Office of Enforcement and Removal Operations

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



## U.S. Immigration and Customs Enforcement

FEB - 2 10

### MEMORANDUM FOR:

Thomas Decker Field Office Director Philadelphia Field Office

FROM:

Tae D. Johnson Assistant Director for Detention Management

SUBJECT:

Clinton County Correctional Facility Annual Review

The annual review of the Clinton County Correctional Facility conducted on November 2-4, 2010, in McElhattan, Pennsylvania has been received. A final rating of <u>Acceptable</u> has been assigned.

The G-324A worksheets provided by the Lead Compliance Inspector (LCI) indicated the facility was deficient with the Detainee Classification standard (Repeat Deficiency), and the line item deficiencies identified in the Recreation standard.

The Clinton County Correctional Facility Plan of Action dated December 22, 2010, which corrected the deficiencies has been received. The Review Authority concurs with the Plan of Action and this review is closed. The Field Office must now initiate the following actions in accordance with the Detention Management Control Program (DMCP):

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include a copy of this memorandum.
- 2) The Field Office Director shall ensure that the facility complies with its proposed Plan of Action and that a Field Office follow-up review of the deficiencies identified in the G324A, Detention Facility Review Form and the Lead Compliance Inspector (LCI) Summary Memorandum is conducted within 90 days.
- 3) The next annual review will be scheduled on or before November 4, 2011.

Should you or your staff have any questions regarding this matter, please contact (b)(6), (b)(7)(c) Detention and Deportation Officer at (202) 732(6), (b)(7)(c)

Clinton County Correctional Facility Annual Review Page 2 of 2

:HQERO:	(b)(6), (b)(7)c	 9/2011 (b)(7)(e)		(PHI)
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ICE 2012FOIA03030.025430





601 13<sup>th</sup> Street, NW Suite 650 North Washington, DC 20005

Contract # HSCECR-09-C-00004

# **ICE National Detention Standards**

# **Compliance Review**

Facility: Inspection Date:

**Clinton County Correctional Facility** November 2-4, 2010

Report Date: November 4, 2010

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OF AMERICA, 1	N C .	601 13 <sup>th</sup> St. NW, Suite 650N Washington, DC 20005 202/ 824-0725 (T) 202/ 824-0728 (F) www.MGTofAmerica.com
November 4, 2010		
MEMORANDUM FOR:	James Chaparro Director Office of Enforcement and Removal C	Operations
FROM:	(b)(6), (b)(7)(c) Lead Compliance Inspector	(b)(6), (b)(7)(c)
SUBJECT:	Clinton County Correctional Facility 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 Clinton County Correctional Facility located in McElhattan, Pennsylvania, during the period of November 2-4, 2010. This facility is an Intergovernmental Service Agreement (IGSA).

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

Subject Matter Field		Теат	Memb	er	i i i Statigi
Security					
Medical Care	Π		<i></i>		
Food Service	Π	(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 November 2009 inspection.

#### <u>Review Summary</u>

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

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### Standards Compliance

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

2009 Inspectio	n i i i i i i i i i i i i i i i i i i i
Compliant	33
Deficient	2
At-Risk	0
Repeat Deficiency	1
Not Applicable	2

2010 Inspection	
Compliant	34
Deficient	0
At-Risk	0
Repeat Deficiency	1
Not Applicable	3

### LCI Issues and Concerns

### **Detainee Classification System: Repeat Deficiency**

<u>Policy</u>: The classification system will ensure that each detainee is placed in the appropriate category and physically separated from detainees in other categories.

- Although the majority of ICE detainees have been classified by ICE staff prior to their arrival, local facility policy requires that all new admissions (both non-ICE and ICE) are placed in a 16-bed open-bay Classification Unit awaiting classification.
- ICE detainees of all security levels are housed in the Classification Unit for three to four days with county, state and federal detainees that have not been classified by the facility.
- For those ICE detainees that have not been classified by ICE staff prior to admission, the facility does not have an objective classification system to enable them to classify an ICE detainee.

#### **Recommendation**

It is recommended written procedures be developed to ensure that ICE detainees that have been classified by ICE staff prior to arrival are placed in housing units based on their classification level and not placed in the Classification Unit with unclassified county, state and federal detainees. Written classification procedures also need to be developed that require the use of objective criteria to classify those ICE detainees which are unclassified by ICE staff prior to admission. ICE detainees should not be housed with unclassified county, state and federal detainees.

#### **Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the Clinton County Correctional Facility receive a rating of "Acceptable". With three standards identified as non-applicable; the facility currently complies with 34 of 38 of the ICE NDS.



### LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely recorded on the G-324A Worksheet and are supported by documentation in the inspection file. An out brief was conducted at the facility. In addition to the entire inspection team, the following were present: (b)(6), (b)(7)(c) Warden; (b)(6), (b)(7)(c) Deputy Warden for Security; (b)(6), (b)(7)(c) Deputy Warden for Treatment and (b)(6), (b)(7)(c) ICE Supervisory Detention Deportation Officer (SDDO).

(b)(6), (b)(7)(c) <u>LCI, MGT</u> Printed Name/Title November 4, 2010 Date

Signature: \_\_\_\_\_

. Type of Facility Reviewed	Estimated Man-day	s Per Year:		······
ICE Service Processing Center	60,000			
ICE Contract Detention Facility				
ICE Intergovernmental Service Agreement	G. Accreditation			
	List all State or Nat	tional Accre	editation[s] receiv	ved:
Current Inspection			Prove E.	
be of Inspection	Check box if fa	icility has n	o accreditation[s]	
Field Office HQ Inspection	II Duchlome / Cor	mulainta (	Conice must be	attached)
vember 2-4, 2010	H. Problems / Col The Facility is under			
Svember 2-4, 2010	Court Order		Class Action Ord	
Previous/Most Recent Facility Review	The Facility has Sig			
e[s] of Last Facility Review	Major Litigation		Life/Safety Issue	6
ovember 17-19, 2009	Check if None.		LITE/Safety ISSUE	5
vious Rating	Check if None.			
Superior 🗍 Good 🖾 Acceptable 🗌 Deficient 🛄 At-Risk	I Fasility Histor	r*1,		
	I. Facility Histor Date Built	. y		
Name and Location of Facility	1991			
ame	Date Last Remodel	ad or Unor	ndad	
linton County Correctional Facility	2003	ieu or Opgri	aucu	
Idress (Street and Name)	Date New Construct	tion / Dad	annoo Addad	
O. Box 419, 58 Pine Mountain Road			space Auteu	
ty, State and Zip Code	2003 Bed space ad Future Construction			
cElhatten, PA 17748				
inty -	Yes No Da		Ded ang (# M	Dada1- \
inton	Current Bed space		Bed space (# Ne	
e and Title of Chief Executive Officer (Warden/OIC/Supt.)	338	INUMBE	er: N/A Date: N/	A
(b)(6), (b)(7)(c) Warden	а пр. с в та чис	<b>D</b>	_	
elephone # (Include Area Code)	J. Total Facility			
<b>70) 769(6)</b> , (b)(7)(c)	Total Facility Intak	e for previo	ous 12 months	
eld Office / Sub-Office (List Office with oversight responsibilities)	2,103	. C D	- 10	
llenwood, Pennsylvania	Total ICE Man-day	s for Previo	ous 12 months	
stance from Field Office	55,845			
5 Miles	17 CU 141 41			F- () I- )
ICE Information	K. Classification			
ICE Information		L-]		L-3
ame of LCI (Last Name, Title and Duty Station)	Adult Male	N/A		<u>N/A</u>
), (b)(7)(d)CI / MGT	Adult Female	N/A	A N/A	<u>N/A</u>
ame of Team Member / Title / Duty Location				
, (b)(7)(§I-Medical Care / MGT				
ame of Team Member / Title / Duty Location	L. Facility Capaci			
), (b)(7)(cCI-Security / MGT		Rated	Operational	Emergency
ame of Team Member / Title / Duty Location	Adult Male	319	319	399
), (b)(7/(\$)I-Food Service / MGT	Adult Female	19	19	29
lame of Team Member / Title / Duty Location	Facility holds Ju	veniles Offe	enders 16 and olde	er as Adults
), (b)(7/(@I-Environmental Health and Safety / MGT				
	M. Average Daily			
. CDF/IGSA Information Only		ICI	E USMS	Other

