

1333 New Hampshire Avenue NW

Washington, DC 20036

Contract # HSCECR-09-C-00004

ICE Detention Standards

Compliance Review

Facility:

Charleston County Detention Center

Inspection Date:

June 8-10, 2010

Report Date:

June 12, 2010



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

June 12, 2010

MEMORANDUM FOR:

James M. Chaparro

Director

Office of Detention and Removal Operations

FROM:

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

Lead Compliance Inspector

SUBJECT:

Charleston County Detention Center

Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) National Detention Standards (NDS) at the Charleston County Detention Center located in Charleston, South Carolina during the period of June 8-10, 2010. This facility is an IGSA.

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

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

Type of Review

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

Review Summary

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

Standards Compliance

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

2009 Inspection	
Compliant	35
Deficient	0
At-Risk	0
Repeat Deficiency	0
Not Applicable	3

2010 Inspection	
Compliant	35
Deficient	0
At-Risk	0
Repeat Deficiency	0
Not Applicable	3

LCI Issues and Concerns

No standards were found "Deficient" during this inspection.

Recommended Rating and Justification

The LCI recommends the facility receive a rating of "Acceptable." The facility displays a clean, safe and secure environment.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately worksheet and are supported by documentation in the inspection facility. In addition to the entire inspection team, the followin (b)(6), (b)(7)(c) Jail Administrator Major (b)(6), (b)(7)(c) Major (b) (c) (b)(6), (b)(7)(c) Director of IEA; and (b)(6), (b)(7)(c) ICE, SIEA.	on file. An out brief was conducted at the g were present: Chief Deputy
(b)(6), (b)(7)(c) Lead Compliance Inspector, MGT Printed Name/Title	June 12, 2010 Date
Signature:	-

Type of Facility Reviewe	d	G. Accreditation	n Certificate	s	
ICE Service Processi		List all State or National Accreditation[s] received:			
ICE Contract Detent		NCCHC (August 2007)			
	ntal Service Agreement	Check box if facility has no accreditation[s]			
Z TEE Intergovernmen	tal Selvice Agreement	Check box ii	racinty has n	o decreditation is	L
B. Current Inspection	•	H. Problems / C	Complaints (Copies must be	attached)
Type of Inspection		The Facility is un			
Field Office HQ Inspe	ection	Court Order Class Action Order			
Date[s] of Facility Review		The Facility has S	Significant Li	tigation Pending	
June 8-10, 2010		Major Litigati			es .
		Check if Non			
C. Previous/Most Recent Fa	cility Review				
Date[s] of Last Facility Review		I. Facility Hist	torv		
April 14-16, 2009	· ·	Date Built			
Previous Rating		April 2010			
☐ Superior ☐ Good ☒ Acc	eptable Deficient At-Risk	Date Last Remod	leled or Upor	aded	
		In progress at this			
D. Name and Location of Fa	ıcility	Date New Constr		space Added	
Name		April 2010	detion / Bed	space radica	
Charleston County Detention C	Center	Future Constructi	ion Planned		
Address (Street and Name)		Yes No			
3841 Leeds Avenue		Current Bed space		Bed space (# Ne	w Bade only)
City, State and Zip Code		2112		er: N/A Date: N	
North Charleston, SC 29405	, , , , , , , , , , , , , , , , , , , ,	2112	Nulliot	or. IN/A Date. IN/	Α
County		I Total Pacilit	v Donulation	-	
Charleston		J. Total Facility Population			
Name and Title of Chief Executive		Total Facility Intake for previous 12 months 32,847			
ef Deputy (b)(6), (b)(7)(c) Jail	Administrator	Total ICE Man-d	ove for Drovic	aug 12 months	
relephone # (Include Area Code)		8362	ays for Frevio	ous 12 months	
843 5296), (b)(7)(c)	21 21 21 21 21 21 21 21 21 21 21 21 21 2	0302			
	ice with oversight responsibilities)	V Classificatio	n Lovel (IC	E SDCs and CD	Fa Only)
Atlanta / Charleston Distance from Field Office		K. Classificatio			
300 / 10		A -1-14 M-1-	L-1		L-3
300 / 10		Adult Male	N/A	N/A	N/A
E. ICE Information		Adult Female	N/A	N/A	N/A
Name of LCI (Last Name, Title	e and Duty Station)	L. Facility Capa	oity		
b)(6), (b)(7)IcCI / MGT of America	7 2, 3	D. Facility Capa	Rated	Operational	Emergency
Name of Team Member / Title	/ Duty Location	Adult Male	Nateu		See
(b)(6), (b)(7)(c)CI-Security / MGT (c)		Adult Male	1993	1993	comments.
Name of Team Member / Title		Adult Female			See
(b)(6), (b)(7)(©I-Medical Care / MC		Adult Felliale	119	119	
Name of Team Member / Title		☐ Facility holds	Inveniles Offe	enders 16 and old	comments.
(b)(6), (b)(7)(CI-Food Service and		racinty noius .	Juvennes One	enders to and old	er as Adults
Safety / MGT of America	Environmental Health and	M. Average Dai	ily Papulatia	m	
F. CDF/IGSA Information O	inly	W. Average Da	\$100 0.0 0 0 00 000 000		Othon
Contract Number	Date of Contract or IGSA				Other
71-0002-0044	July 1, 2007				1590
Basic Rates per Man-Day	July 1, 2007	Adult Female	.66	5.99	156
\$55.00		NT TO SUM OF A	90° T		
Other Charges: (If None, Indic	rata N/A)	N. Facility Staf	ning Level	I C	
		Security: Support:			
Transport / (b)(4) per hour and	i OSA IIIIcage.	(b)(7)(e)	(b)(7)(e)	
Estimated Man-days Per Year:					
· · · · · · · · · · · · · · · · · · ·	l l				

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	23	11	45	50
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	9	11	12	21
Number of Forced Moves, incl. Forced Cell moves ³		0	5	2	1
Disturbances ⁴		22	18	12	18
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team loyed/Used		111	161	167	124
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	2-V	0	1-V, 1-M	5-V, 1-M
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	С	0	С	С
Offender / Detainee Medical Referrals as a result of injuries sustained.		15	27	26	10
Escapes	Attempted	1	1	1	0
	Actual	0	0	0	1
Grievances:	# Received	316	243	274	191
	# Resolved in favor of Offender/Detainee	5	1	13	1
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	1-I,4-A	1-I, 2-A	2-I, 4-A
	Number	0	1	1	2
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	157	167	92	110
	# Psychiatric Cases referred for Outside Care	4	3	7	8

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

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

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

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

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

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

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LCI Review Assurance Statement

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 the accomplishments are supported by sufficient and reliable eviden	at is sufficient and reliable. Furthermore, findings of noteworthy ace. Within the scope of the review, the facility is operating in sources are efficiently used and adequately safeguarded, except for the
Lead Compliance Inspector: (Print Name) (b)(6), (b)(7)(c) Title & Duty Location LCI, MGT of America	(b)(6), (b)(7)(c) Date / June 12, 2010
Print Name, Title, & Duty Location (b)(6), (b)(7)(c) CI-Security, MGT of America Print Name, Title, & Duty Location (b)(6), (b)(7)(c) CI-Medical Care, MGT of America Recommended Rating: Superior Good Acceptable Deficient At-Risk	Print Name, Title, & Duty Location (b)(6), (b)(7)(c) CI - Food Service and Environmental Health and Safety, MGT of America Print Name, Title, & Duty Location
was opened in 1966 has been closed and is under renovation for opened in 1994 had eight housing units. Some of the units are of eight units will be renovated and used by the facility. Then in 2 dormitory style units were completed, each with a capacity of 64 Area, Medical Unit, Records Area and Administrative Offices. Facility Capacity: Staff advised that no emergency capacity has new intakes will be accepted. Deaths: On April 29, 2010, a (b)(6), (b)(7)c non-ICE do	e the last inspection. The inspection set for April 13, 2010 was stones in becoming what it is today. The portion of the facility that other use by Charleston County. The portion of the facility that occupied today and some are closed and undergoing renovation. All 007, two new housing units were opened. This year twenty-one 4 beds. Also opened this year were a new kitchen, laundry, Intake is been established because the Sheriff is on record as stating that all detainee had been sent to the local hospital for breathing problems. He fforts were not successful.

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Department Of Homeland Security Immigration and Customs Enforcement

eptember 27, 2009, at 10:24 am, a (b)(6), (b)(7)c non-ICE detainee was housed in the Medical Unit. He was being observed during (b)(6), (b)(7)c. He was found unresponsive and rescue efforts were not successful.
On December 13, 2009, at 10:15 pm, a (b)(6), (b)(7)c non-ICE detainee had been placed in the emergency restraint chair because she was banging her head and opening her dialysis port. She was found non- responsive, and rescue efforts were not successful.
Attempted Suicides: Since the last inspection fourteen months ago, there have been ten unsuccessful suicide attempts involving non-ICE detainees. A review of these incident reports found that one of these attempts was of a more serious nature but did not result in serious injury.
Escapes: On May 27, 2010, a county detainee escaped from the and escaped by (b)(7)(e) The escapee was returned to the facility in less than 48 hours. The matter is under investigation.
(b)(7)(e)
Canines: Canines have not been used at this facility during the past year.
(b)(7)e

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



MEMORANDUM FOR:

Felicia S. Skinner

Field Office Director

Atlanta Field Office

FROM:

Robert P. Helwig

Assistant Director for Detention and Removal Management

SUBJECT:

Charleston County Detention Center Annual Review

The annual review of the Charleston County Detention Center conducted on June 8-10, 2010, in Charleston, South Carolina has been received. A final rating of <u>Acceptable</u> has been assigned. No further action is required and this review is closed.

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

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before June 8, 2011.

Should you or your staff have any questions regarding this matter, please contact Gary Mead, Deputy Assistant Director, Detention Management Division at (202) 732 (6), (b)(7)c

cc: Official File ICE:HQDRO

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

06/22/2010

(b)(7)(e)

A. Type of Facility Reviewed	G. Accreditation			
☐ ICE Service Processing Center List all State or National Accreditation[s] rece			ived:	
ICE Contract Detention Facility NCCHC (August 2007)				
	Check box if	facility has n	o accreditation[s]
B. Current Inspection	H. Problems / C	Complaints (Copies must be	attached)
Type of Inspection	The Facility is un			
Field Office HQ Inspection	Court Order		Class Action On	
Date[s] of Facility Review	The Facility has	Significant Li	tigation Pendin	<u> </u>
June 8-10, 2010	☐ Major Litigat		Life/Safety Issu	
	Check if Nor		•	
C. Previous/Most Recent Facility Review	_			
Date[s] of Last Facility Review	I. Facility Hist	tory		
April 14-16, 2009	Date Built			
Previous Rating	April 2010			
Superior Good Acceptable Deficient At-Risk	Date Last Remod	leled or Upgra	aded	
	In progress at thi	s time.		
D. Name and Location of Facility	Date New Constr	ruction / Bed	space Added	
Name	April 2010			
Charleston County Detention Center	Future Construct			
Address (Street and Name) 3841 Leeds Avenue	Yes No	Date:		
City, State and Zip Code	Current Bed space	e Future	Bed space (# N	ew Beds only)
North Charleston, SC 29405	2112	Numbe	er: N/A Date: N	I/A
County				
Charleston	J. Total Facili			
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	Total Facility Inta	<u>ake</u> for previo	ous 12 months	
Chief Deputy (b)(6), (b)(7)(c) Jail Administrator	32,847			
Telephone # (Include Area Code)	Total ICE Man-d	lays for Previo	ous 12 months	
843 50,96), (b)(7)(c)	8362			
Field Office / Sub-Office (List Office with oversight responsibilities)				
Atlanta / Charleston	K. Classification			
Distance from Field Office		L-1		L-3
300 / 10	Adult Male	N/A	N/A	N/A
E ICE I Commet's	Adult Female	N/A	N/A	N/A
E. ICE Information Name of LCI (Last Name, Title and Duty Station)				
(b)(6), (b)(7) (cCI / MGT of America	L. Facility Capa			T = -
Name of Team Member / Title / Duty Location		Rated	Operational	Emergency
(b)(6), (b)(7)(b)CI-Security / MGT of America	Adult Male	1993	1993	See
Name of Team Member / Title / Duty Location	A 1 1/ E 1			comments.
(b)(6), (b)(7)(©I-Medical Care / MGT of America	Adult Female	119	119	See
Name of Team Member / Title / Duty Location	□ F984-1-14-	T	nders 16 and old	comments.
(b)(6), (b)(7)(c)CI-Food Service and Environmental Health and	Facility noids	Juvennes One	enders 10 and old	ier as Adults
Safety / MGT of America	M. Average Da	ily Populatio	n	
F. CDF/IGSA Information Only	M. Average Da	ICH		Other
Contract Number Date of Contract or IGSA	Adult Male	22.2		1590
71-0002-0044 July 1, 2007	Adult Female	.66		156
Basic Rates per Man-Day	Addit Felliale	.00	3.33	130
\$55.00	N. Facility Stat	ffing Laval		
Other Charges: (If None, Indicate N/A)	Security:	ing Level	Support:	
Transport / (b)(4) per hour and GSA mileage.	(b)(7)(e)	,		
Estimated Man-days Per Year:	D)(1)(0)	(b)(7)(e)	
8362				

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	23	11	45	50
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	9	11	12	21
Number of Forced Moves, incl. Forced Cell moves ³		0	5	2	1
Disturbances ⁴		22	18	12	18
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		111	161	167	124
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	2-V	0	1-V, 1-M	5-V, 1-M
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	С	0	С	С
Offender / Detainee Medical Referrals as a result of injuries sustained.		15	27	26	10
Escapes	Attempted	1	1	1	0
	Actual	0	0	0	1
Grievances:	# Received	316	243	274	191
	# Resolved in favor of Offender/Detainee	5	1	13	1
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	1-I,4-A	1-I, 2-A	2-I, 4-A
	Number	0	1	1	2
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	157	167	92	110
	# Psychiatric Cases referred for Outside Care	4	3	7	8

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

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Form G-324A SIS (Rev. 7/9/07)

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.

