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



MEMORANDUM FOR:

Katrina S. Kane

Field Office Director

Phoenix Field Off

FROM:

Gary E. Mead

Assistant Director for Detention Management

SUBJECT:

Central Arizona Detention Center Annual Review

The annual review of the Central Arizona Detention Center conducted on October 19-21, 2010, in Parker, Arizona has been received. A final rating of <u>Meets Standards</u> has been assigned. No further action is required and this review is closed.

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

- 1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324B Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before October 19, 2011.

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

cc: Official File

ICE:HQERO (b)(6), (b)(7)(C) 11/12/2010

(b)(7)e

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. HQDRO EXECUTIVE REVIEW: (Please Print Name) Gary E. Mead Title Assistant Director for Detention Management Final Rating: Meets Standards Does not Meet the Standards Comments: The Review Authority concurs with the recommended rating of "Meets Standards" for Central Arizona Detention Center. No plan of action is required and this review is closed.



601 13th Street, NW Suite 650 North Washington, DC 20005

Contract # HSCECR-09-C-00004

ICE National Detention Standards Compliance Review

Facility:

Central Arizona Detention Center

Inspection Date:

October 19-21, 2010

Report Date:

October 24, 2010



601 13th St. NW, Suite 650N Washington, DC 20005 202/ 824b)(6), (b)(7)(C) 202/ 824-0728 (F) www.MGTofAmerica.com

October 24, 2010

MEMORANDUM FOR:

James M. Chaparro

Director

Office of Enforcement and Removal Querations

FROM:

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

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

SUBJECT:

Central Arizona Detention Center

Annual Detention Review

Lead Compliance Inspec

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) Performance Based National Detention Standards (PBNDS) at the Central Arizona Detention Center located in Florence, Arizona during the period of October 19 - 21, 2010. This is an IGSA facility operated by Corrections Corporation of America (CCA) to house ICE detainees for over 72 hours.

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

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

Type of Review

The review is a scheduled annual inspection which is performed to determine overall compliance with the ICE PBNDS for Over 72 hour facilities. The facility received a previous rating of "Good" during the September 2009, inspection which was based on a review of the facility using the ICE National Detention Standards (NDS).

Review Summary

The facility is accredited by the American Correctional Association (ACA); however, the facility is not accredited by Joint Commission on Accreditation of Health Organizations (JCAHO) or by the National Commission on Correctional Health Care (NCCHC).

Standards Compliance

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

2009 Inspection	National Detention Standards
Compliant	37
Deficient	0
Repeat Deficiency	0
At-Risk	0
Not Applicable	1

2010 Inspection PBNDS Review	Mandatory	Non-Mandatory
Meets Component	38	681
Does Not Meet Component	0	10
Non-Applicable	2	158
Total Components	40	849
Percentage of Compliance	100%	98.55%

2010 Inspection - PBND	S Review
Meets Standard	40
Does Not Meet Standard	0
Repeat Finding	0
Non-Applicable	1

LCI Issues and Concerns

There are no standards identified by the inspection team as "Does Not Meet Standard" and no major concerns were identified.

Recommended Rating and Justification

The LCI recommends the Central Arizona Detention Center receive a rating of "Meets Standards." The facility was compliant with 100% of the mandatory standards and 98.55% of the non-mandatory standards.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely recorded on the G-324A Worksheet and are supported by documentation in the inspection file. An out brief was conducted at the facility. In addition to the entire inspection team, the following were present: Warden (b)(6), (b)(7)(C) Assistant Warden (b)(6), (b)(7)(C) Assistant Warden (b)(6), (b)(7)(C) Assistant Warden (b)(6), (b)(7)(C) Chief of Security (b)(6), (b)(7)(C) Quality Assurance Administrator (b)(6), (b)(7)(C) Quality Assurance Coordinator (b)(6), (b)(7)(C) Chief of Unit Management (b)(6), (b)(7)(C) Health Services Administrator (b)(6), (b)(7)(C) ICE Assistant Field Office

Central Arizona Detention Center October 24, 2010 Page | 3



Director Marty Zaleska, ICE SDDO (b)(6), (b)(7)(C) ICE DOS (b)(6), (b)(7)(C) ICE IEA (b)(6), (b)(7)(C) and ICE IEA (b)(6), (b)(7)(C)

(b)(6), (b)(7)(C Lead Compliance Inspector October 24, 2010 Signature Date

Estimated Man-days Per Year

27,000

A. Type of Facility Review		G. Accreditati	ion Certifi	cates		
ICE Service Proces		List all State or				ved:
ICE Contract Deter		American Corre				
ICE Intergovernme	ental Service Agreement	Check box i	f facility h	as no acc	creditation[s	s]
	····					
B. Current Inspection		H. Problems /				
Type of Inspection		The Facility is u				
Headquarters		Court Order			s Action Or	
Date[s] of Facility Review		The Facility has				
October 19-21, 2010		Major Litiga		Lite/	Safety Issue	es
		Check if No.	ne.		 	· · · · · · · · · · · · · · · · · · ·
C. Previous/Most Recent F		T Facility III	.4			
Date[s] of Last Facility Revie	W	I. Facility His Date Built	story			
October 20-22, 2009		1994				
Previous Rating		Date Last Remo	dalad on II	a canadad	 -	
Superior 🗵 Good 🔝 Ac	ceptable Deficient At-Risk	November 1998		pgraded		
D. N II. d. cr	. •1•.	Date New Const		adanaaa	Addad	
D. Name and Location of F ICE Facility Code	acility	N/A	u uction / L	cuspace	Added	
ice racinty code		Future Construc	tion Planne	-d		
Name		☐ Yes ☐ No		, u		
Central Arizona Detention Ce	nter	Current Bedspace		ure Beds	space (# Ne	w Beds only)
Address (Street and Name)		3333		nber: N		• /
1155 N. Pinal Parkway					one Dutt	··
City, State and Zip Code Florence, Arizona 85132		J. Total Facili	ity Popula	tion		
County		Total Facility Int			2 months	
Pinal County		19,429	<u> </u>			
Name and Title of Facility Adminis	trator (Warden/OIC/Superintendent)	Total ICE Manda	ays for Pre	vious 12	months	
(b)(6), (b)(7)(C)		25,722				
Telephone # (Include Area Code)						
520-8686), (b)(7)(C) Field Office / Sub-Office (List Office	with aversight regneral hillities	K. Classification	on Le <u>vel (</u>	ICE SP	Cs and CD	Fs Only)
Phoenix	with oversight responsibilities)			L-1	L-2	L-3
Distance from Field Office		Adult Male		63	13	0
63 Miles		Adult Female		0 0		0
E. ICE Information		L. Facility Cap				
Name of Inspector (Last Name			Rated		erational	Emergency
(b)(6), (b)(7)(C)LCI / MGT of Am	erica	Adult Male	2304		3333	N/A
Name of Team Member / Title		Adult Female	0		0	0
(b)(6), (b)(7)(C)/CI-Security/MC		☐ Facility holds	Juveniles (<u>)ffender</u> :	s 16 and old	er as Adults
Name of Team Member / Title		M				
(b)(6), (b)(7)(C) / CI-Food &		M. Average Da			TICREC	
Name of Team Member / Title		A dult Mala		CE_	USMS	Other
(b)(6), (b)(7)(C) CI-Medical / MC	T of America	Adult Male		71	3463	1
E CDDUCC * * *	0.1	Adult Female		0	0	0
F. CDF/IGSA Information		N Fee: 124 C4	cci Y	1		
Contract Number	Date of Contract or IGSA	N. Facility Stat	inng Leve			
ODT-9-C-0001	October 1, 2008	Security:			port:	
Basic Rates per Man-Day 90.00		(b)(7)(E)		(b)(7)	<u>(5)</u>	
	acta NI/A)					
Other Charges: (If None, India	ate N/A)					

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 '09
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	1	3	0	1
	Without Weapon	12	11	16	13
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	5	4	4	2
Number of Forced Moves, incl. Forced Cell moves ³		1	1	3	2
Disturbances ⁴		1	6	6	0
Number of Times Chemical Agents Used		7	9	8	8
Number of Times Special Reaction Team Deployed/Used		0	1	0	1
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		6	7	1	0
Escapes	Attempted	0	0	0	0
•	Actual	0	0	0	0
Grievances:	# Received	3	7	2	6
	# Resolved in favor of Offender/Detainee	2	1	2	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	0	N/A	N/A
	Number	0	1	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	5	3	4	0
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

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

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

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

	DHS/ICE Detention Standards Review Summary Report				
1.	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PA	RTUSATETY	1.00			
1	Emergency Plans				
2	Environmental Health and Safety				
3	Transportation (By Land)				
PA	RT 2 SECURITY		7.7		
4	Admission and Release	\square			
5	Classification System				
6	Contraband				
7	Facility Security and Control	\boxtimes			
8	Funds and Personal Property				
9	Hold Rooms in Detention Facilities				
10	Key and Lock Control	☒			
11	Population Counts	\square			
12	Post Orders	\boxtimes			
13.	Searches of Detainees	\boxtimes			
14	Sexual Abuse and Assault Prevention and Intervention	\boxtimes			
15	Special Management Units				
16	Staff-Detainee Communication				
17	Tool Control				
18	Use of Force and Restraints				
	RT 3 ORDER				
19	Disciplinary System				
	RT 4 CARE	PERSONAL PROPERTY OF THE PERSON PROPERTY OF T			
20	Food Service				
21	Hunger Strikes				
22	Medical Care				
23	Personal Hygiene				
24	Suicide Prevention and Intervention				
25	Terminal Illness, Advance Directives, and Death				
	RT.5 ACTIVITIES		SV2		
26	Correspondence and Other Mail				
27	Escorted Trips for Non-Medical Emergencies				
28	Marriage Requests	\boxtimes			
29	Recreation	\boxtimes			,
30	Religious Practices	\boxtimes			
31	Telephone Access	\boxtimes			
32	Visitation	\boxtimes			
33	Voluntary Work Program				
PAI	RT 6 JUSTICE				
34	Detainee Handbook	X			
35	Grievance System	Ø			
36	Law Libraries and Legal Material	\boxtimes			
37	Legal Rights Group Presentations	×			
	RT 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files				
39	News Media Interviews and Tours	\boxtimes			
40	Staff Training	Ø			
41	Transfer of Detainees	M			1

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name) (b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
Title & Duty Location LCI, MGT of America	October 21, 2010
Team Members	
Print Name, Title, & Duty Location (b)(6), (b)(7)(C) CI-Security, MGT of America Print Name, Title, & Duty Location (b)(6), (b)(7)(C) CI-Food/Safety, MGT of America	Print Name, Title, & Duty Location (b)(6), (b)(7)(C) CI-Medical, MGT of America Print Name, Title, & Duty Location
Recommended Rating:	tandards t Meet Standards

Comments:

There was one death in the facility in the past year. This death involved a non-ICE detainee who died of natural causes.

The facility uses canines to search the perimeter and common areas. They are not used in the presence of detainees.

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

None of the incidents reported in the Significant Incident Summary Worksheet involved ICE detainees.

Condition of Confinement Inspection Worksheet

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

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



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

5-11-09 update

 \boxtimes Intergovernmental Service Agreement (IGSA) ICE Service Processing Center (SPC) ICE Contract Detention Facility (CDF) Name Central Arizona Detention Center Address (Street and Name) 1155 N. Pinal Parkway City, State and Zip Code Florence, Arizona 85132 County Pinal Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) (b)(6), (b)(7)(C)Name and Title of Lead Compliance Inspector (b)(6), (b)(7)(C) Date[s] of Review From 10/19/2010 to 10/21/2010 Type of Review ☐ Operational ☐ Special Assessment ☐ Other

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

The Outcome Measures Worksheet section is completely new for the performance-based NDS. The

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

Table of Contents

SECTION I - SAFETY

Emergency Plans
Environmental Health and Safety
Transportation (By Land)

SECTION II - SECURITY

Admission and Release
Classification System
Contraband
Facility Security and Control
Funds and Personal Property
Hold Rooms in Detention Facilities
Key and Lock Control
Population Counts
Post Orders
Searches of Detainees
Sexual Abuse and Assault Prevention and Intervention
Special Management Units
Staff-Detainee Communication
Tool Control
Use of Force and Restraints

SECTION III – ORDER

Disciplinary System

SECTION IV - CARE

Food Service
Hunger Strikes
Medical Care
Personal Hygiene
Suicide Prevention and Intervention
Terminal Illness, Advance Directives, and Death

SECTION V - ACTIVITIES

Correspondence and Other Mail
Escorted Trips for Non-Medical Emergencies
Marriage Requests
Recreation
Religious Practices
Telephone Access
Visitation
Voluntary Work Program

SECTION VI – JUSTICE

Detainee Handbook Grievance System Law Libraries and Legal Material Legal Rights Group Presentations

SECTION VII - ADMINISTRATION & MANAGEMENT

Detention Files News Media Interviews and Tours Staff Training Transfer of Detainees

Performance-Based National Detention Standards

Section I SAFETY

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

PART 1 -	1.	EMERO	SENCY	PL	ANS
----------	----	-------	--------------	----	-----

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			The facility detainee handbook explains that no detainee or detainee group exercises control or authority over other detainees.
2.	 Detainees are protected from: Personal abuse Corporal punishment Personal injury 				
2	 Disease Property damage Harassment from other detainees 				0) (
3.	Staff are trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			Staff are trained annually on how to identify signs (when detainees may be depressed or unusual behavior within the facility) of detainee unrest. Staff carries a reminder card on their person that reminds them of the signs to look for while working.
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			Staff is advised to contact their supervisor to disseminate information on facility climate, detainee attitudes, and moods to the facility administrator.
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			The Chief of Security is responsible for the emergency plans at this facility.
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.				The emergency plans are located in the (b)(7)e
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			Staff receives training in the emergency plans during the preservice orientation and annually during in-service training.
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.				Facility Policy 8-1, Emergency Responses, discusses alternate routes to the facility.

PART 1 - 1. EMER	GENCY PLANS
------------------	-------------

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
 9. The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 				Facility Policy 8-1 addresses.
 Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs. 				Facility Policy 8-1 addresses.
 Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility. 				This component is only required for SPCs/CDFs. The facility plan does include procedures for notification of neighbors residing in close proximity to the facility.
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 			\boxtimes	This component is only required for SPCs/CDFs. The facility plan does include cooperative plans with local law enforcement, state and federal agencies.
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.				This component is only required for SPCs/CDFs. The facility conducts quarterly and annual drills with local law enforcement agencies.
14. All staff receive copies of the Facilty Hostage policy and procedures.				This component is only required for SPCs/CDFs. The facility staff does not receive copies of the hostage plan but do attend training, which includes the hostage policy and procedures.
15. Staff are trained (b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				This component is only required for SPCs/CDFs. Facility Policy 8-1 explains to staff being trained (b)(7)e The facility policy also states that hostages will be screened for medical and psychological effects immediately after the incident.
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.				This component is only required for SPCs/CDFs. The facility does not provide a list of translators in the event one is needed during a hostage crisis.

PART 1 – 1. EME			-	
This Detention Standard ensures a safe environment for d plans to quickly and effectively respond to any emergency	etainee situatio	s and emp	oloyee se and	s by having in place contingency I to minimize their severity.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				This component is only required for SPCs/CDFs. Facility Policy 8-1 explains that emergency medical treatment will be provided to staff and detainees during and after an incident.
 The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees. 				This component is only required for SPCs/CDFs. The facility provides four days of emergency meals for staff and detainees.
 Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric). 				This component is only required for SPCs/CDFs. Facility Policy 8-1 illustrates locations of shut-off valves and switches for utilities.
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 				The facility plans include a work stoppage procedure with review limited to supervisory staff.
 21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances 				Facility Policy 8-1 includes written procedures for work/food strike, fire, environmental hazard, detainee transportation system, ICE-wide lockdown, staff work stoppage, disturbances, escapes, bomb threats, adverse weather, internal searches, facility evacuation, detainee transportation system plan, hostages, and civil disturbances.
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.				Facility Policy 8-1 explains the procedures for post-emergency debriefings and discussions.

PART 1 - 1. EMERGENCY PLANS

Remarks: (Record significant facts, observations, other sources used, etc.) The Facility has met the standard for Emergency Plans.

(b)(6), (b)(7)(C) / October 1 Reviewer's Signature / Da

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

PART 1 – 2	. ENVIRONMENTAL	. HEALTH AND SAFETY

This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

			a	,	·
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			A system of perpetual inventory is in place for chemicals issued throughout the facility, and there is appropriate documentation.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.				All flammable, toxic and caustic substances are properly stored in the maintenance area in approved cabinets.
3.	The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.				
	 The files list all storage areas, and include a plant diagram and legend. 				
	 The MSDSs and other information in the files are available to personnel managing the facility's safety program. 				
4.	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures:				
•	Wear personal protective equipment.				
•	Report hazards and spills to the designated official.				
5.	The MSDS are readily accessible to staff and detainees in the work areas.				MSDS sheets are available to staff, detainees and inmates in areas where the products are being used, and master copies are maintained by the safety officer.
	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervises detainees using these substances. 				Detainees are only permitted to work in the housing units and do not use hazardous materials in the performance of their unit duties. Inmates assisting staff with hazardous chemicals are trained, under constant supervision and provided limited quantities of the chemicals being used.
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.				
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.				

