has the opportunity to participate in daily recreation.				
Detainees have access to recreation activities outside the housing units for a least one hour daily, 5 days a week.				
Staff checks all items for damage and condition when equipment is returned				
Staff conducts searches of recreation areas before and after use.				
All recreation areas under constant staff supervision.				
Supervising staff is equipped with radios.				
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.				The facility does not offer outdoor recreation.
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.				
Special programs or religious activities are available to detainees.				
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.				The requirement that volunteers sign a waiver of liability prior to entering the secure facility is only required for SPCs/CDFs; however, it is the practice at this facility.
Visitors, relatives or friends are not allowed to serve as volunteers.			\boxtimes	This component is specific to SPCs/CDFs. Written policy outlines screening procedures, but does not include statements regarding known associates.
If outdoor recreation is offered, check this box. No further inform	ation is re	quired v	hen outc	
If the facility has no outside recreation, are detainees considered for transfer after six months? • If yes, written procedures ensure timely review of all eligible detainees.				The deportation officer assigned to this facility was interviewed in regard to transfers. This facility is close to a major airport and generally houses short stay detainees. Facilities with outdoor recreation are utilized for detainees requiring longer stays.
Case officers make written transfer recommendations about every six-month detainee to the OIC.	\boxtimes			All transfer requests are forwarded to ICE for review.

RECREATION POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.								
The OIC documents all detainee-transfer decisions, whether yes or no.								
The detainee's written decision for or against an offered transfer documented in his/her A-file.	\boxtimes							
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.	\boxtimes							
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.	\boxtimes							
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.	\boxtimes							
The detainee's legal representative is notified of the detainee's/OIC's decision.								
✓ ACCEPTABLE ☐ DEFICIENT	AT-RISI	ζ		REPEAT FINDING				

REMARKS:

This facility maintains a large indoor recreation room with access to natural light and fresh air. Detainees in general population and disciplinary and administrative segregation are offered at least one hour of indoor recreation per day, seven days per week. Staff advised that the facility has not received a request for transfer based on the absence of outdoor recreation.

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RELI		

POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH RE	ASONABLI	E AND EQU	JITABLEC	PPORTUNITIES TO PARTICIPATE IN THE		
PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFE	TY, SECUR	ITY, THE	ORDERLY	OPERATIONS OF THE FACILITY AND		
BUDGETARY CONSIDERATIONS. COMPONENTS	YES	l No	NA	REMARKS		
Detainees are allowed to engage in religious services.						
Space is available for detainees to conduct religious services.						
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.	\boxtimes					
 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions; Honoring fasting requirements; Facilitating religious services; and Allowing activity restrictions. 				This component is only required for SPCs/CDFs. However, the facility accommodates recognized holy-day observances, when requested.		
Each detainee is allowed religious items in his/her immediate possession.						
Volunteer's credentials are checked and verified before allowing participation in detainee programs.				Facility policy P1-14-A, Religious Practices, outlines procedures for this component.		
Members of faiths not represented by clergy may conduct their own services within security allowances.	\boxtimes					
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.						
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

REMARKS:

Non-denominational services are provided weekly by a local volunteer pastor. Monthly Catholic services are conducted. Detainees are allowed to conduct their own services within the living unit.

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DETAINEE TEI		40		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DE	4 1 1 1 1 1 1 1 1			
COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed access to telephones during established facility waking hours.	\boxtimes			The detainee telephones are never turned off. Detainees may use the telephone any time the dayroom is open.
Upon admittance, detainees are made aware of the facility's telephone access policy.				Telephone access is covered in the initial verbal orientation and in the detainee handbook.
Access rules are posted in housing units.				
The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.				The detainee handbook is published in English and Spanish.
Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.				The facility has nine phones for a maximum population of 128 detainees. Those numbers produce a ratio of 1:14.
Telephones are inspected regularly by facility staff to ensure that they are in good working order.				The office administrator at the facility routinely inspects the detainee telephones.
The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	\boxtimes			The office administrator promptly reports any service problems to Encartele, the contracted telephone provider.
The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.	\boxtimes			Encartele provides next day service on any reported service problems. The office administrator oversees the progress of the repairs.
Detainees are afforded a <i>reasonable degree of privacy</i> for legal phone calls.	\boxtimes			
A procedure exists to assist a detainee who is having trouble placing a confidential call.				
The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			
Special Access calls are at no charge to the detainees.	\boxtimes			
The OIG phone number for reporting abuse is programmed into the detainee phone system and the phone number was checked by the inspector during the review.	\boxtimes			This inspector successfully reached the OIG hotline via a detainee telephone at 10:50 AM on June 1, 2010.
In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.				The facility meets this requirement.
No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".				
Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.				This provision is cited in facility policy P1-15.A, Telephone Access.
Any telephone restrictions are documented.	\boxtimes			
The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes			Emergency messages are taken by the on- duty supervisor. The detainee is allowed to return the emergency call at no cost after the information has been verified by staff.
Emergency phone call messages are immediately given to detainees.	\boxtimes			
betainees are allowed to return emergency phone calls as soon as possible.				Emergency phone calls may be returned as soon as the information has been verified by staff

DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. COMPONENTS YES No NA REMARKS Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including \boxtimes consultation calls. Detainees in disciplinary segregation are allowed phone calls to \boxtimes \Box consular/embassy officials. Detainees in disciplinary segregation are allowed phone calls for \boxtimes family emergencies. Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general \boxtimes П population. When detainee phone calls are monitored, notification is posted by A monitoring notice is posted by each detainee telephones that phone calls made by the detainees may be \boxtimes detainee telephone. monitored. Special Access calls are not monitored. ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK REPEAT FINDING **REMARKS:** Detainee telephone access is governed by facility policy P1-15.A, Telephone Access. The facility contracts all detainee phone services to Encartele. The contractor provides on-site next day service any time a telephone malfunction is reported. (b)(6), (b)(7)c June 3, 2010

VISITATION

POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.

COMPONENTS	YES	No	NA	REMARKS
There is a written visitation schedule and hours for general visitation.	\boxtimes			
The visitation hours tailored to the detainee population and the demand for visitation.				Female detainees are allowed visitors on Tuesday, Thursday, Saturday, and Sunday from 7:30 PM to 8:00 PM and additionally on Saturday and Sunday from 1:00 PM to 1:30 PM. Male detainees are allowed visitors on Tuesday, Thursday, Saturday, and Sunday from 8:00 PM to 9:30 PM and additionally on Saturday and Sunday from 1:30 PM to 3:00 PM.
The visitation schedule and rules are available to the public.	\boxtimes		-	The visitation schedule and rules are posted in the front lobby of the jail.
The hours for all categories of visitation are posted in the visitation waiting area.				
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.				Copies of the visitation rules and hours are available to visitors upon request.
A general visitation log is maintained.				A written visitation log is maintained at the visitor registration area.
The detainees are permitted to retain personal property items specified in the standard.	\boxtimes			-
A visitor dress code is available to the public.	\boxtimes			The dress code is posted in the visitor waiting area.
Visitors are searched and identified according to standard requirements.				
The requirement on visitation by minors is complied with.				Minors are allowed to visit at the facility.
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 minor visitation.
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 minor visitation.
Detainees in special housing are afforded visitation.	\boxtimes			
Legal visitation is available seven (7) days a week, including holidays.				
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.				
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				Upon request, a meal is made available to the detainee after completion of the attorney visit.
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				The facility interrogation room is utilized for attorney visits that require private consultation.
There are written procedures governing detainee searches.				
When strip searches are required after every contact visit with a egal representative, the facility provides an option for non-contact visits with legal representatives.			\boxtimes	The facility does not strip search detainees after contact legal visits.

POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIE	TATIO		PRESENT	TATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS
MEDIA.	<u> </u>		1 1 1 1 1 1	
Prior to each visit, legal service providers and assistants are identified per the standard.				A photo identification and a bar card is required for each lawyer or legal representative.
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			
The decision to permit or deny a tour is not delegated below the level of Field Office Director.				
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.				
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	\boxtimes			
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	\boxtimes			
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.				Examinations by independent medical service providers and experts are governed by facility policy P1-16.A, Visitation.
☐ ACCEPTABLE ☐ DEFICIENT	☐ AT-RISK			REPEAT FINDING
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REMARKS:

Visitation is governed by facility policy P1-16.A, Visitation. The facility complies with the NDS regarding Visitation.