Date of Contract or IGSA

May 13, 2008

Contract Number

Basic Rates per Man-Day

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

67-92-0067

\$67.00

A

#### n USMS Other ICE Adult Male 145 28 8 Adult Female 4 2 8

#### N. Facility Staffing Level

Security:	Support:
(b)(7)(e)	(þ)(7)( <u>e)</u>

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

#### Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders <sup>1</sup>	With Weapon	1	0	0	0
	Without Weapon	4	6	9	1
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	1	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		2	1	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		3	0	0	0
Number of Times Special Reaction Team ployed/Used		3	1	2	1
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	3/V	1/V	2/V	1/V
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	С	С	С	С
Offender / Detainee Mcdical Referrals as a result of injurics sustained.		1	0	1	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	20	14	15	3
	# Resolved in favor of Offender/Detainee	3	1	1	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	A	A
	Number	0	0	1	1
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	3	2	5	1
	# Psychiatric Cases referred for Outside Care	1	0	1	0

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

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

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

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

	/ICE Detention Standards Review Summary Report	
	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	
	th Services	
18.	Hunger Strikes	
9.	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 mpliance.

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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.

LEAD COMPLIANCE	INSF	TECTOR	h dinimiran din kanalah di Kanalah dinimiran
Lead Compliance Inspector: (Print Name)	Signat		
(b)(6), (b)(7)(c) Title & Duty Location	Date	(b)(6), (b)(7)(c)	
LCI, MGT of America	Nov	ember 4, 20 ru/	

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

**Recommended Rating:** 

	Superior
	Good
$\boxtimes$	Acceptable
	Deficient
	At-Risk

#### Comments:

The facility maintains		(b)(7)(e)
prohibiting the use of	(b)(7)(e)	on ICE detainees.

The warden has issued a memorandum

The two suicide attempts reported for the past twelve months did not involve ICE detainees. One was an attempted hanging that required emergency treatment at a local hospital and the other involved cuts to the arm, requiring no treatment outside of the facility. A review of the medical files revealed that medical responded appropriately in both cases.

Facility policy requires a strip search for every new arrival at the facility. However, a written directive from the Warden states a strip search on an ICE detainee can only be performed after cause has been established and approval from the shift supervisor is granted. In addition, once the strip search is conducted, documentation listing the results, the reasons and cause for making the strip search necessary is required.

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

### 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
Clinton County Correctional Facility
Address (Street and Name)
P.O. Box 419, 58 Pine Mountain Road
City, State and Zip Code
McElhatten, PA 17748
County
Clinton
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)(c) Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)(c) <b>LCI</b>
Date[s] of Review
From November 2 to November 4, 2010
Type of Review
Headquarters Operational Special Assessment Other



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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

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

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	$\boxtimes$			
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.	X			The facility uses LexisNexis to provide Attachment A materials. Therefore there is no requirement to post the listing of materials.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	$\boxtimes$			
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.				The law library is equipped with computers, printers and supplies are provided upon request.
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.				
Where provided, the Lexus Nexus library is updated and is current.	$\boxtimes$			The LexisNexis electronic law library was updated in July, 2010.
Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.	X			To date, no person or organization has submitted legal material for inclusion in the law library. If a submission of this type is received, ICE approval will be requested prior to inclusion.
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.				The Deputy Warden for Programs is designated to maintain the law library.
Detainees are offered a minimum 5 hours per week in the law library. <u>Detainees are not required to forego recreation time in lieu</u> of library usage. Detainees facing a court deadline are given riority use of the law library.				
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within $3 - 5$ business days.				The detainee must submit a written request to the Deputy Warden for Programs and the request is forwarded to ICE. If approved, ICE provides the requested material.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.				ICE detainees are permitted to assist other detainees with approval from the Deputy Warden for Programs.
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	$\boxtimes$			
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.				
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.				Detainees housed in special housing units have the same law library access as the general population. To date, no detainee has been denied access to legal materials; only with proper documented justification would this type of denial be approved.
All denials of access to the law library fully documented.				To date, no detainee has been denied access to the law library; only with proper documented justification would this type of denial be approved.
Facility staff informs ICE Management when a detainee or group of etainees is denied access to the law library or law materials.				To date, no detainee has been denied access to the law library or legal materials. ICE will be notified if this type of incident were to occur.

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#### ACCESS TO LEGAL MATERIALS POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS. **COMPONENTS** YES NO NA REMARKS Detainees who seek judicial relief on any matter are not subjected to $\boxtimes$ reprisals, retaliation, or penalties. **ACCEPTABLE DEFICIENT** AT-RISK **REPEAT FINDING**

#### **REMARKS:**

On-site observation, a review of documentation and staff interviews confirmed the facility provides ICE detainees with access to a law library, legal materials, equipment and supplies needed to prepare legal documents.