PART 1 _ 2	FNVIRONMENTAL	HEALTH	AND	AEETV

This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

			T	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 All toxic and caustic materials stored in their original containers in a secure area. 				
 Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS. 	×			
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	No methyl alcohol products are used at this facility.
 Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal. 				All staff has documented training in the use, storage and disposal of flammable, toxic and caustic chemicals, and detainees do not have access to such chemicals.
 (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA). 				The facility is in compliance with NFPA-2009 and OSHA-2009 versions.
14. A technically qualified staff member conducts fire and safety inspections.				The Facility Safety Officer has completed training in fire safety and OSHA regulations and participates in annual training in these areas.
The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	\boxtimes			
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.				The facility's fire plan was approved by the Florence County Fire Department on July 18, 2010.
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located 				
 Price protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. 				
 An area-specific exit diagram conspicuously posted in the diagrammed area. 				
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				Fire drills are performed in 14 different areas of the facility per month.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components		Does Not Meet Standard	N/A	Remarks
19. A sanitation program covers barbering operations.	Meets Standard			
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.				Each housing unit has a separate barbershop with the appropriate equipment necessary to meet sanitation requirements
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			
 Written procedures regulate the handling and disposal of used needles and other sharp objects. 	\boxtimes			
 All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly. 				This is performed by the housing unit officers.
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 				
25. Spill kits are readily available.	\boxtimes			Spill kits are available in each unit.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			Stericycle, Inc. is the contracted bio-hazardous waste company.
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.				This training is provided in the initial employee training and in the annual refresher training.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?				
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	⊠ .			Anteater Extermination, Inc is the pest control contractor. Its last treatment was performed on September 14, 2010.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			Water testing is performed monthly under contract by Legend Technical Services, Inc.
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 				Generators are tested, with documentation, every two weeks.
32. The Facility appears clean and well maintained.	\boxtimes		Ш	

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	\boxtimes				
 The Health Services Administrator has implemented a program supporting a high level of environmental sanitation. 	\boxtimes				
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.					
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.					
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.					
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 					
PART 1 – 2. ENVIRONMENT	AL HE	ALTH AN) SAF	ETY	
Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					

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

During the period of this review this Inspector observed an operation with current written policies and procedures that govern this service area. The facility was clean and well maintained at the time of this review. Based on responses given to the Inspector during the review, it was concluded that staff were knowledgeable in the policies and procedures that govern their respective areas. Sufficient documentation demonstrating a system of perpetual inventory of chemicals used throughout the facility was reviewed. The facility has fire prevention, control and evacuation plan that has been approved by the local fire department and the fire department conducts a tour of the facility annually to verify compliance with the plan. Fire drills are conducted and documented continuously throughout the facility. Detainees have access to general cleaning chemicals for use in the housing units but do not have access to hazardous, flammable, toxic or caustic chemicals. Based upon the findings and observations at the time of this review this facility has met the requirements of this ICE standard.

(b)(6), (b)(7)(C) / October Reviewer's Signature / Date

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

	PART 1 – 3. TRANSP	ORTAT	ION (BY L	.AND)	
eq	nis Detention Standard prevents harm to the general publi juipped, maintained, and operated and that detainees are pervision of trained and experienced staff.	transp	orted in a s	ecure	, safe and humane manner, under the
co	Standard NA: Check this box if all ICE Transportation of the detainee case.	n is ha	ndled only	y by th	e ICE Field Office or Sub-Office in
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes			
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.				The facility has (7) transportation officers all of which are required to have CDL's. The facility keeps up-to-date records on each officer to ensure their licenses are current.
3.	Supervisors maintain records for each vehicle operated.	\boxtimes			The transportation Lieutenant keeps a record for each vehicle.
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.				The transportation Lieutenant maintains copies of the annual inspection records.
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.				Vehicles that are found to have safety problems are taken out of service and repaired prior to being used again for transportation.
	 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 				The facility uses form 9-18G, Vehicle Inspection Report, to document deficiencies found and to ensure deficiencies are corrected before the vehicle goes back into service.
7.	 Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area—exceeding the 10-hour limit. 				The facility only transports detainees to court, which is located within five minutes from the facility.

	PART 1 – 3. TRANSPORTATION (BY LAND) This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in					
equipped						
control	of the detainee case.	on is na	naiea oni	y by tr	ne ICE Field Office or Sub-Office in	
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
(CDL	officers with valid Commercial Drivers Licenses, 's) required in any vehicle transporting detainees.					
а	Vhen buses travel in tandem with detainees, there realized officers per vehicle.				·	
	n unaccompanied driver transports an empty ehicle.		,			
9. The to	ransporting officer inspects the vehicle before the feach detail.					
is con	ve identification of all detainees being transported firmed.					
	etainees are searched immediately prior to ling the vehicle by staff controlling the bus or e.					
transp	facility ensures that the number of detainees ported does not exceed the vehicle facturer's occupancy level.	\boxtimes				
	iformed officers (b)(7)e and/or able contract policy when transporting detainees.				This component is only required by SPCs/CDFs. The facility does (b)(7)e (b)(7)e to officers transporting detainees.	
passeAddition	vehicle crew conducts a visual count once all ingers are on board and seated. onal visual counts are made whenever the e makes a scheduled or unscheduled stop.	\boxtimes				
use of	es and procedures are in place addressing the restraining equipment on transportation vehicles.				Facility Policy 9-18, Transportation Procedures, addresses restraining equipment on transportation vehicles.	
• (b)(rs ensure that no one contacts the detainees. 7)(Eofficer remains in the vehicle at all times when etainees are present.					
• Th	are provided during long distance transfers. ne meals meet the minimum dietary standards, identified by dieticians utilized by ICE.	\boxtimes				

PART 1 – 3. TRANSP		• .	-	
This Detention Standard prevents harm to the general publ equipped, maintained, and operated and that detainees are supervision of trained and experienced staff.	ic, deta	inees, and orted in a	staff b secure	y ensuring that vehicles are properly , safe and humane manner, under the
☐ Standard NA: Check this box if all ICE Transportation control of the detainee case.	n is ha	ndled onl	y by th	ne ICE Field Office or Sub-Office in
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). 				
 Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. 				
 Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 				
19. Vehicles have: • • • (b)(7)e				(b)(7)e
20. The vehicles are gloss and equitary at all times	N7		 	
20. The vehicles are clean and sanitary at all times.				
21. Personal property of a detainee transferring to another facility:	i	:		
 Is inventoried. 	\boxtimes			
Is inspected.				
Accompanies the detainee.				
22. The following contingencies are included in the written procedures for vehicle crews:				
Attack				
• Escape				
Hostage-taking				
Detainee sickness				
Detainee death				The facility policy includes all the
Vehicle fire				contingencies for this component except natural disasters and
• Riot				death.
Traffic accident				
Mechanical problems				·
Natural disasters				
Severe weather				
 Passenger list is not exclusively men or women or minors 				

PART 1 – 3. TRANSPORTATION (BY LAND)					
⊠ Meets Sta	andard 🗌 Doe	s Not Meet Standard	□ N/A	☐Repeat Finding	
emarks: (Record signific				otoro and do oth	
facility policy includes	s all contingency pla	ans, with the exception of	of natural disas	sters and death.	
(b)(6), (b)(7)(C) / Octo				•	
eviewer's Signature	(b)(6), (b)(7)(C)				

Section II SECURITY

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

PART 2 – 4. ADMISSIO	ON AND RELEASE	

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

Components			Does Not Meet Standard	N/A	Remarks	
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				The facility provides a video orientation for all detainees during the admission process. Although not required of an IGSA facility, this orientation includes all of the items delineated in this component.	
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.				Medical staff performs the initial health screening at the Reception and Discharge Unit.	
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.				Detainees are transferred to this facility from the Service Processing Center (SPC) at the Florence Detention Center. They arrive with sufficient accompanying documentation, which the facility uses to identify and classify each new arrival. Although not required of an IGSA facility, the FACILITY keeps new detainees separated from the general population during the orientation and classification period.	
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes			All new arrivals are given pat down searches only, and only by an officer of the same gender.	

	PART 2 – 4. ADMISSION AND RELEASE This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.						
T O							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.				Detainees are subjected to pat searches only. If the facility staff has cause or reasonable suspicion for a strip search, the matter is referred to ICE staff. IGSAs are not required to comply with the third sentence of this component. Nevertheless, facility staff was familiar with the G-1025, and stated that they would use it if they had to conduct a strip search on an ICE detainee. In the past year, no detainee has been strip searched, so there has been no need to use this form.		
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.				Detainees are transferred from the SPC without any personal property. If unauthorized items are found on the detainee's person during a pat down search, the items are disposed of in accordance with the contraband standard. Non-criminal contraband (e.g. cash) is confiscated and placed in the detainee's account or stored property. The detainee is provided with a receipt. Criminal contraband is handled in accordance with the facility's contraband policy, which meets the requirement of the contraband standard.		
7.	Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.						
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			During the admissions process, each detainee is issued two sheets, a pillow and pillowcase, a blanket, a towel, two sets of clothing and basic hygiene items. In addition, from November		

through March, each detainee is issued a jacket.

PART 2 – 4. ADMISSION AND RELEASE This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and							
orderly operations when detainees are admitted to or released from a facility. Components To p o p o p o p o p o p o p o p o p o p							
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
9. All releases are coordinated with ICE.			\boxtimes	Although IGSAs are not required to comply with this component, the facility closely coordinates all releases with ICE.			
 Staff completes paperwork/forms for release as required. 							
11. Each detainee receives a receipt for personal property secured by the facility.	\boxtimes			Each detainee is provided with a signed receipt for his funds or personal property. A copy of the signed receipt is placed in the file before it is closed.			
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.				When a detainee is admitted to the facility, Reception and Discharge Unit staff receives all documents provided by ICE and create a file. An Intake Officer generates additional facility related documents for each new detainee, which is also placed in the file. All of these documents are forwarded to Records Unit staff, who reviews each file for accuracy and completeness. The Records Unit, thereafter, retains control of the file. When detainees are released, the release documents and any documents generated during the detention period are forwarded to the Records staff for placement in the file before it is closed.			
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.			\boxtimes	Although not required at IGSA facilities, ICE staff enters all information pertaining to release, removal or transfer of all detainees into the EADM. This is done at the sub-Field Office located at the nearby Florence SPC.			
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	\boxtimes			All orientation material is provided in English and Spanish.			
PART 2 – 4. ADMISSION AND RELEASE							
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

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

The procedures and practices exercised at the facility with regard to admissions and release, meets the requirements of this standard.

(b)(6), (b)(7)(C<mark>) Oct</mark> Reviewer's Sigr

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

PART 2 - 5. 0	CLASSIFICAT	TION SYSTEM
---------------	-------------	-------------

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

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				Although not required of IGSAs, the facility uses the results of ICE's Objective Classification System as its primary classification tool. In addition, the facility also classifies detainees using its own objective system. The facility classification results are used for internal management purposes. If there are conflicts between the results, the ICE classification prevails.
2.	 The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. 				All detainees arrive at the facility already classified by ICE. Housing decisions are based on these classification results.
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			
4.	Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/unconfirmed reports may be filed but are not used to score detainee classification.				The facility classification system includes the same factors used by ICE plus other objective factors such as age, institutional violence and severity of offense.
5.	Housing assignments are based on classification-level.				Facility policy dictates that low custody detainees can be housed with medium custody detainees, but not with high custody detainees. All detainees at the facility are classified as L-1 (Low) or L-2 (Medium) only. Detainees classified as L-3 (High) are not accepted at this facility. All ICE detainees are housed in the same living unit, which is reserved for ICE.

	.ASSIFICAT	

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

<u> </u>	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			ICE detainees are scheduled for their own recreation period. No other detainees are in the recreation yard at the same time. Since all ICE detainees are classified as L-1 or L-2, they are able to recreate with persons of similar classification levels.
7.	Detainee work assignments are based upon classification designations.				ICE detainees are allowed to work in the living unit only. All of the jobs available are appropriate for their classification levels.
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.				When an ICE detainee approaches a 90-day stay at the facility, and every 90 days thereafter, the facility classification supervisor notifies ICE. ICE then conducts a reassessment. Although not required of an IGSA facility, the facility also conducts its own reclassification review on detainees every six months.
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				Facility policy provides a mechanism for detainees to appeal their classification levels. IGSA facilities are not required to allow a designated supervisor or classification specialist to reduce a classification level on appeal. At the facility, classification appeals are forwarded to the Supervisory Immigration Enforcement Agent (SIEA) for disposition.
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.				Although not required of IGSA facilities, classification appeals at the facility are resolved within five business days. Detainees are notified in writing within a day after the appeal is resolved.

PART 2 – 5. CLASSIFICATION SYSTEM						
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.			\boxtimes	Although not required of an IGSA facility, the facility allows detainees to appeal classification designations to the Warden. If the appeal pertains to the ICE classification, the detainee is allowed to appeal to the AFOD.		
 The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each. 	\boxtimes			The classification system, including the three classification levels, is explained in the detainee handbook.		
13. In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSAs a similar system is utilized for each level of classification.				The facility has a system for the ready identification of detainees by classification. Although not required of IGSA facilities, the facility assigns uniform colors to designate classification levels. High (Level Three) detainees are clothed in red, Moderate (Level Two) in blue, and Low (Level One) in green.		
PART 2 – 5. CLASS	FICATI	ON SYST	EM			
⊠ Meets Standard □ Does Not Meet Sta	ndard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) All detainees at the facility are transferred from the Service Processing Center (SPC) at the nearby Florence Detention Center. They are classified at the SPC. Therefore, they are already classified in accordance with this Standard when they arrive at the facility. The facility uses this classification to make housing and work assignments. Any changes to the classification level are made in close coordination with ICE. In addition to the ICE classification, the facility also classifies detainees with its own instrument. This additional classification is done to gather additional data that could aid in management of the facility. If there are any conflicts between the two applications, the ICE result is used.						
All of the requirements of this standard, including requirements for appeal and reassessment, are satisfied with both systems. Facility staff, including the classification supervisor and officers in the Reception and Discharge unit and in the iving unit, was familiar with the various classification levels and procedures used to determine a detainee's classification.						
6), (b)(7)(C) October 2 eviewer's Signature (b)(6), (b)(7)(C)						

PART 2	2 – 6.	C	ON	JTR	AB/	UNA

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

			1	1	T
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.	\boxtimes			Facility Policy 9-6, Contraband Control, provides written procedures for handling contraband. Although not required by IGSAs, staff does inventory, hold, and report contraband when necessary to the proper authority for action/possible seizure.
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.			\boxtimes	This component is only required by SPCs/CDFs. The facility has no policy on contraband that is government property.
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.			\boxtimes	This component is only required by SPCs/CDFs. Facility Policy 9-6 explains the procedures for returning property not needed as evidence to the proper authority.
4.	Altered property is destroyed following documentation and using established procedures.		\boxtimes		The facility has no policy or procedure for the handling of altered property.
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.				This component is only required by SPCs/CDFs. The facility has no procedure for contacting a religious authority prior to confiscating religious items.
6.	Staff follow written procedures when destroying hard contraband that is illegal.				Facility Policy 9-6 explains the procedures for destroying hard contraband that is illegal.
7 .	 Hard contraband that is illegal (under criminal statutes) is 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. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. Detainees receive notification of contraband rules and				The facility does not have a procedure for mailing soft contraband to a third party or having it stored in accordance with PBNDS. IGSAs are not required to retain hard contraband that is illegal for training purposes. The facility does not retain property for training purposes. The detainees are given a copy
	procedures in the Detainee Handbook and notified when property is identified and seized as contraband.				of the detainee handbook containing the contraband rules and procedures during admission.
9.	Facilities with Canine Units only use them for contraband detection.				

PART 2 – 6. CONTRABAND					
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) The facility has no policy or procedures addressing the handling of altered property. The facility does not have a procedure for mailing soft contraband to a third party or for having it stored in accordance with the standard on Funds and Personal Property.					
(b)(6), (b)(7)(C) / October Reviewer's Signature / Da	(b)(6), (b)(7)(C)				

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.				Facility Policy 9-17, Administrative Duty Officer, explains weekly inspections of detainee living quarters and activity areas. The Warden, Assistant Wardens, and department heads make weekly and daily rounds and document the same on a log in the respective area.
2.	At least one male and one female staff are on duty where both males and females are housed.				The facility does not house females.
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			Facility Policy 13-83, Staffing Levels, includes the annual staffing analysis.
4.	Essential posts and positions are filled with qualified personnel.				
5.	Every Control Center officer receives specialized training.				The facility requires that every control officer have two years experience and receive extensive on-the-job training prior to working the control center.
6.	Policy restricts staff access to the Control Center.				This component is only required by SPCs/CDFs. The facility policy and post order for the control officer includes the procedure for authorized staff in the control center.
	Detainees do not have access to the Control Center.			\boxtimes	This component is only required by SPCs/CDFs. The facility does not allow detainees in the Control Center.
8.	Communications are centralized in the Control Center.			\boxtimes	This component is only required by SPCs/CDFs. All communications are through the control center.
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.				
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).				This component is only required by SPCs/CDFs. The control center does keep a list of all employees for emergency contact purposes.