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VOLUNTARY WORK PROGRAM

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

CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO WORK AT THE IGSA FACILITY. MARKNA ON FORM G-324A, PAGE 3 AND MOVE TO NEXT SECTION. **COMPONENTS** YES No NA REMARKS Does the facility have a voluntary work program? \Box П • Do ICE detainees participate? Detainee housekeeping meets neatness and cleanliness standards. Detainees have the opportunity to participate in special details, however, П П П are never allowed to work outside the secure perimeter. Written procedures govern selection of detainees for the Voluntary Work Program. Where possible, physically and mentally challenged detainees participate in The facility complies with work-hour requirements for detainees, not exceeding: П • Eight hours a day and Forty hours a week. Detainee volunteers generally work according to fixed schedule. If a detainee is removed from a work detail, staff places the written \Box П justification for the action in the detainee's detention file. Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work П program. The voluntary work program meets: \Box OSHA, NFPA, ACA standards Medical staff screen and formally certify detainee food service volunteers. Before the assignment begins; and As a matter of written procedure Detainees receive safety equipment/ training sufficient for the assignment. Proper procedure is followed when an ICE detainee is injured on the job. ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK REPEAT FINDING

REMARKS:

The facility does not permit detainees to participate in a volum	itary work program
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SECTION II HEALTH SERVICES STANDARDS

HUNGER STRIKES

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

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.				This component is only required for SPCs/CDFs. However, policy P2-1.A, Hunger Strikes, states that "staff will consider any detainee refusing food for two meals to be on a hunger strike, and will refer him/her to the medical department for evaluation and possible treatment".
CDFs and IGSAs immediately report a hunger strike to the ICE.				Policy P2-1.A requires reporting hunger striking detainees to ICE.
The facility has established procedures to ensure staff respond immediately to a hunger strike.				Policy P2-1.A adequately outlines procedures for identifying, referring and managing hunger striking detainees.
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. • If yes, in an observation room?				This component is only required for SPCs/CDFs. However, policy P2-1.A requires staff to place hunger strikers in a single occupancy observation cell or in the special management area.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				This component is only required for SPCs/CDFs. However, medical staff is authorized to place hunger strikers in the special management area.
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.			\boxtimes	This component is only required for SPCs/CDFs. However, Policy P2-1.A requires medical staff to record the weight and vital signs of a hunger striking detainees every 24 hours.
The OIC of the facility obtains a hunger striker's consent before medical treatment.				Detainees sign a consent form for treatment before treatment or evaluation.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			\boxtimes	This component is only required for SPCs/CDFs. However, policy P2-1.A requires obtaining a signed refusal of treatment form when a detainee refuses evaluation or treatment.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.				This component is only required for SPCs/CDFs. However, policy P2-1.A instructs staff to deliver three meals per day, irrespective of a verbal refusal.
Staff maintains the hunger striker's supply of drinking water/other beverages.			\boxtimes	This component is only required for SPCs/CDFs. However, policy P2-1.A requires staff to maintain an adequate supply of drinking water and offer other beverages.

HUNGER STR	IKES			
POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WEIGHT SUSTAIN THEIR LIVES.				
During a hunger strike, staff removes all food items from the hunger striker's living area.			\boxtimes	This component is only required for SPCs/CDFs. However, policy P2-1.A requires removal of all food except that which is authorized by the medical authority.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.				This component is only required for SPCs/CDFs. However, policy P2-1.A, section C, instructs staff to record a hunger striker's food and fluid intake.
The medical staff has written procedures for treating hunger strikers.				Medical staff has written protocols for the management of hunger strikers.
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.				This component is only required for SPCs/CDFs. However, staff is instructed to document all treatment attempts.
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.				A review of training logs revealed that hunger strike training was performed in August and September 2009.
ACCEPTABLE □ DEFICIENT □	AT-RI	sk		REPEAT FINDING

REMARKS:

Staff at the facility has adequate policy, procedures, and training in the identification, referral, and management of hunger striking detainees. There have been no detainee hunger strikes since the previous inspection.

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ACCESS TO MEDICAL CARE

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

COMPONENTS	YES	No	NA	REMARKS
<u>Facilities</u> operate a health care facility in compliance with state and local laws and guidelines.				The facility is not accredited by the American Correctional Association or the National Commission on Correctional Health Care. Licenses of the medical staff were reviewed and found to be current and valid.
The facility's in-processing procedures for arriving detainees include medical screening.				The facility's in-processing procedures include medical intake screening; however, a review of detainee health records did not show evidence of a completed medical screening on seven of ten records reviewed. The intake screening form consists of check off boxes next to a series of medical and mental health questions. The check off boxes did not permit a "No or Not Applicable answer. If detainees had a totally negative medical and mental health history, all boxes are left unchecked and there is no way to confirm that a complete screening has been performed. The intake screening form was revised to include the missing check boxes prior to the conclusion of the inspection.
All detainees have access to and receive medical care.	\boxtimes			Detainees access health care by filling out a sick call request form. The forms are handed out by the detention officers or the nurse. Urgent care request are handled immediately and routine requests are collected daily as part of the routine mail.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.				The facility uses the Treatment Authorization Request (TAR) system to access the PHS/DIHS Managed Health Care Coordinator.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.	\boxtimes			Health care staffing consists o(b)(7)e ull- time Licensed Practical Nurse (LPN) and a part-time contract physician. The physician visits the facility one day per week.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.				Health care is provided in a room within the booking area. The space is cramped but adequate.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				This component is only required for SPCs/CDFs. The health services area is within the secure perimeter of the facility and has restricted access.

ACCESS TO M	EDICA	LL CAF	E	
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN AGGENERAL WELL-BEING OF ICE DETAINEES.	CCREDIT	red/acc	REDITA	TION-WORTHY HEALTH PROGRAM FOR THE
The medical facility entrance includes a holding/waiting room.				This component is only required for SPCs/CDFs. Since the health services unit is adjacent to the booking area, detainees receiving health care are brought to booking to await evaluation or treatment. There is no separate holding area for health services.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.				This component is only required for SPCs/CDFs. The health services unit is in a room adjacent to the booking area and under the supervision of detention officers.
Detainees in the holding/waiting room have access to a drinking fountain.				This component is only required for SPCs/CDFs. There is no drinking fountain in the health services unit; however, water is provided upon request.
 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; and Procedurally, no copies made and placed in detainee files. 				Medical records are computerized and are now password protected. Only medical staff has access to medically sensitive information.
Pharmaceuticals are stored in a secure area.			×	This component is only required for SPCs/CDFs. However, pharmaceuticals are stored in a locked cart or in a storage room. The storage room has solid walls from floor to ceiling and the solid metal door is secured with a high security locking device.
 Medical screening includes a Tuberculosis (TB) test. Every arriving detainee receives a TB test during the admission process; Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and Detainees not screened are housed separate from the general population. 				A review of ten detainee health records revealed that all ten had timely tuberculosis testing within one business day of arrival. All detainees are screened. Symptomatic detainees and detainees with positive skin tests and chest x-rays are housed in one of two negative pressure isolation rooms until cleared by the contract physician.
All detainees receive a mental-health screening upon arrival. It is conducted: • By a health care provider or specially trained officer; and • Before a detainee's assignment to a housing unit.	\boxtimes			IGSA's are not required to perform a mental health screening before a detainee's assignment to a housing unit. However, mental health screening is conducted by detention staff during the booking process. A review of training records revealed that staff received training in mental health screening during February, March and April of 2010.