(b)(6), (b)(7)(c) <u>November 4, 2010</u>	
AUDITOR'S SIGNATURE / DATE	
	(b)(6), (b)(7)(c)

#### ADMISSION AND RELEASE

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

COMPONENTS	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				The orientation process includes an orientation of the facility. Even though this is not an IGSA requirement, this facility's in-processing orientation includes all of the required topics listed in this component and all detainees receive a copy of the detainee handbook.
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	$\boxtimes$			
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	$\boxtimes$			The majority of ICE detainces admitted to this facility have been classified by ICE staff prior to arrival. ICE provides this classification information, including criminal history, which is used by the classification specialist in determining the classification of ICE detainees.
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that ffords as much privacy as possible.	$\boxtimes$			
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.				Written procedures require staff to establish cause and receive approval from a shift supervisor prior to conducting a strip search of an ICE detainee.
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.	X			
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.				ICE staff or facility personnel complete Form I-387 or similar form for losses of property; all I-387 claims are submitted to ICE.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	$\boxtimes$			
All releases are properly coordinated with ICE using a Form I-203.				Even though the requirement to coordinate all releases with ICE using form I-203 does not apply to IGSAs, this facility uses the I-203 for all ICE releases.
Staff completes paperwork/forms for release as required.	$\square$			
ACCEPTABLE DEFICIENT		] AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

A review of documents and procedures, staff interviews and observation of the admission process confirmed that the facility follows procedures for admitting and releasing detainees in a manner that ensures their health, safety and welfare.

(b)(6), (b)(7)(c) / November 4, 20 AUDITOR'S SIGNATURE / DATE

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

#### **CLASSIFICATION SYSTEM**

<b>POLICY:</b> ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM							
DETAINEES IN OTHER CATEGORIES           COMPONENTS         YES         NO         NA         REMARKS							
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.				Although the facility has a policy for classifying detainees, their methodology for classifying detainees is subjective versus objective.			
<ul> <li>The facility classification system includes:</li> <li>Classifying detainees upon arrival;</li> <li>Separating from the general population those individuals who cannot be classified upon arrival; and</li> <li>The first-line supervisor or designated classification specialist reviewing every classification decision.</li> </ul>				Detainces are not classified upon arrival. Facility policy requires that upon completion of the booking process detainces are initially placed in the Classification Housing Unit. Even though the majority of ICE detainces admitted into the facility have been classified by ICE they are still placed in the Classification Unit. The facility classification process is usually completed within three to four days. A first-line supervisor reviews every classification decision.			
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.		$\square$		The intake processing officer does not 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.				The classification specialist uses information provided by ICE which can be considered factual. However, for those ICE detainees that have not been classified by ICE, the classification specialist relies on information provided by the detainee which is not confirmed. A scoring sheet is not utilized in determining a classification level. This classification procedure is subjective rather than factual.			
Housing assignments are based on classification-level.				Once the classification process is completed, housing assignments are based on classification level.			
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.							
Detainee work assignments are based upon classification designations.				ICE detainees are not authorized to participate in the facility's voluntary work program. Detainees are given housekeeping assignments within their housing unit.			
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	$\boxtimes$			Facility policy allows detainees to request a reassessment/reclassification at any time once the initial classification is completed.			
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.				The facility policy clearly describes the classification assignment appeal process. The requirement that only a designated supervisor or classification specialist is authorized to reduce a classification-level on appeal does not apply to IGSAs. At this facility, the Deputy Warden for Treatment has the authority to reduce a classification level on appeal.			
lassification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Facility policy does not address this requirement.			

#### CLASSIFICATION SYSTEM

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

COMPONENTS	YES	NO	NA	REMARKS
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility has procedures in place to appeal classification designations to a higher authority.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				
ACCEPTABLE DEFICIENT	[	] AT-R	lisk	REPEAT FINDING

#### **REMARKS:**

The ICE NDS for Classification System requires that all detainees are classified upon arrival before being admitted into the general population and that each detainee is placed in the appropriate category and physically separated from detainees in other categories. Facility policy requires that once the intake admission procedures are completed, that every individual admitted into the facility, including ICE detainees, be placed in the 16 bed open-bay Classification Unit. Consequently, ICE detainees of all security levels are housed in the Classification Unit for three to four days with county, state and federal detainees that have not been classified by the facility. Once the facility classification process is completed, normally in 3 to 4 days; detainees are moved to their permanent housing unit based on their classification levels. Even though the majority of ICE detainees have been classified by ICE staff prior to arrival to this facility they are still placed in the Classification Unit. Facility policy and procedures for classification of ICE Detainees does not comply with the requirements of the ICE Standard.

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uditor's Signature / Date	(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 IMITATIONS 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.

TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRI	1	1	1	DICERNING CORRESPONDENCE AND OTHER MAIL.
COMPONENTS	YES	NO	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.				The postings of rules for correspondence and other mail in the housing or common areas are only applicable to SPCs and CDFs. Correspondence and mail procedures are outlined in the detainee handbook and each detainee is issued a copy of the detainee handbook during admission.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.				The detainee handbook has been translated and is also available in Spanish.
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	$\boxtimes$			
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	$\boxtimes$			
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.				All incoming general correspondence is opened and inspected for contraband prior to being delivered to the detainee.
Staff does not read incoming general correspondence without the Warden's prior written approval.				This component is only applicable to SPCs and CDFs. The facility has a procedure that reflects compliance with this component.
taff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				
Staff is prohibited from reading or copying incoming special correspondence.	$\boxtimes$			
Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	$\boxtimes$			
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.				Notification of rejected mail to the sender is not an IGSA requirement; however, the facility notifies the sender and the addressee of such rejection(s).
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	$\boxtimes$			
Staff maintains a written record of every item removed from detainee mail.	$\boxtimes$			
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.				
The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of ash credited to detainee accounts is accurate. Discrepancies are becumented and investigated. Standard procedure includes issuing a receipt to the detainee.				

### **CORRESPONDENCE AND OTHER MAIL**

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

COMPONENTS	YES	No	NA	REMARKS
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	$\boxtimes$			Staff interviews support compliance with this component.
Staff provides the detainee a copy of his/her identity document(s) upon request.	$\boxtimes$			Staff interviews support compliance with this component.
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.	$\boxtimes$			
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.				
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.				
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$			
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

Based on staff interviews and a review of facility policy and procedures, the facility demonstrates compliance with this ICE NDS.



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#### **DETAINEE HANDBOOK**

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

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COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).				Detainees are provided a copy of the detainee handbook during the intake process. The handbook is available in both English and Spanish.
The handbook is supplemented by the facility orientation video, where one is provided.				
All staff members receive a handbook and training regarding the handbook contents.				
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.				The handbook was last revised on July 1, 2005. Staff is notified of revisions through roll call notices and memos.
There an annual review of the handbook by a designated committee or staff member.				The warden and deputy wardens review the handbook on an annual basis. The last time the handbook was revised was July 1, 2005.
<ul> <li>The detainee handbook addresses the following issues:</li> <li>Personal Items permitted to be retained by the detainee; and</li> <li>Initial issue of clothes, bedding and personal hygiene items.</li> </ul>				
The detainee handbook states in clear language the basic detainee responsibilities.				
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.				
The handbook states when a medical examination will be conducted.				
The handbook describes the facility, housing units, dayrooms, in- dorm activities, and special housing units.				
The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices.		Ø		The handbook fails to describe meal times and clothing exchange schedules.
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.				There is no razor policy outlined in the detainee handbook. Razors are purchased through the Commissary and maintained by the housing unit officer on a "razor board".
The handbook describes barber hours and hair cutting restrictions.		$\boxtimes$		The handbook fails to address barber hours.
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.				
The handbook addresses religious programming.	$\boxtimes$			
The handbook states times and procedures for commissary or vending machine usage, where available.				The handbook fails to list commissary hours and procedures.
The handbook describes the detainee voluntary work program.				ICE detainees are not eligible for the voluntary work program.
The handbook describes the library location and hours of operation, and law library procedures and schedules.		$\boxtimes$		The handbook does not provide hours of operation for the library.