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, confacility security is maintained and that events that pose a rise	tractors	, volunteer	rs, and	detainees from harm by ensuring that		
and that orems and that orems that pool a risk or name are prevented.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.				This component is only required by SPCs/CDFs. The list of employees maintained in the control center does include current home telephone numbers. The lists are updated as necessary.		
12. Staff make watch calls and 6 AM.			\boxtimes	This component is only required by SPCs/CDFs. The facility currently does not require watch calls (b)(7)e between 6 p.m. and 6 a.m.		
 Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports. 	\boxtimes					
 The front-entrance officer checks the ID of everyone entering or exiting the facility. 						
 All visits officially recorded in a visitor logbook or electronically recorded. 	\boxtimes			Visits are recorded in the visitor logbook and recorded electronically.		
16. The facility has a secure, color-coded visitor pass system.	\boxtimes					
17. Officers monitor all vehicular traffic entering and leaving the facility.						
18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:						
 The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle during the facility visit 				The log of all incoming and departing vehicles is maintained in the sally port entrance.		
Officers thoroughly search each vehicle entering and leaving the facility.			\boxtimes	This component is only required by SPCs/CDFs. All vehicles are thoroughly searched entering and leaving the facility.		
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.				Facility Policy 9-6, Contraband Control, explains the procedures for preventing the introduction of contraband into the facility or any of its components.		

PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, confacility security is maintained and that events that pose a ri	tractors sk of ha	, volunteer irm are pre	s, and evente	detainees from harm by ensuring that d.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.				·	
 The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization. 	\boxtimes				
23. Written procedures govern searches of detainee housing units and personal areas.				Facility Policy 9-5, Searches of Inmates and Various Locations, explains the searches of detainee housing units and personal areas.	
24. Housing area searches occur at irregular times.				Facility Policy 9-5, Searches of Inmates and Various Locations, explains that searches of housing units occur at irregular times.	
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes				
26. There are post orders for every security officer post.	\boxtimes				
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			All detainee movement is escorted by staff with a ratio of (b)(7)e	
 Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space. 					
29. Every search of the SMU and other housing units is documented.	\boxtimes				
30. The SMU entrance has a sallyport.			\boxtimes	This component is only required by SPCs/CDFs. All three SMU entrances have a sally port.	
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\boxtimes				

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 32. 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 Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 				Facility Policy 9-7, Security and Control, explains the facility's comprehensive security inspection procedure. Although not required by IGSAs, the facility inspection policy includes posts to be inspected; required inspection forms; frequency of inspections; guidelines for checking security features; and procedures for reporting weak spots, in-consistencies, and other areas needing improvement.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.				This component is only required by SPCs/CDFs. All officers are required to conduct a security check daily of their assigned areas and record the results on the inspection form.
34. Documentation of security inspections is kept on file.	\boxtimes			The documented security inspections are maintained with the Chief of Security.
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.			\boxtimes	This component is only required by SPCs/CDFs. The facility follows up on recurring problems to ensure corrective action is taken and reported to the appropriate manager.
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.				
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.				
 Walls, fences, and exits, including exterior windows, are inspected for defects once each shift. 	\boxtimes			
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes			
40. Visitation areas receive frequent, irregular inspections.	\boxtimes			
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes			

PART 2 – 7. FACILITY SE	CURIT	Y AND CO	ONTRO	OL
This Detention Standard protects the community, staff, confacility security is maintained and that events that pose a ris	tractors	, volunteer irm are pre	s, and	detainees from harm by ensuring that d.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.				The facility maintenance supervisor does not make monthly fence checks.
FACILITY SECURI	TY AND	CONTRO)L	
☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A	.	☐Repeat Finding
Remarks: (Record significant facts, observations, other sour The facility maintenance supervisor does not make monthly				
(b)(6), (b)(7)(C) / October 21 Reviewer's Signature / Date (b)(6), (b)(7)(C)				

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
inc fac	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled					
on	y by the ICE Field Office or Sub-Office in control of	the det	ainee cas	е.	and the policy and manufacture	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes				
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.			\boxtimes	Detainees are initially admitted to a nearby SPC. Large valuables such as clothing, jewelry, etc. are separated and stored by ICE at the SPC. They are not transferred to this facility.	
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	\boxtimes			Detainees arrive in green ICE jumpsuits and do not have personal property with them. The detainees do arrive with funds, which is inventoried by the facility on a form that meets the ICE standard.	
4.	(b)(7)(E)officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)(E)officers verify funds and valuables.				While this is not a requirement of an IGSA facility, all facility funds are handled and processed with b)(7)(pfficers and deposited in a safe.	
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?				Detainees do not arrive at this facility with personal property.	
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.			\boxtimes	While this is not a requirement of an IGSA facility, staff provides the detainee with an original receipt for funds taken during processing.	
7.	Staff forward an arriving detainee's medicine to the medical staff.					
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes			Staff does pat searches on arriving detainees for contraband, but there is no personal property.	
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.			\boxtimes	While this is not a requirement of an IGSA facility, and ICE detainees do not arrive with personal property; this facility reports any discrepancy to the chief of security.	
10.	Staff follows written procedures when returning property to detainees.	\boxtimes				

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
incl	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.							
oni	☐ Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	\boxtimes						
12.	The facility attempts to notify an out-processed detainee that he/she left property in the facility. By sending written notice to the detainee's last				Detainees do not arrive at this facility with property. All property			
	 known address; via certified mail; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 				is obtained and maintained by ICE. Any property left behind is forwarded to ICE.			
13.	Staff obtains a forwarding address from each detainee.	\boxtimes						
14.	It is standard procedure for b)(7) officers to be present when removing/documenting the removal of funds from a detainee's possession.			\boxtimes	While this is not a requirement of an IGSA facility, this facility does have)(7)(rofficers present when removing funds from detainees.			
	Staff issue and maintain property receipts (G-589s) in numerical order.			\boxtimes	This is not a requirement of an IGSA facility. G-589s are prepared by ICE before the detainee arrives at this facility.			
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.				This is not a requirement of an IGSA facility. This is performed by ICE prior to the detainee's arrival at this facility.			
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.			\boxtimes	This is not a requirement of an IGSA facility. This is performed by ICE prior to the detainee's arrival at this facility.			
	Staff tag large valuables with both a G-589 and an I-77.			\boxtimes	This is not a requirement of an IGSA. This is performed by ICE prior to the detainee's arrival at this facility.			
19.	The supervisor verifies the accuracy of every G-589.			\boxtimes	This is not a requirement of an IGSA facility. This is performed by ICE prior to the detainee's arrival at this facility.			

		PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
This incl faci	s Detention Standard ensures that detainees' personal puding funds, valuables, baggage and other personnel pality.	property property	y is safegu y, and that	arded contra	and controlled, specifically band does not enter a detention		
□ : onl	Standard NA: (IGSA ONLY) Check this box if all ICE y by the ICE Field Office or Sub-Office in control of the c	detain	ee Funds ainee cas	, Valu e.	ables and Property are handled		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 				While this is not a requirement of an IGSA facility, supervisors at this facility ensure that funds are placed in a sealed envelope and deposited into a secure cash box. No large, valuable property is brought into the facility by a detainee.		
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.				This is not a requirement of an IGSA facility. This is performed by ICE prior to the detainee's arrival at this facility.		
	Staff secure every container used to store property with a tamper-proof numbered strap.			\boxtimes	This is not a requirement of an IGSA facility. This is performed by ICE prior to the detainee's arrival at this facility.		
23.	A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.			\boxtimes	This is not a requirement of an IGSA facility. This is performed by ICE prior to the detainee's arrival at this facility.		
24.	In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.			\boxtimes	This is not a requirement of an IGSA facility and it is not performed at this facility.		
25.	audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.				This is not a requirement of an IGSA facility. Since ICE detainees do not arrive with baggage and non-valuable property this is not performed at this facility.		
	The facility positively identifies every detainee being released or transferred.				This is not a requirement of an IGSA. However, detainees are positively identified when being released or transferred from this facility.		
27.	Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.				Informing supervisors of lost/damaged property claims is not a requirement of an IGSA facility. However, any claims regarding a discrepancy in funds are reported to supervisors.		

PART 2 - 8. FUNDS AND	PERS	ONAL PRO	OPER'	ТҮ
This Detention Standard ensures that detainees' personal including funds, valuables, baggage and other personnel pfacility. Standard NA: (IGSA ONLY) Check this box if all ICE only by the ICE Field Office or Sub-Office in control of	roperty detair	, and that	contra , Valu	band does not enter a detention
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.				This is not a requirement of an IGSA facility. There is no lost/damaged property report generated since detainees do not arrive at this facility with personal property. The facility administrator does prepare a copy in those cases involving a discrepancy in funds.
PART 2 - 8. FUNDS AND	PERS	ONAL PRO	PER'	ΓΥ
⊠ Meets Standard □ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sour The facility has current written policies and procedures that goersonal property but sometimes arrive with funds. In those idetainees are leaving this facility any personal property purchalong with any funds remaining in their account at the time of performed in accordance with Policy 14-6. In situations whe CE. All G-589, I-387 and I-77 requirements are handled by of this review this facility meets the requirements of this ICE.	govern instance hased v f transf re a de v ICE. I	this service es funds a while at this er/release tainee leav Based upo	re pro s facili . Acce /es so	cessed according to policy. When ty, the property is provided to them essing funds for transfer/release is mething behind it is forwarded to

(b)(6), (b)(7)(C) / October 2 Reviewer's Signature / Date

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

					•
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The hold room is situated in a location within the secure perimeter.			\boxtimes	This component is only required for SPCs/CDFs. The hold room is located within the secure perimeter of the facility.
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			The hold rooms are clean and in good repair. Although not required by IGSAs, the hold rooms are well ventilated well lit, with all activating switches located outside the room.
3.	The hold rooms contain sufficient seating for the number of detainees held.				This component is only required for SPCs/CDFs. The hold rooms contain sufficient seating for the number of detainees held.
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.				This component is only required for SPCs/CDFs. The hold rooms only contain benches.
5.	Hold room walls and ceilings are escape and tamper resistant.			\boxtimes	This component is only required for SPCs/CDFs. Hold room walls and ceilings are escape and tamper resistant.
6.	Detainees are not held in hold rooms for more than 12 hours.				According to records and staff, detainees are held in hold rooms for not more than a few hours.
7.	Male and females detainees are segregated from each other at all times.				No females are held at this facility.
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.				The facility hold rooms are equipped with toilets.
10.	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.				
11.	When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.				
					<u></u>

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 				Facility Policy 8-1, Emergency Response, addresses the evacuation plan for the hold rooms. The bulleted item in this component is not required of IGSA facilities. The facility does not have a designated officer to evacuate hold rooms but will use assigned staff within the area.
 An appropriate emergency service is called immediately upon a determination that a medical emergency exists. 				
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 				This component is only required for SPCs/CDFs. The facility uses multiple-occupant hold rooms, which have the appropriate unencumbered square footage for the detainee, lavatory/toilet fixtures and 25 square feet for a wheelchair turn-around area.
 15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 				This component is only required for SPCs/CDFs. The facility hold rooms don't meet ADA standards. The small hold rooms do have one combi-unit. The facility does not have large hold rooms. The facility was built in 1994.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			\boxtimes	This component is only required for SPCs/CDFs. The facility, built in 1994, does have floor drains in the hold rooms.
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.				This component is only required for SPCs/CDFs. The hold room doors swing outwards and comply with the specifications outlined in the standard. The facility was built in 1994.
 Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms. 				
 Minors (under 18) are confined apart from adults, except for immediate relatives or guardians. 				The facility currently does not house minors.

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

		<u>ಕ</u> ಕ					
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 	⊠			The facility does maintain a written log for each detainee placed in a hold cell. Although not required by IGSAs, the log includes required information specified in the standard.			
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 							
 Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security. 							
23. The maximum occupancy for the hold room will be posted.		\boxtimes		The maximum occupancy for the hold rooms is not posted.			
 Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems. 	\boxtimes						
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			The facility is non-smoking for staff and detainees.			
 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 							
PART 2 – 9. HOLD ROOMS	IN DET	ENTION F	ACILI	TIES			
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

Remarks: (Record significant facts, observations, other sources used, etc.) The maximum occupancy for the hold rooms is not posted.

(b)(6), (b)(7)(C) / October Reviewer's Signature / Da

PART 2 – 10. KEY AND LOCK CONTROL
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled an

ma	maintained.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.				The facility-assigned officer has attended the Brinks and Folger Adams courses for locksmith training.			
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.							
3.	The security officer, or equivalent, provides training to all employees in key and lock control.				The security officer provides key and lock control training to employees during orientation and annual in-service training.			
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			The security maintains accurate inventories of keys, locks, and locking devices.			
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			Keys and locks are checked on a quarterly basis and the results are documented.			
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Facility Policy 9-3, Key Control, explains the issue of compromised keys and locks.			
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			Facility Policy 9-3 explains procedures for safe combination integrity.			
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.							
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes						
10.	The facility does not use grand master keying systems.	\boxtimes						
11.	All worn or discarded keys and locks cut up and properly disposed of.							
12.	Padlocks and/or chains are not used on cell doors.	\boxtimes			During the inspection process, no padlocks and/or chains were observed being used on cell doors.			
13.	The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to							
	 Occupational Safety and Environmental Health Manual, Chapter 3 							
	 National Fire Protection Association Life Safety Code 101. 							

PART 2 – 10. KEY AND LOCK CONTROL This Detention Standard maintains facility and the same described by the sa									
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.									
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.				The operational keyboard is located in the central control and is sufficient to accommodate all the facility key rings including keys in use.				
15.	 Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	\boxtimes			All key rings have a tag identifying the key ring and number of keys. The key rings are sealed preventing keys from being removed.				
16.	Emergency keys are available for all areas of the facility.	\boxtimes			The facility emergency keys are stored in the (b)(7)e and are available for all areas of the facility.				
17.	The facility uses a key accountability system.	\boxtimes			The facility has key assignments for staff. The facility uses the chit system for issuing of keys.				
18.	Authorization is necessary to issue any restricted key.				Authorization is needed from the shift commander for the issuance of unassigned restricted keys.				
19.	 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	\boxtimes							
	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				The facility control officer counts the key rings at the beginning of each shift. Although not required by IGSAs, the keys are physically counted daily to ensure accountability.				
21.	 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 	\boxtimes			All staff members are trained during orientation and annually on the proper procedures for handling keys. Although not required by IGSAs, facility policy requires that issued keys are returned immediately in the event an employee inadvertently carries a key ring home; the shift supervisor is contacted when a key ring is lost, misplaced, or not accounted for; and detainees are not permitted to handle keys.				

	PART 2 – 10. KEY A				×		
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	\boxtimes					
23.	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.						
24.	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.				This component is only required by SPCs/CDFs. The key control officer is the only one authorized to add or remove a key from a ring after obtaining permission from the Warden.		
25.	The splitting of key rings into separate rings is not authorized.			\boxtimes	This component is only required by SPCs/CDFs. The facility does not authorize the splitting of key rings into separate rings.		
····	PART 2 – 10. KEY AI	ND LO	CK CONTI	ROL			
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							
Remarks: (Record significant facts, observations, other sources used, etc.) The facility has met the standard for Key and Lock Control.							

(b)(6), (b)(7)(C) / October 21, 2 Reviewer's Signature / Date

This Detention Standard protects the	community from harm	and enhances f	acility security,	safety, and good	order by
requiring that each facility have an ong	joing, effective system	of population co	ounts and detain	ee accountability	

⊢			P 414.011.01		and dotained dooddinability.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1.	hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	\boxtimes			The facility conducts seven formal counts in a 24-hour period with the face-to-photo count conducted at 10:30 p.m.				
	Activities cease or are strictly controlled while a formal count is being conducted.				This component is only required for SPCs/CDFs. The facility stops all movement during formal counts.				
	There is a system for counting each detainee, including those who are outside the housing unit.				This component is only required for SPCs/CDFs. All detainees in and out of the housing unit are counted during counts.				
4.	Formal counts in all units take place simultaneously.			\boxtimes	This component is only required for SPCs/CDFs. The facility counts in all units simultaneously.				
	Officers do not allow detainee participation in the count.			\boxtimes	This component is only required for SPCs/CDFs. The facility does not allow detainee participation in the count.				
6.	A face-to-photo count follows each unsuccessful recount.				This component is only required for SPCs/CDFs. A face to photo count follows each unsuccessful recount.				
7.	Officers positively identify each detainee before counting him/her as present.				This component is only required for SPCs/CDFs. The officers conducting count positively identify each detainee before counting him present.				
8.	Written procedures cover informal and emergency counts.	\boxtimes			Facility Policy 9-13, Count Principles and Procedures, explains the procedures for informal and emergency counts.				
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.								
10.	Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	\boxtimes			All officers are given training on count procedures during orientation and in-service training.				
	PART 2 – 11. POPL	JLATIO	N COUNT	S					
	☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding								

Remarks: (Record significant facts, observations, other sources used, etc.) The facility has met the standard for Population Counts.