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

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

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Form G-324A SIS (Rev. 7/9/07)

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.

accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.							
LEAD COMPLIANCE INSPECTOR							
Lead Compliance Inspector: (Print Name)	Signature						
(b)(6), (b)(7)(c)							
Title & Duty Location	Date						
LCI, MGT of America	June 12, 2010						
	Members						
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location						
(b)(6), (b)(7)(c) CI-Security, MGT of America	(b)(6), (b)(7)(c) CI - Food Service and Environmental Health and Safety, MGT of America						
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location						
(b)(6), (b)(7)(c) CI-Medical Care, MGT of America							
Recommended Rating: Good Acceptable Deficient At-Risk							
Comments:							
The data included in this report covers the fourteen months since the last inspection.							
Facility Background: The facility has had four significant milestones in becoming what it is today. The portion of the facility that was opened in 1966 has been closed and is under renovation for others uses by Charleston County. The portion of the facility that opened in 1994 had eight housing units. Some of the units are occupied today and some are closed and undergoing renovation. All eight units will be renovated and used by the facility. In 2007, two new housing units were opened. This year twenty-one dormitory style units were completed, each with a capacity of 64 beds. Also opened this year were a new kitchen, laundry, Intake Area, Medical Unit, Records Area and Administrative Offices.							
Facility Capacity: Staff advised that no emergency capacity has been established because the Sheriff is on record as stating that all new intakes will be accepted.							
Deaths: On April 29, 2010, a (b)(6), (b)(7)c non-ICE detainee had been sent to the local hospital for breathing problems. He developed (b)(6), (b)(7)c Rescue efforts were not successful.							
On December 16, 2009, at 11:42 am, a (b)(6), (b)(7)c non-ICE detainee had been at a local hospital for (b)(6), (b)(7)c since the prior day. He died at the hospital from a (b)(6), (b)(7)c							
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Form G-324A SIS (Rev. 7/9/07)

Department Of Homeland Security Immigration and Customs Enforcement

Detention Facility Inspection Form Facilities Used Over 72 hours

Department of Homeland Security

Immigration and Customs Enforcement Office of Detention and Removal

Condition of Confinement Review Worksheet

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

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



ICE Detention Standards Review Worksheet

Local Jail – IGSA
State Facility – IGSA
ICE Contract Detention Facility
Name
Charleston County Detention Center
Address (Street and Name)
3841 Leeds Avenue
City, State and Zip Code
North Charleston, SC 29405
County
Charleston
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
Chief Deputy (b)(6), (b)(7)(c) Jail Administrator
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)(c)
Date[s] of Review
June 8-10, 2010
Type of Review
Headquarters Operational Special Assessment Other

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TABLE OF CONTENTS

DETAINEE SERVICES STANDARDS (SECTION I)	. 3
ACCESS TO LEGAL MATERIALS	••••
ADMISSION AND RELEASE	••••
CLASSIFICATION SYSTEM	••••
CORRESPONDENCE AND OTHER MAIL	••••
DETAINEE HANDBOOK	••••
FOOD SERVICE	••••
FUNDS AND PERSONAL PROPERTY	••••
DETAINEE GRIEVANCE PROCEDURES	••••
GROUP PRESENTATIONS ON LEGAL RIGHTS	
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS	••••
MARRIAGE REQUESTS	••••
NON-MEDICAL ESCORTED TRIPS	
Recreation	••••
RELIGIOUS PRACTICES	••••
ACCESS TO TELEPHONES	••••
VISITATION	••••
VOLUNTARY WORK PROGRAM	••••
HEALTH SERVICES STANDARDS (SECTION II)	34
HUNGER STRIKES	
ACCESS TO MEDICAL CARE	
SUICIDE PREVENTION AND INTERVENTION	••••
TERMINAL ILLNESS, ADVANCED DIRECTIVES AND DEATH	••••
TERMINAL ILLNESS, ADVANCED DIRECTIVES AND DEATH	
SECURITY AND CONTROL STANDARDS (SECTION III)	46
CONTRABAND	••••
DETENTION FILES	
DISCIPLINARY POLICY	••••
EMERGENCY PLANS	•••••
ENVIRONMENTAL HEALTH AND SAFETY	•••••
HOLD ROOMS IN DETENTION FACILITIES	
KEY AND LOCK CONTROL	
POPULATION COUNTS	
POST ORDERS	•••••
SECURITY INSPECTIONS	•••••
SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION)	•••••
SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)	•••••
TOOL CONTROL	•••••
TRANSPORTATION (LAND)	• • • • • •
USE OF FORCE	• • • • •
STAFF/DETAINEE COMMUNICATIONS	
DETAINEE TRANSFER STANDARD	

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

SECTION I DETAINEE SERVICES STANDARDS

ACCESS TO LEGAL MATERIALS

POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, CILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS. REMARKS COMPONENTS YES No NA A computer with LexisNexis The facility provides a designated law library for detainee use. software and a printer is affixed to a mobile cart on wheels. This X cart was located in Unit C2G which housed male ICE detainees. The law library contains all materials listed in the "Access to Legal П П Materials" Standard, Attachment A. The listing of materials is posted in X the law library. The library contains a sufficient number of chairs, is well lit, and is 冈 reasonably isolated from noisy areas. One must stand when using the The law library is adequately equipped with typewriters and/or computer on the mobile cart. \boxtimes computers, and has sufficient supplies for daily use by the detainees. The printer had no paper. Detainees only have access to In addition to the physical law library, detainees have access to the Lexus \boxtimes LexisNexis. Nexus electronic law library. The LexisNexis was updated in Where provided, the Lexus Nexus library is updated and is current. \Box \Box \boxtimes early December 2009. No requests to donate legal Outside persons and organizations are permitted to submit published legal materials have been received material for inclusion in the legal library. Outside published material is during the past year, but staff \boxtimes \Box forwarded and reviewed by ICE prior to inclusion. advised that requests would be reviewed by ICE. here is a designated ICE or facility employee who inspects, updates, and \Box \boxtimes aintains/replaces legal materials and equipment on a routine basis. Detainees are offered a minimum 5 hours per week in the law library. Staff stated that access would be Detainees are not required to forego recreation time in lieu of library П \boxtimes П granted, as needed. usage. Detainees facing a court deadline are given priority use of the law Detainees may request materials not currently in the law library. Each Detainees may submit request request is reviewed and, where appropriate, an acquisition request is forms, which are then sent to the 冈 П Requests for copies of court decisions are timely initiated. facility's full time paralegal. accommodated within 3-5 business days. Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with \boxtimes П security. Illiterate or non-English-speaking detainees without legal representation \boxtimes receive access to more than just English-language law books after indicating their need for help. Detainees may retain a reasonable amount of personal legal material in \Box П the general population and in the special management unit. Stored legal \boxtimes materials are accessible within 24 hours of a written request. Detainees housed in Administrative Detention and Disciplinary No requests were received during the past year from ICE Segregation units have the same law library access as the general detainees to use the LexixNexis population, barring security concerns. Detainees denied access to legal computer while housed in the materials are documented and reviewed routinely for lifting of sanctions. \boxtimes П П SMUs. Staff indicated that the LexisNexis computer would be rolled to that location when a request is approved.

All denials of access to the law library fully documented.

ACCESS TO LEGAL N	MATERI	ALS			
POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.					
COMPONENTS	YES	No	NA	REMARKS	
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes				
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.					
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RIS	K		REPEAT FINDING	

REMARKS:

Facility policy provides detainees access to legal materials via LexisNexis. This software program, which was last updated in December 2009, is available on a computer that is placed on a cart with wheels. In order to use this computer, one must stand. A printer is also affixed to the computer on the cart but, at the time of the inspection, the printer was out of paper.

Requests from detainees for legal documents, copies, information, etc. are directed to the staff paralegal, who responds to the request within a week. The paralegal uses the internet access to West Law to access requested information.

The facility does not have a general library, but donated books are available in the housing units for use by the detainees.

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

ADMISSION AND RELEASE

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

NECESSARY.	Vec 1	No	NA	REMARKS
COMPONENTS	YES	No	IVA	The IGSAs are not required to provide
In-processing includes an orientation of the facility. The orientation		j		an orientation description for the
includes: Unacceptable activities and behavior, and corresponding				specific items detailed in the second
sanctions; How to contact ICE; The availability of pro bono legal				sentence of this component. The
services, and how to pursue such services; schedule of programs,				facility issues a handbook to each
services, daily activities, including visitation, telephone usage, mail				detainee admitted to the facility. The
service, religious programs, count procedures, access to and use of the				handbook describes the significant
law library and the general library; sick-call procedures, and the			1	issues that are most relevant to a
detainee handbook.				detainee. The handbook is available in
			1	English and Spanish. An orientation
				video is also available and played in
				the male ICE housing unit as needed.
M. I'm I was an a newformed by medical staff annarcons who have				An initial health screening is
Medical screenings are performed by medical staff or persons who have received specialized training for the purpose of conducting an initial		ا ہے ا	<u></u>	conducted during in-processing.
	\boxtimes			Detainees are screened by medical
health screening.				staff in the processing area.
Each new arrival is classified according to criminal history and threat				
levels. Criminal history is provided for each detainee by the ICE field	\boxtimes			
office.		—	-	
All new arrivals are searched in accordance with the "Detainee Search"				
standard. An officer of the same sex as the detainee conducts the search	N .			
and the search is conducted in an area that affords as much privacy as			⊔	
ossible.				
Detainees are stripped searched only when cause has been established				
and not as routine policy. Non-criminal detainees are not strip-searched				
but are patted down, unless reasonable suspicion is established.				
The "Contraband" standard governs all personal property searches.				
IGSAs/CDFs use or have a similar contraband standard. Staff prepares				
a complete inventory of each detainee's possessions. The detainee	E SI			
receives a copy.			L	
Staff completes Form I-387 or similar form for CDFs and IGSAs for		1		
every lost or missing property claim. Facilities forward all I-387 claims			_	
to ICE.	<u> </u>			
Detainees are issued appropriate and sufficient clothing and bedding for	\boxtimes			
the climatic conditions.		-	 	
The facility provides and replenishes personal hygiene items as needed.				
Gender-specific items are available. ICE Detainees are not charged for		"	🗀	
these items.		+	+	Although not a requirement of IGSAs,
All releases are properly coordinated with ICE using a Form I-203.			1_	releases are coordinated between ICE
				and the facility using the telephone
				and fax machine.
Staff completes paperwork/forms for release as required.		$\dagger \Box$		
Starr completes paperwork/forms for release as required. ACCEPTABLE DEFICIENT		Risk	<u> </u>	REPEAT FINDING
ACCEPTABLE DEFICIENT				

REMARKS:

The facility handbook is the primary means by which detainees receive an orientation to the facility. An orientation video is also shown in the housing unit to all ICE detainees.

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

CLASSIFICATION SYSTEM

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

DETAINEES IN OTHER CATEGORIES		- 1		
COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	\boxtimes			The computer based classification system used scores detainees in one of eight classification categories. These scores range from "high" to "very low". The detainee is then classified as minimum, medium or maximum.
The facility classification system includes:			ŀ	
 Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision. 				The lieutenant or sergeant assigned to the Classification Department reviews each classification decision.
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/unconfirmed reports may be filed but are not used to score detainees classifications.				
Housing assignments are based on classification-level.	\boxtimes			
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons similar classification designations.				
designations.				
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.				Based on security classification, the computer schedules a reclassification assessment date in 30, 60 or 90 days. Other events may trigger an earlier reclassification. A detainee may request a reassessment at anytime.
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				IGSAs need not use only a designated supervisor or classification specialist to reduce a classification-level on appeal. At this facility, detainees may make a request, at anytime, for classification reassessment. The Classification Department will review and respond to the request promptly.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.				Only SPCs/CDFs are required to handle classification appeals within the time frames described in this component. The facility responds to classification requests as soon as possible.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.				Classification designations appealed to a higher authority applies only to SPCs and CDFs. At this facility, the handbook describes how appeals may be made to the Classification Department, but can be appealed upward.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				
✓ ACCEPTABLE ☐ DEFICIENT	ſ		AT-R	ISK REPEAT FINDING

REMARKS:

This facility uses an objective computer based classification system. The Classification Department is staffed with officers and supervisors who specialize in classification.

Most male ICE detainees are housed in unit C3L and female ICE detainees are housed in unit C2G.

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

CORRESPONDENCE AND OTHER MAIL POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO IITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL. REMARKS YES NO NA COMPONENTS Posting correspondence procedures in housing The rules for correspondence and other mail are posted in each units or common areas is required only for housing or common area, or provided to each detainee via a SPCs/CDFs. At this facility, correspondence detainee handbook. \boxtimes rules and other information is provided in the detainee handbook. However, it is not posted in the housing units. The facility provides key information in languages other than П \boxtimes English; In the language(s) spoken by significant numbers of detainees. List any exceptions. Incoming mail is distributed to detainees within 24 hours or 1 M business day after it is received and inspected. Outgoing mail is delivered to the postal service within one Mail is picked up at the facility, by the U. S. \boxtimes business day of its entering the internal mail system (excluding Postal Service, Monday - Saturday. weekends and holidays). Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented X \Box П and authorized in writing by the Warden or equivalent for prevailing security reasons. Reading incoming general correspondence Staff does not read incoming general correspondence without the without the Warden's approval is only required Warden's prior written approval. X П for an SPC/CDF. At this facility, general mail is opened and inspected, but not read. aff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of П \boxtimes enclosures without the detainee present. Staff is prohibited from reading or copying incoming special \boxtimes П correspondence. Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to M П 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. Correspondence to a politician or to the media is processed as \boxtimes П П special correspondence and is not read or copied. The official authorizing the rejection of incoming mail sends IGSAs are not required to notify the addressee of incoming mail that was rejected. According written notice to the sender and the addressee. \boxtimes П to staff, detainees are notified when incoming mail is rejected. The official authorizing censorship or rejection of outgoing mail \boxtimes provides the detainee with signed written notice. The detainee receives a property receipt for Staff maintains a written record of every item removed from any items removed from the mail and placed in detainee mail. his/her property. If cash or a money order is П \boxtimes received, a receipt is issued to the detainee showing the funds deposited into his account.

 \boxtimes

The Warden or equivalent monitors staff handling of discovered

contraband and its disposition. Records are accurate and up to

CORRESPONDENCE AND OTHER MAIL							
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO MITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO E SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.							
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.							
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	\boxtimes						
Staff provides the detainee a copy of his/her identity document(s) upon request.							
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.							
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.							
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	\boxtimes						
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.							
ACCEPTABLE DEFICIENT] AT-	Risk	REPEAT FINDING			

EMARKS:

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

DETAINEE HANDBOOK

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION ILICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINBE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY. COMPONENTS YES No NA REMARKS The detainee handbook is written in English and translated into \boxtimes Spanish, or into the next most-prevalent Language(s). The handbook is supplemented by the facility orientation video, \boxtimes where one is provided. All staff members receive a handbook and training regarding the M handbook contents. The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and \boxtimes detainees. There an annual review of the handbook by a designated X П committee or staff member. The detainee handbook addresses the following issues: Personal Items permitted to be retained by the detainee; X П П Initial issue of clothes, bedding and personal hygiene The detainee handbook states in clear language the basic detainee \boxtimes responsibilities. The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification M П appeals process. he handbook states when a medical examination will be The handbook states that a medical nducted. \boxtimes examination will be conducted by a medical professional within fourteen days of arrival. The handbook describes the facility, housing units, dayrooms, in-In-dorm activities are not posted in the dorm activities, and special housing units. detainee handbook. During the inspection, M the in-dorm activities were incorporated into the handbook. The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for The handbook does not specify meal times. medical or religious diets; smoking policy; clothing exchange \boxtimes П However, this was corrected during the schedules; and, if authorized, clothes washing and drying inspection. procedures, and expected personal hygiene practices. The handbook describe times and procedures for obtaining Razors are given out three times a week. disposable razors, and allows that detainees attending court will \boxtimes Detainees attending court are provided the be afforded the opportunity to shave first. opportunity to shave before court. The handbook describes barber hours and hair cutting restrictions. The handbook describes the telephone policy; debit card Debit card, direct and free call procedures procedures; direct and free calls; locations of telephones; policy were not specified in the detainee handbook. X П П when telephone demand is high; and policy and procedures for However, these procedures were added to emergency phone calls. the handbook during the inspection. The handbook addresses religious programming. \boxtimes The handbook states times and procedures for commissary or M vending machine usage, where available. The handbook describes the detainee voluntary work program. ICE detainees are not permitted to \boxtimes participate in the voluntary work program. e handbook describes the library location and hours of X \Box eration, and law library procedures and schedules.

