# **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

🔀 Local Jail – IGSA
State Facility – IGSA
ICE Contract Detention Facility
Name
Cass County Jail
Address (Street and Name)
303 Avenue A
City, State and Zip Code
Plattsmouth, NE 68048
County
Cass
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
September 21 - 23, 2010
Type of Review

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

# SECTION I DETAINEE SERVICES STANDARDS

#### ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	$\boxtimes$			The facility has a dedicated legal library that is available for detainee use.
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.			$\boxtimes$	The law library does not have all of the materials listed on Attachment "A" of this NDS. The facility relies on the LexisNexis system to deliver required materials and information.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	$\boxtimes$			
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.		$\boxtimes$		The law library is not equipped with typewriters and there are no printing capabilities for the desk top computer programmed with LexisNexis. The computer monitor is hazy and documents are very hard to read.
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	$\boxtimes$			
Where provided, the Lexus Nexus library is updated and is current.	$\boxtimes$			The LexisNexis program is current (LexisNexis Version 2.0 / Release 77 - April 10, 2010).
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.	$\boxtimes$			Staff interviews support compliance with this component.
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	$\boxtimes$			The computer containing LexisNexis is taken to the ICE Field Office for updating as needed.
Detainees are offered a minimum 5 hours per week in the law library. <u>Detainees are not required to forego recreation time in lieu of library usage</u> . Detainees facing a court deadline are given priority use of the law library.	$\boxtimes$			The law library schedule reflects compliance with this component.
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within $3-5$ business days.	$\boxtimes$			Staff interviews support compliance with this component.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	$\boxtimes$			
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	$\boxtimes$			The chaplain speaks Spanish and assists non-English speaking detainees as needed. Other detainees are allowed to assist in a manner consistent with this NDS.
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	$\boxtimes$			According to staff interviews, detainees are allowed to maintain all of their legal materials.

ACCESS TO LEGAL MATERIALS							
POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.							
COMPONENTS	YES	No	NA	REMARKS			
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	$\boxtimes$						
All denials of access to the law library fully documented.	$\boxtimes$			While there have been no occurrences of law library denials, staff indicate that any denial would be fully documented.			
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.			$\boxtimes$	Staff interviews reflect compliance with this component should a denial occur. However, there have been no denials this past reporting			

reprisals, retaliation, or penalties.

**ACCEPTABLE** 

This inspector interviewed (b)(7)(E) and the ICE Supervisory Immigration Enforcement Agent, reviewed policy/procedures and detention files, and inspected the law library. The facility demonstrates acceptable compliance with this NDS. There is no capability to print documents from the desk top computer provided for LexisNexis. This was a concern during the 2009 inspection that resulted in a plan of action being developed to provide a printer. It appears the plan of action was not implemented. The monitor for the desk top computer is in poor repair and it is extremely difficult to read the screen. It is recommended that (at a minimum) a printer be attached to the computer and that the monitor be replaced with one that works properly. It should be noted that Supervisory Immigration Enforcement Agent is making immediate arrangements to remedy these concerns.

AT-RISK

(b)(6), (b)(7)(C) / September 23, 2010 AUDITOR'S SIGNATURE / DATE

Detainees who seek judicial relief on any matter are not subjected to

DEFICIENT

This component is supported by facility policy and procedure.

REPEAT FINDING

# ADMISSION AND RELEASE

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

SAFEGUARDED AS NECESSARY.				
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.				Provisions of this component requiring the specific subject matter listed be used for the orientation process are not applicable to an IGSA facility. The facility does not have a formal orientation process as part of the intake process except for allowing detainees to read the detainee handbook. Detainees sign that they have read the handbook, but they are not allowed to keep the document.
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	$\boxtimes$			Compliance with this component was confirmed by the inspector reviewing the medical care standard.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.		$\boxtimes$		The facility does utilize a three tier classification process as part of the intake process. The classification process is adequate and the facility does a computer check for criminal history. Staff interviews and a review of detention files reflect that ICE does not routinely provided criminal history information for detainees brought to the facility.
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	$\boxtimes$			ICE standards and protocol are followed for searches of new arrivals. In the event a female officer is not present, facility policy and procedure does allow a male officer to pat search a female detainee with another male officer as witness. This practice is consistent with a memorandum dated April 14, 2003, generated by the Director of the Office of Detention and Removal Operations regarding strip search procedures for admissions to a detention facility.
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.	$\boxtimes$			The ICE body search protocol is followed.
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.	$\boxtimes$			The detainee signs a computer generated property inventory as part of the intake process. Detainees may have a copy of the form upon request.
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	$\boxtimes$			The facility utilizes a request slip form that is faxed to ICE. There have been no reports of missing property during this past reporting period.

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		
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$					
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	$\boxtimes$					
All releases are properly coordinated with ICE using a Form I-203.			$\boxtimes$	This component is not applicable to an IGSA. It should be noted that the facility does coordinate releases using ICE form I-203.		
Staff completes paperwork/forms for release as required.	$\boxtimes$					
ACCEPTABLE DEFICIENT	AT-R	lisk		REPEAT FINDING		

This inspector interviewed facility and ICE staff, reviewed detention files, policy/procedures and facility forms, viewed the automated booking system, and inspected the booking area. Concerns identified include the absence of an orientation program, handbooks not being permanently assigned to detainees, and ICE staff not providing adequate criminal history information during the intake process.

# 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	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	$\boxtimes$			The facility uses a three tier classification system (minimum, medium, and maximum security). The system is objective and satisfies this NDS.
<ul> <li>The facility classification system includes:</li> <li>Classifying detainees upon arrival;</li> <li>Separating from the general population those individuals who cannot be classified upon arrival; and</li> <li>The first-line supervisor or designated classification specialist reviewing every classification decision.</li> </ul>	$\boxtimes$			The facility sergeant serves as the facility classification specialist and was interviewed regarding this NDS. All provisions of this component are compliant.
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.		$\boxtimes$		The NDS indicates that ICE will provide the IGSA facility with the data they need from each detainees file to complete the classification process.  According to staff interviews and a review of detention files, ICE is inconsistent in providing the necessary information.
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.	$\boxtimes$			The facility booking process includes automated background and criminal checks. The scoring system for the classification process is based on objective data.
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.			$\boxtimes$	ICE Detainees are not allowed to participate in the facility work program.
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	$\boxtimes$			The detainee handbook includes language that supports this component. Staff interviews also support compliance.
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	$\boxtimes$			The provision of this component restricting classification reductions to a classification specialist is not applicable to an IGSA facility. The facility complies with that provision. Additionally, procedures do exist for a detainee to appeal their classification assignment.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.			$\boxtimes$	This component is not applicable to an IGSA facility. Policy and procedure requires resolution of appeals within five (5) business days, but does not address the ten (10) day notification.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.			$\boxtimes$	This component is not applicable to an IGSA facility. It should be noted that facility policy and procedures do not allow classification appeals to advance beyond the sergeant.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	$\boxtimes$			
ACCEPTABLE DEFICIENT			AT-RI	SK REPEAT FINDING

This inspector interviewed facility and ICE staff, reviewed policy/procedures, detainee handbook, and the ICE detainee detention files. The facility demonstrates acceptable compliance with this NDS. ICE is not consistently providing information needed for the intake classification process.

# CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.		$\boxtimes$		The requirement to post correspondence rules in housing units or common areas is required only for SPC's/CDF's. IGSA's are only required to notify detainees of the correspondence rules through the detainee handbook. The facility does not provide each detainee with a detainee handbook. Detainees are provided an opportunity to read the handbook during intake and then may submit a request to further view a detainee handbook.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	$\boxtimes$			The detainee handbook has been translated and is available in Spanish.
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	$\boxtimes$			Facility policy and procedures reflect compliance with this component. While the procedure does not specifically indicate "24 hours," the process described would ensure that mail is distributed within the NDS time frames.
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	$\boxtimes$			Facility policy and procedures support compliance with this NDS.
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.	$\boxtimes$			Policy and procedures supports compliance with this NDS.
Staff does not read incoming general correspondence without the Warden's prior written approval.			$\boxtimes$	This component is not applicable to an IGSA facility. It should be noted that the facility has specific language in policy and procedures that relate to ICE detainees which reflects compliance with this component.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	$\boxtimes$			
Staff is prohibited from reading or copying incoming special correspondence.	$\boxtimes$			
Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	$\boxtimes$			Facility policy and procedures require that detainees seal outgoing, mail. Outgoing mail is not opened.
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	$\boxtimes$			
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	$\boxtimes$			Notification of rejected mail to the addressee is not applicable to an IGSA facility. It should be noted that facility policy and procedures does require such notification. The facility also notifies the sender of any rejection(s).
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.			$\boxtimes$	Outgoing mail is sealed by the detainee and is not subject to censure.

CORRESPONDENCE AND OTHER MAIL								
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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 date.	$\boxtimes$			Compliance with this component was confirmed by the compliance inspector reviewing the contraband standards.				
The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	$\boxtimes$							
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	$\boxtimes$			Identity documents are given to ICE staff during routine inspections of the facility.				
Staff provides the detainee a copy of his/her identity document(s) upon request.	$\boxtimes$							
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.	$\boxtimes$							
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	$\boxtimes$							
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$							
□ DEFICIENT		AT-I	RISK	REPEAT FINDING				

This inspector interviewed staff and reviewed facility policy and procedures. The detainee handbook which includes correspondence information and rules is not permanently issued to the detainees for reference when needed.

#### 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).	$\boxtimes$			Detainees are provided a copy of the detainee handbook to review as part of the intake process. The handbooks are not permanently issued to detainees and are retrieved prior to the detainee being assigned to a general population living area. The handbook is provided in English and Spanish.
The handbook is supplemented by the facility orientation video, where one is provided.		$\boxtimes$		There is no orientation video provided at this facility.
All staff members receive a handbook and training regarding the handbook contents.	$\boxtimes$			
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	$\boxtimes$			The handbook is revised once a year at this facility or as necessary.
There an annual review of the handbook by a designated committee or staff member.	$\boxtimes$			
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.	$\boxtimes$			The handbook addresses both provisions of this component.
The detainee handbook states in clear language the basic detainee responsibilities.	$\boxtimes$			Detainee responsibilities can be found on pages 21 and 22 in the detainee handbook.
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	$\boxtimes$			The detainee handbook outlines the methods for classification of detainees. The handbook also explains each classification level and the classification appeals process.
The handbook states when a medical examination will be conducted.	$\boxtimes$			Medical examination information can be found on page 8 of the detainee handbook.
The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.	$\boxtimes$			This component is satisfied by the detainee handbook.
The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices.	$\boxtimes$			Count times and procedures can be found on page 8 in the detainee handbook.
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	$\boxtimes$			Procedures for obtaining disposable razors can be found on page 13 in the detainee handbook. Detainees with court appointments are prioritized for razor issue.
The handbook describes barber hours and hair cutting restrictions.	$\boxtimes$			Barber hours and hair cutting information can be found on page 10 and 11 of the detainee handbook.
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 telephone policy is described in the detainee handbook.
The handbook addresses religious programming.	$\boxtimes$			Religious programs information can be found on page 10 in the detainer handbook

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COMPONENTS	YES	No	NA	REMARKS
The handbook states times and procedures for commissary or	$\boxtimes$			Commissary procedures are identified in the
vending machine usage, where available.				detainee handbook.
The handbook describes the detainee voluntary work program.	$\boxtimes$			
The handbook describes the library location and hours of	$\boxtimes$			
operation, and law library procedures and schedules.				
The handbook describes attorney and regular visitation hours,		$\boxtimes$		The handbook does not describe attorney
policies, and procedures.				visitation and procedures.
The handbook describes the facility contraband policy.	$\boxtimes$			Contraband policy is identified in the
				detainee handbook.
The handbook describes the facility visiting hours and	$\boxtimes$			
schedule, and visiting rules and regulations.				
The handbook describes the correspondence policy and	$\boxtimes$			
procedures.				
The handbook describes the detainee disciplinary policy and				
procedures, including:				The detainees disciplinary policy is outlined
<ul> <li>Prohibited acts and severity scale sanctions;</li> </ul>	$\boxtimes$			in the detainees disciplinary policy is outlined in the detainee handbook.
<ul> <li>Time limits in the Disciplinary Process; and</li> </ul>				in the detainee nandoook.
<ul> <li>Summary of the Disciplinary Process.</li> </ul>				
The grievance section of the handbook explains all steps in the				
grievance process – Including:				
<ul> <li>Informal (if used) and formal grievance procedures;</li> </ul>				
<ul> <li>The appeals process;</li> </ul>				
<ul> <li>In CDF facilities: procedures for filing an appeal of a</li> </ul>				The grievance process is explained in the
grievance with ICE.	$\boxtimes$			detainee handbook and is inclusive of all
Staff/detainee availability to help during the grievance				requirements (within this component) for an
process.				IGSA facility.
Guarantee against staff retaliation for filing/pursuing a				
grievance.				
How to file a complaint about officer misconduct with				
the Department of Homeland Security.				
The detainee handbook describes the medical sick call	$\boxtimes$			
procedures for general population and segregation.				
The handbook describes the facility recreation policy including:				The reception policy is described in the
Outdoor recreation hours.	$\boxtimes$			The recreation policy is described in the detainee handbook.
<ul> <li>Indoor recreation hours.</li> </ul>				detainee nandoook.
The handbook describes the detainee dress code for daily	$\boxtimes$			
living; and work assignments.				
The handbook specifies the rights and responsibilities of all	$\boxtimes$			
detainees.				
□ ACCEPTABLE     □ DEFICIENT		AT-RI	SK	REPEAT FINDING

Detainees are given a copy of the detainee handbook upon arrival and are allowed to review it as part of the intake process. Detainees are not issued a permanent copy; however, they are allowed access to a handbook upon request. The detainee handbook fails to provide required information regarding legal visits and the facility does not utilize a video presentation as part of the orientation process (as there is no orientation process except for reviewing the detainee handbook).

# FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINES 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.	$\boxtimes$			Food service is contracted with CBM Food Service. Operations are under the oversight of a professionally-trained regional supervisor with seven (7) years of experience in food service.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.			$\boxtimes$	This component is not applicable to an IGSA facility. The cook supervisor is on duty on the days when the FSA is off.
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	$\boxtimes$			In-service training is provided to all food service staff. The in-service schedule is posted and training is documented in the individual's training file.
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.		$\boxtimes$		The provision of this component relative to monitoring the condition of knives and dining utensils is not applicable to an IGSA facility. At this facility, staff monitors the condition of knives and utensils. Some knives are not physically secured to the workstation (not tethered) when used outside a secure cutting room.
When necessary, special procedures govern the handling of food items that pose a security threat.	$\boxtimes$			
Operating procedures include daily searches (shakedowns) of detainee work areas.	$\boxtimes$			Jail staff search the food service areas for contraband daily.
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.		$\boxtimes$		Food service staff does not participate in the count procedure.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	$\boxtimes$			
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	$\boxtimes$			
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$			ICE detainees are not allowed to work. Non- ICE detainees are instructed on the rules and procedures for food service.
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.  The Cook Supervisor documents all training in individual				Non- ICE detainees that work in the kitchen are required to sign the orientation and training documents.
detainee detention files.	$\boxtimes$			

# FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN

ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.				
COMPONENTS	YES	No	NA	REMARKS
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.			$\boxtimes$	The provision of this component requiring that detainees be paid in accordance with the "Voluntary Work Program" is not applicable to an IGSA facility. Detainees at this IGSA facility are not allowed to participate in the 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	$\boxtimes$			
the first meal of the following day.				
For cafeteria style operations, a transparent "sneeze guard"	$\boxtimes$			
protects both the serving line and salad bar line.				
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	$\boxtimes$			The provision of this component requiring a 35 day menu cycle is not applicable to an IGSA facility. A four (4) week cycle menu is used at this facility to rotate meals.
The FSA or facility considers the ethnic diversity of the				
facility's detainee population when developing menu cycles	$\boxtimes$			
(Provide examples).				
A registered dietitian conducts a complete nutritional	$\boxtimes$	$  \Box $		
analysis of every master-cycle menu planned.				
The FSA has established procedures to ensure that items on		l	l	
the master-cycle menu are prepared and presented according	$\boxtimes$			
to approved recipes.  The Cook Foreman has the authority to change menu items if		<u> </u>		The provision of this component relative to a
necessary.				Cook Foreman is not applicable to an IGSA
If yes, documenting each substitution, along with its	$\boxtimes$			facility. The facility's cook foreman has the authority to change menu items if necessary.
justification				She documents any menu changes in a manner
With copy to FSA				consistent with this component.
All staff and volunteers know and adhere to written "food	M			1
preparation" procedures.	$\boxtimes$			
Detainees whose religious beliefs require the adherence to				
particular religious dietary laws are referred to the Chaplain	$\boxtimes$			
or FSA.				
A common-fare menu available to detainees whose dietary				
requirements cannot be met on the main line.				
<ul> <li>Changes to the planned common-fare menu can be made at the facility level;</li> </ul>				
Hot entrees are offered three times a week;				
The common-fare menus satisfy nutritional				A common-fare 14 day menu cycle is
recommended daily allowances (RDAs);		l		available for detainees requesting a religious
Staff routinely provide hot water for instant	$\boxtimes$			diet. All provisions of this component are
beverages and foods;				compliant.
<ul> <li>Common-fare meals are served with:</li> </ul>				
<ul> <li>Disposable plates and utensils.</li> </ul>				
<ul> <li>Reusable plates and utensils.</li> </ul>				
Staff use separate cutting boards, knives, spoons,				
scoops, etc., to prepare the common-fare diet items.				
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	$\boxtimes$			
The Warden, in conjunction with the chaplain and/or local				
religious leaders, provides the FSA a schedule of the	$\boxtimes$	$  \Box $		
ceremonial meals for the following calendar year.				

#### FOOD SERVICE POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS. YES No NA COMPONENTS REMARKS 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 $\times$ 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. $\bowtie$ Satellite-feeding programs follow guidelines for proper X Hot and cold foods are maintained at the prescribed, "safe" During my inspection it was observed that hot $\times$ temperature(s) while being served. and cold foods were maintained at "safe" temperature zones. All meals are provided in nutritionally adequate portions. X Food is not used to punish or reward detainees based upon $\times$ behavior. The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene: Sanitary techniques for preparing, storing, and $\times$ serving food; and The sanitary operation, care, and maintenance of equipment. Everyone working in the food service department complies X with food safety and sanitation requirements. Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation $\times$ areas and equipment. · Who conducts the inspections? Equipment is inspected for compliance with health and The Nebraska Department of Agriculture safety codes and regulations. Bureau of Dairies and Food conducted an $\times$ When was the most recent inspection? inspection on 8-2-2010. The facility passed Which agency conducted the inspection? the inspection. Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is $\times$ scheduled and completed. Standard procedure includes checking and documenting Dishwashing machine temperatures are temperatures of all dishwashing machines after each meal. $\times$ recorded in a manner consistent with this component. Staff documents the results of every refrigerator/freezer X temperature check. The cleaning schedule for each food service area is There is a cleaning schedule available and it is $\times$ conspicuously posted. conspicuously posted.

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AT-RISK

 $\times$ 

 $\times$ 

DEFICIENT

Procedures include inspecting all incoming food shipments

for damage, contamination, and pest infestation.

**ACCEPTABLE** 

Storage areas are locked when not in use.

The FSA inspects all incoming food

shipments as required by this component.

REPEAT FINDING

This inspector reviewed facility policy/procedures, menus and related materials, inspected food service operations, interviewed food service staff, and observed food (satellite) distribution. The facility demonstrates acceptable compliance with this NDS with one concern noted. The facility does not tether (or attach) knives to a workstation when in use by detainees.

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 II	N CONTR	OL OF	THE DE	TAINEE CASE.			
COMPONENTS	YES	No	NA	REMARKS			
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).	$\boxtimes$						
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	$\boxtimes$						
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). <u>For IGSAs and CDFs</u> , using a personal property inventory form that meets the ICE standard?	$\boxtimes$						
Staff forwards an arriving detainee's medication to the medical staff.	$\boxtimes$						
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.			$\boxtimes$	This component is not applicable to an IGSA facility. Audits of baggage and non-valuable property does not occur each quarter.			
b)(7)(E)officers are present during the processing of detainee funds and valuables during in-processing to the facility. (b)(7)(E)officers verify funds and valuables.			$\boxtimes$	This component is not applicable to an IGSA facility. Only (7) (a) fficer is present during the processing of detainees.			
Staff searches arriving detainees and their personal property for contraband.			$\boxtimes$	This component is not applicable to an IGSA facility. Staff searches all arriving detainees and their personal property for contraband.			
Staff procedures follow written policy for returning forgotten property to detainees.	$\boxtimes$						
Property discrepancies are immediately reported to the CDEO or Chief of Security.			$\boxtimes$	This component is not applicable to an IGSA facility. All property discrepancies are reported to the chief of security.			
Staff follows written procedures when returning property to detainees.	$\boxtimes$			j			
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	$\boxtimes$						
The facility attempts to notify an out-processed detainee that he/she left property in the facility:  • By sending written notice to the detainee's last known address;  • Via certified mail; and  • The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.			$\boxtimes$	This component is not applicable to an IGSA facility. The facility attempts to notify an out-processed detainee that he/she left property in the facility.			
The facility disposes of abandoned property in accordance with written procedures.  • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.    Acceptable   Deficient	⊠ AT-RI	SK		The provision of this component requiring the facility to dispose of abandoned property is not applicable to an IGSA facility. The facility disposes of abandoned property and has written procedures requiring the prompt forwarding of abandoned property to ICE.  REPEAT FINDING			

This inspector reviewed facility policy/procedures, receipts, interviewed facility staff, and checked facility logs. The facility demonstrates acceptable compliance with this NDS.

(b)(6), (b)(7)(C) / September 23, 2010

AUDITOR'S SIGNATURE / DATE

#### DETAINEE GRIEVANCE PROCEDURES

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

COMPONENTS	YES	No	NA	REMARKS
Written procedures provide for the informal resolution of oral grievances (Not mandatory).  • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.	$\boxtimes$			Facility policy contains procedures for addressing detainee grievances that is consistent with this component.
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.	$\boxtimes$			While facility procedures do not address the specific provisions of this component, practice reflects compliance.
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	$\boxtimes$			
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:  • If yes, explain.		$\boxtimes$		There are no documented or substantiated cases of harassment by staff.
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.	$\boxtimes$			The provision of this component relative to nuisance complaints is not applicable to an IGSA facility. The facility does maintain a grievance log, but it doesn't reflect 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	SK		REPEAT FINDING

#### REMARKS:

This inspector reviewed facility policy/procedures, grievances, the grievance log, and interviewed facility staff. The facility demonstrates acceptable compliance with this NDS.

#### GROUP LEGAL RIGHTS PRESENTATIONS

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

CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET. COMPONENTS NA REMARKS YES No 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 П 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 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 staff is present but do not monitor conversations with legal Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations. The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside organizations. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request **ACCEPTABLE** DEFICIENT AT-RISK REPEAT FINDING

#### REMARKS:

There have been no requests by outside organizations to provide group presentations within this past reporting period.

# 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.	$\boxtimes$			Facility policy and procedures address issuance and exchange of clothing bedding and towels.		
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.	$\boxtimes$			The listing of items a detainee receives (as stipulated by this component) is not applicable to an IGSA facility. It should be noted that detainees do receive these items. All new detainees are issued clean, temperature appropriate, and presentable clothing.		
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.	$\boxtimes$			The provision of this component listing minimum issue is not applicable to an IGSA facility. New detainees are issued clean bedding, linens, and towels in the amounts listed within this component.		
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	$\boxtimes$			ICE detainees are not assigned to facility work programs. Non-ICE detainees are clothed appropriately for their jobs.		
Detainees are provided clean clothing, linen and towels.  • Socks and undergarments - exchanged daily.  • Outer garments - twice weekly.  • Sheets - weekly.  • Towels - weekly.  • Pillowcases - weekly.	$\boxtimes$					
Food service detainee volunteer workers are permitted to exchange outer garments daily.			$\boxtimes$	This component is not applicable to an IGSA facility. It should be noted that ICE detainees are not allowed to work in food service. Non-ICE detainees are permitted to exchange clothing daily (as needed).		
Volunteer detainee workers are permitted to exchange outer garments more frequently.			$\boxtimes$	This component is not applicable to an IGSA facility. It should be noted that ICE detainees are not allowed to participate in the facility work program. Non-ICE detainees are permitted to exchange outer garments frequently.		
☐ ACCEPTABLE           ☐ DEFICIENT           ☐ AT-RISK           ☐ REPEAT FINDING						

This inspector reviewed facility policy/procedures, inventories and records of issue, and interviewed facility staff.

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

All marriage requests from ICE detainees are forwarded to the ICE Sub-Office for consideration. ICE considers and coordinates all marriages.

#### NON-MEDICAL EMERGENCY ESCORTED TRIPS

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

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

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.				
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)(E)fficers.				
Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.				
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.				
Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.				
<ul> <li>Escort officers ensure that detainees:</li> <li>Conduct themselves in a manner that does not bring discredit to the ICE;</li> <li>Do not violate federal, state, or local laws;</li> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants;</li> <li>Make no unauthorized phone calls; and</li> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return.</li> </ul>				
Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISE	ζ.		REPEAT FINDING

#### REMARKS:

ICE staff handles all non-medical emergency transportation.