(b)(6), (b)(7)(C) / October Reviewer's Signature / D

PART	2 -	12.	POST	ORD	ERS	ì
------	-----	-----	------	-----	-----	---

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

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

PART 2 – 12. F	POST C	RDERS			
This Detention Standard protects detainees and staff and en officer assigned to a security post knows the procedures, d	nhance luties, a	s facility se nd respon	curity sibilitie	and good order by ensuring that each es of that post.	
Components	Meets Standard	Does Not Meet Standard	A/A	Remarks	
16. The Post Orders for housing units track the daily event schedule.			\boxtimes	This component is only required for SPCs/CDFs. The post orders for the housing units track the daily event schedules.	
 Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook. 				This component is only required for SPCs/CDFs. Housing unit officers don't record all detainee activity in a log.	
PART 2 – 12. F	OST O	RDERS			
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					
Remarks: (Record significant facts, observations, other sources used, etc.) The facility has met the standard for Post Orders.					
(b)(6), (b)(7)(C) / October 2 Reviewer's Signature / Dat (b)(6), (b)(7)(C)					

PART 2 - 13. SEARCHES OF DETAINEES This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband. Meets Standard Does Not Meet Standard Components Remarks 1. There are written policy and procedures governing Facility Policy 9.5, Searches of searches of housing areas, work areas and of Inmates/Residents and Various detainees. Locations, governs searches of \boxtimes П detainees, cell/dormitory areas, and general areas (library, laundry, dock areas, recreation areas, kitchens, corridors, etc.). 2. Written policy and procedures require staff to employ Facility Policy 9.5.5C requires the least intrusive method of body search practicable, staff to employ the least intrusive X П as indicated by the type of contraband and the method method of body search of suspected introduction or concealment. practicable. 3. Written policy and procedures require staff to avoid Facility Policy 9-5.4 requires that unnecessary force during searches and to preserve the searches be "conducted in a dignity of the detainee being searched, to the extent manner which avoids \boxtimes practicable. unnecessary force, embarrassment or loss of dignity to the inmate/resident." Written policy and procedures require staff to leave a Facility Policy 9-5.5E requires searched housing area, work area and detainee that "when possible, an area property in its original order, to the extent practicable. should be left the way it was \boxtimes П found. . . . An inmate/resident's personal property is to be respected." 5. Detainees are pat searched and screened by metal Facility Policy 9-5.5B requires detectors routinely to control contraband. that detainees be searched whenever they enter or leave a visiting area or any secure area. \boxtimes Metal detectors are placed at strategic locations throughout the facility to facilitate security screening. 6. Strip Searches are conducted only when there is Facility Policy 9.5.5C requires reasonable belief or suspicion that contraband may be that detainees not be strip concealed on the person, or a good opportunity for searched unless there is concealment has occurred, and when properly "reasonable suspicion that the authorized by a supervisor. detainee is concealing a weapon or contraband." The policy M \Box further requires that a Shift Supervisor authorize a strip

search. It also delineates the factors that officers must

strip search.

consider before recommending a

PART 2 – 13. SEARC	HES O	F DETAIN	EES			
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
7. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	×			Facility Policy 9-5.5D allows for body cavity searches of detainees when approved by the Vice President of Operations for the facility's parent company. In addition, the policy specifies the circumstances in which body cavity searches may be justified. Only authorized medical personnel are allowed to conduct such searches.		
"Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures				The facility has one dry cell available for use. Policy 9-113, Dry Cell Watches, governs its use. The policy includes requirements for when the cell can be used, authorization required, and procedures to be followed when the cell is in use.		
 Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody. 				Facility Policy 9.6, Contraband Control, sets forth procedures for preserving evidence, maintaining chain of custody, storing evidence, and notifying law enforcement officials of the retrieval of criminal evidence.		
10. Canines are not used in the presence of detainees				Canines are used at the facility, but not in the presence of detainees.		
PART 2 – 13. SEARC	HES O	FDETAIN	EES			
Remarks: (Record significant facts, observations, other sources used, etc.) Facility Policy 9.5 governs searches of detainees and of various areas in the facility. This policy meets the requirements of this Standard. Various staff, including staff in the Reception and Discharge Unit and in the living unit, was familiar with the requirements of this (b)(6), (b)(7)(C) October 21, Reviewer's Signature / P						

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.				Facility Policies 14-2, Sexual Abuse, and 13-79, Sexual Violence Prevention and Response, address all requirements of the standard.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.				Even though this component is no longer applicable to ISGAs, the policies are forwarded to the FOD's office for approval.
3.	Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			
4.	All staff is trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			Staff is trained annually and during orientation as required by the standard. Training records reviewed validated that the training was conducted.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)				Even though not applicable to an IGSA, this brochure is available in both English and Spanish. For other languages, an interpreter line is used.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			This is done at intake by medical and detention staff.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			There have been no cases of sexual abuse or assault reported during the period covered by this inspection.
	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			There have been no cases of sexual abuse or assault reported during this inspection period.
11.	There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	\boxtimes			Facility Policies 14-2, Sexual Abuse, and 13-79, Sexual Violence Prevention and Response, address these requirements. Staff that was interviewed seemed well aware of the need for prompt action.

PART 2- 14. SEXUAL ABUSE AND ASSA						
This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.				The elements of this component are required by Policies 14-2, Sexual Abuse, and 13-79, Sexual Violence Prevention and Response. They are also emphasized in staff training.		
When there is an alleged or proven sexual assault, the required notifications are promptly made.				Policies 14-2, Sexual Abuse, and 13-79, Sexual Violence Prevention and Response, require prompt notification, and staff interviewed seems well aware of the requirement for notification.		
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.				Policies 14-2, Sexual Abuse, and 13-79, Sexual Violence Prevention and Response, require the referral described in this component.		
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.				Policy 14-2, Sexual Violence Prevention and Response, requires that records be maintained and that incidents are specifically logged and tracked by a designated staff member.		
SEXUAL ABUSE AND ASSAULT P	REVEN	TION AND	INTE	RVENTION		
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.) The facility reported that there have been no incidents or reports of sexual abuse or assault during the period covered by this inspection. Nevertheless, the facility policies address the requirements of the standards. Staff training emphasizes the requirements and staff interviewed seems well aware of policy requirement.						
(b)(6), (b)(7)(C) / October 2 Reviewer's Signature / Da (b)(6), (b)(7)(C)						

PART 2 – 15. SPECIAL MANAGEMENT U	NIT!	9
-----------------------------------	------	---

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Written policy and procedures are in place for special management units.				Facility Policy 10-100, Organization and Administrative of Segregation Areas, explains the procedures for the Special Management Units (SMU).
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.				Facility Policy 10-100, Organization and Administrative of Segregation Areas, explains the procedures for placing a detainee in protective custody. The facility has no cases on file within the last 12 months.
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.				Facility Policy 15-2, Adult Disciplinary Procedures, explains the process of placing a detainee in Disciplinary Segregation. The facility had two cases of ICE detainees being placed in disciplinary segregation, which occurred after a finding by the disciplinary panel.
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.				Detainees are taken to the Health Care Unit prior to being placed in SMU. The examination is documented and retained in the health care unit.
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.				Facility Policy 10-100, Organization and Administrative of Segregation Areas, explains the procedures for the control and security of the SMU entrances.
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.				The facility only single cells detainees. The capacity for each SMU cell is two individuals.
	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.				
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			Permanent housing logs are maintained along with an electronic log. There is also a separate log sheet for each detainee.

PART 2 - 15.	SPECIAL N	JANAGEME	PTIMIT TM

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.				A permanent log is maintained in the SMU units recording meals served or refused, visitors, recreations, showers and shave, health care visits, legal materials, telephones, and exchange of clothing. Although not required in IGSAs, the facility has a log that records the detainee name, A-number, housing location, tentative release date, authorizing official, and date released.
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 				This component is only required for SPCs/CDFs. The facility does maintain a separate log of all persons visiting the unit including the time & date, and any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 			, _	A Special Management Housing Unit Record is maintained on each detainee in SMU. Although not required in IGSAs, by the end of each shift the facility records whether the detainee ate, showered, exercised, and took any medication. The facility also records if the detainee has a medical condition, or has exhibited suicidal or assaultive behavior. The Health Care provider visiting SMU will also sign the individual record, which is then initialed by the officer after the medical visits are completed and by no later than the end of the shift. The facility uses an inhouse form for these entries and in lieu of form I-888.

PART 2 _ 1	5 SPECIAL	MANAGEMENT	PINITS
PARIZEI	D. SPELIAL	. MANAGEMEN I	UNIIS

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
12.	Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.				This component is only required by SPC's/CDS's. The facility attaches the entire housing unit record to the Administrative Segregation or Disciplinary Order and forwards it to the segregation supervisor for inclusion in the detainee's detention file.
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.	\boxtimes			Facility Policy 10-100, Organization and Administrative of Segregation Areas, explains the procedures concerning the property detainees may retain in SMU.
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)				Facility Policy 10-100, explains that detainees receive the same general privileges as detainees housed in the general population.
15.	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).				Facility Policy 10-100 addresses.
16.	Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).				The officers make checks at least every 30 minutes on an irregular schedule and more often when warranted, which are logged electronically and manually.
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes			The shift supervisor checks are completed and recorded in the housing unit log.
18.	The facility administrator (or designee) visits each SMU daily.				The facility administrator's visits are completed and recorded in the housing unit log.

PART	2 - 15	SPECIAL	MANAG	EMENT	UNITS

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).				A health care provider visits every detainee in an SMU unit daily and on each shift. During the visit the health care provider will also distribute medication. Although not required in IGSAs, the facility nurse, doctor or other appropriate health care professional visits the SMU once each shift and questions each detainee to identify any medical problems or requests. Any action taken is recorded on the in house log.
	Detainèes in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			The SMU officers document each meal served and whether or not the detainee ate or refused the meal.
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.				Detainees in SMU are given the opportunity to shave and shower five times a week. Other services such as laundry, hair care, barbering, clothing, bedding, and linen are offered on the same basis as general population.
	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.				There have been no documented cases of detainees being denied clothing, mattress, bedding, linens, or a pillow.
	Detainees in an SMU may write and receive letters the same as the general population.				
	Detainees in an SMU ordinarily retain visiting privileges.				
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	\boxtimes			There were no documented cases of a detainee losing his visiting privileges within the last 12 months.

PART 2 – 15.	. SPECIAL	MANAGEMENT UNITS

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.				There were no documented cases of a detainee losing his visiting privileges within the last 12 months.
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.				
28.	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.				This component is only required for SPCs/CDFs. Although there have been no cases during the past 12 months, detainees in protective custody and who are violent or disruptive are not permitted to use the visitation room during normal visitation hours.
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.				This component is only required for SPCs/CDFs. The facility will limit disruptive detainees to noncontact visits and, in extreme cases, will not permit them to have visits.
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			There have been no documented cases of detainees being denied legal visitation.
31.	There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes			
32.	Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.				
33.	Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	\boxtimes			

PART 2 - 15. SPECIAL MANAGEMENT UNITS

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.				The facility provides the detainee with the LexisNexis law library when requested. This computerized library will be brought into the unit.
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.				
 Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances. 				
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 				The facility has no documented cases of law library denials within the last 12 months.
38. Recreation for detainees in the SMU is separate from the general population.				
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	\boxtimes			Facility Policy 10-100 addresses.
40. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.		. 🗆		

PART 2 – 15. SPECIAL MANAGEMENT UNITS
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by
segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary
Segregation section for detainees segregated for disciplinary reasons.

,	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.				There has been no denial of recreational privileges within the last 12 months.
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.				There has been no denial of recreational privileges within the last 12 months.
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.				There has been no denial of recreational privileges within the last 12 months.
44.	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.				

PART 2 –	15.	SPECIAL	MANAGEMENT	UNITS

F-	Cognogation codion for detailed acgregated for disciplinary reasons.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)				The facility completes an inhouse form when placing a detainee in administrative segregation. A copy of the order is given to the detainee within 24 hours. There were no cases of detainees being placed in administrative segregation within the past 12 months.	
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.				There were no cases of ICE detainees being placed in administrative segregation within the past 12 months. The facility does not use form I-885, but use a similar in house form.	

PART 2 – 15. SPECIA	

		1	Γ	T	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
47.	A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.				There were no cases of ICE detainees being placed in administrative segregation within the past 12 months.
48.	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.				There were no cases of ICE detainees being placed in administrative segregation within the past 12 months.
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.				There were no cases of ICE detainees being placed in administrative segregation within the past 12 months.
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.				There were no cases of ICE detainees being placed in administrative segregation within the past 12 months.
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.				There were no cases of ICE detainees being placed in administrative segregation within the past 12 months.
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.				The facility had two documented cases of ICE detainees being placed in disciplinary segregation after going before the institutional hearing officer.
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.				

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

☐ Does Not Meet Standard ☐ N/A

☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.) The facility has met the standard for Special Management Units.

(b)(6), (b)(7)(C) / October 21, Reviewer's Signature / Date

PART 2 -	- 16. ST <i>i</i>	AFF-DETAINEI	E COMMUNIC	ATION
----------	-------------------	--------------	------------	-------

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.				An Immigration Enforcement Agent (IEA) makes at least two visits a week to the living unit in which detainees are housed. In addition, Detention Removal Officers (DROs) make two visits a week, and the Supervisory Deportation and Detention Officer makes one visit a week to the unit. ICE staff sign a log book each time they visit. A review of the log book indicates that there were at least four visits per week by ICE staff since August 1, 2010.
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.				Detention and Deportation staff visits the unit twice a week to specifically answer questions from detainees about their cases.
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			A schedule of visits by ICE staff is posted in the unit in which detainees are housed.
4.	Visiting ICE staff observe and note current climate and conditions of confinement.				During his/her twice-weekly visits, the IEA observes and notes the climate and conditions in the living unit.
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.				The ICE/DRO forms are readily available in the living unit.
	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.				Any correspondence placed into the facility mail system from a detainee to ICE is immediately delivered unopened to a designated IEA.
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	\boxtimes			A secure box is placed in a location near the entry door to the living unit. It is a locked box, and only ICE staff has the key to the box.

PART 2 – 16. STAFF-DET	AINEE	COMMUN	IICATI	ON					
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.									
It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.									
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
 Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms, 				The contents of the box are retrieved daily from Monday to Friday by the IEA and delivered to the SIEA, who assigns ICE staff to follow up on the requests.					
 ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log. 				ICE/DRO staff maintains a log of their responses to detainee requests. The log indicates that this requirement is met.					
 ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement. 				This information is provided as part of an orientation video, shown to all detainees during the admission process. It is also included in the ICE handbook, which is provided to each detainee during the orientation process.					
 OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas. 	\boxtimes			The poster is prominently posted on the bulletin board in the living unit and in the segregation unit.					
 Daily telephone serviceability checks are documented in the housing unit logbook. 									
PART 2 – 16. STAFF-DET	AINEE	COMMUN	ICATI	ON					
☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding					

Remarks: (Record significant facts, observations, other sources used, etc.) ICE staff maintains a consistent and frequent presence with detainees housed at the facility.

(b)(6), (b)(7)(C) October 2 Reviewer's Signature

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

PART	2-17.	TOOL	CONT	rroi

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				The Chief of Security has designated a tool control officer to be responsible for tool control procedures and an inspection system to insure accountability.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.				This component is only required for SPCs/CDFs. The facility tool control main storage area is located within the secure perimeter. Facility Policy 9-8, Control of Tools and Equipment, explains the process of tool deliveries and placing them in service.
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.				Facility Policy 9-8 explains the control of tools, keys, medical equipment, and culinary equipment. All of these items have accurate inventories.
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.				This component is only required for SPCs/CDFs. A chit system is used for exchange of tools.
5.	 Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory 				The facility does not have tools in the electronics shop or recreation department. All other areas in this component have accurate inventories.
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.			\boxtimes	This component is only required for SPCs/CDFs. Tool inventories are conspicuously posted on all tool boards, tool boxes, and tool kits.
7.	 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 				Facility Policy 9-8 explains the procedure for the regular inventory of all tools. The policy sets minimum time lines for physical inventories and all necessary documentation.

		2.									

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8.	The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous).	\boxtimes			The facility has a tool classification system. IGSAs are not required to classify tools as restricted or non- restricted, but the facility classifies dangerous/hazardous tools as "A" and non-hazardous tools as "B".
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.			\boxtimes	This component is only required for SPCs/CDFs. Department heads are responsible for implementing proper tool control procedures.
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes			
	 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. Shadow boards have a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				The facility has a tool storage system. Although not required in IGSAs, the facility stores tools on shadow boards in which the shadow resembles the tool. The shadows have white backgrounds, with restricted tools shadowed in red and non-restricted tools shadowed in black. Commonly used tools are stored in lockable tool cabinets in such a way that missing tools are readily noticed.
	Tools removed from service have their shadows removed from shadow boards.				This component is only required for SPCs/CDFs. Tools removed from service have their shadows removed from the shadow boards.
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.				This component is only required for SPCs/CDFs. Tools not on a shadow board are stored in a lockable drawer or cabinet.
	Sterile packs are stored under lock and key.			\boxtimes	This component is only required for SPCs/CDFs. The facility has no sterile packs.
15.	Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			Facility Policy 9-8 explains the issuance of tools to staff. Detainees are not issued tools.