DETAINEE HANDBOOK							
POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND PORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.							
COMPONENTS	YES	No	NA	REMARKS			
The handbook describes attorney and regular visitation hours,							
policies, and procedures.							
The handbook describes the facility contraband policy.							
The handbook describes the facility visiting hours and schedule,							
and visiting rules and regulations.							
The handbook describes the correspondence policy and							
procedures.							
The handbook describes the detainee disciplinary policy and							
procedures, including:							
Prohibited acts and severity scale sanctions;			╽╙╵				
Time limits in the Disciplinary Process; and							
Summary of the Disciplinary Process.			 -				
The grievance section of the handbook explains all steps in the							
grievance process – Including:							
Informal (if used) and formal grievance procedures; The second of the procedure is a second of th			1				
 The appeals process; In CDF facilities: procedures for filing an appeal of a 				Guarantee against staff retaliation for filing a			
• In CDF facilities: procedures for filing an appeal of a grievance with ICE.				grievance by a detainee was not described in			
• Staff/detainee availability to help during the grievance				the handbook. However, corrective action			
process.				was taken to add this during the inspection.			
Guarantee against staff retaliation for filing/pursuing a							
grievance.	Ì						
How to file a complaint about officer misconduct with							
the Department of Homeland Security.							
The detainee handbook describes the medical sick call procedures				Sick call procedures for segregation were			
for general population and segregation.				not described in the handbook. However,			
		ļ	ļ	this was added during the inspection.			
The handbook describes the facility recreation policy including:		l					
Outdoor recreation hours.							
Indoor recreation hours.	<u> </u>	_					
The handbook describes the detainee dress code for daily living;			$ \Box $				
and work assignments.		 	 _				
The handbook specifies the rights and responsibilities of all	\boxtimes						
detainees.	<u> </u>		<u></u>				
☐ ACCEPTABLE ☐ DEFICIENT] AT-R	ISK	REPEAT FINDING			

REMARKS:

In-dorm activities, meal times, debit card, direct and free call procedures, guarantee against retaliation by staff for filing a grievance, and sick call procedures for segregation detainees were not addressed in the detainee handbook. During the inspection, all these areas were incorporated into the detainee handbook.

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

FOOD SERVICE

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

E HIGHEST SANITARY STANDARDS. COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a <u>professionally trained</u> and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.				The Food Service Director, lead cook and cook supervisors all have ServSafe training.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.				IGSA facilities are not required to have a cook supervisor on duty when the FSA is off duty. At this facility, the lead cook and cook supervisors are on duty when the Food Service Director is unavailable.
The FSA provides food service employees with training that specifically addresses detainee-related issues. • In ICE Facilities this includes a review of the ICE "Food Service" standard		\boxtimes		No documentation of training that specifically addresses detainee-related issues was provided during this inspection.
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.				Dough cutters are used instead of knives at this facility.
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.			\boxtimes	Monitoring the condition of knives and dining utensils is not required by IGSA facilities. At this facility, staff monitors dining utensils and dough cutters. No knives are used at this facility.
When necessary, special procedures govern the handling of od items that pose a security threat.				
Operating procedures include daily searches (shakedowns) of detainee work areas.				
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.				Food service is contracted with the Aramark Corporation. The contractual food service staff do not conduct population counts. Officers conduct the counts.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.				
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				Job descriptions are reviewed annually to ensure they are accurate and current. However, ICE detainees are not allowed to work in food service.
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.				
 During orientation and training session(s), the CS explains and demonstrates: Safe work practices and methods; Safety features of individual products/pieces of equipment; and Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work. 				
he Cook Supervisor documents all training in individual detainee detention files.				Files documenting training are maintained by the food service department. ICE detainees do not work in food service.

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FOOD SERVICE

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

COMPONENTS	YES	No	NA	REMARKS
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.				IGSAs are not required to pay detainees in accordance with the Voluntary Work Program standard. At this facility, ICE detainees are not permitted to participate in the voluntary work program.
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and 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			Satellite feeding of detainees is conducted at this facility. The staff dining area has a sneeze guard over the serving and salad bar line.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.				IGSAs are not required to have a 35-day menu cycle. A 28-day menu cycle is utilized by this food service operation.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).				To provide ethnic diversity in the menu, cornbread, grits, tacos, tetrazzini, tamale pie, stroganoff, and pinto beans are some of the food items served.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.				
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			
The Cook Foreman has the authority to change menu items if ecessary. If yes, documenting each substitution, along with its justification With copy to FSA				IGSAs are not required to give the Cook Foreman authority to change menu items when necessary. At this facility, both the lead cook and cook supervisors have the authority to change the menu up to twice a week, if necessary. The food service supervisors notify the Food Service Administrator of any changes to the menu.
All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.				
A common-fare menu available to detainees whose dietary requirements cannot be met on the main line. Changes to the planned common-fare menu can be made at the facility level; Hot entrees are offered three times a week; The common-fare menus satisfy nutritional recommended daily allowances (RDAs); Staff routinely provide hot water for instant beverages and foods; Common-fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items.				
supervisor at the command level must approve a detainee's removal from the Common-Fare Program.				The Chaplain approves the removal of detainees from the common-fare program.

FOOD SERVICE

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

COMPONENTS	YES	No	NA	REMARKS
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.				
The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. • Muslims fasting during Ramadan receive their meals after sundown. • Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosherfor- 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 common-fare program accommodates Ramadan and Passover, but does not meet the requirements for Ash Wednesday or Fridays during Lent.
The food service program addresses medical diets.				
Satellite-feeding programs follow guidelines for proper sanitation.		\boxtimes		The carts utilized for satellite-feeding do not have locking devices which could lead to potential sanitation issues. Locking devices were acquired during the inspection to secure the carts.
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.				Temperature checks of food being plated for the noon meal were as follows: Potatoes-180 degrees, hot dogs-172 degrees, coleslaw-42 degrees, green beans-170 degrees, milk-43 degrees. The fish did not meet the required temperature of 140 degrees. The temperature was 120 degrees and it was returned to the oven to heat. Temperature checks conducted on June 10, 2010, found rice-152 degrees, chili-150 degrees, corn bread and cake at room temperature, which meet the standards of safe temperatures.
All meals are provided in nutritionally adequate portions.				
Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
 The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food; and The sanitary operation, care, and maintenance of equipment. 				
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?	\boxtimes			Officers inspect all areas of the Food Service Department on a daily basis.
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?	\boxtimes			On February 16, 2010, the Deputy State Fire Marshal conducted an equipment inspection, for compliance with health and safety codes and regulations.

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FOOD SERVICE							
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.							
COMPONENTS	YES	No	NA	REMARKS			
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.							
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	\boxtimes						
Staff documents the results of every refrigerator/freezer temperature check.				Staff documents all refrigerator/freezer temperature checks. However, refrigerator number two was logged with temperatures			
	\boxtimes			ranging from 38 - 56 degrees. The Food Service Director stated the internal thermometer was not used, and that the external thermometer was not accurate. At the time of the inspection, the refrigerator temperature was 39 degrees.			
The cleaning schedule for each food service area is conspicuously posted.		\boxtimes		Cleaning schedules were not posted; however, this was corrected during the review.			
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes						
Storage areas are locked when not in use.	\boxtimes						
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING							

REMARKS:

is recommended that the facility provide training that specifically addresses detainee-related issues, and that the common-fare program be expanded to incorporate the observance of Lent by providing a meatless meal for lunch and dinner on Fridays during Lent and Ash Wednesday.

Closer observance of temperature checks of food being plated needs to be conducted to ensure items meet the required temperatures prior to plating. Temperature readings of the thermometers located inside the refrigeration units need to be conducted to assure consistency of temperatures.

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FUNDS AND PERSONAL PROPERTY POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL OVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY. STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE. COMPONENTS YES No NA REMARKS Detainee funds and valuables are properly separated, stored, and are \boxtimes П accessible only by designated supervisor(s). Detainees' large valuables are secured in a location accessible to X \Box designated supervisor(s) or processing staff only. Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and CDFs, using a personal X П property inventory form that meets the ICE standard? Staff forwards an arriving detainee's medication to the medical staff. X Audits of baggage and non-valuable property occur each quarter and Quarterly audits of property are not audits are logged and verified. П M required by IGSAs, and are not conducted at this facility. b)(7)(e)officers are present during the processing of detainee funds and Although not required at an IGSA valuables during in-processing to the facility.(b)(7)(e) fficers verify funds facility(b)(7)(e)(b)(7)(c) fficers verify and valuables. funds that are in excess of \$300 or П \boxtimes more. Funds less than \$300 are signed off on by)(7)(e)fficer. The detainee signs a receipt for any funds processed at the time of arrival. Staff searches arriving detainees and their personal property for IGSAs are not required to search ntraband. arriving detainees and their personal property for contraband. At this П \boxtimes facility, staff searches arriving detainees and their personal property for contraband. Staff procedures follow written policy for returning forgotten property to There is no written policy for detainees. \Box \boxtimes returning forgotten property to detainees. Property discrepancies are immediately reported to the CDEO or Chief of Property discrepancies are required Security. to be reported immediately to the CDEO or Chief of Security in \Box X П CDFs/SPCs. Property discrepancies found at this facility are immediately reported to a supervisor. Staff follows written procedures when returning property to detainees. M CDF/IGSA facility procedures for handling detainee property claims are \boxtimes П similar with the ICE standard. The facility attempts to notify an out-processed detainee that he/she left IGSAs are not required to notify out-

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agents.

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property in the facility:

Via certified mail: and

• By sending written notice to the detainee's last known address;

the property, after which it will be considered abandoned.

The notice state that the detainee has 30 days in which to claim

processed detainees of personal

Procedures at this facility include

contacting the detainee by phone to

notify that he/she left property at the facility. Property that is not claimed by ICE detainees is given to ICE

property left at the facility.

FUNDS AND PERSONAL PROPERTY					
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND ECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.					
STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.					
The facility disposes of abandoned property in accordance with writt procedures. • If a CDF/IGSA facility, written procedure requires the promforwarding of abandoned property to ICE.				IGSAs are not required to dispose of abandoned property in accordance with written procedures. This facility does not have written procedures for the disposal of abandoned property. Staff stated that any abandoned property of ICE detainees is given to the ICE agent.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING				☐ REPEAT FINDING	

REMARKS:

It is recommended that written procedures be established for returning forgotten and abandoned property.

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DETAINEE GRIEVANCE PROCEDURES

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

COMPONENTS	YES	No	NA	REMARKS
Written procedures provide for the informal resolution of oral grievances (Not mandatory). • If yes, the detainee has up to five days within which to make				
his/her concern known to a member of the staff.				
Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. • Detainees may seek help from other detainees or facility staff when preparing a grievance. • Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.	\boxtimes			The grievance committee is comprised of a lieutenant, captain, and unit officer.
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.		\boxtimes		There have been no documented or substantiated cases of staff retaliation against a detainee who lodged a complaint.
 Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complaints" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 				IGSAs are not required to identify nuisance complaints or document nuisance complaints received but not filed. All complaints, including nuisance complaints, are treated and processed and tracked as grievances. Nuisance complaints are not tracked.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			
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REMARKS:

All grievances, to include informal, are documented in a computerized program. Detainees may complete an inmate grievance form or call the Grievance Hotline by dialing 114 on the housing unit telephones.

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GROUP LEGAL RIGHTS PRESENTATIONS POLICY: FACILITIES HOUSING ICE DETAINEES SHALL PERMIT AUTHORIZE PERSONS TO MAKE PRESENTATIONS TO GROUPS OF DETAINEES FOR HE PURPOSE OF INFORMING THEM OF U.S. IMMIGRATION LAW AND PROCEDURES, CONSISTENT WITH THE SECURITY AND ORDERLY OPERATION OF EACH FACILITY. ICE ENCOURAGES SUCH PRESENTATIONS, WHICH INSTRUCT DETAINEES ABOUT THE IMMIGRATION SYSTEM AND THEIR RIGHTS AND OPTIONS WITHIN IT. CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET. No NA REMARKS YES COMPONENTS The Field Office is responsive to requests by attorneys and accredited representatives for group presentations. Upon receipt of concurrence by the Field Office Director, the facility or \Box П authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives. The facility follows policy and procedure when rejecting or requesting П П modifications to objectionable material provided or presented by the attorney or accredited representative. Posters announcing presentations appear in common areas at least 48 П П hours in advance and sign-up sheets are available and accessible. Documentation is submitted and maintained when any detainee is denied П П permission to attend a presentation and the reason(s) for the denial. When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all П П detainees signed up may attend. Detainees in segregation, unable to attend for security reasons, may \Box П request separate sessions with presenters. Such requests are documented. Interpreters are admitted when necessary to assist attorneys and other \Box gal representatives. Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session. Staff permits presenters to distribute ICE-approved materials. Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff П П

REMARKS:

presentations.

The facility stated that there have been no requests for a Group Legal Rights Presentation during the past year.

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is present but do not monitor conversations with legal providers.

Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and

Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making

The facility plays ICE-approved videotaped presentations on legal rights

A copy of the Group Legal Rights Presentation policy, including

at regular opportunities, at the request of outside organizations.

attachments, is available to detainees upon request

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☐ REPEAT FINDING

POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINBES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINBE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINBES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND DWELS FOR AS LONG AS THEY REMAIN IN DETENTION. COMPONENTS The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels. The supply of these items exceeds the minimum required for the number of detainees. All new detainees are issued clean, temperature-appropriate, presentable IGSAs are not required to issue a

 exchange of clothing, bedding, linens, and to The supply of these items exceeds the number of detainees. 				
All new detainees are issued clean, temperature clothing during in-processing. Detainees recommend on the pair jumpsuit; One pair of socks; One pair of underwear (Daily change) One pair of facility-issued footwear	ceive: of uniform pants, or one ge); and			IGSAs are not required to issue a specific number of uniforms, socks, underwear, and footwear. This facility issues a shirt, pants or jumpsuit, four pairs of socks, four pair of underwear, and one pair of shoes.
Additional clothing is available for changin seasonally appropriate.	g weather conditions, or as			Additional clothing is not issued for changing weather conditions.
New detainees are issued clean bedding, lines at a minimum: One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued conditions.		⊠		IGSAs are not required to issue a minimum of one mattress, one blanket, two sheets, one pillowcase, one towel, and an additional blanket. This facility issues all the aforementioned items, with the exception of a pillowcase, because the mattress contains a built in pillow.
Detainees assigned to special work areas are the requirements of the job.	clothed in accordance with	\boxtimes		
Detainees are provided clean clothing, linen Socks and undergarments - exchange Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.				Detainees are provided clean clothing, linen and towels with the exception of pillowcases because pillows are built into the mattresses.
Food service detainee volunteer workers are garments daily.	permitted to exchange outer			Even though IGSAs are not required to exchange outer food service garments daily, this facility allows garments to be exchanged daily, or as needed.
Volunteer detainee workers are permitted to exchange outer garments more frequently.				IGSAs are not required to exchange volunteer detainee workers' garments more frequently. This facility does allow detainee workers to exchange their garments, as needed.
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REMARKS:

Detainees at this facility have access to a washer and dryer in their housing unit to launder their clothes, as needed. They may also send their clothes to the laundry based on scheduled days. Towels for showers are issued immediately before a shower is taken and returned upon completion of the shower. Additional clothing is not issued for changing weather conditions. Pillowcases are not issued, because pillows are built into the mattress.