#### 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.	$\boxtimes$			
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.			$\boxtimes$	This component is not applicable to an IGSA facility. The total population at this facility is 83. There is no recreation specialist on staff.
Regular maintenance keeps recreational facilities and equipment in good condition.	$\boxtimes$			
The recreational specialist or trained equivalent supervises detainee recreation workers.	$\boxtimes$			There are no ICE or non-ICE detainee workers in recreation.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.	$\boxtimes$			
Dayrooms offer sedentary activities, e.g., board games, cards, television.	$\boxtimes$			
Outside activities are restricted to limited-contact sports.	$\boxtimes$			
Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$			
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	$\boxtimes$			
Staff checks all items for damage and condition when equipment is returned.	$\boxtimes$			
Staff conducts searches of recreation areas before and after use.	$\boxtimes$			
All recreation areas under constant staff supervision.	$\overline{\boxtimes}$			
Supervising staff is equipped with radios.				
The facility provides detainees in the SHU at least one hour of outdoor				
recreation time daily, five times per week.				
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	$\boxtimes$			
Special programs or religious activities are available to detainees.	$\boxtimes$			
Volunteers are required to sign a waiver of liability before entering a				This component is not
secure portion of the facility where detainees are present.				applicable to an IGSA. Volunteers are required to sign a waiver of liability.
Visitors, relatives or friends are not allowed to serve as volunteers.			$\boxtimes$	This component is not applicable to an IGSA. Visitors, friends, and relatives are not allowed to serve as volunteers.
☐ If outdoor recreation is offered, check this box. No further inform	nation is	required	when or	utdoor recreation is offered.
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.				
Case officers make written transfer recommendations about every sixmonth detainee to the OIC.				
The OIC documents all detainee-transfer decisions, whether yes or no.				
The detainee's written decision for or against an offered transfer documented in his/her A-file.				
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.				
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.				
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.				

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RECREATION					
<b>POLICY:</b> 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 detainee's legal representative is notified of the detainee's/OIC's decision.					
AT-RISK			REPEAT FINDING		
	AMS AND	AMS AND ACTIVIT	AMS AND ACTIVITIES TO AI		

This inspector reviewed facility policy/procedures, appropriate records, and interviewed facility staff. The facility demonstrates acceptable compliance with this NDS.

#### RELIGIOUS PRACTICES

**POLICY:** FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.

COMPONENTS	YES	No	NA	REMARKS		
Detainees are allowed to engage in religious services.	$\boxtimes$			Facility policy and procedure reflect compliance with this component.		
Space is available for detainees to conduct religious services.	$\boxtimes$			Religious services are conducted inside the facility gymnasium.		
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.			$\boxtimes$	This component is not applicable to an IGSA facility. The facility complies with all provisions of this component.		
Each detainee is allowed religious items in his/her immediate possession.	$\boxtimes$			Bibles, prayer rugs, and rosaries are allowed to be in the possession of detainees.		
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	$\boxtimes$					
Members of faiths not represented by clergy may conduct their own services within security allowances.	$\boxtimes$					
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	$\boxtimes$					
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

# REMARKS:

This inspector reviewed policy/procedures; records, interviewed facility staff, and inspected the religious program areas. The facility demonstrates acceptable compliance with this NDS.

#### DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. COMPONENTS YES No NA REMARKS Detainees are allowed access to telephones during established This component is supported by policy, $\bowtie$ facility waking hours. procedure, and practice. Detainees are allowed to review the detainee handbook as part of the intake Upon admittance, detainees are made aware of the facility's $\times$ process. The detainee handbook contains telephone access policy. information relative to the access and use of phones. The access rules are not posted in the living units. It should also be noted that the rules for special access calls (as $\times$ Access rules are posted in housing units. provided by ICE) were not posted in living units, and the facility's copy was out-ofdate at the time of inspection. The facility makes a reasonable effort to provide key $\bowtie$ information to detainees in languages spoken by any significant portion of the facility's population. Telephones are provided at a minimum ratio of one telephone $\boxtimes$ per 25 detainees in the facility population. ICE staff inspect the phones weekly and Telephones are inspected regularly by facility staff to ensure record findings on the ICE inspection $\boxtimes$ that they are in good working order. form. Facility staff also report deficient phones via a daily reporting system. This inspector reviewed a contact listing of The facility administration promptly reports out-of-order X the vendor responsible for routine telephones to the facility's telephone service provider. reporting and repair. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun $\times$ and completed timely. Detainees are afforded a reasonable degree of privacy for legal Detainees must request a legal call. The $\boxtimes$ phone calls. call is made from a phone in booking. An employee (deputy) initiates legal calls A procedure exists to assist a detainee who is having trouble X and confirms that the party called is an placing a confidential call. attorney (or associated with an attorney). On the first day of the inspection this inspector was advised by facility staff that special access calls needed to be made from the booking area (facility phone) as telephones in the living units would not accommodate special calls. Calls are made via request and with staff assistance. On the second day of the inspection ICE staff The facility provides the detainees with the ability to make non- $\boxtimes$ provided the facility with an updated collect (special access) calls. listing of the special access rules and pin numbers inclusive of the Homeland Security Hotline. This inspector and the Supervisory Immigration Enforcement Agent checked various phones in the living units and were satisfied that the detainee phone system did in fact support the special access mainframe. Special Access calls are at no charge to the detainees.

#### DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. COMPONENTS YES No NA REMARKS Special access calls (inclusive of the OIG phone number) has been problematic. I was advised on the first day of the inspection that special access rules and pin numbers did not work on the detainee phone system. On the second day of the inspection the Supervisory Immigration Enforcement Agent was on-site and The OIG phone number for reporting abuse is programmed into $\times$ the detainee phone system and the phone number was checked updated the access procedures and pin by the inspector during the review. numbers for the special access mainframe. At that time he and I checked the detainee phones and was able to access the OIG phone number accordingly. The facility has been operating for the past several months without adequate and/or working access rules and pin numbers for the detainee phone system. According to ICE staff, agents were using what they thought were current access rules and pin numbers for the detainee In facilities unable to fully meet this requirement initially phones, and believed they were working because of limitations of its telephone service, ICE makes properly. However, they did not know the X alternate arrangements to provide required access within 24 information and postings the facility was hours of a request by a detainee. using was out-of-date. Therefore, there was no effort to remedy the problem or take alternate measures as indicated in this NDS. The facility accommodates written requests for detainees who wish to contact an attorney or legal service provider. The calls are free to the detainee and No restrictions are placed on detainees attempting to contact X accommodated on a facility phone in the attorneys and legal service providers who are on the approved booking area with staff assistance. Contact "Free Legal Services List". numbers were posted in the living units, but this inspector could not get a call to go through. According to the facility administrator, any Special arrangements are made to allow detainees to speak by such requests would be forwarded to ICE telephone with an immediate family member detained in another $\boxtimes$ for disposition. If approved by ICE, special arrangements would be made to Facility. accommodate the request. Any telephone restrictions are documented. X The facility has a system for taking and delivering emergency The facility has policy and procedures that X detainee telephone messages. supports compliance with this component. Emergency phone call messages are immediately given to X detainees. Policy and procedures require emergency Detainees are allowed to return emergency phone calls as soon $\boxtimes$ calls be allowed as soon as possible, not to as possible. exceed 12 hours. Detainees in disciplinary segregation are allowed phone calls $\bowtie$ relating to the detainee's immigration case or other legal matters, including consultation calls. Detainees in disciplinary segregation are allowed phone calls to $\boxtimes$ consular/embassy officials.

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 for family emergencies.	$\boxtimes$							
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	$\boxtimes$							
When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.		$\boxtimes$		There is no notification posted that the phone calls are monitored. Special Access calls are not monitored.				
☐ ACCEPTABLE ☐ DEFICIENT		AT-RISI	K	REPEAT FINDING				

This inspector reviewed postings, policy/procedure, interviewed facility and ICE staff; and checked various detainee phones. The facility has been working with the understanding that the detainee phones were generally unable to function within the Special Access mainframe. The postings listing the special access numbers and rules observed in the living units during the initial inspection were not current and did not allow detainees to access the OIG hotline, pro-bono contacts, embassies, or consulates. Special calls were accommodated by the facility via written request and by staff assistance on an institutional phone. During this inspection it was discovered that the detainee phone system was connected to the Special Access mainframe; however, the facility was never provided with updated access rules or pin numbers after the change of vendors several months ago. All involved parties are now aware of this concern, but at the present time the access rules and pin numbers have not been posted/provided to ICE detainees in the living areas. The Homeland Security Hotline signage is posted, but provides a number that cannot be accessed by the detainee phones (1-800-323-8603). There is no posted notification that the phone calls are monitored. It is apparent there has been a serious lapse in communication between all parties involved in regard to the detainee phone system was not working properly. This inspector is rating this NDS as "deficient" based on the above concerns and issues.

# 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.	$\boxtimes$			Visits are allowed on Monday s and Fridays. Male ICE detainees may visit between 9:00 AM and 10:00 AM. Female ICE detainees visit between 12:30 PM and 3:30 PM.
The visitation hours tailored to the detainee population and the demand for visitation.	$\boxtimes$			
The visitation schedule and rules are available to the public.	$\boxtimes$			The visitation schedule and rules are posted in the visitation waiting area and are accessible on a Web site on the Internet.
The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$			
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	$\boxtimes$			
A general visitation log is maintained.	$\boxtimes$			
The detainees are permitted to retain personal property items specified in the standard.			$\boxtimes$	Visits are non-contact with the exception of professional visits. Exchange of items is not allowed or possible.
A visitor dress code is available to the public.	$\boxtimes$			The posting is in the visitation waiting area.
Visitors are searched and identified according to standard requirements.	$\boxtimes$			Visitors are not routinely searched given visits are non-contact. However, visitors are subject to search as identified in this NDS.
The requirement on visitation by minors is complied with.	$\boxtimes$			
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			$\boxtimes$	The facility has provisions for visits by minor children.
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.			$\boxtimes$	Minor children are allowed to visit.
Detainees in special housing are afforded visitation.		$\boxtimes$		Detainees in disciplinary segregation are not allowed general visitation. They are allowed legal, clergy, and other professional visits.
Legal visitation is available seven (7) days a week, including holidays.		$\boxtimes$		Facility practice is consistent with this NDS. However, there is no established policy/ procedures or schedule that addresses this requirement.
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.		$\boxtimes$		There is no facility policy/procedures or schedule that supports compliance with this component. It should be noted that facility practice is consistent with the component.
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	$\boxtimes$			
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	$\boxtimes$			
There are written procedures governing detainee searches.	$\boxtimes$			
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.			$\boxtimes$	Strip searches are not routinely conducted after visits.

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VISITATION								
<b>POLICY:</b> ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.								
Prior to each visit, legal service providers and assistants are identified per the standard.	$\boxtimes$			Legal service providers are required to present professional credentials prior to visiting.				
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	$\boxtimes$			ICE has provided a local listing of pro bono legal organizations in the detainee living units. Calls to these organizations are not toll free unless detainees request a special phone call. Special phone calls are made in the facility booking area with staff assistance.				
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	$\boxtimes$			Facility staff indicate that requests for tours are referred to ICE for disposition.				
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	$\boxtimes$							
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.		$\boxtimes$		There were no facility procedures in place to accommodate this requirement during the initial inspection. The facility revised policy and procedures during the inspection process that will remedy this concern.				
<b>◯</b> ACCEPTABLE <b>□</b> DEFICIENT		REPEAT FINDING						

This inspector interviewed facility and ICE staff, inspected the visiting facilities, reviewed policy/procedures, checked the visitation log, and viewed postings. The facility demonstrates acceptable compliance with this NDS with a couple of concerns identified. Detainees in disciplinary segregation are not allowed general visitation privileges. There is no supporting schedule and/or procedure relative to visiting hours for legal providers. It is noted that a draft policy/procedure relative to attorney visitation was provided to this inspector during the inspection. This inspector was advised the draft would be made effective in the near future.

#### VOLUNTARY WORK PROGRAM

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

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

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

# REMARKS:

ICE detainees are not authorized to participate in the voluntary work program at this facility.

# 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.			$\boxtimes$	IGSA facilities are not required to comply with this component. Facility policy requires referral to the medical department after 48 hours.
CDFs and IGSAs immediately report a hunger strike to the ICE.	$\boxtimes$			Facility policy provides compliance with this component.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	X			Facility policy, which includes both security and medical policies, provides the procedures for staff to respond appropriately to a hunger strike.
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.  • If yes, in an observation room?			$\boxtimes$	IGSA facilities are not required to comply with this component. Pursuant to facility policy, hungerstriking detainees are removed from their cell and relocated to an observation cell in the booking area.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.			$\boxtimes$	IGSA facilities are not required to comply with this component.  Medical personnel are authorized to place a hunger-striking detainee in a designated observation room.
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.			$\boxtimes$	IGSA facilities are not required to comply with this component.  Facility policy requires medical staff to record the weight and vital signs of a hunger-striking detainee at least once every twenty-four (24) hours.
The OIC of the facility obtains a hunger striker's consent before medical treatment.	$\boxtimes$			Facility policy requires a signed consent to treatment when the hunger-striking detainee is removed from his/her cell to the observation cell.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			$\boxtimes$	IGSA facilities are not required to comply with this component. Facility policy requires a signed Refusal to Treatment any time a detainee refuses a medical evaluation or treatment.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.			$\boxtimes$	IGSA facilities are not required to comply with this component. Facility policy requires documentation each time food or liquids are offered to a hungerstriking detainee.
Staff maintains the hunger striker's supply of drinking water/other beverages.			$\boxtimes$	IGSA facilities are not required to comply with this component.  Facility policy requires that staff maintains the hunger striker's supply of drinking water or other beverages.