PART 2-17. TOOL CONTROL								
This Detention Standard protects detainees, staff, contract facility operations by maintaining control of tools, culinary u and supplies.	ors, and itensils,	d volunteer and medi	s from	n harm and contributes to orderly d dental instruments, equipment,				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
 16. There are policies and procedures to address the issue of lost tools. The policy and procedures include: Verbal and written notification. Procedures for detainee access. Necessary documentation/review for all incidents of lost tools. 				Facility Policy 9-8 explains the procedures to addresses the issue of lost tools.				
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.								
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.				All contactors entering the facility are required to submit a tool inventory, which is checked coming in and leaving the facility. All contractors are escorted by staff.				
 Hoses longer than three feet in length are classified as a restricted tool. 				This component is only required for SPCs/CDFs. Hoses longer than three feet in length are considered restricted tools.				
 Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used. 			\boxtimes	This component is only required for SPCs/CDFs. The facility does not store scissors in the admissions area.				
PART 2-17. TO	OL CO	NTROL						
	andard	□ N/A		☐Repeat Finding				
Remarks: (Record significant facts, observations, other sour The facility has met the standard for Tool Control. (b)(6), (b)(7)(C) / October 2 Reviewer's Signature / Dat	rces us	ed, etc.)						

PART 2 -				

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a Use of Force Policy.	\boxtimes			Facility Policy 9-1, Use of Force, explains the facility's use of force procedures.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			Facility Policy 9-1 addresses.
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.				Facility Policy 9-1 addresses.
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			Facility Policy 9-1 addresses.
5.	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.				The Warden does not confer with a health care professional before every calculated use of force.
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. • Under staff supervision.				
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.				The (b)(7)e are trained in the use-of-force team technique.
8.	All use-of-force incidents are documented and reviewed.				All use-of-force incidents are documented on in-house incident reports.
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.				

	AND RESTR	

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. Staff:				
 Does not use force as punishment. 				
 Attempts to gain the detainee's voluntary cooperation before resorting to force 				
 Uses only as much force as necessary to control the detainee. 				
 Uses restraints only when other non- confrontational means, including verbal persuasion, have failed or are impractical. 				
 Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary. 			\boxtimes	The facility does not use medication for restraint purposes.
 (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s). 				Facility Policy 9-14, SORT Operations, explains the written procedures for attempting to prevent injury and exposure to communicable diseases.
13. Standard procedures associated with using four/five point restraints include:				
 Soft (nylon/leather) restraints. 				
 Dressing the detainee appropriately for the temperature. 				
 A bed, mattress, and blanket/sheet. 				There have been no
 Checking the detainee at least every 15 minutes. 			П	documented cases of four/five
 Logging each check. 		_		point restraints within the last 12 months.
 Repositioning detainee often enough to prevent soreness or stiffness. 				·
 Medical evaluation of the restrained detainee twice per eight-hour shift. 				
 When qualified medical staff are not immediately available, staff position the detainee "face-up." 				
 The shift supervisor monitors the detainee's position/condition every two hours. 				
He/she allows the detainee to use the restroom at these times under safeguards.				
15. All detainee checks are logged.				
 In immediate-use-of-force situations, officers contact medical staff once the detainee is under control. 	\boxtimes			

DARTO	40 1100		ANID	DEATA	AUITO
TAK! Z-	ID USE	OF FORCE		RESIR	

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

			 _	-	·
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17.	 When the Facility Administrator authorizes use of non-lethal weapons: Medical staff are consulted before staff use				The facility medical staff is not consulted before staff use
	Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.				All intermediate force weapons are stored in the (b)(7)e
	If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.	\boxtimes			
20.	Special precautions are taken when restraining pregnant detainees. Medical personnel are consulted			\boxtimes	The facility does not house females.
21.	Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes			
	Staff document every use of force, including what type of restraints was used during the incident.	×			Staff document all use of force incidents on the in-house incident report form.
	It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			The shift supervisor reviews all use of force and non-routine application of restraints incidents.
24.	 All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices approved for use. 				
25.	All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.				
26.	The use of canines is restricted to contraband detection purposes only.	\boxtimes			
	The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes			
28.	In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes			The facility currently uses an inhouse form to report use of force incidents. IGSAs are not required to use the Use of Force form used in SPC's.

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
	⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding		
The Ward				ed use of force. The facility medical		
(b)(6), (b)(7 Reviewer's	r)(C) <u>/ October</u> s Signature / E	(b)(6), (b)(7)(C)				

Performance-Based National Detention Standards

Section III ORDER

19 Disciplinary System

PART 3 - 19. DISCIPLINARY SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.				Facility Policy 15-1, Resident Rules and Discipline, explains the written disciplinary system using progressive levels of reviews and appeals.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			
3.	Written rules prohibit staff from imposing or permitting the following sanctions: corporal punishment deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of legal access and legal materials deprivation of physical exercise				The written rules described the prohibited sanctions in this component. However, clothing and bedding deprivation are not included.
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The rules of conduct, sanctions, and procedures for violations are communicated to detainees during admission. These are also explained in the facility handbook, which is given to each detainee during the admissions process.
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions				
	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.				Facility Policy 15-2, Discipline, explains the process of informal resolutions.

PART 3 – 1	19.	DISCIPI	INARY	SYSTEM
-------------------	-----	---------	-------	--------

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

-	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.				This component is only required in SPCs/CDFs. The facility promptly forwards the incident reports and notice of charges to the shift supervisor.
	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	\boxtimes			
9.	An intermediate disciplinary process is used to adjudicate minor infractions.				
10.	A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:				
	 Conducts hearings on all charges and allegations referred by the UDC 				
	Considers written reports, statements, physical evidence, and oral testimony				
	Hears pleadings by detainee and staff representative				
	Bases its findings on the preponderance of evidence				
	Imposes only authorized sanctions	' 			
	A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes			
	The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	\boxtimes			
	The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	\boxtimes			
	Written procedures govern the handling of confidential- source information. Procedures include criteria for recognizing "substantial evidence".				Facility Policy 15-2, Discipline, explains the procedure for handling confidential source information.
1	All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes			

PART 3 – 19. DISCIPLINARY SYSTEM					
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding		
Remarks: (Record significant facts The written rules included all the p			thing and bedding deprivation.		
(b)(6), (b)(7)(C) / October 2					

Performance-Based National Detention Standards

Section IV CARE

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

	PART 4 – 20. F	OOD S	ERVICE		
Th in a	is Detention Standard ensures that detainees are provide a sanitary and hygienic food service operation.	ed a nut	ritionally b	alance	ed diet that is prepared and presented
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The current FSA has over 18 years of experience in food services.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.				
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard				ICE detainees are not permitted to work at this facility, but the FSA does provide training to other detainee-workers addressing detainee-related issues.
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	\boxtimes			Knives are not used at this facility, but other cutting tools are used. These tools are appropriately secured in approved locking devices. The correctional officer maintains control over the keys that lock this area and issues and documents the tools.
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils				Knives are not used in this kitchen but there is supervision of tools used for cutting and chopping. While monitoring the condition of knives and dining utensils is not a requirement of an IGSA facility, staff in this operation do monitor the condition of these tools.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			All such items are secured behind a cage in a locked cabinet. The food service supervisor has the key to this cabinet.
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			
	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	\boxtimes			Food service staff is trained in count procedures and perform counts. The correctional officer assigned to the culinary operation verifies their counts.

	PART 4 – 20. FOOD SERVICE					
	s Detention Standard ensures that detainees are provide a sanitary and hygienic food service operation.	ed a nut	ritionally ba	alance	d diet that is prepared and presented	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	\boxtimes			Housing unit officers monitor the health and cleanliness of all detainees before they leave the unit, and the officer assigned to the food services unit verifies the health and cleanliness when the detainees arrive in the kitchen.	
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				ICE detainees are not permitted to work in the kitchen. Job descriptions for non-ICE detainee jobs are reviewed by the FSA at least annually.	
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			Detainee workers are instructed in the rules and procedures of the food service department. ICE detainees are not permitted to work in the kitchen in this facility.	
12.	 During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 					
13.	The Cook Foreman documents all training in individual detainee detention files.	\boxtimes				
14.	Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.	\boxtimes			While payment in accordance with the "Voluntary Work Program" is not a requirement of an IGSA facility, detainees are paid in accordance with the state rules and regulations at a rate of \$1.00 per day.	
15.	Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes				
	For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	Meals are plated and served individually in the housing units.	
17.	The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			While not a requirement of an IGSA facility, this facility uses a	

PART 4 – 20. FOOD SERVICE						
·	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented					
Components	Meets Standard	Does Not Meet Standard	A/A	Remarks		
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	⊠					
 The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes. 						
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 	\boxtimes			The cook foreman has the authority to change menu items, and these changes, with approval from the warden, are documented in a substitution log.		
21. All staff and volunteers know and adhere to written "food preparation" procedures.				Food is prepared from recipes with ingredients and quantities identified.		
 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provide hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 						
 Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA. 	\boxtimes			,		
24. A supervisor at the command level must approve a	M					

detainee's removal from the Common Fare Program.

 \boxtimes

Thi	PART 4 – 20. FOOD SERVICE This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
25.	The Facility Administrator, in conjunction with the chaptain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.					
26.	The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.					
	 Muslims fasting during Ramadan receive their meals after sundown. 	:				
	 Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate. 					
	 Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 					
	The food service program addresses medical diets.				The medical unit informs food service daily of detainees who require medical diets.	
	Satellite-feeding programs follow guidelines for proper sanitation.				Inmate food workers perform routine cleaning of the dining areas following each meal service.	
	Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes				
	All meals provided in nutritionally adequate portions.					
	Food is not used to punish or reward detainees based upon behavior.	\boxtimes				
32.	The food service staff instruct detainee volunteers on:	·				
	 Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; 					
	 The sanitary operation, care, and maintenance of equipment. 					
	Everyone working in the food service department complies with food safety and sanitation requirements.				Staff and inmate workers were observed using clean-as-you-go principles of sanitation.	
,	(MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	\boxtimes			Inspections are performed by the FSA on a daily basis, in accordance with written procedures.	

PART 4 - 20. FOOD SERVICE

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
35.	Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	\boxtimes			
36.	(MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.				Food service employees document dish-machine temperatures in a log book at the beginning of every run.
37.	(MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	\boxtimes			
38.	The cleaning schedule for each food service area is conspicuously posted.				
39.	Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.				
40.	Storage areas are locked when not in use.				
41.	Food service personnel conduct shakedowns along with detention staff.	\boxtimes			
42.	In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.				This is not a requirement of an IGSA facility. At this facility, correctional officers supervise the dining in the units.
43.	Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.				
44.	In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.				This is not a requirement of an IGSA facility, and quarterly cost estimates are not performed at this facility.
45.	When required, only food service staff prepare the sack lunches for detainee transportation.				
46.	Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	\boxtimes			
47.	Staff comply with the ICE requirements for "food receipt and storage.	\boxtimes			
48.	Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	\boxtimes			,
49.	Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	\boxtimes			
50.	Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.				

PART 4 – 20. FOOD SERVICE							
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	d a nuti	ritionally ba	alance	d diet that is prepared and presented			
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.	\boxtimes			Annual inspections are conducted by the County Health Department. The last inspection was conducted November 27, 2009, and the facility received a satisfactory rating.			
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\boxtimes						
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.		Ö					
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			Pest control is contracted through Anteater Exterminating, Inc.			
FOOD S	ERVIC	E					
⊠ Meets Standard ☐ Does Not Meet Sta	⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

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

Policy is in place to govern the food services operation. The facility staff supervises detained workers in the kitchen and satellite feeding units. ICE detaineds are not permitted to work in the kitchen at this facility, but other non-ICE detained workers appeared neat, clean and orderly during this review. Initial health and safety checks are conducted by the officer when the worker leaves the housing unit. This check of the workers is verified by the officer in the kitchen prior to them beginning their shift. These checks are documented by the culinary officer and maintained in the kitchen. The facility operates on a 35-day menu cycle that has been approved by the corporate dietitian. A nutritional analysis has been performed on this menu and a copy is maintained by the FSA. The facility also follows a master menu cycle which allows for substitutions, approved by the Warden and documented in a substitution log. There are provisions for medical and religious diets through the medical unit and the chaplain. Detaineds are permitted to observe major holydays and participate in special religious activities during these periods. Food was maintained at the required temperatures during the period of this review. Proper serving temperatures were verified by this Inspector during the lunch meals. Temperatures for dry, refrigerated and frozen storage areas are documented consistently and maintained in a temperature log book. Dish machine temperatures are also recorded for each use. This facility is inspected annually by the County Department of Health

(L)(0) (L)(7)(0)	0-1-50	
(b)(6), (b)(7)(C) /_ Reviewer's Signature	October 21 e / Date	(b)(6), (b)(7)(C)

PART 4 - 21. HUNGER STRIKES

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.	\boxtimes			Facility Policy 13-40, Hunger Strikes, requires this referral.
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			This is required by facility Policy 13-40.
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Facility Policy 13-40 requires that staff respond immediately to a hunger strike.
	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.				Facility Policy 13-40 provides for permissive, rather than mandatory isolation as required by the standard.
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				Facility Policy 13-40 authorizes such action.
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			Facility Policy 13-40 requires that medical staff record the weight and vital signs of a hunger striker at least once every 24 hours.
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.				Facility Policy 13-40 is silent on the issue of consent. A general consent form is obtained at intake but the standard requires documented specific informed consent or refusal.
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.				Facility Policy 13-40 requires a signed refusal of treatment form.
9.	Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.				This is required by facility Policy 13-40.
10.	Staff maintain the hunger striker's supply of drinking water/other beverages.				This is required by facility Policy 13-40.
11.	During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			This is required by facility Policy 13-40.
12.	Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			This is required by facility Policy 13-40.
13.	The medical staff have written procedures for treating hunger strikers.				Detailed written procedures are contained in facility Policy 13-40.

PART 4 – 21. HU	INGER	STRIKES			
This Detention Standard protects detainees' health and we treating any detainee who is on a hunger strike.	II-being	by monito	ring, c	ounseling and, when appropriate,	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	\boxtimes			This is required by facility Policy 13-40 and by health care standard operating procedures.	
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.				Staff receives the required training during orientation and annually thereafter. Training records validated that staff have received this training. The lesson plans were reviewed and were found to be adequate. The HSA indicated that medical staff receives additional training to remain current.	
PART 4 – 21. HU	NGER	STRIKES	L		
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					
Remarks: (Record significant facts, observations, other sou Nith the noted exceptions the facility policy meets the requirenter nterviewed are knowledgeable about the requirements for table (b)(6), (b)(7)(C) / October Reviewer's Signature / D (b)(6), (b)(7)(C)	ements	of the star		Detention and medical staff	

D	ART	A	22	MEDICAL	CADE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.			· 🗀	This facility complies with state and local laws and guidelines. This is based on personal observation of the health care delivery system, to include medical and mental health, review of charts and healthcare policies, and interviews of detention and health care staff, as well as detainees.
2.	The facility's in-processing procedures of arriving detainees include medical screening.				Facility Policy 13-50, Initial Intake Screening, requires screening consistent with the requirements of the standard. A record review validated that the initial screening has been done as required.
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	\boxtimes			Staffing consists of (b)(7)(E) physicians (b)(7)(E)mid-level practitioners and (7)(E)urses and technicians. There is also a psychiatrist, psychologist and (b)(7)(E) licensed mental health counselors. Staffing is fully adequate for the population.
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.				During the admission process, detainees are provided necessary information on how to access health care. This is done orally and in writing. This information is provided in English and Spanish. When a detainee does not speak either English or Spanish, an interpreter or a translation line is utilized.
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.				Facility Policy 13-44, Health Care Information, provides comprehensive guidance to staff on educating detainees to ensure they have access to care under every conceivable condition.
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.				The HSA and Infection Control Nurse both advised all staff receive TB tests and are offered hepatitis B vaccine.

PART 4 _	22	MEDICAL	CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.				The health service department has written position descriptions for all positions, and maintains current documentation for all licensed, certified and registered positions. Providers are credentialed in compliance with state and federal law.
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).				The handbook addresses procedures for access to health care in both English and Spanish. This information is provided to detainees who speak other languages through an interpreter or a translation line.
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.			\boxtimes	Even though this component is not applicable to ISGAs, the facility has credentialing and verification procedures which comply with the standards of the NCCHC and Joint Commission.
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 				All screening is performed by properly trained medical staff. Intake processing for medical is done within 12 hours. Facility Policy 13-50, Initial Intake Screening, specifies in detail all requirements of the standard. A review of detainee health records validated that screening has been performed as required.
11.	(MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.				Interviews of several medical and detention staff validated that translation assistance is provided to non-English speaking detainees. This was confirmed by the HSA and the facility psychiatrist. Sick call requests in both Spanish and English were found in detainee health records. Further, an interpreter was observed working with a counselor and detainee.

PART 4 – 22. MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			There are three medical units within the facility. Through personal review, it was determined that each of these units has sufficient space and equipment.
	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			All medical units are in restricted- access space within the confines of the secure perimeter
	The medical facility entrance includes a holding/waiting room.				Each of the three medical units has hold rooms.
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.				Each of the three medical units hold rooms are under direct supervision of custodial staff.
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.				A water cooler and inmate rest room are adjacent to each hold room.
17.	 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	\boxtimes			Facility Policy 13-58, Medical Records, addresses the requirements of the standard in great detail. Records are maintained in an electronic records system (ALLSCRIPTS) which is password protected. Access to this system is limited to medical staff on a need to know basis. No copies are made for detainee files.
0 0 0 0 0 0	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.				Facility Policy 13-49, Informed Consent/Refusal of Care, provides for consent or refusal. A general consent is executed at intake. Additional specific consents are executed as required. A review of health records found consent forms in 10 of 10 records reviewed,
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			Facility Policy 13-58, Medical Records, provides an ISGA equivalent form.
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Advance notice occurs in most cases but not always.
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			Facility Policy 13-58 provides guidance.