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MARRIAGE REQUESTS.					
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE					
COMPONENTS	YES	No	NA	REMARKS	
The Field Office considers detainee marriage requests on a case-by-case				Marriage requests by ICE	
basis.	\boxtimes			detainees are forwarded to the	
	L XI			Atlanta Field Office and Probate	
				Court for approval.	
The Field Office Director reviews every marriage request rejected by a	\boxtimes				
Warden/OIC or IGSA. Rejections are documented.		Ll			
It is standard practice to require a written request for permission to marry.					
The written request includes a signed statement or comparable	\square				
documentation from the intended spouse, confirming marital intent.			L_J		
The Warden/OIC provides a written copy of his/her decision to the					
detainee and his/her legal representative.					
When permission is denied, the Warden/OIC states the basis for his/her					
decision.					
The Warden/OIC provides the detainee with a place and time to make	\boxtimes				
wedding arrangements.					
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There have been no marriage requests from ICE detainees during the past year.

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NON-MEDICAL EMERGENCY ESCORTED TRIPS POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE DMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILLMEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS. STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE. COMPONENTS YES NO NA REMARKS The Field Office Director considers and appreciase on a case by case.

COMPONENTS	YES	NO	NA .	REMARKS
The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral; or • Deathbed				
The facility recognizes mother, father, brother, sister, spouse, child, step- parent, and foster parent as "immediate family".				
The IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required.				
Each escort includes at leas(b)(7)(e)fficers.				
Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.				
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.				
Escort officers are precluded from accepting gifts/gratuities from a tainee, or detainee's relative or friend for any reason.				
 Scort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE; Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. 				
Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISK			REPEAT FINDING

REMARKS:

All non-medical emergency trips are handled by ICE.

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RECREATION

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a recreation program and facility.	\boxtimes			
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				A recreation specialist for a facility that has a population of more than 350 detainees is not required by IGSA facilities. This facility does not have a recreation specialist. No formal program activities are provided to the detainee population.
Regular maintenance keeps recreational facilities and equipment in good	\boxtimes			To me demine population
condition.				
The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.	\boxtimes			
Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			Dayrooms offer television, chess, checkers, connect four, dominos, and cards.
Outside activities are restricted to limited-contact sports.				There is no outdoor recreation. The recreation area used by detainees is enclosed with windows that open for sunlight and air.
Sach detainee has the opportunity to participate in daily recreation.	\boxtimes			
etainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.				There is no outdoor recreation. The recreation area used by detainees is enclosed with windows that open for sunlight and air. Recreation in this area is available to ICE detainees from 6:30 am to 11:30 pm, seven days a week, with the exception being at count and meal times.
Staff checks all items for damage and condition when equipment is returned.			\boxtimes	No recreation equipment is issued to detainees.
Staff conducts searches of recreation areas before and after use.	\boxtimes			
All recreation areas under constant staff supervision.				The unit officer and the control center supervise recreation areas in the housing units.
Supervising staff is equipped with radios.				
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.		\boxtimes		Detainees in the administrative housing unit receive recreation five days a week. Disciplinary status detainees receive recreation three days a week.
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.				
Special programs or religious activities are available to detainees.				

RECREATION POLICY: It is ICE policy to provide access to recreational programs and activities to all ICE detainees, to the extent possible, under conditions of security and supervision that protect their safety and welfare.					
Yolunteers are required to sign a waiver of liability before entering a secure or or of the facility where detainees are present.				IGSAs are not required to have volunteers sign a waiver of liability prior to entering the facility. A waiver of liability is signed by volunteers prior to entering this facility.	
Visitors, relatives or friends are not allowed to serve as volunteers.				Visitors, relatives or friends are not allowed to serve as volunteers at SPCs/CDFs. Background checks are conducted by this facility prior to persons becoming an approved volunteer.	
If outdoor recreation is offered, check this box. No further inform	ation is	required	when or	utdoor recreation is offered.	
If the facility has no outside recreation, are detainees considered for transfer after six months? • If yes, written procedures ensure timely review of all eligible detainees.				There are no written procedures to ensure the detainees are considered for transfer after six months. A review of three months of billing reports indicates that the average stay of an ICE detainee is less than nine days and that none have stayed longer than six months.	
Case officers make written transfer recommendations about every sixmonth detainee to the OIC.				Case officers have not made written transfer recommendations due to the fact that no ICE detainees have remained at this facility longer than 6 months.	
The OIC documents all detainee-transfer decisions, whether yes or no.			\boxtimes	There have been no ICE detainee-transfer decisions resulting from the lack of outdoor recreation.	
The detainee's written decision for or against an offered transfer documented in his/her A-file.				There have been no decisions regarding for or against transferring of a detainee.	
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.			\boxtimes	No transfers have been accepted or declined within the past year.	
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.			\boxtimes	ICE detainees do not remain at this facility for sixty days.	
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.				ICE detainees have not been held at this facility for sixty days.	
The detainee's legal representative is notified of the detainee's/OIC's decision.				No decisions have been requested during the past year because detainees do not remain at this facility long enough to process a request.	
ACCEPTABLE DEFICIENT	AT-RIS	K		REPEAT FINDING	

Each general housing unit has an enclosed area with a roof and concrete walls that contain eight exterior screened, open-aired windows at allows circulation of the sun and air. The recreation area is accessed directly from the housing units, and this affords easy access and availability of this area. However, the recreation area does not meet the NDS for outdoor recreation. No ICE detainees have been held at this facility for six months. The facility must develop a written policy and procedures to address the outdoor recreation standard requirements for ICE detainees that might be held longer than six months.

Detainees housed in Disciplinary Segregation receive one hour of recreation three days a week.

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RELIGIOUSTRA	RELIGIOUSTRACTICES					
POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE						
ACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.						
COMPONENTS CONSIDERATIONS.	YES	No	NA	REMARKS		
Detainees are allowed to engage in religious services.						
Space is available for detainees to conduct religious services.	\boxtimes			The multi-purpose rooms are used for religious services.		
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.						
The facility accommodates recognized holy-day observances by: • Providing special meals, consistent with dietary restrictions; • Honoring fasting requirements; • Facilitating religious services; and • Allowing activity restrictions.				IGSA facilities are not required to accommodate holy-day observances. This facility observes holy-days by providing special meals. Fasting is also permitted. Religious services are facilitated by the religious department.		
Each detainee is allowed religious items in his/her immediate possession.				Detainees are permitted to retain Prayer rugs, Bibles, In-Touch magazines, and a religious newsletter developed by the Chaplain.		
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes					
Members of faiths not represented by clergy may conduct their own revices within security allowances.						
Betainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.				Individual clergy visits are made to detainees housed in SMU.		
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

Three pastors provide Spanish services on Saturdays twice each month, in the multi-purpose room. On alternate Saturdays, Bible studies are also provided.

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DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. COMPONENTS YES NO NA REMARKS Detainees are allowed access to telephones during established \boxtimes facility waking hours. Telephone access for the general and SMU population is described in the facility Upon admittance, detainees are made aware of the facility's handbook. Each detainee is also given an \boxtimes telephone access policy. instruction sheet providing information on what occurs when making their first call. X Access rules are posted in housing units. The facility makes a reasonable effort to provide key information The facility handbook is available in to detainees in languages spoken by any significant portion of the X П English and Spanish. facility's population. Telephones are provided at a minimum ratio of one telephone per X П П 25 detainees in the facility population. Telephones are inspected regularly by facility staff to ensure that \boxtimes П \Box they are in good working order. The facility administration promptly reports out-of-order \boxtimes П П telephones to the facility's telephone service provider. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and \boxtimes П \Box completed timely. Detainees are afforded a reasonable degree of privacy for legal \boxtimes phone calls. A procedure exists to assist a detainee who is having trouble \boxtimes \Box lacing a confidential call. he facility provides the detainees with the ability to make non- \boxtimes П collect (special access) calls. 冈 Special Access calls are at no charge to the detainees. The OIG phone number for reporting abuse is programmed into the Using the posted instructions, a test call detainee phone system and the phone number was checked by the X П П was successfully completed to the OIG inspector during the review. from a detainee telephone in Unit C2G. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate The facility meets the telephone \boxtimes arrangements to provide required access within 24 hours of a requirements. request by a detainee. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved \boxtimes П "Free Legal Services List". Special arrangements are made to allow detainees to speak by A detainee may request to telephone a telephone with an immediate family member detained in another X П family member in another facility. Facility. 冈 Any telephone restrictions are documented. The facility has a system for taking and delivering emergency \boxtimes П detainee telephone messages. Emergency phone call messages are immediately given to \boxtimes detainees. Detainees are allowed to return emergency phone calls as soon as X П possible. Detainees in disciplinary segregation are allowed phone calls In addition, detainees in disciplinary lating to the detainee's immigration case or other legal matters, \boxtimes П segregation status may make at least one including consultation calls. personal telephone call weekly.

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DETAINEE TELEPHONE ACCESS									
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.									
COMPONENTS	YES	No	NA	REMARKS					
etainees in disciplinary segregation are allowed phone calls to consular/embassy officials.									
Detainees in disciplinary segregation are allowed phone calls for family emergencies.									
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.				Detainees in administrative segregation may make calls from 9 am to 11 am, 2 pm to 4 pm, and 7 pm to 11 pm.					
When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.									
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING					

Overall, the facility complies with the NDS regarding Telephone Access with one exception. Detainees in administrative segregation and protective custody have access to telephones six hours per day. However, this is not the same access as detainees in general population.

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

(b)(6), (b)(7)(c) / 6-10-2010 AUDITOR'S SIGNATURE / DATE

VISITATION POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS REMARKS YES No NA COMPONENTS There is a written visitation schedule and hours for general \boxtimes visitation. The visitation hours tailored to the detainee population and the M П demand for visitation. The visitation schedule and rules are available to the public. M The hours for all categories of visitation are posted in the \boxtimes visitation waiting area. A written copy of the rules regulating visitation and the hours of The visitation policy is posted on the facility X web site. visitation is available to visitors. \boxtimes A general visitation log is maintained. The detainees are permitted to retain personal property items \boxtimes specified in the standard. \boxtimes A visitor dress code is available to the public. Visitors are searched and identified according to standard Non-contact video visits are provided. X Visitors are subject to search. requirements. The requirement on visitation by minors is complied with. \boxtimes At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within \boxtimes Minors are allowed to visits at this facility. the first 30 days. After that time, on request, ICE considers a transfer, when \boxtimes Minors are allowed to visit. ossible, to a facility that will allow minor visitation. At a П П inimum, monthly visits are allowed. Detainees in special housing are afforded visitation. \boxtimes Legal visitation is available seven (7) days a week, including M holidays. On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours \boxtimes per day on weekends and holidays. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a \boxtimes scheduled meal. Private consultation rooms are available for attorney meetings. \boxtimes \Box There is a mechanism for the detainee and his/her representative to exchange documents. 冈 There are written procedures governing detainee searches. When strip searches are required after every contact visit with a \boxtimes legal representative, the facility provides an option for noncontact visits with legal representatives. The inspector observed an attorney requesting a legal visit. The attorney had Prior to each visit, legal service providers and assistants are not provided advance notification, but his M \Box identified per the standard. request was promptly handled. The attorney was properly identified by staff. The current list of pro bono legal organizations is posted in the M П detainee housing areas and other appropriate areas. The decision to permit or deny a tour is not delegated below the

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X

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level of Field Office Director.

VISITATION							
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIEIMEDIA.	NDS, LEG	ALREPR	ESENTA	TIVES, SPECIAL INTEREST GROUPS, AND THE NEWS			
ovisions for NGO visitation, as stated in the Detention Standards, are complied with.	\boxtimes						
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	\boxtimes						
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.							
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	* '			Staff advised that the Jail Administrator and Health Care Administrator consider requests for independent medical examinations. The requesting party is responsible for expenses associated with the examination.			
ACCEPTABLE □ DEFICIENT	☐ AT-RISK			REPEAT FINDING			

The facility provides non-contact video visitation. Every housing unit has video visitation equipment. The visitors use the equipment in an area near the lobby entrance. There are 31 video booths. A visitor was observed having trouble with the equipment during a video visit, and trouble with the audio on the handset was identified as the problem. Staff was made aware of this problem, and it was resolved by replacing the handset. Later that day, a visitor advised that her video visitation was going well with the equipment.

Legal visits are usually non-contact in a private room that has a slot in the window for document exchange. Upon request, contact legal visits may take place in one of four multi-purpose rooms near the housing units.

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VOLUNTARY WORK PROGRAM

TOPOLITARY HOAR	INOGE				
POLICY: IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN ONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS BASIC OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTECTIONS.					
CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO WORK A AND MOVE TO NEXT SECTION.					
COMPONENTS	YES	No	NA	REMARKS	
Does the facility have a voluntary work program?					
Do ICE detainees participate?					
Detainee housekeeping meets neatness and cleanliness standards.					
Detainees have the opportunity to participate in special details, however,			П	1	
are never allowed to work outside the secure perimeter.	Ш				
Written procedures govern selection of detainees for the Voluntary Work				İ	
Program.					
Where possible, physically and mentally challenged detainees participate	П				
in the program.					
The facility complies with work-hour requirements for detainees, not	_				
exceeding:					
Eight hours a day and Forty hours a week.		- 			
Detainee volunteers generally work according to fixed schedule.	<u> </u>	<u> </u>			
If a detainee is removed from a work detail, staff places the written					
justification for the action in the detainee's detention file.		<u> </u>			
Staff, in accordance with written procedure, ensures that detainee					
volunteers understand their responsibilities as workers before they join			Ш		
the work program.					
The voluntary work program meets:					
OSHA, NFPA, ACA standards					
Medical staff screen and formally certify detainee food service					
volunteers.					
Before the assignment begins; and					
As a matter of written procedure Output Description of the agriculture of the agri	 	 	1 17		
Detainees receive safety equipment/training sufficient for the assignment.	౼	 	+ =		
Proper procedure is followed when an ICE detainee is injured on the job.	<u> </u>	<u> </u>			
ACCEPTABLE DEFICIENT	AT-RISI	K	L	REPEAT FINDING	

REMARKS:

The facility does not offer a voluntary work program for ICE detainees.