ACCESS TO M	EDICA	LL CAP	Œ	
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN AC	CCREDIT	ED/ACC	REDITA	TION-WORTHY HEALTH PROGRAM FOR THE
GENERAL WELL-BEING OF ICE DETAINEES.			Attack St.	
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				This component is only required for SPCs/CDFs. However, the LPN reviews all medical intake screening data if she is on duty when the screening is performed. If she is not on duty at the time of the arrival, it is reviewed on the next business day.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				The health records of ten detainees housed more than 14 days were reviewed. All had timely physical assessments by the contract physician.
Detainees in the Special Management Unit have access to health care services.	\boxtimes			Detainees in the segregation unit have the same access to medical care as the general population.
 Staff provides detainees with health services (sick call) request slips daily, upon request. Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	\boxtimes			IGSA's are not required to have sick call request slips in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. However, sick call request slips are available in English and Spanish and are delivered to the nurse in a timely manner.
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.				Policy P2-2.A, Medical Care, provides adequate guidance for obtaining emergency services when the nurse or physician is not on-site.
The plan includes an on-call provider.				This component is only required for SPCs/CDFs. However, the phone number of the nurse and physician are published in policy.
The plan includes a list of telephone numbers for local ambulance and hospital services.				This component is only required for SPCs/CDFs. However, the phone number for the ambulance and hospital are published in policy.
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.			\boxtimes	This component is only required for SPCs/CDFs. Policy includes security and safety procedures during emergency and non-emergency transport.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				All staff is trained in cardiopulmonary resuscitation, first aid, and the use of automatic external defibrillators. There is no place within the facility that cannot be reached in less than one minute.
Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	This component is only required for SPCs/CDFs. However, training records of detention staff reflect that health services staff have instructed them in the proper distribution of medications.
The medical unit keeps written records of medication that is distributed.	\boxtimes			A standard Medical Administration Record (MAR) is used to document when medication is distributed by the LPN or the detention staff.

ACCESS TO MEDICAL CARE								
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACGENERAL WELL-BEING OF ICE DETAINEES.	CCREDIT	TED/ACC	REDITA	TION-WORTHY HEALTH PROGRAM FOR THE				
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				This component is only required for SPCs/CDFs. However, the Division of Immigration Health Services (DIHS) form 819 is used to communicate special medical needs to the administrative staff.				
A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			A signed and dated consent form is obtained during the booking process. An additional consent form is signed prior to evaluation and treatment by the contract physician.				
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			When a detainee's confidential medical records are released to outside sources, detainees are required to sign an "Authorization for Use and/or Disclosure of Protected Health Information" form.				
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			The nurse is given adequate notice as to when detainees are transferred or released.				
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	\boxtimes			When appropriate, copies of significant medical records are available for transfer with detainees.				
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".				When medical records are transferred with detainees, they are placed in a sealed envelope that is stamped "Medical Confidential" and labeled with the detainee's name and A-file number.				
△ ACCEPTABLE ☐ DEFICIENT		AT-Risi	K	REPEAT FINDING				

REMARKS:

Health care at the facility is provided in a clean environment of cramped but adequate size. Staffing is adequate to provide on-site coverage, eight hours per day, five days per week. A contract physician provides on-site services, one day per week. Detainees requiring frequent monitoring for chronic illnesses are identified during the physical assessment process. Access to routine and emergency health care is not inhibited. Persons requiring evaluation or treatment beyond the institution's capabilities are referred to specialists in the local community or transferred to a more appropriate facility.

(b)(6), (b)(7)c June 3, 2010
AUDITOR'S SIGNATURE / DAPE

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SUICIDE PREVENTION AND INTERVENTION

POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT. COMPONENTS YES No NA REMARKS Every new staff member receives suicide-prevention training. Suicide-All new staff receives suicide prevention training occurs during the employee orientation program. prevention and intervention training \boxtimes during their orientation. Training logs document the training. Training prepares staff to: The training plan and policy P2-Recognize potentially suicidal behavior; 3.A, Suicide Prevention and Refer potentially suicidal detainees, following facility procedures; \boxtimes П \Box Intervention, adequately address the recognition, referral, and management Understand and apply suicide-prevention techniques. of potentially suicidal detainees. A health-care provider or specially trained officer screens all detainees for Trained detention officers screen all suicide potential as part of the admission process. \boxtimes detainees for suicide potential during Screening does not occur later than one working day after the the booking process. detainee's arrival. Written procedures cover when and how to refer at-risk detainees to medical Policy P2-3.A provides guidance staff and procedures are followed. regarding when and how to refer suicidal detainees to the medical staff. X П A non-ICE detainee was on suicide watch during the time of the inspection, and appropriate procedures were being followed. The facility has a designated isolation room for evaluation and treatment. The designated isolation room is directly adjacent to the control room. \boxtimes П The control room officer can view the detainee through a large window. The room is also on a video camera. The designated isolation room does not contain any structures or smaller The room has no small structures or items that could be used in a suicide attempt. small items that can be used in a \boxtimes suicide attempt. There is only a lower bunk and the detainee is placed in a suicide smock. Medical staff has approved the room for this purpose. \boxtimes Medical staff has approved the room. Staff observes and documents the status of a suicide-watch detainee at least A suicide watch form is used to once every 15 minutes. document the status of persons on suicide watch. The control room M officer is required to document his checks every 15 minutes. Staff was observed performing this task. ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK REPEAT FINDING

REMARKS:

Staff at the facility has received tra preventive supervision and treatu		gnition, referral, and management of suicidal detainees. Suicidal detainees receive been no suicides or suicide attempts by ICE detainees since the last inspection.
(b)(6), (b)(7)c / June 3, 2010 AUDITOR'S SIGNATURE / DATE	(b)(6), (b)(7)c	

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

☐ CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

RELATED NOTIFICATIONS.	1	1 22	Γ	
COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.				Detainees who are chronically or terminally ill are not housed at this facility. Policy P2-4.A, Terminal Illness, Advanced Directives and Death, require transfer of these detainees to an appropriate facility.
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: • The detainee's location; and • The limitations placed on visiting.				Policy P2-4.A requires ICE to make appropriate notification to the detainee's next of kin regarding their medical status, location, and visiting hours.
 There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her. 				Policy P2-4.A regarding advanced directives provides guidance regarding living wills. The Missouri Durable Power of Attorney for Health Care is part of the policy and used when living wills are requested.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.				Policy permits private attorneys to prepare advanced directives.
There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			Policy P2-4.A addresses "Do Not Resuscitate Orders".
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	\boxtimes			Policy P2-4.A states that "a detainee with a "Do Not Resuscitate Order" (DNR) may receive all therapeutic efforts short of resuscitation".
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				Policy P2-4.A requires staff to notify the DIHS medical director, governing body, and the ICE legal counsel of the name and basic circumstances of any detainee for whom a DNR order has been filed in the medical record.
The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Policy P2-4.A adequately addresses organ donation.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	\boxtimes			Policy P2-4.A requires notification of ICE when a detainee dies. ICE makes the notification to the next of kin and consulates.
The facility has a policy and procedure to address the death of a detainee while in transport.				Policy P2-4.A provides adequate guidance when a detainee dies in transport.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				This is not an ICE location. There have been no deaths at this facility since the last inspection.
 In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified? 	\boxtimes			An interview with the local ICE deportation officer indicated that a detainee would receive an indigent burial. If the detainee was a United States' veteran, the Department of Veterans Affairs would be notified.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	\boxtimes			Per an interview with the local ICE deportation officer, a copy of the death certificate would be placed in the A-file. There have been no deaths at this facility since the last inspection.
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.		\boxtimes		There is no policy addressing performance of an autopsy, obtaining state approved death certificates, and local transportation of a detainee's body. This was corrected prior to the departure of the inspection team.
ICE staff follows established procedures to properly close the case of a deceased detainee.			\boxtimes	There have been no detainee deaths at this facility since the last inspection.
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REMARKS:

The facility does not accept detainees who are seriously or terminally ill. Policies and procedures are in place regarding advance directives and appropriate notification regarding serious detainee illness, injury or death. It is recommended that the facility consider developing additional procedures to address performance of autopsies and obtaining death certificates. This was done prior to the departure of the inspection team. There have been no detainee deaths at this facility since the last inspection.

(b)(6), (b)(7)c / June 3, 2010 AUDITOR'S SIGNATURE / DA (b)(6), (b)(7)c

SECURITY AND CONTROL STANDARDS

CONTRABAND

POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.

COMPONENTS	YES	No	NA	DEMANUE
The facility follows a written procedure for handling illegal contraband.	ILS	INO	INA	REMARKS Though it is not required at an
Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.				IGSA facility, staff do inventory, hold and report contraband when necessary to the proper authority for action/possible seizure. The facility's procedure for handling illegal contraband is comprehensive.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				IGSAs are not required to comply with this component. However, contraband identified as government property is retained as evidence for potential disciplinary action or criminal prosecution.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.				IGSAs are not required to comply with this component. However, the facility does require staff to return property not needed as evidence to the proper authority. Facility procedure provides for the return of such property.
Altered property is destroyed following documentation and using established procedures.			\boxtimes	IGSAs are not required to comply with this component. However, facility policy and practice indicate that altered property is destroyed following documentation.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.			\boxtimes	IGSAs are not required to comply with this component. However, facility policy requires the Jail Administrator to contact a religious authority before confiscating religious items.
Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes			Facility policy provides requirements regarding the destruction of hard contraband.
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.				IGSA's are not required to comply with this component. However, facility procedures indicate that hard contraband that is illegal may be retained and used for official use and that such contraband is to be secured when not in use.
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REMARKS:

The facility's contraband procedure and observed practice during the inspection complies with the NDS regarding Contraband.