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#### 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 PPORTUNITIES 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			1 NT 4	
	YES	No	NA	REMARKS
The handbook describes attorney and regular visitation hours, policies, and procedures.				The handbook does not describe visiting hours. However, visiting hours are posted in each housing unit.
The handbook describes the facility contraband policy.				The handbook does not describe the contraband policy.
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.		$\boxtimes$		Visiting rules and regulations are noted in the handbook; however, the visiting schedule and hours are not listed.
The handbook describes the correspondence policy and procedures.				
<ul> <li>The handbook describes the detainee disciplinary policy and procedures, including:</li> <li>Prohibited acts and severity scale sanctions;</li> <li>Time limits in the Disciplinary Process; and</li> <li>Summary of the Disciplinary Process.</li> </ul>				
<ul> <li>The grievance section of the handbook explains all steps in the grievance process – Including:</li> <li>Informal (if used) and formal grievance procedures;</li> <li>The appeals process;</li> <li><u>In CDF</u> facilities: procedures for filing an appeal of a grievance with ICE.</li> <li>Staff/detainee availability to help during the grievance process.</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul>				The handbook explains the grievance procedures and the appeal process. However, the handbook fails to note the availability of staff/detainee help if needed during the grievance process. The handbook does not guarantee against staff retaliation for filing/pursuing a grievance or address how to file a complaint about officer misconduct with the Department of Homeland Security.
The detainee handbook describes the medical sick call procedures for general population and segregation.				
<ul> <li>The handbook describes the facility recreation policy including:</li> <li>Outdoor recreation hours.</li> <li>Indoor recreation hours.</li> </ul>		$\boxtimes$		The handbook does not note the hours of recreation. The facility does not offer outside recreation to general population detainees.
The handbook describes the detainee dress code for daily living; and work assignments.	$\boxtimes$			
The handbook specifies the rights and responsibilities of all detainees.	$\boxtimes$			
ACCEPTABLE DEFICIENT		] AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

Detainees are provided a copy of the detainee handbook during the intake process. The detainee handbook is available in both English and Spanish. The handbook was last revised on July 1, 2005. The detainee handbook fails to provide hours of service for meal times, clothing exchange, barber, commissary, law library, visitation, and recreation. Most of the missing information is posted in the housing units. Based on interviews with supervisors and staff it appears that everyone is aware of the above-mentioned omissions. Detainees interviewed were all aware of the hours and procedures required for these services.



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POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH					
THE HIGHEST SANITARY STANDARDS.	<b>T</b> Z			1	
<b>COMPONENTS</b> 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.	YES			REMARKS The Deputy Warden of Operations provides oversight for the food service area.	
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.				This component is only applicable to SPCs, and CDFs. There is always a professionally trained and certified food service administrator/supervisor on duty.	
<ul> <li>The FSA provides food service employees with training that specifically addresses detainee-related issues.</li> <li>In ICE Facilities this includes a review of the ICE "Food Service" standard</li> </ul>					
Knife cabinets close with an approved locking device, and the on- duty cook foreman maintains control of the key that locks the device.				Knife cabinets are secured and the food service supervisor maintains control of the keys.	
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.	$\boxtimes$			Although not applicable to an IGSA facility, staff monitors the condition of knives and utensils. All knives, when out of the secured cabinet, are tethered to work stations as required.	
When necessary, special procedures govern the handling of food items that pose a security threat.	$\boxtimes$				
Operating procedures include daily searches (shakedowns) of detainee work areas.	$\boxtimes$			Daily searches and shakedowns are conducted by correctional staff as required.	
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.			$\boxtimes$	All counts are conducted by correctional staff.	
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	$\boxtimes$				
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	$\boxtimes$				
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$			ICE detainees are not authorized to work at this facility. Non-ICE detainees are instructed in rules and procedures for food service.	
<ul> <li>During orientation and training session(s), the CS explains and demonstrates:</li> <li>Safe work practices and methods;</li> <li>Safety features of individual products/pieces of equipment; and</li> <li>Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.</li> </ul>				Non-ICE detainees that work in the kitchen receive training and are tested prior to being authorized to work.	
The Cook Supervisor documents all training in individual detainee detention files.					
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.				The provision of this component requiring that detainees be paid in accordance with the "Voluntary Work Program" is not applicable to an IGSA facility. ICE detainees at this facility are not allowed to participate in a work program.	

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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 are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.						
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				All meals are prepared for "satellite feeding" utilizing a cafeteria style operation.		
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.				The provision of this component requiring a 35-day menu cycle is not applicable to an IGSA facility. However, this facility utilizes a 35-day menu cycle.		
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).				The 35-day menu cycle includes Burritos, Goulash, Tamale Pie, and Turkey Ala King.		
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.				A registered dietitian from the local hospital conducts nutritional analysis of every menu cycle.		
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.						
<ul> <li>The Cook Foreman has the authority to change menu items if necessary.</li> <li>If yes, documenting each substitution, along with its justification</li> <li>With copy to FSA</li> </ul>				The provision of this component relative to a cook foreman is not applicable to an IGSA facility. The facility does have a cook foreman and she does have the authority to change menu items if necessary. She documents any menu changes in a manner consistent with this component.		
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.						
<ul> <li>A common-fare menu available to detainees whose dietary requirements cannot be met on the main line.</li> <li>Changes to the planned common-fare menu can be made at the facility level;</li> <li>Hot entrees are offered three times a week;</li> <li>The common-fare menus satisfy nutritional recommended daily allowances (RDAs);</li> <li>Staff routinely provide hot water for instant beverages and foods; <ul> <li>Common-fare meals are served with:</li> <li>Disposable plates and utensils.</li> <li>Reusable plates and utensils.</li> </ul> </li> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items.</li> </ul>				A common-fare menu cycle is available for detainees requesting a religious diet.		
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	$\boxtimes$					
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.						