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(b)(6), (b)(7)(c) / 6-10-2010
AUDITOR'S SIGNATURE / DATE

SECTION II HEALTH SERVICES STANDARDS

HUNGER STRIKES

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

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.			⊠	IGSAs are not required to refer a detainee who has refused food for 72 hours to the medical department. At this facility, the housing officer notifies the housing sergeant when a detainee refuses meals for longer than 24 hours. The housing sergeant notifies the Health Services Administrator or the facility physician.
CDFs and IGSAs immediately report a hunger strike to the ICE.	\boxtimes			Hunger strike notification is made through the local ICE office in Charleston.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Carolina Center for Occupational Health (CCOH) policy J-F-02-B addresses hunger strike procedures. Facility staff refers a hunger striking detainee to medical staff after 24 hours of meal refusal.
Policy and procedure require that staff isolate a hunger-striking detained from other detainees. • If yes, in an observation room?				IGSAs are not required to isolate a hunger striking detainee from other detainees. The facility does house hunger striking detainees in an area that allows caloric intake to be monitored and measured.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				In IGSAs, medical personnel are not required to be authorized to place a detainee in a Special Management Unit or locked hospital room. In this facility, detainees may be housed in the infirmary.
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.				In IGSAs, medical staff are not required to record the weight and vital signs of a hunger striking detainee at least once every 24 hours. Facility medical staff assess hunger striking detainees for dehydration and malnutrition, as well as vital signs and weight every 24 hours.
The OIC of the facility obtains a hunger striker's consent before medical treatment.				Facility policy 6515, Medical Services, addresses medical consent. Detainees are afforded the same level of informed consent as in any community medical facility for the specific type of treatment involved, including hunger strikes.

HUNGER STR POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDBLINES FOR THE M ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELL STAIN THEIR LIVES.	IEDICAL /		
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			In IGSAs, detainees who reject medical evaluation or treatment are not required to sign a Refusal of Treatment form. At this facility, hunger striking detainees are required to make a refusal directly to health care staff, which is documented in the medical record.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.			IGSAs are not required to document and provide the hunger striking detainee three meals a day. The facility does offer the hunger striking detainee each meal served to the detainee population.
Staff maintains the hunger striker's supply of drinking water/other beverages.			IGSAs are not required to maintain the hunger striker's supply of drinking water or other beverages. At this facility, hunger striking detainees are provided an adequate supply of drinking water.
During a hunger strike, staff removes all food items from the hunger striker's living area.			IGSAs are not required to remove all food items from the hunger striker's living area. The physician at this facility may issue an order to secure canteen items and suspend commissary privileges.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.			IGSAs are not required to record the hunger striker's fluid intake and food consumption. Medical staff at the facility documents intake and output on a chart at the officer's workstation every eight hours.
The medical staff has written procedures for treating hunger strikers.	\boxtimes		Facility policy J-F-02B, Hunger Strike, outlines the procedure for treating hunger strikers.
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			IGSAs are not required to document all treatment attempts, including attempts to persuade the hunger striker of medical risks. At the facility, health staff counsels detainees on the consequences of hunger strikes.
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.			Staff receives training in hunger strike identification, evaluation and treatment during initial orientation.
ACCEPTABLE DEFICIENT] AT-RI	SK	REPEAT FINDING

There have been no hunger strikes at this facility since the last inspection. The facility is proactive in identifying potential hunger striking detainees by referring detainees to medical staff after 24 hours of missed meals.

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ACCESS TO MEDICAL CARE

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

GENERAL WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines.	\boxtimes			The facility infirmary is licensed by the state of South Carolina. The facility is accredited by the National Commission on Correctional Health Care.
The facility's in-processing procedures for arriving detainees include medical screening.	\boxtimes			Medical screening is provided by medical personnel on admission.
All detainees have access to and receive medical care.	\boxtimes			All detainees are informed verbally and in writing on how to access medical care. Notices are also posted in English and Spanish.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	\boxtimes			The facility has access to a managed health care coordinator through the local ICE office in Charleston.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				Medical staff includes a medical director, a physician, a dentist, a physician's assistant (7) (egistered nurses) (7) (licensed practical nurses) (7) (e) certified medical assistants, a dental technician, a medical records clerk, and a site coordinator.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.				The facility Health Service Unit (HSU) is new and is described in detail below. The medical staff moved into the new HSU during the inspection.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				At an IGSA, the medical facility, or health service unit (HSU), is not required to have its own restricted access area. At this facility, the HSU does have its own restricted-access area, and is located within the confines of the secure perimeter.
The medical facility entrance includes a holding/waiting room.				IGSAs are not required to have a holding/waiting room in the Health Services Unit (HSU). The facility does have a waiting room in the HSU containing 12 chairs.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.				IGSAs are not required to have the holding/waiting room under the direct supervision of custodial staff. The facility has 1(7)(e)(5)(7)(e) custodial staff supervising the waiting room.
Detainees in the holding/waiting room have access to a drinking fountain.				IGSAs need not provide access to a drinking fountain for detainees in the waiting room. The facility Health Services Unit does not have a drinking fountain. It was reported that should a detainee request water, water would be provided.

ACCESS TO MEDICAL CARE								
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE								
 GENERAL WELL-BEING OF ICE DETAINEES. Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files. 				Medical records are kept in rolling files in the medical record room, which is locked. Access is restricted to medical personnel.				
Pharmaceuticals are stored in a secure area.				It is not a requirement of IGSAs to store pharmaceuticals in a secure area. The facility stores all pharmaceuticals				
				in secure areas, including a medication room in the infirmary and a medication room outside of the pharmacy and in the pharmacy itself. All of these areas have access restricted to medical personnel.				
 Medical screening includes a Tuberculosis (TB) test. Every arriving detainee receives a TB test during the admission process; Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and Detainees not screened are housed separate from the general population. 				In 21 of 21 medical records reviewed, detainees received Tuberculosis (TB) screening within accepted timeframes. All received testing within one business day of arrival at the facility. During detainee interviews, detainees were able to describe the TB testing process.				
All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; and Before a detainee's assignment to a housing unit.				IGSAs are not required to provide mental health screening to detainees before assignment to a housing unit. The facility provides mental health screening upon arrival and before assignment to a housing unit, by a health care provider.				
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				IGSA's are not required to have the health care provider promptly review screening forms to identify detainees needing medical attention. At this facility, medical staff provides the initial screening, thus identifying such detainees on admission.				
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				In 21 of 21 medical records reviewed, detainees received physical exams				

ACCESS TO MEDICAL CARE							
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACGENERAL WELL-BEING OF ICE DETAINEES.	CREDIT	ED/ACC	KEDITA'				
Detainees in the Special Management Unit have access to health care services.				The number of daily segregation rounds by medical personnel is based on the degree of isolation. There are three levels of segregation at the facility. Detainees in Administrative and Disciplinary Segregation have no contact with other detainees. Medical personnel make rounds in Administrative and Disciplinary segregation at least daily. The other level of segregation at the facility permits detainees limited contact with other detainees. Medical personnel make rounds three times per week regarding those detainees. Documentation of these rounds is found on the special management unit housing log.			
Staff provides detainees with health services (sick call) request slips daily, upon request. • Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. • Service-request slips are delivered in a timely fashion to the health care provider.				IGSAs are not required to provide detainees with health services (sick call) request slips daily, upon request. IGSAs are not required to provide the request slips in languages other than English. The facility provides sick call request slips in English and Spanish, upon request, and medical staff retrieves sick call request slips on a daily basis from the housing units.			
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.				Medical personnel are on site 24 hours per day, seven days per week. In addition, there is a written procedure for emergency health care as described in facility policy J-E-08, Emergency Services.			
The plan includes an on-call provider.				While IGSAs are not required to provide an on-call provider for emergencies, the facility does provide both a physician and mid-level on call provider.			
The plan includes a list of telephone numbers for local ambulance and hospital services.				While IGSA's are not required to list telephone numbers for local ambulance and hospital services, the facility does provide these telephone numbers. Charleston County EMS is used for urgent or emergency care.			
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				While IGSAs are not required to include procedures for staff to utilize emergency health care consistent with security and safety, the facility is responsible for determining the security procedures for the transport of detainees for emergency medical care.			

ACCESS TO MEDICAL CARE							
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACGENERAL WELL-BEING OF ICE DETAINEES.	CREDIT	ED/ACC	REDITA'				
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	\boxtimes			Facility policy J-C-04, Training for Detention Officers, includes CPR training and responding to health-related situations with a goal of a four minute response time.			
Where staff is used to distribute medication, a health care provider properly trains these officers.				IGSAs are not required to have health care staff properly train officers in medication distribution. At this facility, custody staff does not distribute medication.			
The medical unit keeps written records of medication that is distributed.	\boxtimes			Medication distribution is documented on medication administration records (MARs).			
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				IGSAs are not required to use Form I-819 or its equivalent to notify the Warden of a detainee that has special needs. Facility policy 6510, Medical Files, describes how the physician shares relevant medical information with the facility administrator.			
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				Informed consent is required for invasive procedures or any treatment where there is some risk to the detainee. In 21of 21 medical records reviewed, consent was obtained from detainees on admission.			
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				Written authorization by the detainee is required to authorize the transfer of health records to outside sources.			
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			A health professional reviews the detainees health record and completes a transfer screening.			
Detainee's medical records or a copy thereof, are available and transferred with the detainee.				Medical records, or a copy, are transferred with a transfer summary form.			
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	×			Medical records are placed in a sealed envelope.			
MACCEPTABLE DEFICIENT		ATDIG	T/Z	REPEAT FINDING			

The Carolina Center for Occupational Health (CCOH) took over the health care contract in July 2009.

During the inspection, the Health Services Unit (HSU) moved into new quarters in the facility. The space is large, clean and well-equipped. The outpatient area contains a nurse's station, medical records room, physician's office, medical staff office, dental suite with one chair, a laboratory, three exam rooms, an urgent care room with two dialysis chairs, and a waiting area with 12 chairs. The infirmary or inpatient area contains two negative pressure rooms, two utility rooms, four wards with four beds each, four segregation cells, and one observation cell. There is also a large staff room, a supply room, a detainee multi-purpose room, an office, and a medication room. Adjacent to the health services unit is another office, a conference room, a supply room and the pharmacy.

Mental health staff has office areas adjacent to the HSU. There are also additional rooms used for medical purposes on each housing unit and in the in-processing area. OB/GYN services are provided.

There are two Spanish interpreters on the health care staff.

In 100% of the detainee medical records reviewed, medical screening was provided on admission, as was mental health screening. In 100% of the detainee medical records reviewed, medical screening was provided on admission, as was mental health screening. In 100% of the detainee medical records reviewed, medical screening was provided on admission, as was mental health screening. In 100% of the detainee medical records reviewed, medical screening was provided on admission, as was mental health screening. In 100% of the detainee medical records reviewed, medical screening was provided on admission, as was mental health screening. In 100% of the detainee medical records reviewed, medical screening was provided on admission, as was mental health screening. In 100% of the detainee medical records reviewed, medical screening was provided on admission, as was mental health screening.

Documentation for 15 sick call visits showed that triage of the sick call took place within 24 hours, and detainees were seen usually within 24 hours or within one business day.

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SUICIDE PREVENTION AND INTERVENTION POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL ANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.							
COMPONENTS	YES	No	NA	REMARKS			
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	\boxtimes			Staff receives suicide prevention training during orientation and annually.			
Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.		🗀 .		Training provided includes identification, treatment, assessment, monitoring, housing, referral, communication, intervention, notification, and reporting of the suicidal detainee.			
 A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. Screening does not occur later than one working day after the detainee's arrival. 	\boxtimes			In 21 of 21 medical records reviewed, detainees received screening for suicidal potential on admission by medical personnel.			
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	\boxtimes			Facility policy J-G-05, Suicide Prevention Program, describes the procedure for referring at risk detainees to medical staff.			
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			There is a designated isolation room in the infirmary used to house detainees placed on a suicide watch.			
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			The designated isolation room has smooth walls and floor, with no protrusions, a ceiling unable to be reached by the detainee, and a smooth, one piece toilet and sink.			
Medical staff has approved the room for this purpose.	\boxtimes			Medical staff has approved the isolation room.			

There have been no detainee suicides at the faculty since the last review.

■ DEFICIENT

ACCEPTABLE

Staff observes and documents the status of a suicide-watch detainee at

During the inspection, two non-ICE detainees were placed on suicide watch. Both were on a 15 minute watch and documentation of the watch was logged by the officer.

 \boxtimes

☐ AT-RISK

Mental health staff is employed by the South Carolina Department of Mental Health. Staff includes a psychiatrist, (b)(7)elicensed master's level social workers and (b)(7)eachelor's level clinical counselor. In-patient care may be provided at an outside forensic unit, Just Care, which requires a court order.

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least once every 15 minutes.

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at least every 15 minutes, or on continuous observation, as ordered by mental health professionals.

REPEAT FINDING

status of a detainee on suicide watch

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

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

RELATED NOTIFICATIONS.				
COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.				The facility routinely does not accept terminally ill detainees. Should a detainee become terminally ill, s/he would be moved to the infirmary or to an outside acute care hospital.
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: • The detainee's location; and • The limitations placed on visiting.				The facility notifies ICE and persons who have been designated by the detainee.
There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her.				Facility policy J-1-04 addresses end of life decisions. Detainees approaching the end of life may execute advanced directives, including living wills, health care proxies, and do not resuscitate (DNR) orders.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.				There are no written guidelines addressing giving the detainee the opportunity to have a private attorney prepare the documents. However, the facility staff indicated that detainees may use private attorneys to prepare the documents.
There is a policy addressing "Do Not Resuscitate Orders"				Do Not Resuscitate Orders are honored at the facility.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?				All maximal therapeutic efforts, short of resuscitation, are given to a detainee with a DNR order.
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				The facility notifies the local ICE office of any detainee with a DNR order.
The facility has written procedures to address the issues of organ donation by detainees.		×		Organ donation is not addressed in written procedures.
The facility has written procedures to notify ICE officials, deceased family tembers and consulates, when a detainee dies while in Service.				The facility notifies all interested parties in the event of a detainee death.