PART 4 -	22	MEDICAL	CARE
----------	----	---------	------

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22.	other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			Facility Policy 13-58 addresses medical record confidentiality consistent with state law. The policy requires that the sealed envelope be labeled and marked in accordance with this standard.
23.	Medical screening includes a Tuberculosis (TB) test.				Facility Policy 13-50, Initial Intake Screening, requires that medical screening includes a tuberculosis test. TB testing was documented in 10 of 10 medical records reviewed.
24.	 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 				Facility Policy 13-50 requires a mental health screening upon the detainee's arrival. This screening is provided by a trained nurse.
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			A local equivalent form provided by the electronic record is utilized.
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	\boxtimes			Facility Policy 13-40, Full Health Appraisals, requires a physical examination within 14 days, and documentation of completed appraisals was found in 10 of 10 medical records reviewed.
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	×			Health care staff visits SMU residents at least once a day. Documentation of both medical and mental health visits was found in the SMU logs.
28.	 Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 		. 🗆		Facility Policy 13.80, Sick Call, requires that sick call request slips are provided to detainees daily. Request slips are available in English and Spanish. Other languages are handled by an interpreter or the use of a language translation line. Requests are triaged the same day and sick call conducted within 24-36 hours or sooner if determined necessary. A record review confirmed that the timelines are being met.

PART	4 - 22	MEDICAL	CARE

-	· · · · · · · · · · · · · · · · · · ·				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
29.	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.				Facility Policy 13-34, Medical Emergency Response, addresses emergency health care in great detail even though medical personnel are on duty 24 hours a day, 7 days a week.
30.	The plan includes an on-call provider.	\boxtimes			Medical and mental health providers are on call 24 hours a day, 7 days a week.
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.				Telephone numbers for ambulance services, hospitals, and on-call staff are available in Control Center and the medical unit, as well as elsewhere in the facility.
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				Facility Policy 13-34, Medical Emergency Response, provides for this.
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.				Annual emergency training is required by facility Policy 13-34 and was supported by training records.
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Only medical staff distributes medications at the facility.
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				Facility Policy 13-70, Pharmaceuticals, requires that pharmaceuticals and non-prescription medicines be stored, inventoried, dispensed and administered in accordance with this standard. Personal observation found that all pharmaceuticals are secured in locked carts, in a locked room, designated as the pharmacy, within the secure medical area.

PART	4.	- 22	MEDICA	AL CARE	

and fleath education, so that their fleath care fleeds are thet in a timery and efficient manner.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
36.	 (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				Facility Policy 13-70 addresses the requirements for formulary, obtaining non-formulary medicines, prescription practices, procurement and storage. The policy covers all requirements of the standard and state law. Direct inspection of the pharmacy and a review of consultant pharmacist reports confirmed the facility's compliance with this component.			
37.	 All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				Personal observation and staff interview confirmed that the pharmaceutical storage room is within the secure perimeter, with solid walls to a solid ceiling. The solid core door has a high security lock.			
38.	 In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				The administration and management of the pharmacy is in accordance with state and federal law and is properly supervised by licensed personnel. Administration and accountability of medications is done by properly trained and licensed staff supervised by the health services administrator. Their work is reviewed by a consultant pharmacist. IGSAs are not required to have locking pass-through windows.			

PART 4 - 22. MEDICAL CARE

and health outside, so that the health outside are met in a linely and emiclent manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.				Facility Policy 13.70 provides specific instructions and procedures for the distribution of medication. The policy also requires that written records of all medications given to detainees be maintained in an electronic Medication Administration Record. The medication distribution process was observed during two pill calls and found to be consistent with the requirements of the standard.		
40.	 In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 				Facility Policy 13-70 specifically prohibits detainees from handling medications in any manner. Only licensed medical staff distributes medications.		
41.	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.				Only licensed medical staff are allowed distribute medications.		
42.	The Warden/Facility receives notification that a detainee that has special medical needs.				The Facility Administrator is notified upon determining a detainee has special needs.		
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.				The HSA advised that upon request, independent examinations can be done at the detainee's expense with approval by ICE. Facility Policy 13-77, Scope of Services, addresses this issue.		

PART 4 - 22. MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
44.	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				The facility has a compilation of plans which collectively meet the requirements of the standard. These plans are bound into a single folder titled Management of Infectious and Communicable Diseases. These policies are 1-4, Employee Contact with News Media; 13-47, Infection Control; 13-74, Privacy of Protected Health Information; 13.58, Medical Records; and the facility's Blood Borne Pathogens Plan, which includes related attachments setting forth Public Health Notification requirements. However for ease of use they could be indexed with a table of contents.
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.				Facility Policy 13-47, Infection Control, addresses this issue.
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.				Facility Policy 13-50, Initial Intake Screening, requires that all new arrivals receive TB screening. Documentation of this screening was found in 10 of 10 charts reviewed.
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			Facility Policy 13-47, Infection Control, addresses.
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.				The facility has a contract with a local ambulance service. It also has an adequate number of facility vehicles available 24 hours a day, 7 days a week, to handle medical routine and urgent transports. Facility medical record policies provide for a medical summary to accompany such out of facility transports.

PART 4 – 22. MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
49.	Detainee who requires close, chronic, or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.				Facility Policy 13-6, Chronic Care, provides detailed procedures and clinical guidelines for treatment of close, chronic or convalescent care. ICE would make a determination on where to house detainees with medical needs that exceed the facility's capability.
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.				The facility does not accept female detainees.
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority				Facility Policy 13-6, Chronic Care, provides detailed guidelines and clinical pathways specifying how care would be provided. Interviews with staff and record review indicated compliance with this component.
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.				As soon as it is determined that a detainee has special needs the warden is notified. Additional issues such as transfer or special housing are documented in writing and placed in the detainee's medical record.
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.				Facility Policies 13-13, Dental Care, and 13-19, Periodontal Disease Program, provide for access to emergency and specified routine dental care.
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	\boxtimes			Facility Policies 13-50, Initial Intake Screening, and13-61, Mental Health Services, provide detailed and specific procedures and guidelines for how and when this will be done.
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.				Interviews with the facility psychiatrist verified that crisis intervention services are available, and that he and the designated mental health coordinator are on call 24 hours a day, 7 days a week.

PART 4 - 22. MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			Observation of two interviews found compliance with the standard. There are no female detainees at the facility.
57.	(MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	\boxtimes			Facility Policy 13-61, Mental Health Services, requires this comprehensive evaluation by a licensed provider. An interview with the psychiatrist confirmed this is done normally in less than 14 days of the referral.
58.	 (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				Facility Policy 13-69, Personal Restraints, addresses conditions and types of restraints, monitoring detainees in restraints, and documentation including efforts to use less restrictive alternatives. Although this policy does not address any requirement for after-incident reviews, Facility Policy 5-1, Incident Reporting, provided upon request, provides for after-incident review for all incidents of use of restraints.
59.	 (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 				Involuntary administration of psychotropic medications is not done at this facility.

PART 4 – 22. MEDICAL CARE

-	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	\boxtimes			An initial dental screening within 14 days of arrival is required by facility Policy 13-13, Dental Care. Documentation was found in the detainee health records that were reviewed.
	In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			Facility Policy 13-37, First-Aid/Spill Kits, sets forth these procedures for inspections of first aid kits. First aid kits were spotchecked and were in compliance with the inspection requirement.
62.	An automatic external defibrillator should be available for use at the facility.				There is an automatic external defibrillator (AED) available. Quality improvement minutes indicate that the AED has been successfully utilized during this inspection period.
63.	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	\boxtimes			Facility Policy 13-49, Informed Consent/Refusal of Care, requires consultation with ICE to determine whether forced treatment will be administered.
64.	In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.				Even though this component is not applicable to ISGAs, the Warden and the HSA meet monthly.
65.	(MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.				Facility Policy 13-41, Hazardous Waste and Waste Management, addresses this issue. Storage of biohazardous waste was personally observed to be compliant. The facility contracts with Stericycle Inc. for management of biohazardous waste. This contract and invoices were reviewed.
66.	(MANDATORY) The health authority will implement a system of internal review and quality assurance.				Facility Policy 13-52, Internal Continuous Quality Improvement Program, has been implemented. A review of minutes of monthly meetings, selected studies and statistical reports reflects an active and apparently effective program, complying with standard.

	PART 4 – 22. MEDICAL CARE								
	⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding					
The provision be high. Torganized	ion of health care at the hese conclusions are ba and operates in an effe		irements of th and detainee	nis standard. Staff morale appears to interviews. The unit is clean and well user-friendly electronic medical					
(b)(6), (b)(7)(Reviewer's)(6), (b)(7)(C)							

		PERSC		

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

				i	
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.				Facility Policy 17-101, Admission and Orientation, requires the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. Staff interviews indicate compliance.
2.	 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 				All new detainees are issued clean, temperature-appropriate, presentable clothing during intake. Even though not required of ISGAs, the facility meets the specific requirements of issuance of clothing for this component.
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.				Even though this component is not applicable to ISGAs, additional clothing (jackets) is issued from November through March.
4.	New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase Additional blankets, based on local weather conditions.				The facility issues to each new detainee clean bedding, linens and towels. Although not required of IGSAs, the facility issues one mattress, one blanket, two sheets, one pillow, one pillowcase and one towel. Additional blankets are issued when warranted.
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.				Personal hygiene items are issued when detainees arrive at the facility. When needed and as appropriate they are replenished. There are no female detainees at this facility.

DADT	1 2	2 DED	SONAL	HVCII	CNIE
PARI	4 – Z	3. PER	JUNAL	_ M T (311	CIVE

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
6.	 Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 				Personal observation found toilet facilities to be clean and adequate in number as required by this standard. Detainees are able to use the toilets without staff assistance, 24 hours per day. There are no female detainees at this facility. It is noted that the facility recently successfully completed an ACA reaccreditation audit.
7.	 Bathing facilities are: Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees. 				Observation of the housing units found them to be in compliance with the standard. The recent successful ACA Audit also supported a finding of compliance.
8.	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.				The HSA stated that all necessary assistance would be provided to disabled detainees.
9.	Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.	\boxtimes			Staff and detainee interviews indicate that the facility complies with the standard by allowing daily changes of socks and undergarments; twice weekly changes of outer garments and weekly changes of sheets, towels and pillowcases.
10.	. Food service detainee volunteer workers are permitted to exchange outer garments daily.				This component is not applicable to ISGAs. ICE detainees do not work in food services.
11.	. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.				This component is not applicable to ISGAs. ICE detainees work only in the housing pod and are allowed to change outer garments in necessary.
PART 4 – 23. PERSONAL HYGIENE					
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Overall the facility housing areas are clean and toilet facilities adequate for the population. Detainees have clean clothes and are physically clean and those interviewed had no complaints. The facility is liberal with clothing and bedding issuance when necessary. The personal hygiene standard is being met.

(b)(6), (b)(7)(C) / October 2 Reviewer's Signature / Da

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components 1. The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.	Meets Standard	Does Not Meet Standard	N/A	Remarks Facility Policy 9-19, Suicide Prevention/Risk Reduction, is comprehensive. It is approved by the Warden and supported by
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 3. Every new staff member receives suicide provention. 				Facility Policies 9-19, Suicide Prevention/Risk Reduction; 13-61, Mental Health Services; and 13-50, Initial Intake Screening, combine to form the basis of a mental health program that meets all requirements of this standard. The program include intake screening, training, management and reporting of suicide incidents, safe housing, debriefing of attempts, guidelines for returning a previously suicidal detainee to general population, reporting and written procedures for suicide case handling.
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.				Suicide-prevention training is required at employee orientation and during annual training for all staff. A review of facility training records provided documentation that the training is being conducted.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
4. Trail	Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Effective communication between correctional and health care personnel, Necessary referral procedures, Housing observation and suicide-watch level procedures, Follow-up monitoring of detainees who have already attempted suicide, and Reporting and written documentation procedures.				A review of the training lesson plans indicates that the suicide-prevention training addresses all required subjects in detail. Interviews with the psychiatrist and other mental health staff found that they were quite knowledgeable about required procedures.
scr	nealth-care provider or specially trained officer eens all detainees for suicide potential as part of the mission process. Screening does not occur later than one working day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.	\boxtimes			Initial intake screening is performed by a trained nurse. A review of detainee medical records found screening was properly documented in all records reviewed.
det	en procedures contain when and how to refer at-risk ainees to medical staff and procedures are owed.				Facility Policy 13-61, Mental Health Services, contains referral procedures.
suid writ	tten procedures include returning a previously cidal detainee to the general population, upon ten authorization of the clinical director or propriate health care professional.	\boxtimes			Facility Policy 13-61, Mental Health Services, includes procedures for returning a previously suicidal detainee to the general population.
	facility has a designated isolation room for luation and treatment.				The facility has designated isolation rooms for evaluation and treatment.
stru	designated isolation room does not contain any octures or smaller items that could be used in a side attempt.	\boxtimes			Personal inspection of the isolation rooms found no structures or smaller items that could be used to assist in a suicide.
10. Med	dical staff has approved the room for this purpose.				The HSA confirmed that medical staff has approved the rooms for this purpose.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION						
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation. 				Three cases were under suicide watch during this inspection, and all three had appropriate documentation of monitoring.		
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	\boxtimes			The requirements of this component are being met. Supporting documentation was available for review.		
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance				ICE is notified of suicidal detainees.		
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.				Facility Policy 13-52, Internal Continuous Quality Improvement Program, includes mortality reviews and critical incident debriefings. The mortality review and minutes were reviewed for one such case.		
PART 4 – 24. SUICIDE PREVE	ENTION	AND INT	ERVE	NTION		
⊠ Meets Standard □ Does Not Meet Sta	ındard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) The facility mental health program is led by a psychiatrist who was interviewed by this Inspector. He and his staff are deeply involved in the provision of quality mental health care. The facility policies and lesson plans are comprehensive. This program meets all requirements of the Standard. (b)(6), (b)(7)(C) / October 21, 2 (b)(6), (b)(7)(C) Reviewer's Signature / Date						

	PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH								
fat	This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death. Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.				Chronically or terminally ill detainees are transferred to an ICE facility within the Field Office's area or to an appropriate medical facility.				
2.	 The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location. 	\boxtimes			Facility Policy 13-62, Notification of Next of Kin/Others, provides procedures necessary to guide the staff should a situation.				
3.	 There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 				Facility Policy13-2, Advanced Directives Living Will/Durable Power of Attorney For Health Care, provides detailed procedures that comply with the requirements of this component.				
4.	There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			Facility Policy 13-62 provides detailed procedures for DNR's.				
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				Facility Policy 13-62 requires maximal therapeutic efforts for a detainee with a DNR order in the record.				
6.	The facility notifies ICE/DRO 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.				Facility Policy 13-62 requires notification of ICE when a detainee has a DNR order.				
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Facility Policy 13-77, Scope of Services, addresses organ donations.				
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.				No written procedures that address notification of ICE officials or consulates regarding detainee deaths were found or provided.				
9.	The facility has a policy and procedure to address the death of a detainee while in transport.		\boxtimes		No policy that addresses the death of a detainee while in transit was found or provided.				

PART 4 – 25. TERMINAL ILLNESS, A	ADVAN	CE DIREC	TIVES	, AND DEATH			
This Detention Standard ensures that each facility's contin fatal injury, and advance directives and provides specific g	uum of	health car	e serv	ices addresses terminal illness,			
Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 				Based on interviews, on-site ICE staff is aware of the requirements of the standard.			
 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 				Based on interviews, on-site ICE staff is aware of the requirements of the standard.			
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.				Both facility and on-site ICE staff are aware of the requirements of the standard.			
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 				No policy relating to contacting the local coroner was found or provided.			
14. ICE staff follows established procedures to properly close the case of a deceased detainee.	\boxtimes			On-site ICE staff is aware of the procedures for properly closing the case of a deceased detainee.			
PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	, AND DEATH			
☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A	\	☐Repeat Finding			
Remarks: (Record significant facts, observations, other soul The facility has most of their procedures in written form. The procedures for notification of ICE or other officials (i.e. the condocumentation to support compliance. Interviews of staff ind meets this standard, (b)(6), (b)(7)(C) / October 2 Reviewer's Signature / Dat	ere wer	e three cor or consulat	e) tha	t the facility did not have			

Section V ACTIVITIES

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

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.				Facility Policy 16-1, Correspondence Procedures, governs correspondence and other mail. The rules for correspondence are included in the detainee handbook, which is provided to each detainee during the admissions process. Although not required of IGSA facilities, the rules for correspondence are posted in the living unit in which detainees are housed.
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.				The handbook is provided in English and in Spanish, as are the posted rules for correspondence.
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			Housing unit staff distributes the mail to detainees on the same day it is received and inspected.
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes			Outgoing mail is delivered to the local post office at about 10:30 a.m. on the same day it is received.
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.				Although not required of IGSA facilities, priority, priority overnight, and certified mail are logged and delivered to detainees on the same day it is received.
6.	Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.			\boxtimes	This component is not required of IGSA facilities. At the facility, all incoming general correspondence is opened, scanned, and inspected for contraband without the detainee present.
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.				This component is not required of IGSA facilities. At the facility, staff open and scan all incoming correspondence as a matter of policy. The Warden does not give prior approval to read any specific correspondence.