(b)(6), (b)(7)c June 3, 201 AUDITOR'S SIGNATURE / DAT

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DETENTION FILES

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

INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.			-10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
COMPONENTS	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.				This provision is mandated in facility policy P3-2.A, Detention Files.
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.				
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same				
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.				The detention files are maintained in a lockable cabinet directly behind the booking desk. Only staff is authorized access to the area. The detention file cabinet is lockable with only supervisors having access to the keys, even though IGSA's are not required to meet this portion of the component.
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.				
The officer closing the detention file makes a notation that the file is complete and ready to be archived.				Files ready to be archived are placed in a box labeled "Office-Dead File". These files are picked up daily by the office administrator for placement in the archives.
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	\boxtimes			
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-	RISK		REPEAT FINDING

REMARKS:

The management of detention files is regulated by facility policy P3-2.A, Detention Files. The files at the facility are secure, neatly maintained, and kept up-to-date by the booking officer.

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DISCIPLINARY POLICY

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.				
The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			
Written rules prohibit staff from imposing or permitting the following sanctions:				
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The detainee handbook defines the rules of conduct, sanctions, and procedures.
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions				Though it is not required at an IGSA facility, detainees are made aware of the prohibited acts, disciplinary severity scale and sanctions, and rights and responsibilities in the detainee handbook. The handbook is in English and Spanish.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.				IGSA's are not required to comply with this component. However, facility procedures do encourage informal resolutions for minor rule violations/prohibited acts.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.			\boxtimes	IGSA's are not required to comply with this component. Facility procedures indicate that Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor. A review of random detainee files confirmed this occurs.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.				
An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			

DISCIPLINARY POLICY

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

COMPONENTS	YES	No	NA	REMARKS
 A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC; Considers written reports, statements, physical evidence, and oral testimony; Hears pleadings by detainees and staff representatives; Bases its findings on the preponderance of evidence; and Imposes only authorized sanctions 				Although IGSA's are not required to conduct hearings on all charges and allegations referred by the UDC; consider written reports, statements, physical evidence, and oral testimony; hear pleadings by detainees and staff representatives; base its findings on the preponderance of the evidence and impose only authorized sanctions, facility procedure and practice indicate that this is occurring.
A staff representative is available if requested for a detainee facing a disciplinary hearing.				IGSA's are not required to comply with this component. However, the facility's procedures do provide a staff representative for detainees who request one.
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.				The maximum amount of time in disciplinary segregation is limited to sixty days.
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"				
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.				Reviews of random detainee files indicate that all relevant forms are completed and distributed as required.
■ ACCEPTABLE	AT-RISK	ζ		REPEAT FINDING

REMARKS:

Review of facility procedures,	, personal observation, and	a random inspection of detainee files revealed a comprehensive disciplinary policy
and practice.		
(b)(6), (b)(7)c June 3, 20 AUDITOR'S SIGNATURE / DA	(h)(6) (h)(7)c	

EMERGENCY (CONTINGENCY) PLANS

POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY. **COMPONENTS** YES No NA REMARKS Policy precludes detainees or detainee groups from exercising control or Current facility policy does not authority over other detainees. preclude detainees or detainee \boxtimes groups from exercising control or authority over other detainees. Detainees are protected from: Personal abuse The detainee handbook states that detainees are protected from Corporal punishment personal abuse, corporal Personal injury X punishment, personal injury, Disease disease, property damage, and Property damage harassment from other detainees. Harassment from other detainees Staff is trained to identify signs of detainee unrest. Initial training of staff is What type of training and how often? provided to identify signs of detainee unrest during Detention Basic Training provided by the X Missouri Sheriff's Association Training Academy. There is no evidence or documentation of follow up training on this topic. Staff effectively disseminates information on facility climate, detainee \boxtimes \Box attitudes, and moods to the Officer In Charge (OIC) There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for X development and implementation of the plans. The plans address the following issues: The Emergency Manual Confidentiality addresses the need for staff Accountability (copies and storage locations) M П confidentiality, accountability, Annual review procedures and schedule annual reviews and revisions. Revisions Contingency plans include a comprehensive general section with procedures M applicable to most emergency situations. The facility has cooperative contingency plans with applicable: IGSA's are not required to Local law enforcement agencies comply with this component. State agencies \Box \boxtimes However, the facility does have a Federal agencies cooperative agreement with the local fire department. All staff receives copies of Hostage Situation Management policy and IGSA's are not required to procedures. comply with this component. \boxtimes Staff does receive information on the facility's hostage management policy.

EMERGENCY (CONTINGENCY) PLANS

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

COMPONENTS	YES	No	NA	REMARKS
Staff is trained (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				IGSA's are not required to comply with this component. However, staff is trained to (b)(7)e Facility policy does indicate that within twenty-four hours after release hostages are screened for medical and psychological effects.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			\boxtimes	IGSA's are not required to comply with this component. Facility policy does address emergency medical treatment for staff and detainees during and after an incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.				IGSA's are not required to comply with this component. Currently, the facility does not require food service to maintain at least three days worth of emergency meals for staff and detainees.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).			×	IGSA's are not required to comply with this component. However, facility policy does identify the locations of shut-off valves and switches for all utilities.
Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances				
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING

REMARKS:

The facility has a well written and comprehensive Emergency Plan. All major contingencies are addressed. Currently, local policy does not address the issue of precluding detainees or detainee groups from exercising control or authority over other detainees.

(b)(6), (b)(7)c / June 3, 2010 (b)(6), (b)(7)c

AUDITOR'S SIGNATURE / DATE

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ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				Facility policy P3-5.A, Control and Storage of Toxins, Caustics and Flammables, provides guidance for this component.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.				
 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 				Master MSDS files are located in the maintenance and medical departments.
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: • Wear personal protective equipment; and • Report hazards and spills to the designated official.				Detention personnel receive chemical use and control training.
The MSDSs are readily accessible to staff and detainees in work areas.				
 Hazardous materials are always issued under proper supervision. Quantities are limited; and Staff always supervises detainees using these substances. 	\boxtimes			Staff issue pre-diluted cleaning chemicals for use in the housing units.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.				
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.				The professional balancing of the ventilation system ensures adequate air exchanges throughout the facility.
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	\boxtimes			
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)				Living unit temperatures are manually maintained and set within the industry standards.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	\boxtimes			
All toxic and caustic materials are stored in their original containers in a secure area.				
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	\boxtimes			Budgetary constraints ensure that only the desired quantities are purchased.
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				Methyl alcohol is not used or stored at this facility.
Every employee and detainee using flammable, toxic, or caustic materials eceives advance training in their use, storage, and disposal.	\boxtimes			

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).				
A technically qualified officer conducts the fire and safety inspections.				The maintenance supervisor conducting the fire and safety inspections is a volunteer fire fighter. Additionally, he has many years of heating/AC and electrical experience.
The Safety Office (or officer) maintains files of inspection reports.				
The facility has an approved fire prevention, control, and evacuation plan.				The fire plan has been approved by the Kingston, MO Fire Chief.
 The plan requires: Monthly fire inspections; Fire protection equipment strategically located throughout the facility; Public posting of emergency plans with accessible building/room floor plans; Exit signs and directional arrows; and An area-specific exit diagram conspicuously posted in the diagrammed area. 				
Fire drills are conducted and documented monthly.				
A sanitation program covers barbering operations.	\boxtimes			
The barber shop has the facilities and equipment necessary to meet sanitation requirements.		\boxtimes		The facility does not have a designated room for barbering operations as required by the component.
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			Sanitation standards were posted in the barbering areas during this inspection.
Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			
Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections.	\boxtimes			
The facility follows standard cleaning procedures.	\boxtimes			
Spill kits are readily available.	\boxtimes			
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				Steri-Cycle is the licensed medical waste contractor disposing of the bio-hazardous waste on a regular basis.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			

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ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES **COMPONENTS** YES No NA REMARKS Do the methods for handling/disposing of refuse meet all regulatory X A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. \boxtimes П The pest-control program includes preventative spraying for indigenous insects. Drinking water and wastewater is routinely tested according to a fixed \boxtimes П schedule. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least Emergency generators are tested \boxtimes П П weekly. Load bearing tests are Testing is followed-up with timely corrective actions (repairs and conducted at least quarterly. replacements). **ACCEPTABLE** DEFICIENT AT-RISK REPEAT FINDING

REMARKS:

This facility is a well maintained single story structure constructed in 2004. The fire suppression/detection system annunciates in the control center and is tested/inspected as required. Documented monthly fire and safety inspections, fire drills, and appropriate fire safety training augment the level of fire protection for the detainee population. Adequate chemical storage, use and control procedures are in place. The facility does not have a designated room for barbering operations. Barbershop standards were posted during this review to ensure enhancement of the sanitation program.