TERMINAL ILLNESS, ADVANCED DIRECT				grad grad grad grad grad grad grad grad		
POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINALILINESS OF INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS LOVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILLOW INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINED OCCURS WHILE IN TRANSIT. CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN						
THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET, ALWAYS CORRELATED NOTIFICATIONS.	MPLETE	ALL RE	FEREN	CES TO DETAINEE DEATH AND		
COMPONENTS	YES	No	NA	REMARKS Facility policy 6-15.0		
The facility has a policy and procedure to address the death of a detainee while in transport.	— — — — — — — — — — — — — — — — — — —			describes the procedure to -address the death of a detainee while in transport. The transporting officer must remain with the body until it is released to the County Coroner by the attending physician.		
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	⊠			The disposition of the body and notification of the detainee's next of kin is accomplished through the County Coroner.		
In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. • If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified?				Indigent burial is arranged through the local ICE office in Charleston.		
An original or certified copy of a detainee's death certificate is placed in the bject's a-file.				A copy of the death certificate is provided to ICE officials.		
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.				The facility notifies all interested parties in the event of a detainee death including the coroner and appropriate law enforcement officials.		
ICE staff follows established procedures to properly close the case of a deceased detainee.				ICE staff at the local office follows established procedures to close the case of a deceased detainee, including the filing of the death certificate in the afile.		
✓ ACCEPTABLE ☐ DEFICIENT ☐ AT-RIS	SK		RE	PEAT FINDING		
REMARKS: There have been four deaths since the last inspection fourteen months ago. All of the deaths involved non-ICE detainees and were of natural causes. During the inspection, the facility opened a new Health Services Unit, which contains a 22-bed infirmary. The infirmary was inspected by the State of South Carolina and certified. Terminally or chronically ill detainees could be cared for in the infirmary. DNR orders are hopered at the facility and a hospice provides end-of-life services in the infirmary. Organ donation is not addressed in written policy. (b)(6), (b)(7)(c) O-10-2010 AUDITOR'S SIGNATURE / DATE						

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Page 45 of 81

SECTION III SECURITY AND CONTROL STANDARDS

CONTRABAND

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

COMPONENTS	YES	No	NA	REMARKS
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.				Although not required at an IGSA facility, the facility policy provides instructions for the handling of illegal contraband. All illegal contraband is turned over to the Sheriff's Office.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				IGSAs are not required to retain contraband as evidence that is government property for potential disciplinary action or criminal prosecution. All contraband items are retained by the Sheriff's Office as evidence.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.				IGSAs are not required to have written procedures and return property not needed as evidence. At this facility, policy provides guidelines for staff regarding the return of property which is not needed as evidence.
Altered property is destroyed following documentation and using established procedures.				IGSAs are not required to document or use established procedures when destroying altered property. However, this facility's policy addresses this component.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.			\boxtimes	IGSAs are not required to contact a religious authority before confiscating religious items. The facility allows detainees to retain approved religious items provided that these items do not jeopardize facility safety and security.
Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes			
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.	Am Pro-		×	Although not required at an IGSA facility, hard contraband that is illegal is retained and used for training purposes. The contraband is secured in a(b)(7)e (b)(7)e
ACCEPTABLE DEFICIENT	AT-RISK		L	REPEAT FINDING

REMARKS:

A review of policy and interviews with staff revealed that contraband is confiscated and forwarded to the Sheriff's office for storage and disposition

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

(b)(6), (b)(7)(c) / 6-10-2010 AUDITOR'S SIGNATURE / DATE

DETENTION FILES									
POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY TAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.									
COMPONENTS	YES	No	NA	REMARKS					
A detention file is created for every new arrival whose stay will exceed 24 hours.	\boxtimes			A detention file is created for every new admission to the facility.					
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.									
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same	<u> </u>								
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.				IGSAs are not required to keep detention files in locked cabinets and limit keys only to supervisor. At this facility, active detention files are kept in the (b)(7)e which is staffed 24 hours per day and is secure. Inactive files are moved to the Inactive Records Office, which is located near the (b)(7)(e) and is secure.					
The detention file remains active during the detainee's stay. When the tainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.									
The officer closing the detention file makes a notation that the file is complete and ready to be archived.									
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	\boxtimes								
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.				Active detention files do not leave the Processing Record Office					
ACCEPTABLE DEFICIENT	AT.	Risk		REPEAT FINDING					

The Processing Records Office is secure and staffed 24 hours per day.

A review of seven active ICE detainee files found that they contained the required information.

When the facility runs out of storage room, inactive detention files are transferred to the Charleston County Archives Office.

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

(b)(6), (b)(7)(c) <u>/ 6-10-2010</u> AUDITOR'S SIGNATURE / DATE

DISCIPLINARY POLICY

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.				The facility policy addresses the disciplinary system, which uses progressive levels of reviews and appeals.
The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			
Written rules prohibit staff from imposing or permitting the following				
sanctions:				The facility policy prohibits staff from imposing or permitting items listed in this component.
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions				IGSAs are not required to post prohibited acts, the disciplinary severity scale and sanctions in Spanish and English. Rights and responsibilities, prohibited acts, disciplinary severity scale and sanctions are addressed in the facility handbook.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			\boxtimes	Although not required at an IGSA facility, the facility encourages informal resolutions when detainees commit minor rule violations.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.				IGSAs are not required to promptly forward incident reports and Notice of Charges to a designated supervisor. At this facility, staff forward 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 an investigation ends.	\boxtimes			
An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			Shift supervisors adjudicate minor infractions.
 A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC; Considers written reports, statements, physical evidence, and oral testimony; Hears pleadings by detainees and staff representatives; Bases its findings on the preponderance of evidence; and Imposes only authorized sanctions 				Even though IGSAs are not required to comply with all elements of this component, the facility has ab)(7)(emember panel which adjudicates infractions.

DISCIPLINARY POLICY POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS. REMARKS NA YES No COMPONENTS This component is only required A staff representative is available if requested for a detainee facing a for SPCs/CDFs. However, the disciplinary hearing. П \boxtimes facility provides the detainee a staff representative, if requested, for a disciplinary hearing. The facility permits hearing postponements or continuances when \bowtie П conditions warrant such a continuance. Reasons are documented. The duration of punishment set by the OIC, as recommended by the The maximum time adjudicated П for a disciplinary segregation \boxtimes disciplinary panel, does not exceed established sanctions. The maximum sanction is 30 days. time in disciplinary segregation is limited to 60 days for a single offense. Written procedures govern the handling of confidential-informant \boxtimes П information. Standards include criteria for recognizing "substantial evidence" A review of five ICE detainees' All forms relevant to the incident, investigation, committee/panel reports, disciplinary records revealed etc., are completed and distributed as required. \boxtimes \Box that all relevant forms to the incident were distributed.

REMARKS:

A review of five ICE detainees' disciplinary records occurred and documented compliance with the NDS regarding the Disciplinary Policy.

AT-RISK

■ DEFICIENT

n 6-10-2010, the inspector observed the facility Disciplinary Panel conducting disciplinary hearings. No concerns were noted at that time.

(b)(6), (b)(7)(c)
(b)(6), (b)(7)(c) / 6-10-2010
AUDITOR'S SIGNATURE / DATE

ACCEPTABLE

REPEAT FINDING

EMERGENCY (CONTINGENCY) PLANS

POLICY ALL FACILITIES HOLDING ICE DETAINERS WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE HE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY. REMARKS COMPONENTS YES The facility policy requires staff Policy precludes detainees or detainee groups from exercising control or to ensure that detainees do not authority over other detainees. П 冈 П control or have authority over other detainees. Detainees are protected from: Personal abuse Facility policy addresses the Corporal punishment requirements of this X П Personal injury component. Disease Property damage Harassment from other detainees Staff receives pre-service and Staff is trained to identify signs of detainee unrest. annual in-service training titled, What type of training and how often? \boxtimes Detainee Management Behavior. Staff effectively disseminates information on facility climate, detainee \boxtimes attitudes, and moods to the Officer In Charge (OIC) There is a designated person or persons responsible for emergency plans П and their implementation. Sufficient time is allotted to the person or group \boxtimes for development and implementation of the plans. The plans address the following issues: Confidentiality П П \boxtimes Accountability (copies and storage locations) Annual review procedures and schedule Revisions Contingency plans include a comprehensive general section with П M procedures applicable to most emergency situations. Even though IGSAs are not The facility has cooperative contingency plans with applicable: required to comply with this Local law enforcement agencies component, the Sheriff's office State agencies \boxtimes has cooperative contingency \Box Federal agencies plans with other counties, the State of South Carolina, ICE, and the U.S. Marshals Service. Although not required at All staff receives copies of Hostage Situation Management policy and IGSAs, the facility staff has procedures. П \Box \boxtimes access to the hostage policy via the facility computer system. This component is only Staff is trained to (b)(7)(e)required for SPCs/CDFs. Staff Within 24 hours after release, hostages are screened for medical and receive training on hostage psychological effects. incidents during pre-service and annual in-service training. The \boxtimes П П facility policy addresses medical and psychological examination of hostages upon release.

CONTINGENCY	

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

EMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND S COMPONENTS	YES	No	NA	REMARKS
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			\boxtimes	IGSAs are not required to comply with this component. However, the facility policy requires medical treatment for staff and ICE detainees during and after an incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.				Even though IGSAs are not required to comply with this component, the facility maintains three days of emergency meals for staff and detainees.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).				Written plans are not required at an IGSA. However, this facility does have plans to identify the locations of shut-off valves and switches for utilities.
Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances				The facility has the required emergency plans for the 10 instances referenced in this component.
ACCEPTABLE □ DEFICIENT □	AT-RISK			REPEAT FINDING

REMARKS:

The facility has developed the required emergency plans designed to address unusual and emergency situations which complies with the NDS regarding Emergency Plans.

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

(b)(6), (b)(7)(c) / 6-10-2010

AUDITOR'S SIGNATURE / DATE

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	\boxtimes			
 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. 		 ⊠		The master MSDS files are not condensed in one folder, with a single copy of each MSDS for chemicals maintained at this facility. Chemicals utilized in food service were not incorporated into the master MSDS file at the time of the inspection.
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: • Wear personal protective equipment; and • Report hazards and spills to the designated official.				
The MSDSs are readily accessible to staff and detainees in work areas.				
Hazardous materials are always issued under proper supervision. • Quantities are limited; and • Staff always supervises detainees using these substances.				(b)(7)e contained a dispenser unit to refill cleaning chemicals. The undiluted chemicals were unsecured on a shelf in the same location that is accessed by detainees, as needed, without supervision. Chemicals utilized in the Food Service Department were not stored in a secure area. During the inspection, the chemicals in the Food Service Department were moved to a secure area.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.				
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.				
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	\boxtimes			
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	\boxtimes			
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)	\boxtimes			The facility maintains a temperature of 74 degrees throughout the year.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	\boxtimes			Water temperatures are maintained between 105 - 108 degrees.
Il toxic and caustic materials are stored in their original containers in a secure area.				

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	\boxtimes			
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				Products containing methyl alcohol are not utilized at this facility.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.				Training is provided during orientation to employees on the use of flammable, toxic or caustic materials as well as their use, storage and disposal.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	\boxtimes			
A technically qualified officer conducts the fire and safety inspections.				On March 19, 2010, Pye and Barker Fire and Safety, Inc. conducted the annual fire and safety inspection.
The Safety Office (or officer) maintains files of inspection reports.	\boxtimes			
The facility has an approved fire prevention, control, and evacuation plan.				The Deputy State Fire Marshal approved the fire prevention, control and evacuation plan on March 9, 2010.
 The plan requires: Monthly fire inspections; Fire protection equipment strategically located throughout the facility; Public posting of emergency plans with accessible building/room floor plans; Exit signs and directional arrows; and An area-specific exit diagram conspicuously posted in the diagrammed area. 				Exit diagrams did not include instructions in Spanish. This was corrected during the inspection.
Fire drills are conducted and documented monthly.	\boxtimes			
A sanitation program covers barbering operations.				A sanitation program was not available for barbering operations. During the review, the sanitation program for barbering operations was incorporated into the facility's policy on Inmate Personal Hygiene, Bathing and Hair Care.
The barber shop has the facilities and equipment necessary to meet sanitation requirements.				A specific room is not utilized for barber operations. A mattress cover is used as a haircloth and is reused without providing a neck strip for sanitation.

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
The sanitation standards are conspicuously posted in the barbershop.				The sanitation standards for barbering are not conspicuously posted in the housing units. Corrective action was taken during the inspection to post barbershop standards in the housing units.
Written procedures regulate the handling and disposal of used needles and other sharp objects.				
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.				
Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections.				Established cleaning schedules were available for medical and floor crews but, not in the housing units or food service. Corrective action was taken during the inspection to post cleaning schedules in food service and the housing units.
The facility follows standard cleaning procedures.	\boxtimes			
Spill kits are readily available.	\boxtimes			
licensed medical waste contractor disposes of infectious/bio-hazardous waste.				The Stericycle Co. has a contract with this facility for the removal of infectious/bio-hazardous waste.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			
Do the methods for handling/disposing of refuse meet all regulatory requirements?				A one year contract with Nature's Calling, Inc. for waste removal was activated on 5/5/10.
 A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventative spraying for indigenous insects. 				
Drinking water and wastewater is routinely tested according to a fixed schedule.				On January 29, 2010, Charleston Water Systems tested the drinking water and wastewater, and confirmed compliance with applicable standards.
 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). 				Charleston Facility Management, HB Con, conducts monthly generator tests and provides repairs as needed. A self-generator test is conducted every Monday.

ENVIRONMENTAL HEALTH AND SAFETY								
PROGRAM WILL INCLUDE,	AMONG OTHER TI E.G., NATIONAL F	HINGS, THE IDENTIFICATION ASS	ATION AND LABELING	OF HAZARDOUS	ARDOUS MATERIALS PROGRAM. THI MATERIALS IN ACCORDANCE WITH OF INCOMPATIBLE MATERIALS, AND REMARKS			
⊠ Acce	CPTABLE CPTABLE	☐ DEFICIENT	☐ AT-RISK		REPEAT FINDING			
Department. It is recommended that th	e	(b)(7)e	be secu	red. It is also re	micals utilized in the Food Service ecommended that staff supervise asures be implemented in all			
It is recommended that a procedures to address hai (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) / 6-10 AUDITOR'S SIGNATURE	r cloths and neck			. Included in th	ne sanitation program are			

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Page 56 of 81

HOLD ROOMS IN DETENTION FACILITIES POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, EDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY. REMARKS YES No COMPONENTS Although not required at an The hold rooms are situated within the secure perimeter. IGSA facility, seven hold rooms П 冈 are situated within the secure perimeter. Even though IGSAs are not The hold rooms are well ventilated well lighted, and all activating required to comply with this switches are located outside the room. \boxtimes \Box component, observation of all hold rooms noted compliance. This component is not required The hold rooms contain sufficient seating for the number of detainees at IGSAs, but the hold rooms at held. \boxtimes this facility have sufficient capacity seating. IGSAs are not required to Bunks, cots, beds, or other related make-shift sleeping apparatus are comply with this component. precluded from use inside hold rooms. However, there are no bunks, X П cots beds or other make shift sleeping apparatus in the hold rooms at this facility. This component is only required The walls and ceilings of the hold rooms are tamper and escape proof. for SPCs/CDFs. Observation of hold rooms revealed that walls \Box \boxtimes and ceilings are tamper and escape proof. 図図 ndividuals are not held in hold rooms for more than 12 hours. Male and females are segregated from each other. The facility does not house Detainees under the age of 18 are not held with adult detainees. \boxtimes detainees under the age of 18. Detainees are provided with basic personal hygiene items such as water, \boxtimes soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes. In older facilities, officers are within visual or audible range to allow \boxtimes \Box detainees access to toilet facilities on a regular basis. Observation of intake and All detainees are given a pat down search for weapons or contraband processing procedures revealed before being placed in the room. \boxtimes П \Box detainees are pat searched prior to placement in hold rooms. The design of the facility intake Officers closely supervise the detention hold rooms using direct and processing area provides supervision (Irregular visual monitoring.). \boxtimes П staff clear visual observation of • Hold rooms are irregularly monitored ever(b)(7)(m)inutes. all hold rooms. Unusual behavior or complaints are noted. When the last detainee has been removed from the hold room, it is given \boxtimes a thorough inspection. There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building \boxtimes П

 \boxtimes

☐ AT-RISK

 \Box

An appropriate emergency service is called immediately upon a

■ DEFICIENT

determination that a medical emergency may exist.