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL and ensures that detainees will be able to correspond with their families, the community, legs

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

<u> </u>					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.				Facility Policy 16.1.4P requires staff to open and inspect, but not read, special correspondence in the presence of the detainee.
10.	Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				Facility staff open and inspect all outgoing correspondence and other mail, except for special correspondence. IGSA facilities are not required to comply with the requirement that the detainee be present when this occurs. Outgoing mail, with the exception of special correspondence, is inspected without the detainee present.
11.	Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.				
12.	The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			When mail is rejected, written notice is sent to the addressee. IGSA facilities are not required to send written notice to the sender of rejected mail. At this facility, the rejected mail is stamped as "unapproved mail" and is returned to sender.
13.	The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes			
	Staff maintain a written record of every item removed from detainee mail.				Items removed from detainee mail are considered contraband. A written record is made, and the detainee is notified of non-criminal contraband that has been removed from his mail by his case manager. The detainee may opt to accept the item(s) for placement in his property.
	The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.				

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.				Any cash found in detainee mail is counted in the presence of a second staff member, logged, and deposited in the detainee's account. A receipt with the signatures of both staff members involved is provided to the detainee.
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.				Facility Policy 16.1.4J requires that all identity documents, including passports and birth certificates, be immediately removed and forwarded to ICE for placement in the A-files. Facility mail room staff was aware of this policy.
18. Staff provide the detainee a copy of his or her identity document(s) upon request.				
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	×			Any criminal contraband is immediately turned over to security staff in accordance with the facility policy on contraband. The detainee is allowed to place non-criminal contraband into his property.
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	\boxtimes			Facility Policy 16-1.4B specifies that indigent detainees be given the opportunity to mail, at government expense, at least five pieces of special correspondence and three one-ounce letters per week.
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.				Detainees have the option of purchasing stamps from the commissary or to sign a form for release of funds from their accounts to pay for the cost of postage.
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			
23. SMU detainees have the same correspondence privileges as general population.				Facility Policy 16.1 explicitly states that detainees in segregation have the same correspondence privileges as the general population.
24. Detainees have access to outside publications.	\boxtimes			

	PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
	Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding			
Facility policy is community, leg	adequate to assure al representatives, e	, observations, other sources use that detainees are provided with elected and governmental officials ors indicate that they are familiar v	the opportunits, and consula	ar officials. Interviews with living	s the		
b)(6), (b)(7)(C <mark>)′ Oct</mark> Reviewer's Sigr	(b)(c)	(b)(7)(C)					

. ESCORTED TRIPS	

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral				
	Deathbed				
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).				
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.				
5.	Detainees who require overnight housing are placed in approved IGSA facilities.				
6.	Each escort detail includes at leas _{(b)(7)e} officers.				
7.	The detainee remains under constant, direct visual supervision of escorting staff.				
8.	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.				
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.				
10.	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.				

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES							
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.							
☑ Standard NA: Check this box if all ICE Non-Medical Field Office or Sub-Office in control of the detainee care	Emerg	ency Esc	orted 1	Trips are handled only by the ICE			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 11. Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to ICE/DRO. Do not violate federal, state, or local laws. Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. Do not arrange to visit family or friends unless approved before the trip. Make no unauthorized phone calls. Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 12. The facility routinely subjects a detainee returning from 							
an escorted trip to a search, urinalysis, breathalyzer, etc.							
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.							
14. The Field Office Director is the approving official for all non-medical escorted trips.							
 15. Facility procedures comply with the following ICE Standards: Transportation (Land Transportation Restraints applied strictly in accordance with the Use of Force Standard. 							
PART 5 – 27. ESCORTED TRIPS FO	OR NO	N-MEDICA	T EWE	ERGENCIES			
☐ Meets Standard ☐ Does Not Meet Sta	andard	⊠ N/A		☐Repeat Finding			
demarks: (Record significant facts, observations, other sources used, etc.) DE non-medical emergency escorted trips are handled only by the ICE field office.							

(b)(6), (b)(7)(C) / October 14, Reviewer's Signature / Date

PART 5 – 28. MARRIAGE REQUESTS							
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.							
	Components	Meets Standard	Does Not Meet Standard	A/A	Remarks		
1.	The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.						
2.	The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	\boxtimes			The Warden submits all requests to ICE for review and determination.		
3.	It is standard practice to require a written request for permission to marry.				All requests are made to the chaplain in writing, and then forwarded to ICE and the Warden for approval.		
4.	The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.						
5.	The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	\boxtimes					
6.	When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes			No such request has been made since the past review.		
7.	The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	\boxtimes					
8.	The detainee handbook explains the marriage request process.						
9.	In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.				This is not a requirement of an IGSA facility. At this facility ICE has the authority to approve or deny marriage request.		
	PART 5 – 28. MARI	RIAGE	REQUEST	S			
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							
Remarks: (Record significant facts, observations, other sources used, etc.) Written policies and procedures govern Marriage Requests. While there have been no detainee marriage requests within the past 12 months, both facility and ICE staff articulated knowledge consistent with the policies and procedures related to detainee marriage request. Based upon the findings and observations at the time of this review, this facility meets the requirements of this ICE standard. (b)(6), (b)(7)(C) / October 21, 2 (b)(6), (b)(7)(C)							

PART 5 - 29. RECREATION								
	This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.							
	☐ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	 An indoor recreation program. An outdoor recreation program. 	\boxtimes			Detainees are provided indoor activates in the dayroom, which is open from 7:00 a.m. to 9:30 p.m. daily. Detainees are also scheduled for outdoor recreation daily.			
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				There is no recreation specialist at this facility; however, this is not an IGSA requirement.			
3.	Regular maintenance keeps recreational facilities and equipment in good condition.				The recreation yard used by ICE detainees was observed to be in good condition.			
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.							
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes						
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.							
7.	Outside activities are restricted to limited-contact sports.	\boxtimes						
8.	Each detainee has the opportunity to participate in daily recreation.				All ICE detainees have a choice in whether or not they participate in outdoor recreation during their scheduled time period.			
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes			The housing unit for ICE detainees is scheduled for recreation daily for at least one hour.			
10.	Staff check all items for damage and condition when equipment is returned.	\boxtimes						
11.	Staff conduct searches of recreation areas before and after use.	\boxtimes						
12.	Recreation areas are under constant staff supervision.	×			Correctional officers are placed in the recreation yards when they are in use. Also, the recreation yards are under surveillance by cameras.			
	Supervising staff are equipped with radios.							
	The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes						

PART 5 - 29. RECREATION							
This Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.	access 1	to recreation	onal ar	nd exercise programs and activities,			
☐ If outdoor recreation is offered check this box. Item	ns 19-2	7 should t	hen b	e marked "N/A".			
Components	Meets Standard	Does Not Meet Standard	A/A	Remarks			
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	\boxtimes						
 Special programs or religious activities are available to detainees. 							
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.			\boxtimes				
 Visitors, relatives or friends of detainees are not allowed to serve as volunteers. 							
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes				
20. If yes, written procedures ensure timely review of all eligible detainees.			\boxtimes				
 Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator. 			\boxtimes				
 The Facility Administrator documents all detainee- transfer decisions, whether yes or no. 							
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			\boxtimes				
 Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer. 			\boxtimes				
 If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days. 			\boxtimes				
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			\boxtimes				
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.							
PART 5 - 29. I	RECRE	ATION					
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

Written policies and procedures govern the Recreation and Leisure Time Activities Program. Indoor and outdoor recreation is available to detainees and inmates in general population and in segregation units. Correctional officers supervise recreational activities and all such activities are under constant surveillance by camera. Recreational areas are searched by correctional officers before and after recreational activities and all major repairs are performed by maintenance. No volunteers are used in the provision of recreational services. Based upon the findings and observations during this review, this facility meets the requirements of this ICE standard.

(b)(6), (b)(7)(C) Octo
Reviewer's Signature / Da
(b)(6), (b)(7)(C)

PART 5 – 30. RELIGIOUS PRACTICES							
opp	This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.						
	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks		
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	\boxtimes					
2.	Space is available for detainees to participate in religious services.						
3 .	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.						
4.	 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 				This is not a requirement of an IGSA facility. However, this facility does accommodate recognized holy-day observances with special meals, allowing fasting and religious services and restricted activities.		
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes					
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.						
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes					
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RELIGIOUS	PRACT	ICES				
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							
Remarks: (Record significant facts, observations, other sources used, etc.) Written policies and procedures provide guidance for Religious Practices. Detainees and inmates have access to eligious services throughout the facility and are permitted to retain certain religious items. They can observe major eligious holy-days and practice the religion of their choice. Volunteers are used in combination with the facility chaplain o provide coverage throughout the facility. Based upon the findings and observations at the time of this review, this acility meets the requirements of this ICE standard. (b)(6), (b)(7)(C) / October 21, 2 (b)(6), (b)(7)(C) Reviewer's Signature / Date							

PART 5 -	· 31. TELEPHON	NE ACCESS	

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.				Except for times during which head counts are being conducted, detainees are allowed access to telephones from approximately 7:00 a.m. to 9:30 p.m. each day.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.				Detainees are informed of the facility's telephone policy during the admissions process. This is done via an orientation video and through the detainee handbook, which is provided to each detainee.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes			
4.	Access rules, including updated telephone and consulate number, are posted in housing units.				
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			Written information on the telephone policy is posted in English and Spanish. The orientation video also provides this information in English and Spanish.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes			The ratio of telephones to detainees is 1:19. The living unit in which detainees are housed has a capacity of 76. There are four telephones available.
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes			
8.	Telephones are located a reasonable distance from televisions.				Telephones are located in close proximity to a television. However, detainees must use ear buds to listen to the television, so there is no aural distraction caused by the television.
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.				An officer is designated as a liaison to Securus, the telephone service provider. She reports any problems to Securus within 24 hours after such problems are discovered.

PART 5 – 31. TELEPHONE ACCESS								
Thi pro	This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.				The officer in charge of telephones reported that repairs are done on the same day it is reported if computer accessible. It is affected within two days after the problems are reported if it requires on-site repairs.			
	Detainees are afforded a reasonable degree of privacy for legal phone calls.				Detainees make and receive legal calls from the case manager's private office.			
	A procedure exists to assist a detainee who is having trouble placing a confidential call.				A detainee may submit a Request Form to obtain assistance with a confidential call.			
	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes						
14.	Special Access calls are at no charge to the detainees.	\boxtimes						
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.							
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".							
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.				Detainees may make telephone calls to immediate family members detained in other correctional facilities with the concurrence of the Wardens of both facilities.			
	All telephone restrictions are documented.	\boxtimes						
	The facility has a system for taking and delivering emergency detainee telephone messages.				All emergency messages are routed to the facility Chaplain. The Chaplain verifies the emergency, informs the detainee of the situation and arranges for a phone call if needed.			
20.	Phone call messages are given to detainees as soon as possible.	\boxtimes						
21.	Detainees are allowed to return emergency phone calls as soon as possible.				The Chaplain is allowed to arrange for an emergency return phone call as soon as possible after verifying the emergency.			

PART 5 – 31. TELEPHONE ACCESS							
This pro	s Detention Standard ensures that detainees may main viding them reasonable and equitable access to telepho	ntain tie one ser	s with thei vices.	r famil	lies and others in the community by		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				Detainees in disciplinary segregation are allowed the same telephone privileges as those in the general population.		
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.						
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.						
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes					
26.	When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	\boxtimes			Notices are posted next to the telephones and on the telephones themselves informing detainees that their calls may be monitored. In addition, a recorded message in the phone system informs detainees that their calls may be monitored. These notices are in English and Spanish.		
27.	The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	\boxtimes			The OIG line for reporting abuse was tested. It was found to be operable.		
28.	The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis				An IEA checks on and reports on the serviceability of the phones on a weekly basis.		
	PART 5 – 31. TELI	EPHON	E ACCES	S			
	☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
Detair repres iving iving	arks: (Record significant facts, observations, other sour nees at the facility are provided the opportunity to maint sentatives, government officials and consular officials v unit, and information on their use is provided during the unit. The operability of the phones is checked regularly (b)(6), (b)(7)(C)	tain con ia the te admiss	itact with fa elephone. sions proce	Telep ess an	hones are readily available in the difference are readily available in the		

PART 5 – 32. VISITATION	P	ΔRT	5 -	32	VISIT	MITAT
-------------------------	---	-----	-----	----	-------	-------

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

Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.	\boxtimes			Facility Policy 16.2, Visitation, governs visitation at this facility.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				Visitation periods are for two hours.
3.	The visitation schedule and rules are available to the public.	\boxtimes			The rules and schedule are posted in the visitation waiting area.
4.	The hours for all categories of visitation are posted in the visitation waiting area.				
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.				The rules and hours are posted in English and Spanish.
6.	A general visitation log is maintained.	\boxtimes			All visitors must sign in on a visitation log. The information on this log is transferred to a computerized logging system by the visiting officer.
7.	Detainees are permitted to retain authorized personal property items specified in the standard.				
8.	A visitor dress code is available to the public.	\boxtimes			The dress code for visitors is posted in the waiting area.
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			
10.	The requirement on visitation by minors is complied with.	\boxtimes			A detainee may receive visits from children less than 16 years of age when they are accompanied by an adult. Children over sixteen may visit without being accompanied by an adult.
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.				A detainee may receive visits from children less than 16 years of age when they are accompanied by an adult. Children over sixteen may visit without being accompanied by an adult.

DADTE AS LUGIELATION	
PART 5 - 32. VISITATION	N

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

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
	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.				A detainee may receive visits from children less than 16 years of age when they are accompanied by an adult. Children over sixteen may visit without being accompanied by an adult.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.				
14.	Detainees in special housing are afforded visitation.				
15.	Legal visitation is available seven (7) days a week, including holidays.				Legal visitation is available during normal visitation hours (8:00 a.m. to 4:00 p.m. daily) and after hours upon request.
	On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.				
17.	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				Detainees are given the option of having the meal delivered to the visitation room, having the meal held in his living unit, or terminating the visit.
	Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			
19.	There are written procedures governing detainee searches.	\boxtimes	<u> </u>		Policy 16.2.5A3 sets forth rules for searches of detainees prior to and after visitation.
	Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	\boxtimes			Legal representatives and assistants walk through metal detectors. They are not pat searched. Their belongings are scanned though a machine.
	Per the Standard, prior to each visit, legal service providers and assistants are identified.				Legal service providers must present a state bar membership card and a matching identification. Assistants must provide a letter from the legal representative authorizing their contact with the detainee.
	The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			

PART 5 – 32	PART 5 – 32. VISITATION						
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.				Although not required of IGSA facilities, the facility submits requests for tours to the Phoenix Field Office Director for approval. This was confirmed with the facility Quality Control Officer and the AFOD for the Field Office.			
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.							
 Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval. 	\boxtimes						
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.							
PART 5 – 32	VISITA	ATION					
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							
Remarks: (Record significant facts, observations, other sources used, etc.) Visitation at the facility is governed by policy which adequately meets the requirements of this Standard. Interviews with staff, including a visitation room officer, indicate that they are familiar with the requirements of the policy. (b)(6), (b)(7)(C) Octobout (b)(6), (b)(7)(C) Reviewer's Signation							

	PART 5 – 33. VOLUNTARY WORK PROGRAM						
nu leg	This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.						
an	Check here if ICE detainees are not authorized to wo	ork at tl	he IGSA fa	cility.	Mark NA on Form G-324A, page 3		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has a voluntary work program.						
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes					
3.	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.				At this facility, ICE detainees are allowed to work in their housing units and in recreation yards, which are within the secure perimeter. The second part of this component is not a requirement of an IGSA facility. At the facility, Level 1 detainees are not permitted to participate in special details outside the perimeter.		
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 				This requirement is covered in Policy 19-100, Inmate Work Program.		
5.	Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes					
6.	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.				While this is not a requirement of an IGSA facility, detainee's work-hour requirements do not exceed eight hours a day or forty hours per week.		
7.	Detainee volunteers ordinarily work according to a fixed schedule.						
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	\boxtimes					
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.						
10	 The voluntary work program meets: OSHA standards NFPA standards ACA standards 			\boxtimes	While this is not a requirement of an IGSA facility, the voluntary work program at this facility meets OSHA, NFPA and ACA standards for workplace safety.		