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.					
During a hunger strike, staff removes all food items from the hunger striker's living area.			$\boxtimes$	IGSA facilities are not required to comply with this component. Facility policy requires that all food items be removed and confiscated when the hunger-striking detainee is removed from his/her cell and placed in an observation cell in the booking area.	
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.			$\boxtimes$	IGSA facilities are not required to comply with this component. The facility utilizes an intake and output record similar to the I-839 form.	
The medical staff has written procedures for treating hunger strikers.	$\boxtimes$			Medical staff have a written treatment protocol for treating hunger strikers. The protocol was developed by the contractual medical director.	
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			$\boxtimes$	IGSA facilities are not required to comply with this component. Facility policy requires documentation of all treatment attempts, as well as, attempts to persuade the hunger striker of the associated medical risks.	
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.	$\boxtimes$			Security staff is provided training during new employee orientation and annually. Medical staff, in addition to their educational preparation, treat based-on a treatment protocol developed by the contractual medical director.	
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING	

#### REMARKS:

Following a review of policy/procedures, treatment protocols, hunger strike forms, training files, interviews with nursing and security staff, and a tour of the observation cells in the booking area, it was determined the facility is in compliance with the components of the standard.

There were no reported hunger strikes during the past year.

#### ACCESS TO MEDICAL CARE

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

THE GENERAL WELL-BEING OF ICE DETAINEES.	**	**		
COMPONENTS	YES	No	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines.				Nursing staff, the physician, and contractual pharmacy are licensed by the state of Nebraska. The medical unit is in possession of a current DEA controlled substance license. The medical unit has not obtained the required Clinical Laboratory Improvement Amendment (CLIA) waiver certificate authorizing limited on-site laboratory testing for the purposes of diagnosis, treatment, and monitoring.
The facility's in-processing procedures for arriving detainees include medical screening.	$\boxtimes$			Facility policy requires a medical screening be conducted at the time of booking. The screening is conducted by trained security staff with a follow-up screening conducted by medical staff within one (1) business day of booking.
All detainees have access to and receive medical care.	$\boxtimes$			Detainees can obtain a sick call request form from security staff at any time, regardless of security status. Nursing staff conducts sick call daily, Monday thru Friday. Detainees submitting a request slip are evaluated within twenty-four (24) hours for non-emergent issues and the same day for emergent issues. A physician is on-site each Thursday. Through a contractual agreement, emergency treatment is provided at the Midlands Hospital located approximately fifteen (15) minutes from the facility.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	$\boxtimes$			The facility has access to a managed health care coordinator electronically and by telephone through the Omaha Field Office.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.	$\boxtimes$			The medical staff consists of (b)(7)e half-time nursing staff who are on-site 9 AM to 5 PM, Monday through Friday, and "on call" during non-duty hours. A physician is on-site every Thursday afternoon.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	$\boxtimes$			The medical unit consists of two rooms; one of which is an office/storage area and the other an examination area. The examination area is of sufficient size, appropriately equipped, and provides privacy during examinations/treatment.

#### ACCESS TO MEDICAL CARE POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES. The medical facility has its own restricted-access area. The IGSA facilities are not required to restricted access area is located within the confines of the comply with this component. The $\times$ secure perimeter. facility medical unit has its own restricted access area which is located within the secure perimeter. The medical facility entrance includes a holding/waiting IGSA facilities are not required to comply with this component. There is room. no holding/waiting room for the X medical unit. Security staff escort detainees directly into the medical unit and remain with the detainee. The medical facility's holding/waiting room is under the IGSA facilities are not required to direct supervision of custodial staff. comply with this component. There is $\times$ no holding/waiting area associated with the medical unit. Detainees in the holding/waiting room have access to a IGSA facilities are not required to drinking fountain. comply with this component. There is $\times$ no holding/waiting are associated with the medical unit. Detainees can request water from medical unit staff. Medical records are kept apart from other files. They are: ICE detainee medical records are Secured in a locked area within the medical unit; maintained separate from confinement With physical access restricted to authorized medical $\times$ records in locked cabinets within the staff; and medical unit. Access to medical Procedurally, no copies made and placed in detainee records is restricted to medical staff. files. Pharmaceuticals are stored in a secure area. IGSA facilities are not required to comply with this component. Pharmaceuticals are secured in a $\times$ pharmacy cart located in the medical unit with access restricted to medical staff. Medical screening includes a Tuberculosis (TB) test. Every arriving detainee receives a TB test during the admission process; TB skin testing is conducted either the Detainee's TB-screening does not occur more than $\times$ same day or within one (1) business one business day after his/her arrival at the facility; day of admission to the facility. Detainees not screened are housed separate from the general population. All detainees receive a mental-health screening upon arrival. Facility policy requires a mental health screening be conducted at the time of It is conducted: By a health care provider or specially trained officer; booking. The screening is performed by trained security staff with a followup screening by medical staff the next Before a detainee's assignment to a housing unit. business day following the booking $\times$ date. IGSA facilities are not required to conduct the mental health screening prior to detainee housing unit assignment; however, the facility does conduct the screening prior to housing unit assignment.

#### ACCESS TO MEDICAL CARE POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES. The facility health care provider promptly reviews all I-794s IGSA facilities are not required to (or equivalent) to identify detainees needing medical comply with this component. Pursuant attention. to facility policy and practice, any detainee needing immediate medical attention is referred to medical staff. In $\times$ the absence of medical staff, the on-call nurse can be notified or the detainee can be transported to the Midlands Hospital located approximately fifteen (15) minutes from the facility. Pursuant to policy and practice, health The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the appraisals are conducted by the $\times$ contractual medical director well within facility. the fourteen (14) day requirement. Detainees in segregation/SMU are Detainees in the Special Management Unit have access to $\times$ visited daily by medical staff. health care services. Staff provides detainees with health services (sick call) At IGSA facilities medical staff is not required to provide detainees with request slips daily, upon request. Request slips are available in languages other than health services request slips, written in English, including every language spoken by a languages other than English, upon sizeable number of the facility's detainee population. request. Detainees can obtain a request $\times$ Service-request slips are delivered in a timely slip at any time. Request slips are fashion to the health care provider. delivered to medical staff or picked-up by medical staff multiple times a day. The request slips are only printed in English. The facility has a written plan for the delivery of 24-hour All staff are trained and certification emergency health care when no medical personnel are on duty maintained in CPR, first aid at the facility, or when immediate outside medical attention is procedures, and Automatic External $\times$ Defibrillator (AED) operation. Nursing required. staff and the contractual physician are on-call. The local EMS is utilized for emergent issues. The plan includes an on-call provider. IGSA facilities are not required to comply with this component. X Telephone numbers for nursing staff, the physician, and EMS are maintained in central control. IGSA facilities are not required to The plan includes a list of telephone numbers for local ambulance and hospital services. comply with this component. Local $\times$ hospital telephone numbers and EMS are located in central control. IGSA facilities are not required to The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety. comply with this component. Pursuant to policy and practice, facility supervisory staff are notified of the need for emergency health care $\times$ treatment, and if necessary, arrangements are made for transport outside the facility. Detainees requiring emergency transport outside the facility are always escorted by armed deputies.

ACCESS TO M	EDICA	L CAR	Œ					
<b>POLICY:</b> EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.								
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.		$\boxtimes$		A review of the training curriculum and interviews with jail administration indicated there is no training of a "4-minute" response time. A review of actual documented emergencies indicated response times well under the 4-minute standard.				
Where staff is used to distribute medication, a health care provider properly trains these officers.			$\boxtimes$	IGSA facilities are not required to comply with this component. Due to the absence of any on-site nursing staff, security staff conduct the 9 PM medication administration. Security staff performing this duty have received documented training from the nursing staff.				
The medical unit keeps written records of medication that is distributed.	$\boxtimes$			A Medication Administration Record (MAR) is generated and utilized for each detainee receiving medication. Documentation of each dose administered or refused is noted on the detainee's MAR.				
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.			$\boxtimes$	IGSA facilities are not required to comply with this component.  Communication of a detainee's special medical needs is made both verbally and in writing to jail administration.				
A signed and dated consent form is obtained from a detainee before medical treatment is administered.	$\boxtimes$			Facility policy requires a signed consent to treatment prior to any treatment other than routine sick call.				
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	$\boxtimes$			The facility utilizes an equivalent release of confidential medical records form for obtaining detainee medical records.				
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	$\boxtimes$			Notice of transfer/removal is generally received the afternoon prior to the transfer.				
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	$\boxtimes$			Pursuant to practice, medical records are transferred with the detainee.				
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	$\boxtimes$			Pursuant to practice, medical records are placed in a sealed envelope and marked as "Confidential Medical Records".				
<b>△</b> ACCEPTABLE <b>□</b> DEFICIENT		AT-RISI	K	REPEAT FINDING				

#### **REMARKS:**

Following a review of policy/procedures, training files and curriculum, ICE-detainee medical records, staff licensure and schedules, and interviews the jail administration, nursing and security staff, it was determined the facility is in compliance with the components of this standard.

The facility has not obtained the required Clinical Laboratory Improvement Amendment waiver certificate allowing limited on-site laboratory testing. Public Law 100-578 (SCLIA 1988), a regulation states, "All facilities that test human specimens for the purpose of diagnosis, treatment or monitoring are subject to the CLIA regulations. Each location where testing is performed, regardless of ownership, must possess a valid CLIA identification number."

Detention staff are not trained on a 4-minute response time for medical emergencies. A review of actual documented emergencies indicated response times well under the 4-minute standard.

A review of twenty-five (25) ICE detainee medical records indicated compliance with the appropriate time frames for completion of the intake medical/mental health screening, TB skin test, and 14-day health appraisal.

Thirteen (13) ICE detainees were interviewed.

There were no reported deaths during the past year.

# 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-prevention training occurs during the employee orientation program.

COMPONENTS	125	110	1121	TEMPARES		
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	$\boxtimes$			Training is mandatory and provided during new-employee orientation and annually.		
Training prepares staff to:  Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.	$\boxtimes$			A review of the training curriculum indicated compliance with the component.		
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.  • Screening does not occur later than one working day after the detainee's arrival.	$\boxtimes$			Specially trained security staff perform the screening at the time of booking. Detainees determined to be at-risk are immediately referred to medical staff or placed in an observation cell until medical staff are on-duty. Additionally, medical staff conduct a follow-up screening the next business day following the booking date.		
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	$\boxtimes$			Facility policy provides the procedures for referrals.		
The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			Holding cells in the booking area have been approved as isolation/observation rooms for the purposes of observation, evaluation, and treatment.		
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	$\boxtimes$			The isolation rooms are designed and constructed in a manner that eliminates any structures or items that could be used in a suicide attempt.		
Medical staff has approved the room for this purpose.	$\boxtimes$			The contractual medical director has provided verbal approval.		
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	$\boxtimes$			Facility policy provides for compliance with this component, and the observation form requiring fifteen (15) minute documentation indicated practice consistent with the policy.		
✓ ACCEPTABLE       □ DEFICIENT       □ AT-RISK       □ REPEAT FINDING						

#### REMARKS:

Following a review of policy/procedures, training files and curriculum, suicide observation forms, interviews with nursing and security staff, and a tour of the observation rooms, it was determined the facility is in compliance with this components of the standard.

There were no reported suicides or attempts during the past year.