ACCEPTABLE

REPEAT FINDING

The hold rooms are used for the temporary detention of detainees awaiting removal, transfer, or other processing into/out of the facility and comply with the NDS.

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

(b)(6), (b)(7)(c) / 6-10-2010 AUDITOR'S SIGNATURE / DATE

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

KEYS AND LUCKS.			***	W NEW YORK
COMPONENTS	YES	No	NA	REMARKS "
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	\boxtimes			The security officer has attended the ASSA Lock Company training program.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			
The security officer, or equivalent in IGSAs, provides training to employees in key control.				Key control training is provided during pre-service and inservice training.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	\boxtimes			
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				The security officer conducts preventive maintenance every 30 days and documentation is maintained in the Jail Management Computer System.
Facility policies and procedures address the issue of compromised keys and locks.				
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.				The facility policy does not address safe combination integrity.
Only dead bolt or dead lock functions are used in detainee accessible areas.				
Inly authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	\boxtimes			The facility has an electronic locking system in the housing units and throughout the facility.
Grand master keying systems are prohibited.	\boxtimes	П		
All worn or discarded keys and locks are cut up and properly disposed of.				
Padlocks and/or chains are prohibited from use on cell doors.				On-site observation of detainee housing units revealed no evidence that padlocks and/or chains were being used on cell doors at the time of the inspection.
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101.				
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	\boxtimes			The facility has limited keys. (b)(7)e system is used to issue and accommodate all facility keys.
Procedures are in place to ensure that key rings are: • Identifiable; • The numbers of keys are cited; and • Keys cannot be removed.	\boxtimes			
Emergency keys are available for all areas of the facility.	\boxtimes			
The facilities use a key accountability system.	\boxtimes			
Authorization is necessary to issue any restricted key.	\boxtimes			

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

EYS AND LOCKS. COMPONENTS	YES	No	NA	REMARKS
 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.				IGSAs are not required to physically count keys daily. The facility utilizes the (b)(7)e System which requires staff to enter a code to access their assigned keys. Staff physically counts all keys once a shift.
 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. 				Although not required at an IGSA facility, staff receives training during pre-service and in-service regarding key rings that have inadvertently been carried home and lost or unaccounted for key rings. Training is also provided that emphasizes detainees are not permitted to handle staff keys. The facility policy addresses items listed in this component.
✓ ACCEPTABLE ☐ DEFICIENT ☐] AT-RISE	ζ.		REPEAT FINDING

REMARKS:

The facility has a well-established key control process.

Keys are limited to essential staff. At the time of the inspection, records were accurate and current and accountability appears to be continuous. Staff appeared to be familiar with key control procedures.

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

POPULATION COUNTS

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

COMPONENTS	YES	No	NA	REMARKS
Staff conduct a formal count at least once each shift.	\boxtimes			The facility conducts six formal counts within a 24 hour period.
Activities cease or are strictly controlled while a formal count is being conducted.			\boxtimes	Although not required at an IGSA facility, all detainee activities cease during a formal count at this facility.
Certain operations cease during formal counts.				Even though IGSAs are not required to comply with this component, movement from the housing units ceases during formal count at this facility.
All movement ceases for the duration of a formal count.				This component is only required for SPCs/CDFs. At this facility, movement during count from the intake area is allowed.
Formal counts in all units take place simultaneously.			\boxtimes	IGSAs are not required to count simultaneously. At this facility, all housing units' counts are conducted simultaneously.
Detainee participation in counts is prohibited.			\boxtimes	Although not required at an IGSA, detainees at this facility are prohibited from participating in counts.
face-to-photo count follows each unsuccessful recount.			×	Even though IGSAs are not required to comply with this component, staff conducts a face-to-photo count utilizing the detainee wrist band for photo identification.
Officers positively identify each detainee before counting him/her as present.			×	This component is only required for SPCs/CDFs. However, the facility policy requires staff to ensure that they positively identify detainees when counting.
 Written procedures cover informal and emergency counts. They are followed during informal counts and emergencies. 	\boxtimes			
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.	⊠			Central Control maintains a computerized log of all detainees entering and leaving the facility.
This training is documented in each officer's training folder.				
ACCEPTABLE DEFICIENT	AT-RIS	SK		REPEAT FINDING

REMARKS:

The facility	12:00 pn	n formal cou	ınt was observed	. and there	were no	concerns i	dentified.
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(b)(6), (b)(7)(c) / 6-10-2010 AUDITOR'S SIGNATURE / DATE

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

POST ORDERS

POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS STABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST. NA REMARKS YES No COMPONENTS Every fixed post has a set of post orders. Although not required at an Each set contains the latest inserts (emergency memoranda, etc.) and IGSA facility, this facility's post revisions. \boxtimes orders contain the latest П memoranda from management One individual or department is responsible for keeping all post-orders \Box \boxtimes current with revisions that take place between reviews. The IGSA maintains a complete set (central file) of post orders. A complete set of post orders is \boxtimes П maintained in the shift supervisor's office. Even though IGSAs are not The central file is accessible to all staff. required to comply with this П \boxtimes component, staff has access to П central files on the Jail Management System. Although not required at an The OIC or Contract / IGSA equivalent initiates/authorizes all post-order IGSA facility, the Jail changes. П X П Administrator authorizes all post orders changes. IGSAs are not required to The OIC or Contract / IGSA equivalent has signed and dated the last page comply with this component. of every section. However, a review of post П П \boxtimes orders revealed that the Jail Administrator has signed the last page of the post orders. A review/updating/reissuing of post orders occurs regularly and at a \boxtimes minimum, annually. Although not required at an Procedures keep post orders and logbooks secure from detainees at all IGSA facility, post orders are times. \boxtimes secured in a locked cabinet or desk drawer. Even though IGSAs are not Every armed-post officer qualifies with the post weapon(s) before required to comply with this assuming post duty. component, weapons \boxtimes \Box qualification is conducted every two years at this facility. 冈 Armed-post post orders provide instructions for escape attempts. Although IGSAs are not The post orders for housing units track the event schedule. required to comply with this component, the facility post \boxtimes П orders provide guidelines to track housing unit activities. This component is only required Housing-unit post officers record all detainee activity in a log. The post for SPCs/CDFs. At this facility, order includes instructions on maintaining the logbook. \boxtimes staff document detainee П П activities in the Jail Management Computer System. ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK REPEAT FINDING

REMARKS:

The facility post orders system provides staff necessary guidance for carrying out their duties.

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

SECURITY INSPECTIONS

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy specifies:		-		Facility policy for IGSAs is not required to specify the posts to
Posts to be inspected;				be inspected or required to have
 Required inspection forms; 	\boxtimes			inspection forms. At this
 Frequency of inspections; 				facility, policy and post orders
Guidelines for checking security features; and				establish a systematic physical inspection of all areas of the
 Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 				facility.
Every officer is required to conduct a security check of his/her assigned				Although not required at an
area. The results are documented.	П		\boxtimes	IGSA facility, staff documents
				security checks of their assigned
				areas.
Documentation of security inspections is kept on file.			\boxtimes	IGSAs are not required to maintain documentation of
				security inspections.
Procedures ensure that recurring problems and a failure to take corrective				Even though IGSAs are not
action are reported to the appropriate manager.				required to comply with this
	_		∇	component, shift supervisors
			\boxtimes	conduct follow-ups with maintenance staff to ensure
				work orders submitted are
				completed in a timely manner.
The front-entrance officer checks the ID of everyone entering or exiting	\boxtimes			
he facility.		Ш	. <u>U</u>	
All visits are officially recorded in a visitor logbook or electronically	\boxtimes			All visitors are required to sign a bound ledger log after being
recorded.			Ш	screened at the front entrance.
The facility has a secure visitor pass system.	\boxtimes			
Every Control Center officer receives specialized training.	\boxtimes			
The Control Center is staffed around the clock.				Central Control is staffed with
Policy restricts staff access to the Control Center.	\square			(b)(7)(e)fficers each shift.
Detainees are restricted from access to the Control Center.				The physical design and location
	\boxtimes			of Central Control restricts
	K-71			detainee access.
Communications are centralized in the Control Center.				
Officers monitor all vehicular traffic entering and leaving the facility.				
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:				
• The driver's name;				This component is only required
Company represented;				for SPCs/CDFs. At this facility,
Vehicle contents;			\boxtimes	staff maintains a log of all
 Delivery date and time; 				incoming and departing
• Date and time out;				vehicles.
• Vehicle license number; and				
• Name of employee responsible for the vehicle during the visit Officers thoroughly search each vehicle entering and leaving the facility.	-			IGSA facilities are not required
ometic more again, contain care and and real ring the monthly.				to comply with this component.
				At this facility, vehicles entering
				and leaving the facility are not searched.
	l	L	l	scarciicu.

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Page 64 of 81

SECURITY INSPECTIONS POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS. REMARKS COMPONENTS YES No The facility has a written policy and procedures to prevent the П X П introduction of contraband into the facility or any of its components. Tools being taken into the secure area of the facility are inventoried Although not required at an IGSA facility, a review of tool before entering and prior to departure. 冈 inventory forms revealed that staff inventories all tools entering and leaving this facility. X The SMU entrance has a sally port. Written procedures govern searches of detainee housing units and 冈 personal areas. Even though IGSAs are not Housing area searches occur at irregular times. required to comply with this component, staff conducts X П П searches of housing units, and documents the results in the Jail Management Computer System. Ø Every search of the SMU and other housing units is documented. Storage and supply rooms, walls, light and plumbing fixtures, accesses, The facility Special Operations and drains, etc., undergo frequent, irregular searches. These searches are Group (SOG) conducts searches of areas listed in this documented. П Ø П component, and documents the results in the Jail Management Computer System. Walls, fences, and exits, including exterior windows, are inspected for \boxtimes П efects once each shift. aily procedures include:

REMARKS:

The facility has a comprehensive security inspection policy that directs frequent and irregular searches of storage/supply room, walls, lights and plumbing fixture, accesses, or drains.

☐ DEFICIENT

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X

AT-RISK

There are (7) (video surveillance cameras on the outside of the facility.

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

Perimeter alarm system tests;

Documenting the results.

Physical checks of the perimeter fence; and

Visitation areas receive frequent, irregular inspections. **ACCEPTABLE**

(b)(6), (b)(7)(c) / 6-10-2010

AUDITOR'S SIGNATURE / DATE

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REPEAT FINDING

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SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.				The facility policy provides written criteria for the operation of the Administrative Segregation Unit.
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved. • A copy of the order given to the detainee within 24 hours.	\boxtimes			
 The OIC (or equivalent) regularly reviews the status of detainees in administrative detention. A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative). 			\boxtimes	IGSAs are not required to comply with this component. At this facility, classification staff reviews the detainee's status within 72 hours of placement in SMU.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and: • Every week thereafter for the first month; and • Every 30 days after the first month. • Does each review include an interview with the detainee? • Is a written record made of the decision and the justification?			\boxtimes	Although not required at an IGSA facility, classification staff conducts weekly reviews of all detainees in administrative segregation.
 The detainee is given a copy of the decision and justification for each review. The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility. 				Even though IGSAs are not required to comply with this component, all detainees are afforded an opportunity to appeal the reviewer's decision to the Operations Captain.
 The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO. 				This component is only required for SPCs/CDFs. At this facility, staff notifies the ICE agent by telephone or e-mail any time a detainee's stay in administrative segregation exceeds 30 days. Within the past twelve months, no detainee's stay in administrative segregation has exceeded 30 days.
 The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. A written record is made of the decision and the justification. The detainee receives a copy of this record. 				IGSA facilities are not required to comply with this component. Classification staff document their decisions and justification and provide the detainee with a copy.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.				Though it is not required at an IGSA facility, detainees may appeal decisions of classification staff to remain in administrative segregation after seven consecutive days.

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

[DISCIPLINARY SEGREGATION]" STANDARD).	¥7ea	Nο	NIA	Primarica
COMPONENTS	YES	No	NA	REMARKS Television is not offered in
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.				Administrative Segregation Unit.
The SMU is:				
 Well ventilated; 				
Adequately lighted;	\square			
 Appropriately heated; and 				
Maintained in a sanitary condition.				
All cells are equipped with beds.	\boxtimes			
Every bed is securely fastened to the floor or wall.		<u> </u>		
The number of detainees in any cell does not exceed the occupancy	!			
limit.				All cells are single bunked and
When occupancy exceeds recommended capacity, do basic	\boxtimes			do not exceed the occupancy
living standards decline?				limit.
Do criteria for objectively assessing living standards exist? If was are the criteria included in the written procedures?				
• If yes, are the criteria included in the written procedures? The segregated detainees have the same opportunities to				Detainees are offered an
exchange/launder clothing, bedding, and linen as detainees in the	K3		1 _	opportunity to exchange
general population.			⊔	bedding and clothing twice a
Sentral behavior				week.
Detainees receive three nutritious meals per day, from the general				
opulation's menu of the day.				
 Do detainees eat only with disposable utensils? 			凵	
Is food ever used as punishment?				
Each detainee maintains a normal level of personal hygiene in the SMU.				Detainees are offered a shower
The detainees have the opportunity to shower and shave at				daily and must request a razor to
least three times a week.				shave. The detainee must return the razor, and staff ensures the
• If not, explain.				razor is intact upon return.
The detainees are provided:				razor is intact apon retarm
Barbering services;				
Recreation privileges in accordance with the "Detainee"				
Recreation" standard;				
Non-legal reading material;			l 👝	
Religious material;				
The same correspondence privileges as detainees in the general				
population;				
Telephone access similar to that of the general population; and				
Personal legal material.				
A health care professional visits every detainee at least three times a				TT-14h
week.				Health care visits are conducted daily.
The shift supervisor visits each detainee daily. Westwards and helidays.				dany.
Weekends and holidays. Procedures comply with the "Visitation" standard.				
The detainee retains visiting privileges; and			Ιп	The facility utilizes video
The detained retains visiting privileges, and The visiting room is available during normal visiting hours.			"	visitation on the unit.
Visits from clerov are allowed				

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation)

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

[DISCIPLINARY SEGREGATION]" STANDARD).				011 (San 1997)
COMPONENTS	YES	No	NA	REMARKS
 Detainees have the same law-library access as the general population. Are they required to use the law library Separately, or As a group? Are legal materials brought to them? 				Detainees are required to submit a request to the facility paralegal for legal material and the material is brought to them.
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	\boxtimes			
 SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU. Staff completes the form at the end of each shift. CDFs and IGSA facilities use Form I-888 (or local equivalent). 	×			This component is only required for SPCs/CDFs. The facility completes form I-888, Special Management Housing Unit Record, when detainees are place in administrative segregation.
 Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift. Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc; The medical officer/health care professional signs each individual's record during each visit; and The housing officer initials the record when all detainee services are completed or at the end of the shift. 				Even though IGSAs are not required to comply with this component, the facility records all items listed in this component on the form I-888, Special Management Housing Unit Record.
 new record is created for each week the detainee is in Administrative legregation. The weekly records are retained in the SMU until the detainee's return to the general population. 				Although not required at an IGSA facility, the facility creates a new form I-888 each week the detainee remains in administrative segregation. The form is retained in administrative segregation until the detainee is released.
ACCEPTABLE □ DEFICIENT [AT-RI	SK		REPEAT FINDING

REMARKS:

Overall, the facility complies with the NDS regarding Administrative Segregation with one exception. Television is not offered to detainees in the Administrative Segregation Unit.