	PART 5 – 33. VOLUNT	ARY W	ORK PRO	GRAN	1	
number of work opportunitie legally required to do so, IC (OSHA) protections.	nees are not authorized to we	straints ees bas	of safety, s ic Occupat	ecurity ional S	while confined, subject to the y, and good order. While not Safety and Health Administration Mark NA on Form G-324A, page 3	
Сотр	oonents	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 11. Medical staff screen ar food service volunteers; Before the assignment As a matter of writte 	ent begins				Detainees are not permitted to work in food services at this facility.	
12. Detainees receive safety for the assignment	equipment/ training sufficient				All detainee workers receive training in the use of general cleaning chemicals used in the housing units.	
13. Proper procedure is followinjured on the job.	owed when an ICE detainee is	\boxtimes				
	PART 5 – 33. VOLUNTA	RY W	ORK PRO	GRAN	1	
⊠ Meets Stand	ard Does Not Meet Sta	andard	□ N/A	.	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Written policies and procedures govern the Voluntary Work Program. Detainees are permitted to work in the housing unit performing routine cleaning within the unit. They also work as recreation porters during the unit's recreation period, caring for equipment and supplies. They work within a normal eight hour day and are paid \$1.00 per day. All detainees receive training in the use of the cleaning chemicals and sign for the training. Based upon the findings and observations at the time of this review this facility meets the requirements of this ICE standard.						
(b)(6), (b)(7)(C) / October : Reviewer's Signature / Date	(b)(6), (b)(7)(C)					

Performance-Based National Detention Standards

Section VI JUSTICE

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

PART 6 - 34. DETAINEE	HAN	(DB	00	K
-----------------------	-----	-----	----	---

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	\boxtimes			Detainees are provided the facility detainee handbook upon admission to the facility. They are provided the ICE National Detainee Handbook at the SPC prior to arriving at this facility.
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes			
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			The request is made to staff and a telephonic interpreter service is available.
4.	read, or they are provided the material via audio or video recordings.				This is provided through a video during the orientation phase.
5.	The handbook supplements the facility orientation video where one is provided.				
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.				
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			
8.	 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 				
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
11.	The handbook states when a medical examination will be conducted.	\boxtimes			
	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.				

PART	6 - 34	L DET	AINFF	HAND	BOOK

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.				
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.				
The handbook describes barber hours and hair cutting restrictions.	\boxtimes			
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.				
17. The handbook addresses religious programming.				
 The handbook states times and procedures for commissary or vending machine usage. (where available) 				
19. The handbook describes the detainee voluntary work program.				
20. The handbook describes the library location and hours of operation and law library procedures and schedules.				
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.				
22. The handbook/supplement provides local ICE contact information.				·
23. The handbook describes the facility contraband policy.	\square			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.				
25. The handbook describes the correspondence policy and procedures.				
26. The handbook describes the detainee disciplinary policy and procedures, including:				
 Prohibited acts and severity scale sanctions. 	\boxtimes			
Time limits in the Disciplinary Process.				
Summary of Disciplinary Process.				

PART 6 - 3	4 D	FTAINER	THAND	BOOK

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 27. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 				The grievance system is described in the detainee handbook. All elements contained in this component are included, except for the item relating to filing a complaint about officer misconduct. While not a requirement of an IGSA facility, procedures for filing an appeal of a grievance with ICE are in the handbook at this facility.			
 The handbook describes the medical sick call procedures for general population and segregation. 	\boxtimes						
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 							
 The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. 							
31. The handbook specifies the rights and responsibilities of all detainees.	\boxtimes						
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes						
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes						
PART 6 - 34. DETA	INEE H	ANDBOO	K				
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

The ICE handbook (English or Spanish) is provided to detainees prior to arriving at this facility and the facility provides a facility-specific handbook in English or Spanish at intake that detainees are required to sign for. The facility handbook clearly describes the various aspects of the life safety, discipline, responsibilities, health, hygiene, programs and services at this facility. In addition, a video is used to supplement the handbook. Based upon the findings and observations at the time of this review this facility meets the requirements of this ICE standard.

(b)(6), (b)(7)(C) / October 2 Reviewer's Signature / Date

PART 6 – 35. GRIEVANCE SYSTEM								
Th th	This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	Detainees are informed about the facility's informal and formal grievance system.				Detainees are informed of the grievance system during the admissions process, through a video orientation. They are also provided with a handbook which contains this information.			
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).							
3.	 The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 				All elements contained in this component are included in the detainee handbook, except for the item relating to filing a complaint about officer misconduct.			
4.	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 or her concern known to a member of the staff.				Detainees have up to seven days to file for an informal resolution of a grievance.			
	 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. 							
	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes						
	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes						
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.							
	· · · · · · · · · · · · · · · · · · ·							

PART 6 – 35. GRI	EVANC	ESYSTE	VI ·	·		
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	×	. 🗆				
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.						
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes	. 🔲				
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	\boxtimes					
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	\boxtimes					
 14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook 				Policy 14-5, Inmate/Resident Grievance Procedures, includes appeals. This information is also included in the handbook. Although not a requirement of an IGSA facility, at this facility detainees are allowed to appeal to the facility administrator.		
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.			\boxtimes	This is not a requirement of an IGSA facility. At this facility the detainee does have a seven day timeframe to file a formal grievance.		
PART 6 – 35. GRII	EVANC	E SYSTEM	h			
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

Detainees have immediate access to the grievance process including appeals and grievance committee. A review of the grievances filed since January 2010 revealed approximately a total of formal and informal grievances with a third prepared by the same two individuals. This is an unusually low number of grievances for a facility with this average daily population. Staff attributes this to inmate/detainee relationships with the unit management system in place throughout this facility. Grievances are tracked monthly and by category. Based upon the findings and observations at the time of this review this facility meets the requirements of this ICE standard.

(b)(6), (b)(7)(C) / October 21, Reviewer's Signature / Date

	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL							
Th	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility provides a designated law library for detainee use.				A cell in the living unit has been converted into the law library for detainees. This library has been set up for the exclusive use by ICE detainees.			
2.	The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library.				The LexisNexis electronic law library is available to the detainees.			
3.	 If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both. 				The library has two computers and two printers. The facility provides supplies needed to conduct legal research.			
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.				There is adequate work space and chairs for use by two detainees at a time. The room is well lit and isolated from noisy areas. In addition, the facility has installed wall hangings to improve the acoustics in the room.			
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	\boxtimes			Typewriters are available, should a detainee request one. Otherwise, the detainee is able to do his work on the computers provided by the facility.			
	Detainees are provided with the means to save legal work in a private electronic format for future use.				Detainees are provided with floppy discs on which they can save legal work in a private electronic format. Each detainee who uses the library is provided with his own disc.			
	The facility subscribes to updating services where applicable and legal materials requiring updates are current.				ICE provides quarterly updates to insure that the material remains current.			
	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 the ICE prior to inclusion.	\boxtimes			Outside material is permitted, after screening by ICE. Neither the IEA nor the case manager could recall a request in the past year by an outside agency to submit published legal material.			

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL				
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly. 	\boxtimes			A designated IEA inspects the library once per week.
10. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.				The law library is open from 9:00 a.m. to 5:00 p.m., seven days per week. Detainees may sign up for two hour blocks. If no one else signs up, detainees are allowed to use the library for as long as they need to within the designated hours.
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.				Detainees may request material not available in the law library. The request is reviewed and approved by ICE. Neither the IEA nor the case manager could recall an instance in the past year in which a detainee requested outside material.
 The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security. 	\boxtimes			
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	\boxtimes			The case manager in charge of the law library indicated that illiterate or non-English speaking detainees without legal representation are provided assistance in using the law library, if so requested. For non-English-speaking detainees, if another detainee or a staff member does not speak the same language, then the facility would endeavor to find an interpreter who could provide the assistance.
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes			The facility does not place limits on the amount of legal material a detainee may retain.
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.				There is a LexisNexis electronic law library within Administrative Segregation and Disciplinary Segregation Unit. Detainees in this unit are allowed access to the law library.

PART 6 – 36. LAW LIBRAR This Detention Standard protects detainees' rights by ensu					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
All denials of access to the law library fully documented.					
 Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials. 					
8. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.					
Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.					
PART 6 – 36. LAW LIBRAR	IES AN	D LEGAL	MATE	RIAL	
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					
emarks: (Record significant facts, observations, other sou olicy regarding Law Libraries and Legal Material meets the dicate that they are familiar with policy requirements.	rces us e require	ed, etc.) ements of t	his Sta	andard. Interviews with facility st	

(b)(6), (b)(7)(C) October 21, 20 Reviewer's Signature / Dat

	PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
Th pe	This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.					
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.					
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.					
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.					
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.					
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.				·	
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.					
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.					
9.	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.					
10.	Staff permit presenters to distribute ICE/DRO-approved materials.					
11.	The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.					

PART 6 - 37. LEGAL RIGHT	S GRO	UP PRESE	ENTAT	TIONS		
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.						
13. The facility plays ICE/DRO-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 						
 The facility maintains equipment for viewing approved electronically formatted presentations. 						
PART 6 - 37. LEGAL RIGHTS	S GRO	JP PRESE	NTAT	IONS		
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
Remarks: (Record significant facts, observations, other sour There have been no group legal rights presentations in the policy (b)(6), (b)(7)(C) October 21, Reviewer's Signature / [(b)(6), (b)(7)(C)						

137

Section VII ADMINISTRATION & MANAGEMENT

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

7	ADT 7	90	DETENTION	EU EO
_	4R ! / -	_ 38		

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

-	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.				A detention file is created for every new arrival during the admissions process.
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			
3.	 The detainee's Detention File also contains documents generated during the detainee's custody. Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same 	×			
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.				The detention files are located and maintained in a secured area. Only designated staff is allowed access to that area. Prominently posted signs clearly identify staff that is authorized to access the files. The second sentence of this component is not applicable to IGSA facilities. At the facility, the files are not lockable, but they are located and maintained in a secure area.
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.				The detention file remains active during the detainee's stay. The completed release documents, close-out receipts, and the original I-385 are added to the file before it is closed. Further, the file remains open for 30 days after the detainee is released to assure that all documents generated during the detainee's stay can be included.
	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			
	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.				

PART 7 – 38. DE	TENTI	ON FILES	 -			
	This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department. 				Staff that is authorized to access the detention files is clearly identified. The staff must review the file in the secure file area. They are not authorized to remove the files from the area.		
 Electronic record-keeping systems and data are protected from unauthorized access. 				Electronic files relating to detainees at the facility are password protected.		
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.						
11. Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	\boxtimes					
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.				The records staff has the equipment and supplies needed to perform their work. This includes a copier and supplies.		
 The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File. 						
 Archived files are purged after six years by shredding or burning. 				The facility keeps its detention files in archives for seven years, after which they are shredded.		
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	\boxtimes			According to the AFOD, files on detainees are maintained in storage for seven years.		
PART 7 – 38. DE	TENTI	ON FILES				
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding						
ne facility has a system for maintaining significant information lease. Interviews with staff that create files and document	emarks: (Record significant facts, observations, other sources used, etc.) The facility has a system for maintaining significant information pertaining to a detainee's stay, from admission to ease. Interviews with staff that create files and documents that go into the files, and who maintain the files indicate at they are familiar with the requirements of this Standard. A review of five active files and three closed files indicates					

(b)(6), (b)(7)(C) October 21, 201 Reviewer's Signature / Date

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours. Standards Does Not Meet Components Remarks 1. The ICE/DRO Field Office Director approved all There have been no requests for interviews by reporters, other news interviews by news media in the representatives, academics and others not covered by past year. According to the the Detention Standard on Visitation. \boxtimes П AFOD, any such request would be reviewed by the FOD and by national headquarters before it is approved. 2. All personal interviews are documented with the News The AFOD demonstrated Interview Authorization form (or equivalent) and filed in \boxtimes familiarity with this requirement the detainee's A-file with a copy in the facility's during an interview. Detention File. 3. The Field Office Director consulted with Headquarters Although there have been no before deciding to allow an interview with a detainee requests for interviews in the past who was the center of a controversy, or special interest. \boxtimes П year, the AFOD was able to or high profile case. readily described the approval process. 4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who Ø П photographed or recorded any detainee in any way that would individually identify him or her. 5. All press pools are organized 'according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. Although no press pools have All media representatives with pending or been requested or required in the \boxtimes requested, tours, or visits were notified that. past year, the AFOD was able to effective immediately and until further notice, all describe the requirements of media representatives must comply with the press organizing such an event. pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS ■ Does Not Meet Standard □ N/A ☐Repeat Finding

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

There were no media interviews or tours requested in the past year. Facility and ICE staff was familiar with the

requirements of this star

(b)(6), (b)(7)(C<u>)' October 21,</u> Reviewer's Signature / [

	PART 7 – 40. STAFF TRAINING					
Th	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.				All new employees and contractors receive 40 hours initial orientation and volunteers receive a half day orientation.	
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.					
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.				The facility training coordinator is a certified trainer.	
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.				The training coordinator develops the training plan and submits it to the Warden for approval.	
5.	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems.	\boxtimes			Hardcopy files are maintained on individual employees and there are electronic files reflecting the training received by each employee.	

PART 7 – 40. STAFF TRAINING

This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.

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

PART 7 - 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.

, , ,	o milar and origoning for cortor trail				
Со	mponents	Meets Standard	Does Not Meet Standard	N/A	Remarks
contact receive a mir Working conditio Cultural diversity Code of ethics Personnel policy Employees' right Overview of the composition Tour of the facility Facility goals and Facility organizat Staff rules and re	manual s and responsibilities criminal justice system y d objectives ion gulations ent/sexual misconduct awareness es w on Standards.				

PART	7 - 40	STAFF	TRAINING

This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.

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

PART 7 – 40. STAFF TRAINING

This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.

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

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees 					
 Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees 					
 Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques Sexual abuse/assault awareness National Detention Standards. 					
(b)(7)e receive: Specialized training before undertaking their assignments.				(b)(7)e receive the initial 40-hour orientation, an additional 40 hours for (b)(7)e and eight hours per month thereafter.	
12. Facility management and supervisory staff receive:Management and Supervisory training					
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	\boxtimes			All staff issued firearms must pass qualifications training prior to official issue of the firearm.	

This Detention Standard engines that staff assets at					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	ΝΑ	Remarks	
 (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually. 	\boxtimes			Competence demonstration is required twice annually.	
15. (MANDATORY) Personnel authorized to (b)(7)e (b)(7)e receive training in the use of (b)(7)e and in the treatment of individuals exposed to a (b)(7)e before being assigned to a post involving their possible use.				Personnel authorized to use (b)(7)e receive four hours certification training and four hours additionally for annual re-certification.	
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 					
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug-free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes				
 18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 					
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.					

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary resuscitation (CPR). Obtaining emergency medical assistance through the facility plan and its required procedures. Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. The facility's established plan and procedures for 				All staff in regular contact with detainees receives training regarding health-related emergencies, including first-aid and CPR training.
providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.		-		
 21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: Understanding that sexual abuse or assault is never an acceptable consequence of detention. Recognizing housing or other situations where 				
 sexual abuse or assault may occur. Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. Knowing how to report knowledge or suspicion of 				
sexual abuse or assault and make intervention referrals in the facility's program.		:		

PART 7 – 40. STAFF TRAINING
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by
equiring that they receive initial and ongoing refresher training.

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

PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	\boxtimes					
PART 7 – 40. S	TAFF T	RAINING				
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.) Policies and procedures govern Staff Development and Training. All newly hired employees are required to receive the 40 hours initial orientation training and subsequent 40 hours annual refresher training. Volunteers receive an abridged version of the initial orientation that covers the essential safety and security issues related to their volunteer activities. Staff assigned weapons and staff on the (b)(7)e all undergo specialized training prior to assuming the weapon and or team assignment. All staff participates in the suicide prevention, sexual harassment and sexual misconduct training. Based upon the findings and observations during the period of this review this facility meets the requirements of this ICE standard. (b)(6), (b)(7)(C) / October 21, 20 (b)(6), (b)(7)(C)						
Reviewer's Signature / Date						

PART 7 - 41.	TRANSFER	OF DETAINEES
--------------	----------	--------------

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer. The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 	×			Á legal representative of record is notified of the transfer on the same day that the transfer is completed, or as early as possible on the following day.
2.	Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			A Transfer Notification Form is provided to the attorney and the detainee. This form clearly states that it is the detainee's responsibility to notify family members of the transfer.
5.	 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 				There is no facility policy that addresses this matter. However, practice at the facility is that the detainee is not notified of the transfer until immediately prior to departing the facility. Reception and Discharge staff instructs the living unit staff to immediately prepare the detainee for departure. No other information is provided. The detainee is then escorted directly to Reception and Discharge unit where he is turned over to ICE.
	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			ICE provides the detainee with this form.
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			

PART 7 - 41. TRANSFER OF DETAINEES						
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
8. For medical transfers:						
 The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. 				Facility and ICE staff was familiar		
 Medical transfers are coordinated through the local ICE/DRO office. 				with the procedures regarding medical transfers. There have been no medical transfers in the		
 A medical transfer summary is completed and accompanies the detainee. 			į	past year.		
 Detainee is issued a minimum of 7 days worth of prescription medications. 						
 Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential. 						
 For medical transfers, transporting officers receive instructions regarding medical issues. 						
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	\boxtimes			The detainee's funds are returned and transferred with the detainee to his new location. The detainee's property is not held at the facility.		
12. Transfer and documentary procedures outlined in Section C and D are followed.						
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.						
 Meals are provided when transfers occur during normally schedule meal times. 	\boxtimes					
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	\boxtimes					
 A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer. 	\boxtimes					
PART 7 - 41. TRANSFER OF DETAINEES						

☐ Does Not Meet Standard

□ N/A

☐ Repeat Finding

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

According to the AFOD for the Arizona Field Office, the clear majority of detainees at the facility are awaiting release from custody or deportation. A distinct minority are subject to transfer to another facility under a different Field Office. Nevertheless, the AFOD and his staff were familiar with the requirements of this Standard.

(b)(6), (b)(7)(C) October 21, 2 Reviewer's Signature / Da