#### 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.

AND RELATED NOTIFICATIONS.				
COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.			$\boxtimes$	Due to the limited medical staff, space and equipment, terminally ill detainees would not be initially housed at the facility or when determined to be terminally ill, would be transferred to a more appropriate treatment setting as determined by ICE.
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.	$\boxtimes$			Facility policy requires all ICE-detainee next-of-kin notifications are performed by ICE staff.
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.			$\boxtimes$	The facility has determined terminally ill detainees will not be housed at the facility and, as a result, the use of Living Wills and Advanced Directives does not apply to the facility.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.			$\boxtimes$	Since the facility has determined the use of Living Wills and Advanced Directives does not apply, preparation of such by a private attorney does not apply to the facility.
There is a policy addressing "Do Not Resuscitate Orders"			$\boxtimes$	The facility has determined "Do Not Resuscitate Orders" are not applicable to the facility since terminally ill detainees will not be housed in the facility.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?			$\boxtimes$	Since the facility has determined "Do Not Resuscitate Orders" do not apply to the facility, maximal therapeutic efforts, including resuscitation, will be provided all detainees.
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.			$\boxtimes$	No notification is necessary since there are no "Do Not Resuscitate Orders" applicable to the facility.
The facility has written procedures to address the issues of organ donation by detainees.		$\boxtimes$		There are no policy or procedures addressing organ donation by detainees.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	$\boxtimes$			Facility policy details that the notification would be made by the facility's administration to ICE who would be responsible for notifying next-of-kin and consulates.
The facility has a policy and procedure to address the death of a detainee while in transport.			$\boxtimes$	ICE staff conducts all ICE-detainee transfers.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	$\boxtimes$			ICE staff complies with the requirements for appropriate disposal of an ICE detainee's remains.

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

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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
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?	$\boxtimes$			In the event neither the family nor consulate claims a deceased ICE detainee's remains, ICE will determine the appropriate handling/burial process.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	$\boxtimes$			There are no A-files maintained at the facility. Any documentation requiring inclusion in the A-file would be forwarded to the Omaha Field Office.
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.	$\boxtimes$			Facility policy describes the procedures for contacting the local coroner.
ICE staff follows established procedures to properly close the case of a deceased detainee.	$\boxtimes$			ICE staff verified procedures to properly close the case of a deceased ICE-detainee.
☐ ACCEPTABLE ☐ DEFICIENT		AT-RIS	K	REPEAT FINDING

#### REMARKS:

Following a review of policy/procedures, and interviews with jail administration and ICE staff, it was determined the facility is in compliance with the components of this standard.

Due to limited medical staff and space, the facility has an agreement with ICE that no severely ill or terminally ill detainees will be housed at the facility.

Due to no severely ill or terminally ill detainees being housed in the facility, the facility has determined that issues of Living Wills/Advanced Directives and Do Not Resuscitate Orders do not apply to the facility.

There is no policy addressing organ donation by detainees.

## 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.

CONTRABAND DESTRUCTION IS REQUIRED.				
COMPONENTS	YES	No	NA	REMARKS
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.	$\boxtimes$			Facility policy and procedures address this component. Although not required, the facility does inventory, hold, and report all contraband to the proper authority for action/possible seizure.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.			$\boxtimes$	This component is specific to SPCs/CDFs. Contraband is preserved in the same manner as evidence in a criminal investigation.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.			$\boxtimes$	This component is specific to SPCs/CDFs. Property not needed as evidence is returned to the proper authority as outlined in facility policy.
Altered property is destroyed following documentation and using established procedures.			$\boxtimes$	This component is specific to SPCs/CDFs. Contraband is disposed and documented as outlined in facility policy.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.			$\boxtimes$	This component is specific to SPCs/CDFs. The facility contacts the chaplain regarding all questionable items.
Staff follows written procedures when destroying hard contraband that is illegal.	$\boxtimes$			
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.			$\boxtimes$	This component is specific to SPCs/CDFs. Confiscated contraband is not utilized in training.
ACCEPTABLE DEFICIENT	AT-RISI	ζ		REPEAT FINDING

#### REMARKS:

The facility has a policy for the handling and disposal of contraband. This inspector interviewed evidence room personnel and reviewed evidence logs and records. The facility demonstrates an acceptable level of compliance with this standard.

#### **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.

PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.	T = 7			n
COMPONENTS	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.	$\boxtimes$			A file is created for all persons booked into the facility. A computerized booking and release system is utilized by the facility.
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$			A computerized booking and release system is utilized by the facility.  Pertinent information is printed out and placed in respective (detainee) files along with other relative documents.
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	$\boxtimes$			A review of files indicates all necessary information is made a part of the detainee file.
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	$\boxtimes$			Provisions identified in this component relative to files not maintained in a secure area are not applicable to an IGSA facility. It should be noted that files are maintained behind the booking desk. The booking desk is staffed continuously and is secure.
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.	$\boxtimes$			Old files are completed and archived in a manner consistent with this NDS.
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	$\boxtimes$			
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.	$\boxtimes$			Files routinely stay in the booking area.
ACCEPTABLE DEFICIENT	AT	-RISK		REPEAT FINDING

#### REMARKS:

This inspector interviewed staff, reviewed policy/procedures, observed the automated booking and release system, reviewed detention files, inspected the booking area and file archive area. The facility demonstrates acceptable compliance with this NDS.

#### 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.

COMPLIANCE WITH FACILITY ROLES AND REGULATIONS.				
COMPONENTS	YES	No	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.	$\boxtimes$			Local policy addresses this component.
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:				These sanctions are outlined in the Inmate/Detainee Handbook under Inmate Rights and Responsibilities.
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	$\boxtimes$			
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		$\boxtimes$		The Inmate/Detainee Handbook is written in English and Spanish and outlines the Rights and Responsibilities; however, they are not conspicuously posted. Although IGSA facilities are not required to post Prohibited Acts, Disciplinary Severity Scale, or Sanctions, they are outlined in the Inmate/Detainee Handbook.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			$\boxtimes$	This component is specific to SPCs/CDFs. Staff are encouraged to pursue informal resolutions of minor rule violations.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.			$\boxtimes$	This component is specific to SPCs/CDFs. All reports are required by the end of the shift.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	$\boxtimes$			
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	$\boxtimes$			This facility utilizes a Disciplinary Board to adjudicate infractions. The following is not required in an IGSA facility: 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; Base its findings on the preponderance of evidence; and impose only authorized sanctions. Although not required, this facility meets the requirements of this component.		
A staff representative is available if requested for a detainee facing a disciplinary hearing.			$\boxtimes$	This component is specific to SPCs/CDFs. A staff member is made available upon request from the detainee.		
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	$\boxtimes$					
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.		$\boxtimes$		Assault on an officer may result in a disciplinary sanction of 120 days for a single offense.		
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	$\boxtimes$					
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	$\boxtimes$					

#### REMARKS:

The facility imposes disciplinary sanctions on any detainee whose behavior is not in compliance with facility rules and regulations. This inspector interviewed correctional staff and supervisors. The Inmate/Detainee Handbook is written in English and Spanish and outlines the Rights and Responsibilities; however, they are not conspicuously posted within the facility. Assault on an officer may result in a disciplinary sanction of 120 days for a single offense. ICE is notified immediately of any disciplinary action imposed on ICE detainees. The facility demonstrates an acceptable level of compliance with this standard.

AT-RISK

DEFICIENT

(b)(6), (b)(7)(C) / September 23, 2010 AUDITOR'S SIGNATURE / DATE

**ACCEPTABLE** 

REPEAT FINDING

#### 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 authority over other detainees.		$\boxtimes$		Facility policy fails to address this component. However, based on interviews with supervisors and staff, the actual practice prohibits detainees from having authority over other detainees under any circumstance.
Detainees are protected from:      Personal abuse     Corporal punishment     Personal injury     Disease     Property damage     Harassment from other detainees	$\boxtimes$			Provisions of this component are outlined in the Inmate/Detainee Handbook under Rights and Responsibilities.
Staff is trained to identify signs of detainee unrest.  • What type of training and how often?	$\boxtimes$			Disturbance/Riot Training is provided as part of the annual training program for staff.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	$\boxtimes$			
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	$\boxtimes$			The jail administrator is responsible for the Emergency Plans and their implementation.
The plans address the following issues:  Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions	$\boxtimes$			There are four copies of emergency plans. They are maintained in the jail administrator's office, master control, housing office, and booking. All emergency plans are reviewed and updated annually or as needed.
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	$\boxtimes$			
The facility has cooperative contingency plans with applicable:  • Local law enforcement agencies  • State agencies  • Federal agencies			$\boxtimes$	This component is specific to SPCs/CDFs. The facility has agreements with law enforcement agencies and fire departments as required.
All staff receives copies of Hostage Situation Management policy and procedures.			$\boxtimes$	This component is specific to SPCs/CDFs. Hostage Management policy is available to all staff through the computer system.

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COMPONENTS	YES	No	NA	REMARKS
Staff is trained (b)(7)e  (b)(7)e  Within 24 hours after release, hostages are screened for medical and psychological effects.			$\boxtimes$	This component is specific to SPCs/CDFs. Staff are trained  (b)(7)e  (b)(7)e  (b)(7)e  There is no written policy requiring hostages to be screened for medical or psychological effects.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			$\boxtimes$	This component is specific to SPCs/CDFs. There is no written policy for emergency medical treatment for staff or detainees after an incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.			$\boxtimes$	This component is specific to SPCs/CDFs. The facility currently maintains three days' worth of meals.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).			$\boxtimes$	This component is specific to SPCs/CDFs. Emergency Plans identify with pictures, the locations of shut-off valves and switches for 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		$\boxtimes$		There are no procedures that address Work/Food strikes.
	AT-RISK			REPEAT FINDING

#### REMARKS:

Written facility policy fails to preclude detainees or detainee groups from exercising control or authority over other detainees. However, based on interviews with supervisors and staff, the actual practice prohibits detainees from having authority over other detainees under any circumstance. There are no procedures that cover Work/Food strikes in the Emergency Plans. The facility demonstrates an acceptable level of compliance with this standard.

#### 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.				The facility has sound practice relative to this component. It should be noted that the facility prohibits flammable, toxic, and caustic materials within the jail operation. All cleaning materials are household grade. Policy and procedure is available relative to household grade materials stored and used within the jail.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	$\boxtimes$			Constant inventories are maintained for all flammable, toxic, and caustic substances used at this facility.
<ul> <li>The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>	$\boxtimes$			MSDS listings and files are maintained in a manner consistent with this component.
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They:  • Wear personal protective equipment; and • Report hazards and spills to the designated official.	$\boxtimes$			In the event that flammable, toxic or caustic materials are introduced into the facility for special projects or repairs, detainees are removed from the area and the materials are handled by staff only. Staff wear personal protective equipment as needed and report hazards as indicated within this component.
The MSDSs are readily accessible to staff and detainees in work areas.	$\boxtimes$			
<ul> <li>Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited; and</li> <li>Staff always supervises detainees using these substances.</li> </ul>	$\boxtimes$			Hazardous materials are not normally introduced into the jail area. If they are, the materials are limited and are under direct staff supervision, and detainees are removed from the area.
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.	$\boxtimes$			
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	$\boxtimes$			
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.)	$\boxtimes$			
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	$\boxtimes$			During my inspection the water temperature was 105 degrees F.

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COMPONENTS	YES	No	NA	REMARKS
All toxic and caustic materials are stored in their original containers in	$\boxtimes$			
a secure area.				
Excess flammables, combustibles, and toxic liquids are disposed of	$\boxtimes$			
properly and in accordance with MSDSs.				
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.	$\boxtimes$			There are no products with methyl alcohol in this facility.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	$\boxtimes$			
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	$\boxtimes$			The State Fire Marshal conducted an inspection of the jail during the last reporting period. A copy of the inspection has been included in the working papers of this inspection.
A technically qualified officer conducts the fire and safety inspections.	$\boxtimes$			
The Safety Office (or officer) maintains files of inspection reports.	$\boxtimes$			
The facility has an approved fire prevention, control, and evacuation plan.	$\boxtimes$			
<ul> <li>The plan requires:</li> <li>Monthly fire inspections;</li> <li>Fire protection equipment strategically located throughout the facility;</li> <li>Public posting of emergency plans with accessible building/room floor plans;</li> <li>Exit signs and directional arrows; and</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>				The facility has a fire and safety plan that has been approved by the State Fire Marshal.
Fire drills are conducted and documented monthly.	$\boxtimes$			Fire drills are conducted monthly and documented as required by this component.
A sanitation program covers barbering operations.		×		There is no sanitation program that covers barber operations. Barbering services are contracted by an outside vendor on a monthly basis (one day a month).
The barber shop has the facilities and equipment necessary to meet sanitation requirements.		$\boxtimes$		There is no dedicated area for a barbershop at this facility.
The sanitation standards are conspicuously posted in the barbershop.		$\boxtimes$		Sanitation standards are not posted in the area used for barber services.
Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$			Stericycle is contracted to dispose of used needles and sharps.
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	$\boxtimes$			

#### 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

INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES						
COMPONENTS	YES	No	NA	REMARKS		
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.	$\boxtimes$			Spill kits are readily available in the housing unit, booking area, and medical.		
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	$\boxtimes$			Biohazardous waste is disposed by an approved contractor.		
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	$\boxtimes$					
Do the methods for handling/disposing of refuse meet all regulatory requirements?	$\boxtimes$					
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.  • At least monthly.  • The pest-control program includes preventative spraying for indigenous insects.	×			"Cody Pest Management" has the contract for monthly pest control inspections and prevention. The contractor does satisfy all provisions of this component.		
Drinking water and wastewater is routinely tested according to a fixed schedule.	$\boxtimes$			Water testing is conducted by the City of Plattsmouth according to a fixed schedule.		
Other emergency systems and equipment receive testing at least quarterly.     Testing is followed-up with timely corrective actions (repairs and replacements).	$\boxtimes$			Emergency generators are tested bi-weekly and written reports were reviewed.		
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING						

#### REMARKS:

This inspector interviewed facility staff, reviewed inspection results and appropriate files, and inspected the physical plant. The facility generally demonstrates acceptable compliance with this NDS with the following concerns: the facility does not have a barbershop or a barbershop sanitation program for the contractual barber to follow.