(b)(6), (b)(7)c June 3, 2010 AUDITOR'S SIGNATURE / DATE

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

HOLD ROOMS IN DETENTION FACILITIES

POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY. **COMPONENTS** YES NA REMARKS The hold rooms are situated within the secure perimeter. IGSA's are not required to comply with this component. \boxtimes However, all facility hold rooms are within the secure perimeter. The hold rooms are well ventilated well lighted, and all activating switches IGSA's are not required to are located outside the room. comply with this component. This facility's hold rooms are well \Box \boxtimes ventilated and well illuminated. All activating switches are located outside of the room. The hold rooms contain sufficient seating for the number of detainees held. IGSA's are not required to comply with this component. \boxtimes П However, all of the facility's hold rooms contain sufficient seating for the number of detainees held. Bunks, cots, beds, or other related make-shift sleeping apparatus are IGSA's are not required to precluded from use inside hold rooms. comply with this component. The facility does preclude bunks, cots or other make shift sleeping apparatuses inside the hold \boxtimes rooms. There are permanently attached benches inside the hold rooms should the facility need to use them as a temporary holding The walls and ceilings of the hold rooms are tamper and escape proof. IGSA's are not required to comply with this component. П \boxtimes However, the hold rooms at this facility are tamper and escape proof. Individuals are not held in hold rooms for more than 12 hours. Male and females are segregated from each other. Detainees under the age of 18 are not held with adult detainees. Detainees are provided with basic personal hygiene items such as water. soap, toilet paper, cups for water, feminine hygiene items, diapers and M П П In older facilities, officers are within visual or audible range to allow The facility was built in 2004. detainees access to toilet facilities on a regular basis. Staff is within visual and audible П \Box \boxtimes range of detainees in the hold rooms. All detainees are given a pat down search for weapons or contraband \boxtimes \Box before being placed in the room. Officers closely supervise the detention hold rooms using direct The hold rooms are located in the supervision (Irregular visual monitoring.). booking area of the facility. Hold rooms are irregularly monitored every 15 minutes. Detainees are monitored every 15 \boxtimes П П Unusual behavior or complaints are noted. minutes and unusual behavior or complaints are noted through a logging system. When the last detainee has been removed from the hold room, it is given a X П horough inspection.

HOLD ROOMS IN DETENTION FACILITIES POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY. COMPONENTS YES No NA REMARKS There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building \boxtimes evacuation. An appropriate emergency service is called immediately upon a \boxtimes determination that a medical emergency may exist. **ACCEPTABLE** ☐ DEFICIENT ☐ AT-RISK REPEAT FINDING **REMARKS:** The facility's hold rooms are located in a well designed booking area that allows for constant observation of detainees. The hold rooms are secure and meet basic hygiene standards. (b)(6), (b)(7)c/ June 3, 2010 AUDITOR'S SIGNATURE / DATE (b)(6), (b)(7)c

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	×			Documentation was provided indicating that the maintenance supervisor had attended an approved locksmith training program.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.				
The security officer, or equivalent in IGSAs, provides training to employees in key control.				No documentation could be provided indicating that staff was trained in key and lock control.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.				Key inventories were up-to-date and accurate.
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				Although facility policy states that a preventive maintenance program is in place and that documentation will be maintained, no documentation currently exists regarding a preventative maintenance program.
Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			
Only dead bolt or dead lock functions are used in detainee accessible areas.				
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	\boxtimes			
Grand master keying systems are prohibited.	X			
All worn or discarded keys and locks are cut up and properly disposed of.				Facility policy addresses this issue. The facility is relatively new and there have been no worn or discarded keys.
Padlocks and/or chains are prohibited from use on cell doors.	\boxtimes			
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101.				
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.				
Procedures are in place to ensure that key rings are: Identifiable; The numbers of keys are cited; and Keys cannot be removed.	\boxtimes			
Emergency keys are available for all areas of the facility.				Emergency keys are maintained in the (b)(7)e and a second set of emergency keys are located at the (b)(7)e which is located outside of the secure perimeter.

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	REMARKS
The facilities use a key accountability system.	\boxtimes			
Authorization is necessary to issue any restricted key.				
Individual gun lockers are provided.				
They are located in an area that permits constant officer observation.	\boxtimes			
In an area that does not allow detainee or public access.				
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				IGSA's are not required to physically count keys on a daily basis. However, facility policy and practice require that all keys are counted daily.
 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 				Though it is not required at an IGSA facility, current policy does require that issued keys are returned immediately in the event an employee inadvertently carries a key ring home. Additionally, when a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified, and detainees are not permitted to handle keys assigned to staff.
△ ACCEPTABLE □ DEFICIENT	AT-RISH	ζ		REPEAT FINDING

REMARKS:

The facility policy on key and lock control is well written and comprehensive. At the time of the inspection, the facility could not provide documentation that staff was trained in key and lock control. Neither did it appear during the inspection that preventive maintenance is being done.

(b)(6), (b)(7)c June 3, 2010
AUDITOR'S SIGNATURE / DATE

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

POPULATION COUNTS

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

COMPONENTS	VEG	No	NT A	Day
Staff conduct a formal count at least once each shift.	YES	No	NA	REMARKS
Activities cease or are strictly controlled while a formal count is being conducted.				IGSA's are not required to comply with this component. However, facility procedures and observed practice requires activities to cease while a formal count is being conducted.
Certain operations cease during formal counts.				IGSA's are not required to comply with this component. However, review of facility procedures and observation of the midday formal count indicate that operations do cease during formal counts.
All movement ceases for the duration of a formal count.				IGSA's are not required to comply with this component. Observation of a facility formal count and review of procedures indicate that all movement does cease during formal counts.
Formal counts in all units take place simultaneously.				IGSA's are not required to comply with this component. However, the facility counts are done in all units simultaneously by two assigned staff members.
Detainee participation in counts is prohibited.				IGSA's are not required to comply with this component. Facility procedures prohibit detainees from participating in counts.
A face-to-photo count follows each unsuccessful recount.				IGSA's are not required to comply with this component. However, facility procedures and staff interviews indicate a faceto-photo count does follow an unsuccessful recount.
Officers positively identify each detainee before counting him/her as present.				IGSA's are not required to comply with this component. However, facility procedures and observation of a formal count indicate that assigned staff does positively identify each detainee before counting him/her as present.
Written procedures cover informal and emergency counts. They are followed during informal counts and emergencies.	\boxtimes			Facility procedures require informal and emergency counts.
The control officer (or other designated position) maintains an out -count record of all detainees temporarily leaving the facility.				Facility procedures and observation indicate that control room personnel accurately maintain an out-count record at all times.