<b>POLICY:</b> EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE W	VITH NU	<b>FRITIOU</b>	S AND AI	PETIZING MEALS, PREPARED IN ACCORDANCE WITH
THE HIGHEST SANITARY STANDARDS.	YES	No	NA	REMARKS
<ul> <li>The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> <li>Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for-Passover meals as those who do participate.</li> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>				
The food service program addresses medical diets.				
Satellite-feeding programs follow guidelines for proper sanitation.				
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.				During this inspection, food temperatures were taken to confirm that hot and cold foods were maintained at "safe" temperature levels.
All meals are provided in nutritionally adequate portions.	$\square$			
Food is not used to punish or reward detainees based upon behavior.				
<ul> <li>The food service staff instructs detainee volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food; and</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>				
Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$			
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?	$\boxtimes$			The food service supervisor conducts daily inspections. All inspections are documented.
<ul> <li>Equipment is inspected for compliance with health and safety codes and regulations.</li> <li>When was the most recent inspection?</li> <li>Which agency conducted the inspection?</li> </ul>	$\boxtimes$			The most recent inspection was conducted on October 21, 2010, by the Pennsylvania Department of Agriculture.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	$\boxtimes$			
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.				
Staff documents the results of every refrigerator/freezer temperature check.	$\boxtimes$			
The cleaning schedule for each food service area is conspicuously posted.		X		A cleaning schedule was not conspicuously posted as required.
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.				
Storage areas are locked when not in use.	$\boxtimes$			
Acceptable Deficient	<b>REPEAT FINDING</b>			

#### **REMARKS:**

This inspector reviewed facility policy, procedures, reviewed menus and related materials, inspected food service operations, interviewed taff, observed satellite feeding, and checked all pertinent records with regard to reviewing this standard. The facility provides detainees with nutritious, attractively presented meals, prepared in a sanitary manner.

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#### FUNDS AND PERSONAL PROPERTY

**POLICY:** ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND THER 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 accessible only by designated supervisor(s).				
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.				Detainees' large valuables are stored in a storage room with limited access.
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and CDFs, using a personal property inventory form that meets the ICE standard?				· · · · · · · · · · · · · · · · · · ·
Staff forwards an arriving detainee's medication to the medical staff.				
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.				This component is not applicable to an IGSA facility. Audits of baggage and non-valuable property are not conducted quarterly.
(b)(7)(e) fficers are present during the processing of detainee funds and valuables during in-processing to the facility. (b)(7)(e) officers verify funds and valuables.				This component is not applicable to an IGSA facility; however, (7)(cofficers verify all funds.
Staff searches arriving detainees and their personal property for contraband.			$\boxtimes$	This component is not applicable to an IGSA facility. Staff searches all arriving detainees and personal property for contraband.
Staff procedures follow written policy for returning forgotten property to detainees.	$\boxtimes$			
roperty discrepancies are immediately reported to the CDEO or Chief of Security.			$\boxtimes$	This component is not applicable to an IGSA facility. All property discrepancies are reported to the warden.
Staff follows written procedures when returning property to detainees.				
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.				
<ul> <li>The facility attempts to notify an out-processed detainee that he/she left property in the facility:</li> <li>By sending written notice to the detainee's last known address;</li> <li>Via certified mail; and</li> <li>The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>			X	This component is not applicable to an IGSA facility. The facility attempts to notify an outprocessed detainee that he/she left property in the facility.
<ul> <li>The facility disposes of abandoned property in accordance with written procedures.</li> <li>If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.</li> </ul>				The requirement to dispose of abandoned property is not applicable to IGSAs. Abandoned property is disposed of in accordance with written procedures requiring abandoned property be forwarded to ICE.
🖾 ACCEPTABLE 🛛 DEFICIENT	Ĺ	AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

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

(b)(6), (b)(7)(c) / November 4, 2010

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

AUDITOR'S SIGNATURE / DATE

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#### DETAINEE GRIEVANCE PROCEDURES

**POLICY:** EVERY FACILITY WILL DEVELOP AND IMPLEMENT STANDARD OPERATING PROCEDURES (SOPS) FOR ADDRESSING DETAINEE GRIEVANCES IN TIMELY FASHION. EACH STEP IN THE PROCESS WILL OCCUR WITHIN THE PRESCRIBED TIME FRAME. AMONG OTHER THINGS, A FRIEVANCE 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
<ul> <li>Written procedures provide for the informal resolution of oral grievances (Not mandatory).</li> <li>If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.</li> </ul>				
<ul> <li>Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.</li> <li>Detainees may seek help from other detainees or facility staff when preparing a grievance.</li> <li>Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.</li> </ul>				
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.		$\boxtimes$		There are no documented or substantiated cases of such behavior by staff.
<ul> <li>Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complaints" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>	$\boxtimes$			The provision of this component relative to nuisance complaints is not applicable to an IGSA facility. The facility does maintain a grievance log. Nuisance complaints are not identified or documented by this facility.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	$\boxtimes$			
ACCEPTABLE DEFICIENT		] AT-R	ISK	REPEAT FINDING

#### **R**EMARKS:

This inspector reviewed facility policy and procedure, interviewed facility staff, reviewed grievances and the grievance log. There were 52 grievances filed by ICE detainees since January 1, 2010. Five grievances were resolved in the ICE detainees' favor. The facility demonstrates acceptable compliance with this standard.

(b)(6), (b)(7)(c) / <u>November 4, 2010</u> AUDITOR'S SIGNATURE / DATE	(b)(6), (b)(7)(c)

#### **GROUP LEGAL RIGHTS PRESENTATIONS**

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

CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET.

COMPONENTS	YES	No	NA	REMARKS
The Field Office is responsive to requests by attorneys and				
accredited representatives for group presentations.				
Upon receipt of concurrence by the Field Office Director, the				
facility or authorized ICE Field Office ensures timely and proper				
notification to attorneys or accredited representatives.				
The facility follows policy and procedure when rejecting or				
requesting modifications to objectionable material provided or				
presented by the attorney or accredited representative.		<u> </u>		
Posters announcing presentations appear in common areas at least		_		
48 hours in advance and sign-up sheets are available and				
accessible.	<b>_</b>			
Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the		i	<b></b>	
denied permission to attend a presentation and the reason(s) for the denial.				
When the number of detainees allowed to attend a presentation is				
limited, the facility provides a sufficient number of presentations so				
that all detainees signed up may attend.				
etainees in segregation, unable to attend for security reasons, may				
request separate sessions with presenters. Such requests are				
documented.				
Interpreters are admitted when necessary to assist attorneys and				
other legal representatives.				
Presenters are afforded a minimum of one hour to make the				
presentation and to conduct a question-and-answer session.				
Staff permits presenters to distribute ICE-approved materials.				
Presenters are permitted to meet with small groups of detainees to	1			· · · · · · · · · · · · · · · · · · ·
discuss their cases after the group presentation. ICE or authorized				
detention staff 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 presentations.				
The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside				
organizations.				
A copy of the Group Legal Rights Presentation policy, including				
attachments, is available to detainees upon request				
Acceptable Deficient	AT-RISK			<b>REPEAT FINDING</b>

#### **REMARKS:**

The facility has not received a request for a Group Legal Rights Presentation during the past twelve months.



## ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAI	NEES PR	OVIDEC	LEAN CL	OTHING, BEDDING, LINENS AND TOWELS TO EVERY		
CE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVI	DEICEI	DETAINE	ES WITH	REGULAR EXCHANGES OF CLOTHING, LINENS, AND		
TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.						
COMPONENTS	YES	No	NA	REMARKS		
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels.						
<ul> <li>The supply of these items exceeds the minimum required</li> </ul>						
for the number of detainees.						
All new detainees are issued clean, temperature-appropriate,		<u>+-</u>		· · · · · · · · · · · · · · · · · · ·		
presentable clothing during in-processing. Detainees receive:				Minimum requirements for issuance of		
• One uniform shirt and one pair of uniform pants, or one				clothing are specific to SPCs and CDFs. It		
jumpsuit;				should be noted that all detainees receive two		
• One pair of socks;				jumpsuits and are issued clean, temperature		
• One pair of underwear (Daily change); and				appropriate, and presentable clothing.		
One pair of facility-issued footwear.						
Additional clothing is available for changing weather conditions,	$\boxtimes$					
or as seasonally appropriate. New detainees are issued clean bedding, linens, and towels. They						
receive at a minimum:						
• One mattress;				Minimum increases of head time times 1		
• One blanket;				Minimum issuance of bedding, linens, and towels is applicable to SPCs and CDFs. New		
• Two sheets;	$\boxtimes$			detainees are issued clean bedding, linens, and		
• One pillowcase;	~~*			towels in the amounts listed within this		
• One towel; and				component.		
• Additional blankets are issued based on local weather						
conditions.						
etainees assigned to special work areas are clothed in accordance	_			ICE detainees are not assigned to facility work		
with the requirements of the job.	$\boxtimes$			programs. Non-ICE detainees are clothed		
				appropriately for their jobs.		
Detainees are provided clean clothing, linen and towels.						
<ul> <li>Socks and undergarments - exchanged daily.</li> <li>Outer garments - twice weekly.</li> </ul>				Clothing, towels, and personal items are		
<ul><li>Outer garments - twice weekly.</li><li>Sheets - weekly.</li></ul>				laundered three times a week. Bedding is		
<ul> <li>Towels - weekly.</li> </ul>				exchanged weekly. Socks and undergarments		
<ul> <li>Pillowcases - weekly.</li> </ul>				are not exchanged daily.		
Food service detainee volunteer workers are permitted to exchange				This second is not a 11 11 1 1000 to		
outer garments daily.			$\boxtimes$	This component is not applicable to an IGSA facility. ICE detainees are not authorized to		
- and Burnesses and A				work at this facility.		
Volunteer detainee workers are permitted to exchange outer				This component is not applicable to an IGSA		
garments more frequently.			$\boxtimes$	facility. ICE detainees are not authorized to		
	_			work at this facility.		
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING		

#### **REMARKS:**

This inspector interviewed staff and reviewed facility policy, procedures, inventories, and records of issuance and/or exchange of clothing, bedding, and towels. The facility demonstrates acceptable compliance with this standard.

(b)(6), (b)(7)(c) / November 4, 2010 UDITOR'S SIGNATURE / DATE

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

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MARRIAGE REQUESTS					
OLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.					
COMPONENTS	YES	NO	NA	REMARKS	
The Field Office considers detainee marriage requests on a case- by-case basis.				The ICE facility liaison states all detainee marriage requests are handled by the ICE office.	
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.				Compliance with this component is based on discussions with the ICE facility liaison.	
It is standard practice to require a written request for permission to marry.				A detainee submits a written request to ICE staff.	
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.					
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.			$\boxtimes$	The facility Deputy Warden for Treatment states ICE provides a copy of decisions to detainee and legal representative.	
When permission is denied, the Warden/OIC states the basis for his/her decision.			$\boxtimes$	The facility Deputy Warden for Treatment states ICE would provide a response if permission was denied.	
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.				The facility prefers to hold detainee marriages outside of the facility. However, if a marriage is approved by ICE; there is a place for ICE- approved detainee marriages.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

#### REMARKS:

As indicated above, ICE staff handles all aspects of detainee marriage requests.

(b)(6), (b)(7)(c) / November 4, 201 AUDITOR'S SIGNATURE / DATE

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

### NON-MEDICAL EMERGENCY ESCORTED TRIPS

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

STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE FIELD						
OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.						
COMPONENTS	YES	No	NA	REMARKS		
The Field Office Director considers and approves, on a case-by- case basis, trips to an immediate family member's: • Funeral; or • Deathbed						
The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family".						
The IGSA facility notifies ICE of all detainee requests for non- medical escorts.						
The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required.						
Each escort includes at leas <sub>b)(7)(eyfficers.</sub>						
Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.						
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.						
Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.						
<ul> <li>Escort officers ensure that detainees:</li> <li>Conduct themselves in a manner that does not bring discredit to the ICE;</li> <li>Do not violate federal, state, or local laws;</li> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants;</li> <li>Make no unauthorized phone calls; and</li> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return.</li> <li>Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.</li> </ul>						
		] AT-R	ISK	REPEAT FINDING		

#### **REMARKS:**

All non-medical emergency escorted trips are handled by the ICE Field Office.



<b>POLICY:</b> IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.						
COMPONENTS	YES	No	NA	REMARKS		
The facility has a recreation program and facility.						
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				This component is not applicable to an IGSA facility. There is no recreation specialist on staff.		
Regular maintenance keeps recreational facilities and equipment in good condition.						
The recreational specialist or trained equivalent supervises detainee recreation workers.				A correctional officer supervises recreation in the gym.		
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.				The housing unit officer supervises recreation in the special housing unit.		
Dayrooms offer sedentary activities, e.g., board games, cards, television.						
Outside activities are restricted to limited-contact sports.				The facility does not provide outside recreation for general population detainees.		
Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$			Each detainee is offered two hours of recreation per day.		
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	$\boxtimes$			Recreation is offered in the gymnasium.		
Staff checks all items for damage and condition when equipment is returned.	$\boxtimes$					
Staff conducts searches of recreation areas before and after use.	$\square$					
All recreation areas under constant staff supervision.	$\boxtimes$			Supervision is provided by staff Rover and the Central Control officer.		
upervising staff is equipped with radios.	$\square$					
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.				Detainees housed in SHU receive outdoor recreation at least five days per week for one hour.		
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.	$\square$					
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.				This component is not applicable to an IGSA facility. Volunteers are required to sign a waiver as identified within this component.		
Visitors, relatives or friends are not allowed to serve as volunteers.			$\boxtimes$	This component is not applicable to an IGSA facility. Visitors, friends, and relatives are not allowed to serve as volunteers.		
If outdoor recreation is offered, check this box. No further information is required when outdoor recreation is offered.						
<ul> <li>If the facility has no outside recreation, are detainees considered for transfer after six months?</li> <li>If yes, written procedures ensure timely review of all eligible detainees.</li> </ul>				There are no written policies or procedures addressing this component.		
Case officers make written transfer recommendations about every six-month detainee to the OIC.				There are no written policies or procedures addressing this component.		
The OIC documents all detainee-transfer decisions, whether yes or no.		$\boxtimes$		There are no written policies or procedures addressing this component.		
The detainee's written decision for or against an offered transfer ocumented in his/her A-file.				There are no written policies or procedures addressing this component.		
laff notifies the detainee's legal representative of his/her decision				There are no written policies or procedures addressing this component.		