### 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 REMARKS NA This component is specific to The hold rooms are situated within the secure perimeter.

			$\boxtimes$	SPCs/CDFs. Hold rooms are located in the booking area within the secure area of the facility.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.			$\boxtimes$	This component is specific to SPCs/CDFs. The Hold rooms are well ventilated, well lit, and all switches are located outside each hold room.
The hold rooms contain sufficient seating for the number of detainees held.			$\boxtimes$	This component is specific to SPCs/CDFs. The hold rooms contain sufficient seating for all detainees.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.			$\boxtimes$	This component is specific to SPCs/CDFs. Sleeping apparatus is not utilized in the hold rooms.
The walls and ceilings of the hold rooms are tamper and escape proof.			$\boxtimes$	This component is specific to SPCs/CDFs. Walls and ceilings are tamper and escape proof.
Individuals are not held in hold rooms for more than 12 hours.	$\boxtimes$			Detainees are processed in a timely fashion.
Male and females are segregated from each other.	$\boxtimes$			
Detainees under the age of 18 are not held with adult detainees.	$\boxtimes$			
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	$\boxtimes$			
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	$\boxtimes$			Staff have direct observation of all hold rooms.
All detainees are given a pat down search for weapons or contraband before being placed in the room.	$\boxtimes$			
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.).  • Hold rooms are irregularly monitored every 15 minutes.  • Unusual behavior or complaints are noted.	$\boxtimes$			
When the last detainee has been removed from the hold room, it is given a thorough inspection.	$\boxtimes$			
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	$\boxtimes$			
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	$\boxtimes$			911 Dispatch is located in the building.
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

#### REMARKS:

This inspector interviewed booking area staff, including supervisors. The booking area is properly equipped, secured, and demonstrates an acceptable level of compliance with this standard.

#### 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.

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.	$\boxtimes$			A captain is registered with the county as a locksmith.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	$\boxtimes$			The jail administrator in conjunction with the maintenance supervisor has oversight responsibilities.
The security officer, or equivalent in IGSAs, provides training to employees in key control.	$\boxtimes$			Staff receive training as part of their initial four to six week jail training along with their two week Jail Management Operation Training by the State of Nebraska.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	$\boxtimes$			
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			
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.	$\boxtimes$			(b)(7)e
Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	$\boxtimes$			
Grand master keying systems are prohibited.	$\boxtimes$			The facility does not utilize any grand master keying systems.
All worn or discarded keys and locks are cut up and properly disposed of.	$\boxtimes$			The maintenance supervisor is responsible for the proper disposal of discarded keys and locks.
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.	$\boxtimes$			
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	$\boxtimes$			The majority of the doors are remotely controlled from the control center. The supervisors utilize the only operational key ring. The key rings are passed between the supervisors at the end of each shift. Correctional staff are issued a take home key required for their job assignment.

## 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.

OF ALL RE IS AND LOCKS.				
COMPONENTS	YES	No	NA	REMARKS
Procedures are in place to ensure that key rings are:  • Identifiable;  • The numbers of keys are cited; and  • Keys cannot be removed.	$\boxtimes$			The two supervisor key rings are identifiable, the number of keys are cited, and keys cannot be removed.
Emergency keys are available for all areas of the facility.	$\boxtimes$			Emergency keys are maintained in the (b)(7)e
The facilities use a key accountability system.	$\boxtimes$			
Authorization is necessary to issue any restricted key.	$\boxtimes$			Authorization must be received from the jail administrator or the acting duty commander.
<ul> <li>Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>	$\boxtimes$			Gun lockers are located in the (b)(7)(E)
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	$\boxtimes$			IGSA facilities are not required to physically count keys daily. However, this facility inventories keys on each shift 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.				All staff receive training in Key Control. IGSA facilities are not required to have issued keys returned immediately in the event an employee inadvertently carries a key ring home. This facility requires, by policy, that the keys are returned immediately. In addition, IGSAs are not required to immediately report when a key or key ring is lost, misplaced, or not accounted for to a supervisor. However, this facility requires immediate notification to a supervisor of any lost, misplaced or not accounted for keys or key rings. Although not required for this facility, at no time are detainees authorized to handle keys assigned to staff.
<b>△</b> ACCEPTABLE	AT-RISE	(		REPEAT FINDING

#### **REMARKS:**

The facility maintains an efficient system for the use, accountability, and maintenance of all keys and locks that demonstrates an acceptable level of compliance with this standard.

(b)(6), (b)(7)(C) / September 23, 2010

AUDITOR'S SIGNATURE / DATE

#### 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	YES	No	NA	REMARKS		
Staff conduct a formal count at least once each shift.	$\boxtimes$			Formal counts are conducted at 0600 hours, 1200 hours, 1800 hours, and 2400 hours.		
Activities cease or are strictly controlled while a formal count is being conducted.			$\boxtimes$	This component is specific to SPCs/CDFs. All movement ceases during count.		
Certain operations cease during formal counts.			$\boxtimes$	This component is specific to SPCs/CDFs. All movement ceases during count.		
All movement ceases for the duration of a formal count.			$\boxtimes$	This component is specific to SPCs/CDFs. All movement ceases during count.		
Formal counts in all units take place simultaneously.			$\boxtimes$	This component is specific to SPCs/CDFs. All counts are taken simultaneously.		
Detainee participation in counts is prohibited.			$\boxtimes$	This component is specific to SPCs/CDFs. Detainees are prohibited from participating in any counts.		
A face-to-photo count follows each unsuccessful recount.			$\boxtimes$	This component is specific to SPCs/CDFs. A bracelet ID is crossed referenced with a picture file located in the booking room.		
Officers positively identify each detainee before counting him/her as present.			$\boxtimes$	This component is specific to SPCs/CDFs. The facility conducts "head counts" and does not identify each detainee during counts.		
Written procedures cover informal and emergency counts.  • They are followed during informal counts and emergencies.	$\boxtimes$					
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.	$\boxtimes$					
This training is documented in each officer's training folder.	$\boxtimes$					

#### REMARKS:

During this inspection, this writer observed the 1200 hour formal count on September 21, 2010. Formal counts are conducted and documented on each shift as required by the ICE standard. Informal counts and cell checks are conducted and documented on an hourly basis. The facility demonstrates an acceptable level of compliance with this standard.

#### 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.		$\boxtimes$		There was no post order for master control. Post orders for master control were developed and then presented to the review team on the last day of the inspection.
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.			$\boxtimes$	This component is specific to SPCs/CDFs. The jail administrator makes all revisions.
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	$\boxtimes$			The jail administrator is responsible for keeping all binders current.
The IGSA maintains a complete set (central file) of post orders.	$\boxtimes$			
The central file is accessible to all staff.			$\boxtimes$	This component is specific to SPCs/CDFs. The Standard Operating Procedure binder is accessible to all staff.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.			$\boxtimes$	This component is specific to SPCs/CDFs. The jail administrator authorizes all changes.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.			$\boxtimes$	This component is specific to SPCs/CDFs. The last page of every section is not signed and dated by the jail administrator.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	$\boxtimes$			This occurs on an annual basis, or as needed, and is done by the jail administrator.
Procedures keep post orders and logbooks secure from detainees at all times.			$\boxtimes$	This component is specific to SPCs/CDFs. Detainees do not have access to post orders or logbooks.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.			$\boxtimes$	This component is specific to SPCs/CDFs. Every Armed Post Officer is weapons qualified prior to assuming their post.
Armed-post post orders provide instructions for escape attempts.	$\boxtimes$			
The post orders for housing units track the event schedule.			$\boxtimes$	This component is specific to SPCs/CDFs. Event schedules are not outlined in the post orders.
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.			$\boxtimes$	This component is specific to SPCs/CDFs. There are no instructions on maintaining a log. Logs are maintained as required.
<b>△</b> ACCEPTABLE  □ DEFICIENT  □	AT-RISI	ζ		REPEAT FINDING

#### **REMARKS:**

The facility has binders that contain Standard Operating Procedures and necessary forms and instructions for every post except the master control. A post order for master control was developed and provided to the inspection team on the last day of the inspection. All posts were visited at the facility. In each instance, deputies understood their duties and responsibilities as outlined in their Standard Operating Procedure binder. The facility demonstrates an acceptable level of compliance with this standard.

#### 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				Posts to be inspected and the required inspection forms are not required in an IGSA facility. However, staff are required to inspect and document their findings of their assigned area on each shift. All applicable provisions of this component are in compliance.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.			$\boxtimes$	This component is specific to SPCs/CDFs. Staff are required to conduct and document security checks.
Documentation of security inspections is kept on file.			$\boxtimes$	This component is specific to SPCs/CDFs. Files are maintained by the jail administrator.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.			$\boxtimes$	This component is specific to SPCs/CDFs. Any corrective action is initiated immediately by the officer discovering the problem.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	$\boxtimes$			The jail administrator's assistant makes a copy of each person's ID entering the facility.
All visits are officially recorded in a visitor logbook or electronically recorded.	$\boxtimes$			Visitors are recorded in a logbook and electronically entered into an automated system.
The facility has a secure visitor pass system.	$\boxtimes$			
Every Control Center officer receives specialized training.	$\boxtimes$			Part of the initial four to six weeks of pre-service jail training covers specialized training for control center.
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.	$\boxtimes$			Detainees do not have access to the (b)(7)e where the master control is located.
Communications are centralized in the Control Center.	$\boxtimes$			
Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$			
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			$\boxtimes$	This component is specific to SPCs/CDFs. Only law enforcement vehicles enter the secure perimeter of the facility.

SECURITY INSPECTIONS						
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BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUND	ING IN FAC	CILITY OP	ERATION	S.		
COMPONENTS	YES	No	NA	REMARKS		
Officers thoroughly search each vehicle entering and leaving the facility.			$\boxtimes$	This component is specific to SPCs/CDFs. Only law enforcement vehicles enter 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.			$\boxtimes$	This component is specific to SPCs/CDFs. All tools are inventoried before entering and prior to departing the secure area of the facility.		
The SMU entrance has a sally port.		$\boxtimes$		There is no sally port at the entrance to SMU.		
Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$					
Housing area searches occur at irregular times.			$\boxtimes$	This component is specific to SPCs/CDFs. Searches are conducted at random times on a daily basis.		
Every search of the SMU and other housing units is documented.	$\boxtimes$			Searches are documented on the Daily Living Unit Log.		
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	$\boxtimes$					
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	$\boxtimes$					
Daily procedures include:  • Perimeter alarm system tests;  • Physical checks of the perimeter fence; and  • Documenting the results.			$\boxtimes$	The facility does not have a perimeter fence.		
Visitation areas receive frequent, irregular inspections.	$\boxtimes$					
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

#### REMARKS:

This inspector interviewed staff and supervisors, and reviewed logs and records. The facility utilizes a housing unit as an SMU and there is no sally port. Any corrective action for a security issue is initiated immediately by the officer discovering the problem and is reported to a supervisor. The facility does not have a perimeter fence, but the perimeter is checked daily by a supervisor. The facility has a video monitoring system that monitors both the interior and exterior of the facility. The facility demonstrates an acceptable level of compliance with this standard.