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POLICY: AL	L DETENTION FACILITI	IES SHALL ENSURE ARC	UND-THE-CLOCK ACC	COUNTABILITY FO	R ALL DETAINEES. T	HIS REQUIRE	STHATTHEY
CONDUCT AT	LEAST ONE FORMAL AS NECESSARY.						
This training	is documented in each	n officer's training fold	ler.				
	△ ACCEPTABLE	☐ DEFICIE	NT A	T-RISK	REPEAT F	INDING	
REMARKS:							
Review of facility procedures and observation of a formal count indicate that counts are thorough and performed in a professional manner. Control room personnel were well versed in recording both in and out of facility counts.							
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AUDITOR'S	SIGNATURE / IJA	(2)(3), (2)(1)0	,				

POST ORDERS

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

COMPONENTS	YES	No	NA	REMARKS
Every fixed post has a set of post orders.				The post orders are well written and comprehensive. Every fixed post had a corresponding post order.
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.			×	IGSA's are not required to comply with this component. However, facility procedures and personal observation during the inspection revealed that each set of post orders did contain the latest inserts and revisions.
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	\boxtimes			
The IGSA maintains a complete set (central file) of post orders.	\boxtimes			A complete set of post orders is maintained in the Facility Administrator's office.
The central file is accessible to all staff.				IGSA's are not required to comply with this component. The facility maintains a complete set of post orders in the Facility Administrator's office, and they are accessible to all staff.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.				IGSA's are not required to comply with this component. However, the Facility Administrator does initiate and authorize all post order changes.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.				IGSA's are not required to comply with this component. However, the inspection determined that the facility administrator has signed and dated each page of every section.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.				
Procedures keep post orders and logbooks secure from detainees at all times.				IGSA's are not required to comply with this component. However, policy and practice indicate that the post orders and logbooks are maintained in a manner that prevents detainees from gaining access.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.				IGSA's are not required to comply with this component. Facility policy and practice provide that every armed-post officer qualifies with the post weapon before assuming post duty.
Armed-post post orders provide instructions for escape attempts.	\boxtimes			

POST	ORDE	RS

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

COMPONENTS	YES	No	NA	REMARKS
The post orders for housing units track the event schedule.				IGSA's are not required to comply with this component. However, the facility post orders for housing units track the event schedule. The logs are maintained in the facility control room.
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.				IGSA's are not required to comply with this component. However, the facility housing unit post officers maintain an activity log and it does include instructions on completing the logbook. The logbook is kept in the facility control room.
☑ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING				

REMARKS:

The facility has a comprehensive and thorough post order system. The post orders are easily accessible to all staff.

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SECURITY INSPECTIONS

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy specifies: • Posts to be inspected; • Required inspection forms; • Frequency of inspections; • Guidelines for checking security features; and • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement				Although IGSA's are not required to list the posts to be inspected or maintain required inspection forms, facility policy does address these issues.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.				IGSA's are not required to comply with this component. However, facility policy does require officers to conduct a security check of his/her assigned area and the results are documented.
Documentation of security inspections is kept on file.				IGSA's are not required to comply with this component. The facility does document all security inspections and they are maintained on file in the booking area.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				IGSA's are not required to comply with this component. However, facility procedures do ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.
The front-entrance officer checks the ID of everyone entering or exiting the facility.				
All visits are officially recorded in a visitor logbook or electronically recorded.				
The facility has a secure visitor pass system.				
Every Control Center officer receives specialized training.				Documentation was provided indicating that all control center officers have received specialized training.
The Control Center is staffed around the clock.	\boxtimes			
Policy restricts staff access to the Control Center.	\boxtimes			
Detainees are restricted from access to the Control Center.				
Communications are centralized in the Control Center.	\boxtimes			
Officers monitor all vehicular traffic entering and leaving the facility.				The facility does not admit vehicles into the secure area of the facility.

SECURITY INSPECTIONS

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

COMPONENTS	YES	No	NA	REMARKS
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: • The driver's name; • Company represented; • Vehicle contents; • Delivery date and time; • Date and time out; • Vehicle license number; and • Name of employee responsible for the vehicle during the visit				IGSA's are not required to comply with this component. The facility does not have a vehicle sally port.
Officers thoroughly search each vehicle entering and leaving the facility.	. 🔲		\boxtimes	IGSA's are not required to comply with this component. No vehicles enter or leave the secure perimeter of the facility.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.				IGSA's are not required to comply with this component. However, facility policy does require that tools being taken into the secure area of the facility be inventoried before entering and prior to departure.
The SMU entrance has a sally port.				The Special Management Unit does not have a sally port. The entrance and exit is controlled by the control room officer who has direct observation of the unit. In addition, the door to the Special Management Unit can be manually keyed in an emergency.
Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			
Housing area searches occur at irregular times.				IGSA's are not required to comply with this component. However, facility policy does require that housing area searches be conducted at irregular times.
Every search of the SMU and other housing units is documented.	\boxtimes			
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.				
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				•
Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.				(b)(7)e
Visitation areas receive frequent, irregular inspections.	\boxtimes			The visitation area is in the law library and is included in the security search checklist.

	4	SECURITY	INSPECTIONS			-
POLICY: POS RESTRICTED T		ACILITY'S HIGH-RISK AREAS, EL WITH A THOROUGH GROU			ES MUST BE FOLLOWED, WILL I	3E
	COMPONE	NTS	YES NO	NA	REMARKS	
	△ ACCEPTABLE	☐ DEFICIENT	AT-RISK	☐ Rı	EPEAT FINDING	
Unit does not Special Manag (b)(6), (b)(7)o	have a sally port. Entrance gement Unit doors can also June 3, 2010	s well written and thorough. e and egress is accomplished to be <u>keyed</u> open and closed in 6), (b)(7)c	d by control room officer	s who have di	quate. The Special Managemer rect observation of the unit. Th	ıt ne

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

COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.				
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved. • A copy of the order given to the detainee within 24 hours.	\boxtimes			
 The OIC (or equivalent) regularly reviews the status of detainees in administrative detention. A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative). 				IGSA's are not required to comply with this component. The facility's policy does indicate that the Officer-in-Charge (or equivalent) regularly reviews the status of detainees in administrative detention and that a supervisory officer conducts a review within 72 hours of the detainee's placement in the Special Management Unit. However, there is no documentation that indicates that this is occurring.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and: • Every week thereafter for the first month; and • Every 30 days after the first month. • Does each review include an interview with the detainee? • Is a written record made of the decision and the justification?				IGSA's are not required to comply with this component. Facility policy indicates that a supervisory officer conducts another review after the detainee has spent seven days in administrative segregation and every week thereafter for the first month, and then every thirty days after the first month. Local policy also states each review will include an interview with the detainee and that a written record will be maintained of the decision. A review revealed a lack of documentation or forms exist to determine if this is occurring. Staff advised that typically, no detainee would be held in administrative segregation for this period of time.

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

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COMPONENTS	YES	No	NA	REMARKS
The detainee is given a copy of the decision and justification for each review. • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.				IGSA's are not required to comply with this component. However, facility policy does state that a detainee will be given a copy of the decision and justification for each review. In addition, the detainee is given an opportunity to appeal the reviewer's decision.
The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. • Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO.				IGSA's are not required to comply with this component. Current policy does not indicate that the Field Office Director will be notified in the event that a detainee stays in administrative segregation for more than thirty days.
The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. • A written record is made of the decision and the justification. • The detainee receives a copy of this record.				IGSA's are not required to comply with this component. However, facility policy does indicate that the Officer-in-Charge will review the case of every detainee who objects to administrative segregation.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.				IGSA's are not required to comply with this component. However, facility policy does state that a detainee is given the right to appeal the conclusions and recommendations of any review conducted after the detainee has remained in administrative segregation for seven consecutive days.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	\boxtimes			
The SMU is: Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition.				
All cells are equipped with beds.Every bed is securely fastened to the floor or wall.	\boxtimes			
 The number of detainees in any cell does not exceed the occupancy limit. When occupancy exceeds recommended capacity, do basic living standards decline? Do criteria for objectively assessing living standards exist? If yes, are the criteria included in the written procedures? 				
The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the general population.	\boxtimes			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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