RECREATION

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RECREATION					
<b>POLICY:</b> IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.					
COMPONENTS	YES	No	NA	REMARKS	
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.		$\boxtimes$		There are no written policies or procedures addressing this component.	
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.				There are no written policies or procedures addressing this component.	
The detainee's legal representative is notified of the detainee's/OIC's decision.		$\boxtimes$		There are no written policies or procedures addressing this component.	
Acceptable Deficient	AT-RISK			REPEAT FINDING	

#### **REMARKS:**

This inspector reviewed facility policy, procedures, logs, and interviewed facility staff. The facility fails to provide outdoor recreation for all general population detainees. The facility has "outside recreation yards" that have not been utilized since 2004 due to security concerns. The recreation is limited to a gymnasium where a large window is opened for fresh air. There is no written policy governing the requirement of being considered for a transfer after six months as required in the standard.

(b)(6), (b)(7)(c) / November 4, 2 AUDITOR'S SIGNATURE / DATE

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## **RELIGIOUS PRACTICES**

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

COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed to engage in religious services.	$\square$			
Space is available for detainees to conduct religious services.	$\boxtimes$			
The facility allows detainees to observe the major "holy days" of their religious faith. <ul> <li>List any exceptions.</li> </ul>				The facility has a volunteer chaplain who coordinates all religious practices in conjunction with the Deputy Warden.
<ul> <li>The facility accommodates recognized holy-day observances by:</li> <li>Providing special meals, consistent with dietary restrictions;</li> <li>Honoring fasting requirements;</li> <li>Facilitating religious services; and</li> <li>Allowing activity restrictions.</li> </ul>				This component is not applicable to an IGSA facility. The facility complies with all provisions of this component.
Each detainee is allowed religious items in his/her immediate possession,				
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	$\boxtimes$			
Members of faiths not represented by clergy may conduct their own services within security allowances.	$\boxtimes$			
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.				Detainees housed in the Special Management Unit can attend a religious service once each week. Upon request, a chaplain will visit detainees in the SMU.
ACCEPTABLE DEFICIENT	DEFICIENT AT-RISK REPEAT FINDING		REPEAT FINDING	

#### **REMARKS:**

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Detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in their faiths.

(b)(6), (b)(7)(c) / <u>November 4,</u> Auditor's Signature / Date	

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## DETAINEE TELEPHONE ACCESS

POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT	DETAIN	EES' REA	SONABI	LE AND EQUITABLE ACCESS TO TELEPHONES.
COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed access to telephones during established facility waking hours.				
Upon admittance, detainees are made aware of the facility's telephone access policy.				This information is provided in English and Spanish in the detainee handbook and the orientation video during the classification process.
Access rules are posted in housing units.				
The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.				Telephone information is provided in English and Spanish in the detainee handbook and orientation video during the classification process.
Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.				Compliance was confirmed with on-site observations in the various housing units.
Telephones are inspected regularly by facility staff to ensure that they are in good working order.				
The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.				Facility maintenance staff and the telephone service provider are notified as soon as a telephone is reported out-of-order.
The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.				The Deputy Warden for Treatment monitors telephone repair progress through the facility maintenance staff.
Detainees are afforded a <i>reasonable degree of privacy</i> for legal phone calls.				A written request to the Deputy Warden for Treatment is required from the detainee. ICE staff makes the necessary arrangements to accommodate this type of phone call.
A procedure exists to assist a detainee who is having trouble placing a confidential call.				
The facility provides the detainees with the ability to make non- collect (special access) calls.	$\boxtimes$			
Special Access calls are at no charge to the detainees.	$\square$			
The OIG phone number for reporting abuse is programmed into the detainee phone system and the phone number was checked by the inspector during the review.	$\boxtimes$			The OIG phone number for reporting abuse is programmed into the detainee telephone system and actual contact was made with the Office of the Inspector General through testing.
In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.				The OIG phone number for reporting abuse is programmed into the detainee telephone system.
No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".				
Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	$\boxtimes$			A written request to the Deputy Warden for Treatment is required from the detainee. If approved, ICE staff makes the necessary arrangements with the other facility.
Any telephone restrictions are documented.				To-date telephone restrictions have not been imposed on any ICE detainee. Documentation would be required, if this were to occur.
The facility has a system for taking and delivering emergency etainee telephone messages.	$\boxtimes$			

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## DETAINEE TELEPHONE ACCESS

POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT	DETAINI	EES' REA	SONABL	E AND EQUITABLE ACCESS TO TELEPHONES.
COMPONENTS	YES	No	NA	REMARKS
Emergency phone call messages are immediately given to detainees.	$\boxtimes$			Once, confirmed the detainee is given the emergency message by the shift supervisor.
Detainees are allowed to return emergency phone calls as soon as possible.				The shift supervisor ensures that detainees are allowed to return emergency phone calls.
Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	$\boxtimes$			
Detainees in disciplinary segregation are allowed phone calls for family emergencies.				The shift supervisor will approve this type of phone call when the family emergency is confirmed.
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.				
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.				Notification that detainee phone calls are monitored was not posted by any of the detainee telephones in the housing units.
ACCEPTABLE DEFICIENT		] AT-R	ISK	<b>REPEAT FINDING</b>

#### **REMARKS:**

A review of documentation, on-site observations and staff interviews confirms that ICE detainees housed in this facility are permitted reasonable and equitable access to telephones.

(b)(6), (b)(7)(c) / November 4, 201 AUDITOR'S SIGNATURE / DATE	(b)(6), (b)(7)(c)

## VISITATION

POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FR. IEDIA.	IENDS, L	EGAL RE	PRESEN	TATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS
COMPONENTS	YES	No	NA	REMARKS
There is a written visitation schedule and hours for general visitation.				The schedule and hours for general visitation are posted in the housing units and are available in the lobby and on the facility's web- site.
The visitation hours tailored to the detainee population and the demand for visitation.				
The visitation schedule and rules are available to the public.				The visitation schedule and rules are available to the public in the lobby and on the facility's web-site.
The hours for all categories of visitation are posted in the visitation waiting area.				
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	$\boxtimes$			A handout with the rules and visitation hours is available upon request.
A general visitation log is maintained.	$\square$			
The detainees are permitted to retain personal property items specified in the standard.				With prior approval from the warden, detainees are permitted to retain personal property items.
A visitor dress code is available to the public.	$\square$			
Visitors are searched and identified according to standard requirements.				All visitors are identified. Except for legal visits, only non-contact visits are permitted; as a result the facility does not require that visitors be searched.
he requirement on visitation by minors is complied with.				Minors are allowed to visit when accompanied by a legal guardian.
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.				Minors are allowed to visit when accompanied by a legal guardian.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.				Minors are allowed to visit when accompanied by a legal guardian.
Detainees in special housing are afforded visitation.				
Legal visitation is available seven (7) days a week, including holidays.				
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	$\boxtimes$			
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				If a detainee chooses to continue a meeting with a legal representative through a scheduled meal, the detainee is provided a meal after the meeting.
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				
There are written procedures governing detainee searches.				
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact sits with legal representatives.	$\boxtimes$			Only with documented probable cause and Shift Supervisor approval, will a strip search be conducted after a contact visit with a legal representative.