(b)(6), (b)(7)(C) / September 23, 2010 AUDITOR'S SIGNATURE / DATE

REPEAT FINDING

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

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

COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides no 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).			$\boxtimes$	This component is specific to SPCs/CDFs. A review is conducted within 96 hours.
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?			$\boxtimes$	This component is specific to SPCs/CDFs. A supervisor will conduct a review every 30 days if requested by the detainee.
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.			$\boxtimes$	This component is specific to SPCs/CDFs. Appeals are handled by the jail administrator.
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.			$\boxtimes$	This component is specific to SPCs/CDFs. ICE is notified immediately of any status change.
<ul> <li>The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.</li> <li>A written record is made of the decision and the justification.</li> <li>The detainee receives a copy of this record.</li> </ul>			$\boxtimes$	This component is specific to SPCs/CDFs. A review is conducted every 30 days if requested by the detainee.
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.			$\boxtimes$	This component is specific to SPCs/CDFs. Detainees can use the grievance procedure to appeal their placement in administrative segregation.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	$\boxtimes$			
The SMU is:      Well ventilated;      Adequately lighted;      Appropriately heated; and     Maintained in a sanitary condition.	$\boxtimes$			
All cells are equipped with beds.  • Every hed is securely fastened to the floor or wall	$\boxtimes$			

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COMPONENTS	YES	No	NA	REMARKS
The number of detainees in any cell does not exceed the occupancy	1 E3	110	INA	KEMAKKS
<ul> <li>When occupancy exceeds recommended capacity, do basic living standards decline?</li> <li>Do criteria for objectively assessing living standards exist?</li> <li>If yes, are the criteria included in the written procedures?</li> </ul>	$\boxtimes$			The facility has never exceeded cell occupancy beyond design capacity.
The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the general population.	$\boxtimes$			Administrative Segregation detainees have the same opportunities as the general population.
Detainees receive three nutritious meals per day, from the general population's menu of the day.  • Do detainees eat only with disposable utensils?  • Is food ever used as punishment?	$\boxtimes$			Detainees are given the same disposable utensils as the general population. Food is never used as punishment.
Each detainee maintains a normal level of personal hygiene in the SMU.  • The detainees have the opportunity to shower and shave at least three times a week.  • If not, explain.	$\boxtimes$			Showers are available seven days a week.
<ul> <li>The detainees are provided:</li> <li>Barbering services;</li> <li>Recreation privileges in accordance with the "Detainee Recreation" standard;</li> <li>Non-legal reading material;</li> <li>Religious material;</li> <li>The same correspondence privileges as detainees in the general population;</li> <li>Telephone access similar to that of the general population; and</li> <li>Personal legal material.</li> </ul>	$\boxtimes$			
A health care professional visits every detainee at least three times a week.  • The shift supervisor visits each detainee daily.  • Weekends and holidays.	$\boxtimes$			Medical staff visits each housing unit twice a day, Monday through Friday.
<ul> <li>Procedures comply with the "Visitation" standard.</li> <li>The detainee retains visiting privileges; and</li> <li>The visiting room is available during normal visiting hours.</li> </ul>	$\boxtimes$			
Visits from clergy are allowed.	$\boxtimes$			
<ul> <li>Detainees have the same law-library access as the general population.</li> <li>Are they required to use the law library ∑Separately, or ∑As a group?</li> <li>Are legal materials brought to them?</li> </ul>				Detainees have access to the law library either as a group or separately based on housing status. Legal materials may be brought to them based on facility needs.
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	$\boxtimes$			

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

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COMPONENTS	YES	No	NA	REMARKS
<ul> <li>SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU.</li> <li>Staff completes the form at the end of each shift.</li> <li>CDFs and IGSA facilities use Form I-888 (or local equivalent).</li> </ul>	$\boxtimes$			The facility is not required to utilize Housing Record Form I- 888. However, the facility uses a local equivalent.
Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.  Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;  The medical officer/health care professional signs each individual's record during each visit; and  The housing officer initials the record when all detainee services are completed or at the end of the shift.			$\boxtimes$	This component is specific to SPCs/CDFs. All pertinent information is maintained in the Master Control Log and the Daily Living Unit Log.
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.			$\boxtimes$	This component is specific to SPCs/CDFs. Records are maintained during the course of the detainees stay in administrative segregation.
✓ ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING				

#### REMARKS:

This inspector interviewed staff and supervisors, and reviewed SMU logs and records. The Administrative Segregation Unit houses detainees that cannot be placed in general population due to past behavioral problems, protective custody or mental health issues. ICE is notified immediately of any ICE detainee being placed in administrative segregation. The facility demonstrates an acceptable level of compliance with this standard.

## 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.	$\boxtimes$			Facility policy and procedures provide for the placement of a detainee into the special management unit.
The sanctions for violations committed during one incident are limited to 60 days.		$\boxtimes$		Sanctions for one incident can exceed 60 days depending on the number of charges and sanctions imposed.
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.	$\boxtimes$			
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.	$\boxtimes$			Reviews are conducted within 96 hours initially, then every 30 days, if requested by the detainee. Detainees receive a written copy of the decision even though this provision is not applicable to an IGSA facility.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	$\boxtimes$			
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	$\boxtimes$			Detainees in disciplinary segregation are not allowed general visits or commissary privileges.
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?	$\boxtimes$			The facility has never expanded cell occupancy beyond design capacity.
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.	$\boxtimes$			The facility does not utilize a dry cell, but does utilize a (b)(7)e
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	$\boxtimes$			

## 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 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.	$\boxtimes$			SMU detainees receive the same meals as the general population. Food is never used as punishment.
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	$\boxtimes$			Detainees have access to showers on a daily basis.
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.	$\boxtimes$			
<ul> <li>When phone access is limited by number or type of calls, the following areas are exempt:</li> <li>Calls about the detainee's immigration case or other legal matters;</li> <li>Calls to consular/embassy officials; and</li> <li>Calls during family emergencies (as determined by the OIC/Warden).</li> </ul>	$\boxtimes$			
A health care professional visits every detainee in disciplinary segregation every week day.  • The shift supervisor visits each segregated detainee daily  • Weekends and holidays.	$\boxtimes$			Medical staff visits each housing unit twice a day, Monday through Friday.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.		$\boxtimes$		Visits are not permitted while in disciplinary segregation.
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.	$\boxtimes$			
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.	$\boxtimes$			
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).			$\boxtimes$	This component is specific to SPCs/CDFs. The facility utilizes a local form that is equivalent to the I-888 form.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

## SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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COMPONENTS	YES	No	NA	REMARKS
<ul> <li>SMU staff record whether the detainee ate, showered, exercised, took medication, etc.</li> <li>Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc.</li> <li>The health care official sign individual records after each visit.</li> <li>The housing officer initials the record when all detainee services are completed or at the end of the shift.</li> <li>A new record is created weekly for each detainee in the SMU.</li> <li>The SMU retains these records until the detainee leaves the SMU.</li> </ul>			×	This component is specific to SPCs/CDFs. Records are maintained during the course of the detainees stay.
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING				

#### REMARKS:

This inspector interviewed staff and supervisors, and reviewed SMU logs and records. Sanctions for one incident can exceed 60 days depending on the number of charges and sanctions imposed. Regular visits are not permitted while in disciplinary segregation. ICE is notified immediately of any ICE detainee being placed in disciplinary segregation. The facility demonstrates an acceptable level of compliance with this standard.

#### 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.	$\boxtimes$			The maintenance supervisor is responsible for tool control.
Department heads are responsible for implementing this standard in their departments.			$\boxtimes$	This component is specific to SPCs/CDFs. The jail administrator is responsible for implementing the tool control policy.
Tool inventories are required for the:  • Maintenance Department;  • Medial Department;  • Food Service Department;  • Electronics Shop;  • Recreation Department; and  • Armory.	$\boxtimes$			Tool inventories are maintained in maintenance, medical, and food service. The facility does not have an electronics shop or a recreation department. The facility would utilize the Sheriff's armory if needed.
<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>	$\boxtimes$			Tools are inventoried on a daily basis.
The facility has a tool classification system. Tools are classified according to:  • Restricted (dangerous/hazardous); and  • Non-Restricted (non-hazardous).	$\boxtimes$			In an IGSA facility, tools are not required to be classified as "Restricted" or "Non- Restricted". The facility does classify their tools as restricted and non-restricted.
Department heads are responsible for implementing tool-control procedures.			$\boxtimes$	This component is specific to SPCs/CDFs. The jail administrator is responsible for implementing the Tool Control Policy.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	$\boxtimes$			All tools are marked and readily identifiable.
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.	$\boxtimes$			Tools are stored and inventoried in a mobile tool box utilizing a "shadow board" system.
Each facility has procedures for the issuance of tools to staff and detainees.	$\boxtimes$			Tools are never issued to detainees.
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include:  • Verbal and written notification;  • Procedures for detainee access; and  • Necessary documentation/review for all incidents of lost tools.	$\boxtimes$			
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	$\boxtimes$			Tools are disposed of properly by the maintenance supervisor.
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.	$\boxtimes$			All tools of outside contractors are inventoried and the completed inventory sheets are maintained in a binder in the front lobby.

TOOL CONTROL					
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COMPONENTS YES NO NA REMARKS				REMARKS	
✓ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISH	ζ		REPEAT FINDING	

#### REMARKS:

This inspector interviewed the maintenance supervisor and jail administrator, and reviewed logs and inventory sheets. The medical and food service departments have no written tool control policy; however, actual practice in those departments meets all requirements for tool control and inventories. The facility demonstrates an acceptable level of compliance with this standard.

# TRANSPORTATION (LAND TRANSPORTATION)

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

STANDARD NA. CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE

IN CONTROL OF THE DETAINEE CASE.		J GINET E		Z T Z Z G T T C Z G K S C Z G T T C Z
COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal				
motor vehicle laws and regulations. Records support this finding of				
compliance.				
Every transporting officer required to drive a commercial size bus has	l _	l _		
a valid Commercial Driver's License (CDL) issued by the state of				
employment.				
Supervisors maintain records for each vehicle operator.				
Officers use a checklist during every vehicle inspection.				
<ul> <li>Officers report deficiencies affecting operability; and</li> </ul>				
<ul> <li>Deficiencies are corrected before the vehicle goes back into</li> </ul>				
service.				
Transporting officers:				
<ul> <li>Limit driving time to 10 hours in any 15 hour period;</li> </ul>				
<ul> <li>Drive only after eight consecutive off-duty hours;</li> </ul>				
<ul> <li>Do not receive transportation assignments after having been</li> </ul>				
on duty, in any capacity, for 15 hours;				
<ul> <li>Drive a 50-hour maximum in a given work week; a 70-hour</li> </ul>				
maximum during eight consecutive days;				
<ul> <li>During emergency conditions (including bad weather),</li> </ul>				
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.	l _	l _		
<ul> <li>When buses travel in tandem with detainees, there areb)(7)(E</li> </ul>	) $\square$			
qualified officers per vehicle.				
<ul> <li>An unaccompanied driver may transport an empty vehicle.</li> </ul>				
Before the start of each detail, the vehicle is thoroughly searched.				
Positive identification of all detainees being transported is confirmed.				
All detainees are searched immediately prior to boarding the vehicle				
by staff controlling the bus or vehicle.				
The facility ensures that the number of detainees transported does not				
exceed the vehicles manufacturer's occupancy level.				
(b)(7)e are provided to all transporting officers.				
The vehicle crew conducts a visual count once all passengers are on				
board and seated.				
Additional visual counts are made whenever the vehicle				
makes a scheduled or unscheduled stop.				
Policies and procedures are in place addressing the use of restraining				
equipment on transportation vehicles.				
Officers ensure that no one contacts the detainees.	I	l	l ,	
• (b)(7)(E) fficer remains in the vehicle at all times when detainees				
are present.				
Meals are provided during long distance transfers.		l		
The meals meet the minimum dietary standards, as identified  had dietarising at the LOT.		□		
by dieticians utilized by ICE.				

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# TRANSPORTATION (LAND TRANSPORTATION)

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

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

COMPONENTS	YES	No	NA	REMARKS
The 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.				
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.				
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-RISE	ζ.		REPEAT FINDING

#### REMARKS:

ICE staff handles all Land Transportation needs.

#### 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-	$\boxtimes$							
of-force situation without a supervisor's presence or direction.								
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	$\boxtimes$			Deputies are trained to use verbal				
others, officers must try to resolve the situation without	_		_	intervention prior to physical force.				
resorting to force.								
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,	$\boxtimes$							
and others confer before every calculated use of force.								
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-				The facility utilized form and five names				
Force Team Technique.	$\boxtimes$			The facility utilized four and five person extraction teams when necessary.				
Under staff supervision.								extraction teams when necessary.
Staff members are trained in the performance of the Use-of-				The Use-of-Force Team Technique is part				
Force Team Technique.	$\boxtimes$			of the annual training program for staff.				
All use-of-force incidents are documented and reviewed.				The jail administrator reviews all use-of-				
	$\boxtimes$	Ш		force incidents.				
Staff:								
<ul> <li>Do not use force as punishment;</li> </ul>								
<ul> <li>Attempt to gain the detainee's voluntary</li> </ul>								
cooperation before resorting to force;								
<ul> <li>Use only as much force as necessary to control</li> </ul>	$\boxtimes$							
the detainee; and								
<ul> <li>Use restraints only when other non-</li> </ul>								
confrontational means, including verbal								
persuasion, have failed or are impractical.								
Medication may only be used for restraint purposes when	$\boxtimes$							
authorized by the Medical Authority as medically necessary.								
Use-of-Force Team follows written procedures that attempt to	$\boxtimes$							
prevent injury and exposure to communicable disease(s).								
Standard procedures associated with using four-point restraints								
include:  • Soft restraints (e.g., vinyl);								
<ul> <li>Dressing the detainee appropriately for the temperature;</li> </ul>								
A bed, mattress, and blanket/sheet;								
Checking the detainee at least every 15 minutes;				The facility utilizes (b)(7)e when				
Logging each check;	$\boxtimes$			necessary.				
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".								

two hours. area and the detainee is placed on a 15				
OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FA OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETA AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY I	ILED. ON AINEES, ST BE USED.	LY THA AFF AN PHYSIC	T AMOU D OTHE CAL RES	JNT OF FORCE NECESSARY TO GAIN CONTROL RS, TO PREVENT SERIOUS PROPERTY DAMAGE
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	$\boxtimes$			(2)(.)0

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.	$\boxtimes$			The (b)(7)e is used in the booking area and the detainee is placed on a 15 minute watch. The detainee is never left unattended (b)(7)e
All detainee checks are logged.	$\boxtimes$			
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	$\boxtimes$			Medical staff is always contacted when on duty.
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.	$\boxtimes$			(b)(7)(E)
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.	$\boxtimes$			All deputies carry protective gloves.
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.	$\boxtimes$			The jail administrator reviews all use of force incidents.
All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.  • Specialized training is given and Officers are certified in all devices they use.	$\boxtimes$			
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	$\boxtimes$			The facility utilizes an appropriate form for all use of force incidents.
		AT-RIS	K	REPEAT FINDING

## REMARKS:

This inspector interviewed staff and supervisors, and reviewed training fil	es, logs, and records. Us	se of Force is only utilized to
prevent a detainee from harming themselves, others or property. Staff we	re very knowledgeable a	nd understood that use of force is
only utilized after all reasonable efforts to resolve a situation have failed.	(b)(7)e	at this facility.
The facility demonstrates an acceptable level of compliance with this stan	dard.	