COMPONENTS	YES	No	NA	REMARKS
Detainees receive three nutritious meals per day, from the general				
population's menu of the day.				
Do detainees eat only with disposable utensils?				
Is food ever used as punishment?			ľ	
Each detainee maintains a normal level of personal hygiene in the SMU.				
• The detainees have the opportunity to shower and shave at least			_	
three times a week.		⊔	⊔	
• If not, explain.				
The detainees are provided:				
 Barbering services; 				
• Recreation privileges in accordance with the "Detainee				
Recreation" standard;				
Non-legal reading material;				Outdoor recreation is not
Religious material;		K_3		provided at this facility.
• The same correspondence privileges as detainees in the general				
population;				
Telephone access similar to that of the general population; and				
Personal legal material.				
A health care professional visits every detainee at least three times a week.				
• The shift supervisor visits each detainee daily.	\boxtimes			
Weekends and holidays.				
Procedures comply with the "Visitation" standard.	_	<u> </u>		
 The detainee retains visiting privileges; and 				
The visiting room is available during normal visiting hours.				
Visits from clergy are allowed.	\boxtimes			
Detainees have the same law-library access as the general population.				Detainees in administrative
 Are they required to use the law library ∑Separately, or 				
As a group?	IZ-X			segregation are separately provided full law-library access.
Are legal materials brought to them?				provided full law-fibrary access.
The SMU maintains a permanent log of detainee-related activity, e.g.,	\boxtimes			
meals served, recreation, visitors etc.				
SPC procedures include completing the SMU Housing Record (I-888)				IGSA's are not required to
immediately upon a detainee's placement in the SMU.			l	complete the SMU Housing
• Staff completes the form at the end of each shift.				Record form immediately upon a
• <u>CDFs and IGSA</u> facilities use Form I-888 (or local equivalent).	\boxtimes			detainee's placement in the
				SMU. However, the facility does
				complete this form immediately
0.00				upon placement in the SMU.
Staff record whether the detainee ate, showered, exercised, and took any				
applicable medication during every shift.				IGSA's are not required to
• Staff logs record all pertinent information, e.g., a medical				comply with this component.
condition, suicidal/assaultive behavior, etc;				However, facility staff does
The medical officer/health care professional signs each individually record during each winter and	_	_		record whether the detainee ate,
individual's record during each visit; and				showered, exercised, or took any
• The housing officer initials the record when all detainee services				medication during each shift.
are completed or at the end of the shift.				

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

COMPONENTS	YES	No	NA	REMARKS
A new record is created for each week the detainee is in Administrative Segregation. • The weekly records are retained in the SMU until the detainee's return to the general population.				IGSA's are not required to comply with this component. However, the facility does create a new record each week. The weekly records are retained in the SMU for each seven day period and then they are taken to the administrator's office.
□ DEFICIENT □	AT-RI	SK		REPEAT FINDING

REMARKS:

The facility's policy is comprehensive. It should be noted that, accordingly to staff, rarely does a detainee remain in administrative segregation status for more than a few days.

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SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	\boxtimes			
The sanctions for violations committed during one incident are limited to 60 days.				
 A completed Disciplinary Segregation Order accompanies the detainee into the SMU. The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation. 				
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. • After each formal review, the detainee receives a written copy of the decision and supporting reasons.				IGSA's are not required to provide the detainee a written copy of the decision and the supporting reasons after each formal review. However, the facility does provide the detainee with a copy after each formal review.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.				
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	\boxtimes			Detainees in disciplinary segregation do not receive commissary, personal phone calls or access to television.
Living conditions in disciplinary SMUs remain the same regardless of behavior. • If no, does staff prepare written documentation for this action? • Does the OIC sign to indicate approval.	\boxtimes			
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	\boxtimes			
The quarters used for segregation are: • Well-ventilated. • Adequately lighted. • Appropriately heated. • Maintained in a sanitary condition.	\boxtimes			
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	\boxtimes			
The number of detainees confined to each cell or room is limited to the number for which the space was designate. • Does the OIC approve excess occupancy on a temporary basis?				Normally, detainees are single celled in disciplinary segregation. However, if necessary detainees may be double celled, if space issues arise.
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	\boxtimes			Facility policy prohibits placing a detainee in a dry cell.
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	\boxtimes			
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. • Food is not used as punishment.	\boxtimes			
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.				

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
 Detainees receive, unless documented as a threat to security: Barbering services; Recreation privileges; Other-than-legal reading material; Religious material; The same correspondence privileges as other detainees; and Personal legal material. 				The facility does not provide outdoor recreation.
 When phone access is limited by number or type of calls, the following areas are exempt: Calls about the detainee's immigration case or other legal matters; Calls to consular/embassy officials; and Calls during family emergencies (as determined by the OIC/Warden). 				Detainees in disciplinary segregation are not permitted routine phone calls. However, they are permitted calls related to legal matters and calls to their consular/embassy. Staff advised that calls related to family emergencies would be evaluated and permitted, if appropriate.
 A health care professional visits every detainee in disciplinary segregation every week day. The shift supervisor visits each segregated detainee daily Weekends and holidays. 		\boxtimes		Current practice indicates that a health care professional visits disciplinary segregation four days a week on average.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	\boxtimes			
 SMU detainees receive legal visits, as provided in the "Visitation" standard. Legal service providers are notified of security concerns arising before a visit. 	\boxtimes			
 Visits from clergy are allowed. The clergy member is given the option of visiting/not visiting the segregated detainee. Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected. 				
 SMU detainees have law library access. Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. Legal material brought to individuals in the SMU on a case-by-case basis. Staff documents every incident of denied access to the law library. 	\boxtimes			Detainees in disciplinary segregation are allowed full access to the law library unless there are security concerns. If necessary, upon request, legal materials are brought to the detainee's cell.
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	\boxtimes			
The SPC's, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU. • All I-888s are filled out by the end of each shift. • The CDF/IGSA facility use Form. • I-888 (or equivalent local form).				IGSAs are not required to comply with this component. However, a Special Management Housing Unit Record is prepared as soon as the detainee is placed in the Special Management Unit.

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
 SMU staff record whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU. 				IGSA's are not required to comply with this component. However, the facility does record whether the detainee ate, showered, exercised, or took medication. In addition, the facility logs information regarding the detainee's medical condition, suicidal/violent behavior, and other notable occurrences. Health care professionals are required to sign the log after visiting the unit. Control room staff is required to initial logs at the end of each shift. A new record is created weekly and then taken to the administrator's office.
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

REMARKS:

The facility policy is comprehensive. A health care professional visits the disciplinary segregation unit an average of four days per week. Detainees in disciplinary segregation are provided with all applicable services.

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TOOL CONTROL

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

COMPONENTS	YES	No	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			
Department heads are responsible for implementing this standard in their departments.				IGSA's are not required to comply with this component. However, the facility's administrator requires department heads to be responsible for implementing tool control procedures for their respective areas.
 Tool inventories are required for the: Maintenance Department; Medial Department; Food Service Department; Electronics Shop; Recreation Department; and Armory. 				
 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. 				
The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous).		⊠		IGSA's are not required to classify tools as either restricted or non-restricted. The facility does not classify tools as restricted or non-restricted. Currently, the facility does not have any type of tool classification system.
Department heads are responsible for implementing tool-control procedures.				IGSA's are not required to comply with this component. However, the facility does require department heads to be responsible for tool control in their respective areas.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.		\boxtimes		At the time of the inspection, there were numerous tools in the food service department that were not marked or readily identifiable. It should be noted that no detainees are allowed anywhere in this area.
The facility has an approved tool storage system. • The system ensures that all stored tools are accountable. • Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice.				
Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			Detainees are not allowed to use tools at the facility

TOOL CONT	ROL				
POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL ETHE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERAL EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVESTOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.	TED OR TY	PEWRITT	EN MAST	ER INVENTORY LIST OF TOO	LS AND
COMPONENTS	YES	No	NA	REMARKS	
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include: • Verbal and written notification; • Procedures for detainee access; and • Necessary documentation/review for all incidents of lost tools.				KEMAKKS	
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes				
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.	\boxtimes				
ACCEPTABLE DEFICIENT	AT-RISI	K		REPEAT FINDING	
REMARKS: The facility does not permit detainees to use tools. At the time of the inspect were not marked such as dough cutters and spatulas. There was an inventor up-to-date. All knives being used in the food service area were clearly mark (b)(6), (b)(7)c June 3, 201 AUDITOR'S SIGNATURE / DAT (b)(6), (b)(7)c	y of these	tools, bu	t the inve	ntory was inaccurate and wa	a that is not

TRANSPORTATION (LAND TRANSPORTATION)

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

COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				ALD WARKEN
Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.				Facility policy requires a Commercial Drivers License for all transporting officers. Observation and interviews of staff indicated that the facility's transportation officers possessed the necessary requirements at the time of the inspection.
Supervisors maintain records for each vehicle operator.				Several files were examined which indicated that supervisors' files maintain more than adequate records for the transportation officers.
 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability; and Deficiencies are corrected before the vehicle goes back into service. 				
 Transporting officers: Limit driving time to 10 hours in any 15 hour period; Drive only after eight consecutive off-duty hours; Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours; Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days; During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area—exceeding the 10-hour limit. 				
b)(7)e officers with valid CDLs required in any bus transporting detainees. When buses travel in tandem with detainees, there are qualified officers per vehicle. (b)(7)e driver may transport an empty vehicle.				
Before the start of each detail, the vehicle is thoroughly searched.				Facility policy and practice revealed that each vehicle is thoroughly searched prior to the start of each detail.
Positive identification of all detainees being transported is confirmed.	\square		<u> </u>	
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.				
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.	\boxtimes			