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

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.				
The sanctions for violations committed during one incident are limited to 60 days.	×			The sanction for one incident is 30 days.
A completed Disciplinary Segregation Order accompanies the detainee into the SMU. • The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.	×			The detainee receives a copy of Notice of Disciplinary Violations form.
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. • After each formal review, the detainee receives a written copy of the decision and supporting reasons.	×			Though it is not required at an IGSA facility, classification staff at this facility provide the detainee with a copy of the decision.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	\boxtimes			
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	\boxtimes			
Living conditions in disciplinary SMUs remain the same regardless of behavior. • If no, does staff prepare written documentation for this action? • Does the OIC sign to indicate approval.				Detainees were sleeping on the floor with a mattress and there was no signed documentation by the management staff that indicated approval. The facility management was made aware of the living condition and moved the detainees to other cells.
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	\boxtimes			
The quarters used for segregation are:				
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	\boxtimes			
The number of detainees confined to each cell or room is limited to the number for which the space was designate. • Does the OIC approve excess occupancy on a temporary basis?				The number of detainees confined to a cell exceeds the occupancy limit for which the space was designated. There was no documentation that management staff approved the excess occupancy on a temporary basis. Once advised, the detainees were placed in other cells.
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	\boxtimes			

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINES FROM THE GENERAL OPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINING SECREGATION OF DESCRIPTION OF DETAINING SECREGATION OF THE OTHER FOR DETAINING SECREGATION OF THE OTHER SECREGATI

- THE TOTAL DESIGNATION OF THE PROPERTY OF THE	T ==			_
COMPONENTS	YES	No	NA	REMARKS
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	\boxtimes			Detainees are offered an opportunity to exchange clothing and bedding twice a
Date of CMI to the state of the				week.
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. • Food is not used as punishment.	\boxtimes			
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	\boxtimes			Detainees are offered a shower three days a week. Detainees must return a razor which staff dispenses and ensures the razor is intact upon return.
Detainees receive, unless documented as a threat to security:	×			
 When phone access is limited by number or type of calls, the following areas are exempt: Calls about the detainee's immigration case or other legal matters; Calls to consular/embassy officials; and Calls during family emergencies (as determined by the OIC/Warden). 	\boxtimes			
A health care professional visits every detainee in disciplinary segregation every week day. • The shift supervisor visits each segregated detainee daily • Weekends and holidays.	\boxtimes			Health care visits are conducted daily.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	\boxtimes			The facility utilizes video visitation on the unit.
 SMU detainees receive legal visits, as provided in the "Visitation" standard. Legal service providers are notified of security concerns arising before a visit. 				
 Visits from clergy are allowed. The clergy member is given the option of visiting/not visiting the segregated detainee. Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected. 				
 SMU detainees have law library access. Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. Legal material brought to individuals in the SMU on a case-by-case basis. Staff documents every incident of denied access to the law library. 				Detainees are required to submit a request to the facility paralegal for any legal material, and the material is brought to them.
All detainee-related activities are documented, e.g. meals served,				

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
The SPC's, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU. • All I-888s are filled out by the end of each shift. • The CDF/IGSA facility use Form. • I-888 (or equivalent local form).				This component is only required for SPCs/CDFs. The facility completes form I-888, Special Management Housing Unit Record, when detainees are placed in disciplinary segregation.
 SMU staff record whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU. 				Even though IGSAs are not required to comply with this component, the facility records all items listed in this component on form I-888, Special Management Housing Unit Record.
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

REMARKS:

A review of a detainees' status in disciplinary segregation on June 9, 2010, revealed that a non-ICE detainee's disciplinary release date was June 8, 2010. However, the detainee was still in disciplinary segregation. Management staff was notified, and the detainee was released back to general population.

Detainees were observed sleeping on mattresses on the floor in the Disciplinary Segregation Unit. It is recommended that the facility limit the number of detainees confined to a cell to the occupancy for which the space was designed. If the temporary excess occupancy is needed, it is recommended that management staff approve to enable compliance with the NDS.

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

TOOLCONTROL

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

TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.				
COMPONENTS	YES	No	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				
Department heads are responsible for implementing this standard in their departments.			⊠	Although not required at an IGSA facility, supervisors at this facility are responsible for implementing tool control procedures in their area of responsibility.
Tool inventories are required for the: • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory.				The maintenance department is located outside of the secure perimeter. There are no tools inside the facility. Medical instruments and food service culinary equipment are recorded on inventories.
 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 				
The facility has a tool classification system. Tools are classified according to: • Restricted (dangerous/hazardous); and • Non-Restricted (non-hazardous).				IGSAs are not required to classify tools as restricted and non-restricted. The facility does not have any tools located inside the secure perimeter.
Department heads are responsible for implementing tool-control procedures.			\boxtimes	Even though IGSAs are not required to comply with this component, supervisors are responsible for implementing tool control procedures in their area of responsibility.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	\boxtimes			
 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice. 				
Each facility has procedures for the issuance of tools to staff and detainees.				Food service staff documents the issuance of culinary equipment using a bound ledger. Tools are not issued to detainees.
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include: • Verbal and written notification; • Procedures for detainee access; and • Necessary documentation/review for all incidents of lost tools.				
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				

TOOL CONTROL								
POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND OUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR YOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.								
COMPONENTS YES NO NA REMARKS								
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.				Upon entry into the facility, all tools brought in by maintenance staff or private contractor are inventoried by the lobby officer as well as when the tools are removed.				
ACCEPTABLE DEFICIENT	AT-RISE	ζ		REPEAT FINDING				
REMARKS:	· ·							

The facility has adequate tool control policy that complies with the NDS regarding Tool Control. Tools are not retained in the facility.

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

TRANSPORTATION (Land Transportation)

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

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS E CONTROL OF THE DETAINEE CASE.	IANDLED (ONLY BY	THE ICE	FIELD OFFICE OR SUB-OFFICE IN
COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal	I RAJ	140	1474	REMINIO
motor vehicle laws and regulations. Records support this finding of	П			
compliance.		"		
Every transporting officer required to drive a commercial size bus has a				
valid Commercial Driver's License (CDL) issued by the state of				
employment.			_	
Supervisors maintain records for each vehicle operator.				
Officers use a checklist during every vehicle inspection.				
Officers report deficiencies affecting operability; and	 1			
Deficiencies are corrected before the vehicle goes back into	Ш	╽┕	Ш	
service.				
Transporting officers:				
• Limit driving time to 10 hours in any 15 hour period;				
Drive only after eight consecutive off-duty hours;				
• Do not receive transportation assignments after having been on				
duty, in any capacity, for 15 hours;		l		
• Drive a 50-hour maximum in a given work week; a 70-hour	Ш			
maximum during eight consecutive days;				
During emergency conditions (including bad weather), officers				
may drive as long as necessary and safe to reach a safe				
area—exceeding the 10-hour limit.				
(b)(7)(e)fficers with valid CDLs required in any bus transporting detainees.				
• When buses travel in tandem with detainees, there areb)(7)(e				
qualified officers per vehicle.	Ш			
• (b)(7)(e) driver may transport an empty vehicle.				
Before the start of each detail, the vehicle is thoroughly searched.				
Positive identification of all detainees being transported is confirmed.				
All detainees are searched immediately prior to boarding the vehicle by				'
staff controlling the bus or vehicle.				
The facility ensures that the number of detainees transported does not				
exceed the vehicles manufacturer's occupancy level.				
(b)(7)(e) are provided to all transporting officers.		<u> </u>	<u> </u>	
The vehicle crew conducts a visual count once all passengers are on				
board and seated.				
Additional visual counts are made whenever the vehicle makes a	*******			
scheduled or unscheduled stop.				
Policies and procedures are in place addressing the use of restraining				
equipment on transportation vehicles. Officers ensure that no one contacts the detainees.				
			_	
• (b)(7)(e) fficer remains in the vehicle at all times when detainees are present.		'		
Meals are provided during long distance transfers.				
The meals meet the minimum dietary standards, as identified by		<u> </u>		
dieticians utilized by ICE.				

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TRANSPORTATION (LAND TRANSPORTATION)

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

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

COMPONENTS	YES	No	NA	REMARKS
 The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. 				
Vehicles have: • • • (b)(7)(e)				
The vehicles are clean and sanitary at all times.				
Personal property of a detainee transferring to another facility is: Inventoried; Inspected; and Accompanies the detainee. 				
The following contingencies are included in the written procedures for ehicle crews: • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list includes women or minors				
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING

REMARKS:

Transportation of ICE detainees is handled by a private transportation company contracted by ICE.

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

USE OF FORCE

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

COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.				Facility policy authorizes staff to respond in an immediate use of force situation without a supervisor's presence or direction.
When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, officers must try to resolve the situation without resorting to force.				
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.				
The facility subscribes to the prescribed Confrontation Avoidance Procedures. • Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			·
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. • Under staff supervision.	\boxtimes			
Staff members are trained in the performance of the Use-of-Force Team Technique.				
Il use-of-force incidents are documented and reviewed.	×			A review of five use-of-force incidents involving non-ICE detainees revealed that incidents are documented and reviewed by management staff.
 Staff: Do not use force as punishment; Attempt to gain the detainee's voluntary cooperation before resorting to force; Use only as much force as necessary to control the detainee; and Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 				Facility policy prohibits the use of force as punishment, and subscribes to gaining the detainee's voluntary cooperation before employing force.
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.				
Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			Facility policy requires staff to wear protective gear during use-of-force incidents.

USE OF FORCE

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

COMPONENTS	YES	No	NA	REMARKS
Standard procedures associated with using four-point restra	ints			
 Soft restraints (e.g., vinyl); Dressing the detainee appropriately for temperature; A bed, mattress, and blanket/sheet; Checking the detainee at least every 15 minute. Logging each check; Turning the bed-restrained detainee often enoug prevent soreness or stiffness; Medical evaluation of the restrained detainee two per eight hour shift; and When qualified medical staff is not immediate available, staff position the detainee "face-up". 	s; h to vice tely			The facility utilizes (b)(7)e Staff is required to log 15-minute checks and medical evaluations for the duration of a detainee's placement (b)(7)e
The shift supervisor monitors the detainee's position/condit	ion			
every two hours.		[
He/she allows the detainee to use the rest room these times under referenced.	n at		L.J	
these times under safeguards. All detainee checks are logged.		 	<u> </u>	
In immediate-use-of-force situations, staff contacts medical st	to CC	<u> </u>	<u> </u>	
once the detainee is under control.				
When the OIC authorizes use of non-lethal weapons:		1		
 Medical staff is consulted before staff use pept spray/non-lethal weapons. Medical staff reviews the detainee's medical the before use of a non-lethal weapon is authorized. 	file			If time permits, the facility policy requires consultation with medical staff before pepper spray/non-lethal weapons are employed.
Special precautions are taken when restraining pregnant detaine • Medical personnel are consulted				
Protective gear is worn when restraining detainees with open c or wounds.				
Staff documents every use of force and/or non-routine application	ion			
of restraints.	I	↓ □		
It is standard practice to review any use of force and the no routine application of restraints.				The facility management staff reviews all use of force, non-routine restraints and use of restraint chair incidents.
All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees • Specialized training is given and Officers a certified in all devices they use.	s. are			Staff receives training in self-defense during pre-service and in-service training. (b)(7)e
<u>In SPCs</u> , is the Use of Force form is used? In other faciliti (IGSAs / CDFs) is this form or its equivalent used?	es 🖂			Although IGSAs are not required to use the Use of Force form, the facility policy requires staff to submit a Use of Force Report and a detailed incident report.
				

REMARKS:

The facility has a (b)(7)e

There are b)(7)(e) to address incidents such as cell extractions or disturbances.

(b)(7)e

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

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

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

AUDITOR'S SIGNATURE / DATE

STAFF DETAINEE COMMUNICATIONS

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

FRAME.						
COMPONENTS	YES	No	NA	REMARKS		
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.				The standard does not specify the frequency of announced and unannounced visits that are required by ICE at an IGSA facility. ICE staff advised that the facility is usually visited on Wednesday or Thursday each week, but they do not announce when they are coming.		
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	\boxtimes					
Scheduled visits are posted in ICE detainee areas.				A notice of scheduled visits was not posted in the ICE housing unit. However, interviews with ICE detainees confirmed their awareness that ICE staff usually visit the facility on Wednesday.		
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	\boxtimes					
ICE information request Forms are available at the IGSA for use by ICE detainees.		×		The facility request form is used to handle ICE requests.		
The IGSA treats detainee correspondence to ICE staff as Special orrespondence.	\boxtimes					
E staff responds to a detainee request from an IGSA within 72 hours.	\boxtimes					
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	\boxtimes					
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

REMARKS:

70 (1176 - 1565) (1176) 14 (1176) (1176)

ICE detainees are usually held at this facility for no more than five days. A review of ICE billing records for three months found that 21 days was the longest length of stay during that period

ICE staff was observed in the male ICE detainee housing unit interviewing detainees and answering questions.

Facility request forms are used instead of ICE request forms.

Notification of scheduled ICE visits are not posted in the ICE housing unit, but ICE detainees expressed knowledge of when these visits usually occur.

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

DETAINEE TRANSFER STANDARD

 The notification is recorded in the detainee's file; and When the A File is not available, notification is noted within DACS 			G-28 is on file.
Notification includes the reason for the transfer and the location of the new facility.	\boxtimes		
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes		
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes		
 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer; The detainee is not notified of the transfer until immediately prior to departing the facility; and The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 			Policy does not state that times and transfer plans are not to be discussed with detainees.
The detainee is provided with a completed Detainee Transfer Notification orm.			
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes		
For medical transfers: • The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; • Medical transfers are coordinated through the local ICE office; and • A medical transfer summary is completed and accompanies the detainee.			
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.		×	This is an IGSA facility, and ICE staff is not assigned to the facility.
For medical transfers, transporting officers receive instructions regarding medical issues.			
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	\boxtimes		
Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes		
Meals are provided when transfers occur during normally schedule meal times.			
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	\boxtimes		
Files are forwarded to the receiving office via overnight mail no later than he business day following the transfer.			

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34 (1) 27 (2) 27 (2)		DETAINEETR	ANSFER STANDARD					
POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED A JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER ANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COUNTY OF CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINT OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDING TAKING PLACE. COMPONENTS YES NO NA REMARKS								
	⊠ Acceptable	☐ DEFICIENT	☐ AT-RISK	☐ К ЕРЕАТ	FINDING			
REMARKS:								
(b)(6), (b)(6), (b)(7)	(b)(7)(c) (c) / 6-10-2010 SIGNATURE / DATE	ity by telephone and by fa	ıx.					