#### 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.	$\boxtimes$			The provision within this component requiring a weekly routine (of ICE visits) is not applicable to an IGSA facility. ICE ensures weekly announced and unannounced visits are conducted at this IGSA.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	$\boxtimes$			
Scheduled visits are posted in ICE detainee areas.	$\boxtimes$			The posting was observed in detainee living areas with a sign- up sheet for detainees.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	$\boxtimes$			Documents and logs were supplied by the Supervisory Immigration Enforcement Agent that support compliance with this provision.
ICE information request Forms are available at the IGSA for use by ICE detainees.	$\boxtimes$			The facility utilizes a request slip that is faxed to ICE. This inspector reviewed copies of request slips submitted via this process.
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.	$\boxtimes$			A review of faxed request slips to ICE reveals routine responses (from ICE) within 72 hours of receipt.
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-RISH	ζ.		REPEAT FINDING

#### REMARKS:

This inspector interviewed facility and ICE staff, reviewed the request slip log maintained by ICE and ICE inspection reports, and observed postings in the housing units. The facility and responsible ICE personnel have demonstrated acceptable compliance with this NDS.

#### 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.

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	$\boxtimes$			An interview with the Supervisory Immigration Enforcement Agent reflects compliance with this component. ERAM has replaced DACS as a data base.
Notification includes the reason for the transfer and the location of the new facility.	$\boxtimes$			
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	$\boxtimes$			
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	$\boxtimes$			
<ul> <li>Facility policy mandates that:</li> <li>Times and transfer plans are never discussed with the detainee prior to transfer;</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility; and</li> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>	$\boxtimes$			Facility Standard Operating Procedure is consistent with the requirements of this component.
The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	$\boxtimes$			
<ul> <li>For medical transfers:</li> <li>The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer;</li> <li>Medical transfers are coordinated through the local ICE office; and</li> <li>A medical transfer summary is completed and accompanies the detainee.</li> </ul>	$\boxtimes$			
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.			$\boxtimes$	There are no DIHS staff at this facility.
For medical transfers, transporting officers receive instructions regarding medical issues.	$\boxtimes$			
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	$\boxtimes$			
Transfer and documentary procedures outlined in Section C and D are followed.	$\boxtimes$			
Meals are provided when transfers occur during normally schedule meal times.	$\boxtimes$			
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	$\boxtimes$			
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	$\boxtimes$			
	AT-RISH	ζ		REPEAT FINDING

## **REMARKS:**

This inspector interviewed facility staff and the Supervisory Immigration Enforcement Agent with responsibility for this facility, and reviewed the facility's Standard Operating Procedure. Acceptable compliance with this NDS is noted.

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



MEMORANDUM FOR:

Scott Baniecke

OCT 2 3 2010

Field Office Director

St. Paul Field Office

FROM:

Gary E. Mead

Assistant Director for Detention Management

SUBJECT:

Cass County Jail Annual Review

The annual review of the Cass County Jail conducted on September 21-23, 2010 in Plattsmouth, Nebraska has been received. A final rating of **Acceptable** has been assigned.

The G-324A worksheets provided by the Lead Compliance Inspector (LCI) indicated the facility was deficient with the Detainee Telephone Access standard. A Plan of Action is required to address the deficiencies identified in the Detainee Telephone Access standard.

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

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

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

Should you or your staff have any questions regarding this matter, please contact

(b)(6), (b)(7)(C)

Acting Deputy Assistant Director, Detention Management Division at (202)

732(6), (b)(7)(C)

cc: Official File

ICE:HQERO: (b)(6), (b)(7)(C) 10/12/2010

(b)(7)e

# **HEADQUARTERS EXECUTIVE REVIEW Review Authority** The signature below constitutes review of this report and acceptance by the Review Authority. OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations. HQERO EXECUTIVE REVIEW: (Please Print Name) Signature Gary E. Mead Date Assistant Director, Detention Management Superior Final Rating: Good Acceptable **Deficient** At-Risk No Rating Comments: The Review Authority concurs with the recommended rating of "Acceptable" for the Cass County Jail. A Plan of Action is required to address the deficiencies identified in the Detainee Telephone Access standard.

Contract Number

Basic Rates per Man-Day

Other Charges: (If None, Indicate N/A)

47-00-0079

58.53

N/A

A. Type of Facility Reviewed	Estimated Man-o	ays Per Year	:	
☐ ICE Service Processing Center	33295			
ICE Contract Detention Facility	•			
	G. Accreditation	n Certificate	es	
	List all State or I	National Accr	editation[s] recei	ved:
B. Current Inspection	Nebraska Jail Sta			
Type of Inspection	Check box if	f facility has i	no accreditation[s	<u>s]</u>
Field Office HQ Inspection		•	•	
Date[s] of Facility Review	H. Problems / C	Complaints (	Copies must be	attached)
September 21-23, 2010	The Facility is u			
	Court Order		Class Action Or	_
C. Previous/Most Recent Facility Review	The Facility has	Significant L	iti⊵ation Pendin⊆	
Date[s] of Last Facility Review	Major Litigat		Life/Safety Issue	
September 29 - October 1, 2009	Check if No			
Previous Rating	<u></u>			
☐ Superior ☐ Good ☒ Acceptable ☐ Deficient ☐ At-Risk	I. Facility His	tory		
	Date Built	J		
D. Name and Location of Facility	2002			
Name	Date Last Remo	deled or Upgi	raded	
Cass County Jail	2002			
Address (Street and Name)	Date New Const	ruction / Bed	space Added	
303 Avenue A	Bute 11011 Collisi	raction, Bea	space radica	
City, State and Zip Code	Future Construct	tion Planned		
Plattsmouth, NE 68048	Yes No			
County	Current Bed spa		Bed space (# No	w Reds only)
Cass	110	Numb	-	ew Beas only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  (b)(6) (b)(7)(C) Jail Administrator	110	Tturre	cr. Dutc.	
(b)(6), (b)(7)(C) Jail Administrator Telephone # (Include Area Code)	J. Total Facili	ty Populatio	n	
402-29)(6), (b)(7)(C)	Total Facility Int			
Field Office / Sub-Office (List Office with oversight responsibilities)	1282	Tor provi		
St. Paul / Omaha	Total ICE Man-c	lavs for Previ	ous 12 months	
Distance from Field Office	4429	, - 101 11011		
300 / 28 miles				
	K. Classification	on Level (IC	E SPCs and CD	Fs Only)
E. ICE Information		L-		L-3
Name of LCI (Last Name, Title and Duty Station)	Adult Male			
)(6), (b)(7)(¢)LCI / MGT of America	Adult Female			
Name of Team Member / Title / Duty Location	120021 Cilmic			
)(6), (b)(7)(C)I - Medical / MGT of America		ı	I	ı
Name of Team Member / Title / Duty Location	L. Facility Cap	acity		
(6), (b)(7)(C)I - Security / MGT of America	z. racinty cap	Rated	Operational	Emergency
Name of Team Member / Title / Duty Location	Adult Male	98	98	106
(6), (b)(7)(CI - Safety and Food Service / MGT of America	Adult Female	12	12	13
Name of Team Member / Title / Duty Location			enders 16 and old	l
	Z z acincy noits	Jaremies Off		- no lawing
	M. Average Da	ily Populatio	on	
F. CDF/IGSA Information Only	Izveringe Di	IC IC		Othor

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Adult Male

Security:

(b)(7)(E)

Adult Female

N. Facility Staffing Level

Date of Contract or IGSA

3-1-2006

Support:

(b)(7)(E)

19

36

#### Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	1-P	1-P	5-P	1-P
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	1	1	5	1
Assault:	Types (Sexual Physical, etc.)	0	0	1-P	0
Detainee on Staff	With Weapon	0	0	1 <b>-</b> P	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	0	1	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	2-V	0	1-V	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	2-C	0	1-C	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	9	32	51	1
	# Resolved in favor of Offender/Detainee	7	15	40	1
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	0	0	0
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

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

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

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

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

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

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# 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	
Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(C)	
Title & Duty Location	Date
LCI - MGT of America	September 23, 2010
TEAM MEMBERS	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(C) Medical CI, MGT of America	(b)(6), (b)(7)(C) Security CI, MGT of America
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(C) Environmental Health and Safety & Food	
Service CI, MGT of America	
Recommended Rating:  Superior Good Acceptable Deficient At-Risk	

#### Comments:

This facility is approximately eight (8) years old, and was clean and in good repair at the time of inspection. The jail operations are housed on the third and fourth floor of a four story law enforcement complex. The fourth floor houses the control center and the third floor houses all other jail operations. The facility makes extensive use of a surveillance system that is monitored in the control center. Detainees are received via a secure elevator that originates from a secure jail / law enforcement parking area within the lower level of the facility. The facility houses both female and male ICE detainees via contract with the U.S. Marshal's Service. There is no current contract with ICE. Housing for females is in a unit that is out of sight and sound of the male units. The female unit has one secure cell and 12 beds in a dormitory setting. Males are housed in one of six living areas. The maximum security unit has six secure cells with single occupancy. The two medium security units have six (6) cells and ten (10) cells respectively, and each cell is double bunked. There are two dormitories for minimum security use. One of the dorms houses 36 detainees and the other 12 detainees. A "trustee" dorm houses 12 non-ICE detainees who are used for work details within the facility. There is good video surveillance of all living areas. Security staff physically check each unit every hour. There were 26 ICE detainees at the facility during the time of this inspection.

The facility houses juvenile offenders over the age of 16, pursuant to State of Nebraska law, which allows for juveniles facing felony charges that are being adjudicated as an adult to be committed to the facility. This is not applicable to ICE detainees.

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A review of statistics provided by the facility indicates a detainee on staff assault (with weapon) that occurred in August 2010. The subject was a non-ICE detainee being held for the USMS. The subject was in an isolation cell under a mental health watch. The subject was ordered removed from the cell and refused. The subject produced a pencil with the rubber eraser removed and cut the arm of a deputy with the metal end (eraser holder) of the pencil. The injury was not serious and the non-ICE detainee was not criminally charged.

It was also noted that detainee grievances spiked during the summer months. The majority of the grievances were in regard to the quality of meals served. The jail administrator indicated that the grievances increased as a result of a newly hired food service supervisor who was unable to follow recipes. It was discovered that the food service supervisor was illiterate and her employment was terminated. After her termination the grievances returned to a normal level.

(b)(7)e and demonstrates good compliance with ICE protocols for searches of detainees (inclusive of strip search).

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



MEMORANDUM FOR: Scott Baniecke

Field Office Director St. Paul Field Office

FROM: Gary E. Mead

Assistant Director for Detention Management

SUBJECT: Cass County Jail Annual Review

The annual review of the Cass County Jail conducted on September 21-23, 2010 in Plattsmouth, Nebraska has been received. A final rating of **Acceptable** has been assigned.

The G-324A worksheets provided by the Lead Compliance Inspector (LCI) indicated the facility was deficient with the Detainee Telephone Access standard. A Plan of Action is required to address the deficiencies identified in the Detainee Telephone Access standard.

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

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

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

Should you or your staff have any questions regarding this matter, please contact

(b)(6), (b)(7)(C) Acting Deputy Assistant Director, Detention Management Division at (202)

73\(\text{Q}(6)\), (b)(7)(C)

cc: Official File ICE:HQERO: (b)(6), (b)(7)(C) /12/2010 (b)(7)e