TRANSPORTATION (LAND TRANSPORTATION)

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

CONTROL OF THE DETAINEE CASE, COMPONENTS	YES	No	NA	REMARKS
(b)(7)e are provided to all transporting officers.				IGSA's are not required to comply with this component. Facility policy and observed practice indicate that (b)(7)e are provided for transportation officers.
The vehicle crew conducts a visual count once all passengers are on board and seated. • Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.				
Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			
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. 				Although the facility rarely has long distance transfers, policy does provide for detainee meals in the event of a long transport.
 The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. 	\boxtimes			
Vehicles have: (b)(7)e				
The vehicles are clean and sanitary at all times.				
Personal property of a detainee transferring to another facility is: Inventoried; Inspected; and Accompanies the detainee.	\boxtimes			

TRANSPORTATION (LAND TRANSPORTATION)

CONTROL OF THE DETAINEE CASE.	HANDLED	ONLY BY	THE ICI	E FIELD OFFICE OR SUB-OFFICE
COMPONENTS	YES	No	NA	REMARKS
The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death Vehicle fire Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list includes women or minors 				
ACCEPTABLE DEFICIENT	AT-RISI	K		REPEAT FINDING

(b)(6), (b)(7)c June 3, 2010
AUDITOR'S SIGNATURE / DATE

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USE OF FORCE

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

COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use-of- force situation without a supervisor's presence or direction.	\boxtimes			
When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, officers must try to resolve the situation without resorting to force.	\boxtimes			
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
The facility subscribes to the prescribed Confrontation Avoidance Procedures. • Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			All staff is trained in confrontation avoidance techniques.
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. • Under staff supervision.		\boxtimes		At the time of the inspection, the facility did not have the necessary staff, resources or equipment to formulate the Use-of-Force Team Technique.
Staff members are trained in the performance of the Use-of-Force Team Technique.				Currently, staff members at the facility are not trained in the Use-of-Force Team Technique due to lack of staff, resources, and equipment.
All use-of-force incidents are documented and reviewed.				
 Do not use force as punishment; Attempt to gain the detainee's voluntary cooperation before resorting to force; Use only as much force as necessary to control the detainee; and Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 				
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes			
Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).		\boxtimes		The facility does not utilize the Use-of-Force Team Technique at the current time.
Standard procedures associated with using four-point restraints include: Soft restraints (e.g., vinyl); Dressing the detainee appropriately for the temperature; A bed, mattress, and blanket/sheet; Checking the detainee at least every 15 minutes; Logging each check; Turning the bed-restrained detainee often enough to prevent soreness or stiffness; Medical evaluation of the restrained detainee twice per eight hour shift; and When qualified medical staff is not immediately available, staff position the detainee "face-up"				

Balling and the control of the contr	F FORC	E		
POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHOR REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. OF DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAINSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:	ONLY THA	T AMO	UNT OF TO PREV	FORCE NECESSARY TO GAIN CONTROL OF THE PENT SERIOUS PROPERTY DAMAGE AND TO ENSURE
COMPONENTS	YES	No	NA	REMARKS
The shift supervisor monitors the detainee's position/condition every two hours. • He/she allows the detainee to use the rest room at these times under safeguards.	\boxtimes			
All detainee checks are logged.				
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	\boxtimes			
 When the OIC authorizes use of non-lethal weapons: Medical staff is consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 	\boxtimes			
Special precautions are taken when restraining pregnant detainees. • Medical personnel are consulted	\boxtimes			
Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes			
Staff documents every use of force and/or non-routine application of restraints.	\boxtimes			
It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			
All officers receive training in self-defense, confrontation-avoidance lechniques and the use of force to control detainees. • Specialized training is given and Officers are certified	\boxtimes			

REMARKS:			
comprehensive. Due to staff limits If a calculated use of force situation	(b)(7)e ations, resources, and on should arise, staff	f a lack of equipment, the facility does not util is trained to communicate at length with the d	The use of force policy is ize the Use-of-Force Team Technique. etainee in an effort to gain compliance.
(b)(7)e			
(b)(6), (b)(7)c / June 3, 2010 AUDITOR'S SIGNATURE / DATI	(b)(6), (b)(7)c		

☐ DEFICIENT

 \boxtimes

☐ AT-RISK

in all devices they use.

(IGSAs / CDFs) is this form or its equivalent used?

ACCEPTABLE

In SPCs, is the Use of Force form is used? In other facilities

IGSA's are not required to utilize the Use of

Force form. However, the facility does

REPEAT FINDING

utilize its own form.

STAFF DETAINEE COMMUNICATIONS

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

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.				Unannounced visits are required weekly for SPCs/CDFs. No frequency of unannounced visits is identified in the standard for IGSA's. An ICE staff member visits the detainees at the facility every Monday afternoon. ICE supervisory personnel visit the facility unannounced once a month.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.				The scheduled weekly visits by ICE staff occur every Monday at 1:00 PM.
Scheduled visits are posted in ICE detainee areas.	\boxtimes			
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	\boxtimes			
ICE information request Forms are available at the IGSA for use by ICE detainees.	\boxtimes			
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	\boxtimes			
ICE staff responds to a detainee request from an IGSA within 72 hours.				ICE officials strive to respond in writing or in person the same day they receive a detainee's request.
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	\boxtimes			
ACCEPTABLE □ DEFICIENT □	AT-RISE	ζ		REPEAT FINDING

REMARKS:

ICE detainees have access to ICE officials on a routine and non-routine basis. ICE staff visit detainees every Monday afternoon, and ICE supervisory personnel visit detainees once a month on an unannounced basis. ICE detainees at the facility acknowledge that ICE personnel respond promptly to any request.

(b)(6), (b)(7)c June 3, 2010

AUDITOR'S SIGNATURE / DAPE (b)(6), (b)(7)c

DETAINEE TRANSFER STANDARD

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

COMPONENTS	YES	No	NA	REMARKS
When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer. • The notification is recorded in the detainee's file; and • When the A File is not available, notification is noted within DACS				
Notification includes the reason for the transfer and the location of the new facility.				
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.				
 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer; The detainee is not notified of the transfer until immediately prior to departing the facility; and The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 				These provisions are mandated in facility policy P3-13.A, Transportation (by land).
The detainee is provided with a completed Detainee Transfer Notification Form.				
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			A local form is utilized for this purpose.
 For medical transfers: The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; Medical transfers are coordinated through the local ICE office; and A medical transfer summary is completed and accompanies the detainee. 				A medical summary that conforms to the Health Insurance Portability & Accountability Act of 1996 (HIPPA) standards is attached to the outside of each detainee's transfer packet.
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.				This facility has no DIHS staff.
For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes			A medical summary that conforms to the Health Insurance Portability & Accountability Act of 1996 (HIPPA) standards is attached to the outside of each detainee's transfer packet.
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.				This provision is mandated in facility policy P3-13.A, Transportation (by land).
Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes			

DETAINEE TRANSFER STANDARD

JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL TRANSFER A DETAINED, ICE WILL TAKE INTO CONSIDERATION WHETHER THE SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACTAKING PLACE.	LL ADHERI EDETAINE S STAGE WI	E TO JPA E IS REPR THIN THE	TS PROTO ESENTED REMOVA	OCOLS. IN DECIDING WHETHER TO BEFORE THE IMMIGRATION COURT, IN LPROCESS, WHETHER THE DETAINER'S
COMPONENTS	YES	No	NA	REMARKS
Meals are provided when transfers occur during normally schedule meal times.				This provision is mandated in facility policy P3-13.A, Transportation (by land).
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.				All A-files are maintained at the local ICE Field Office and are transferred to the ICE Field Office that will have jurisdiction over the detainee's new facility.
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				
ACCEPTABLE DEFICIENT	AT-RISH	_ _		REPEAT FINDING

REMARKS:

Detainee transfers are handled in accordance with the requirements of this ICE standard. Transportation procedures are regulated by facility policy P3-13.A, Transportation (by land).

(b)(6), (b)(7)c June 3, 2010 AUDITOR'S SIGNATURE / D (b)(6), (b)(7)c