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

COMPONENTS	YES	No	NA	REMARKS
Prior to each visit, legal service providers and assistants are identified per the standard.	$\boxtimes$			
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	$\boxtimes$			Current listings were observed posted in various housing units.
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	$\boxtimes$			To date, this type of request has not been received. Approval from the Field Office Director is required for this type of tour.
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	$\boxtimes$			
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	$\boxtimes$			Prior approval from the ICE Field Office is required for law enforcement officials to visit with an ICE detainee.
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.		$\boxtimes$		Former detainees are allowed to visit without their request being referred to the OIC or the ICE Field Office.
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.		$\boxtimes$		There are no procedures in place for examinations by independent medical service providers and experts.
ACCEPTABLE DEFICIENT		] AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

A review of documentation, procedures and staff interviews confirmed that facility permits ICE detainees to visit with family, friends, legal representatives.

(b)(6), (b)(7)(c)	/ November 4, 201	
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#### VOLUNTARY WORK PROGRAM

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

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

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

#### **REMARKS:**

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

(b)(6), (b)(7)(c) / November 4, 201 AUDITOR'S SIGNATURE / DATE

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

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## SECTION II HEALTH SERVICES STANDARDS

## HUNGER STRIKES

OLICY: 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.				Although this standard is not a requirement for IGSAs, Facility Policy 300-26, Inmate Hunger Strikes, requires staff to refer a detainee to the medical unit when the detainee has refused food for 72 hours. Discussions with medical and custodial staff indicate that medical staff is notified well before the 72-hour limit.
CDFs and IGSAs immediately report a hunger strike to the ICE.				Medical staff notifies the facility Warden or Deputy Warden when a detainee is determined to be a hunger striker. The Warden or Deputy Warden reports the hunger strike to ICE. An ICE staff is on-site nearly every day, making this communication very easy.
The facility has established procedures to ensure staff respond immediately to a hunger strike.				Facility Policy 300-26 complies with this component.
<ul><li>Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.</li><li>If yes, in an observation room?</li></ul>				Although not a requirement for IGSAs, Facility Policy 300-26 requires a hunger-striking detainee be housed in one of the facility hold cells.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				Although not a requirement for IGSAs, Policy 300-26 and discussions with medical staff evidence compliance with this component.
fedical staff records the weight and vital signs of a hunger- striking detainee at least once every 24 hours.				Although not a requirement for IGSAs, Policy 300-26 and discussions with medical staff evidence compliance with this component.
The OIC of the facility obtains a hunger striker's consent before medical treatment.	$\boxtimes$			Facility Policy 300-26 requires a written consent prior to a detainee receiving medical treatment. The use of a signed consent for treatment is standard procedure as evidenced by a review of current ICE medical records.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			$\boxtimes$	Although not a requirement for IGSAs, Policy 300-26 requires detainees who refuse treatment to sign a Refusal of Treatment form.
During a hunger strike, staff document and provide the hunger- striking detainee three meals a day.			$\boxtimes$	Although not a requirement for IGSAs, Policy 300-26, Food/Liquid Intake/Output, complies with this component.
Staff maintains the hunger striker's supply of drinking water/other beverages.				Although not a requirement for IGSAs, Policy 300-26, Food/Liquid Intake/Output, complies with this component.
During a hunger strike, staff removes all food items from the hunger striker's living area.				Although not a requirement for IGSAs, Policy 300-26, Food/Liquid Intake/Output, complies with this component.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.			$\boxtimes$	Although not a requirement for IGSAs, Policy 300-26, Food/Liquid Intake/Output, complies with this component.
The medical staff has written procedures for treating hunger rikers.	$\boxtimes$			Policy 300-26 complies with this component.

## HUNGER STRIKES

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

COMPONENTS	YES	No	NA	REMARKS
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			$\boxtimes$	Although not a requirement for IGSAs, Policy 300-26, Food/Liquid Intake/Output, complies with this component.
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.				Policy 300-26 is very detailed and serves as an excellent training guide. Discussions with facility staff indicate that medical staff is knowledgeable in the required treatment of a hunger-striking detainee. Also, custody staff is aware of identification and intervention requirements. The Deputy Warden states staff training meetings will require additional training about hunger-striking detainees.
Acceptable Deficient		] AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

A review of the facility policy and discussions with medical staff support find the facility in compliance with this standard.

(b)(6), (b)(7)(c) / November 4, 2 AUDITOR'S SIGNATURE / DAT	
	(b)(6), (b)(7)(c)

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.					
COMPONENTS	YES	No	NA	REMARKS	
Facilities operate a health care facility in compliance with state and local laws and guidelines.				The facility operates in compliance with the Commonwealth of Pennsylvania Department of Corrections policies. The facility Deputy Warden indicates the facility was given a full compliance rating at their last review in 2009. Medical services are provided through a contract between the County of Clinton and Clinton Medical Associates (CMA).	
The facility's in-processing procedures for arriving detainees include medical screening.				Facility Policy and Procedure 200-16, Medical and Dental Services - Initial Medical Screening, defines the facility's medical screening procedures. Booking staff completes the initial screening form, "Medical Observation Report" (MOR), during the booking process. Medical staff reviews the completed MORs usually the same day. Completion of the MOR was observed during the inspection. Completed MORs was found in all ICE medical files reviewed during the inspection (15 current files).	
All detainees have access to and receive medical care.				Facility Policy 200-16, General Medical Guidelines, describes the facility's policies, practices and procedures to ensure that detainees have access to medical care. Interviews conducted with ICE male and female detainees yielded mixed reviews about facility medical services. All the current detainee medical files reviewed during this inspection revealed that detainees receive a wide variety of medical services.	
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	$\boxtimes$			The Facility Supervisor of Nursing (RN) states that she maintains this contact.	
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				<ul> <li>(b)(7)elicensed practical nurses (LPN) provide the majority of medical services at the facility. There is at least<sub>b</sub>)(7) LPN on duty seven days a week, 7 a.m. to 11:30 p.m. A Supervisor of Nursing (RN) is on site two-three hours a day,</li> <li>(b)(7) physician assistants (20 hours a month each), and a physician (three hours a week) comprise the medical staffing pattern. All medical staff is provided through a contract with Clinton Medical Associates. A review of detainee medical files showed that required medical procedures are being conducted within required time limits.</li> </ul>	
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.				The facility's medical unit is housed in one cramped room. Staff desks, medical records, medical supplies, an examining table, a sink, and assorted cabinets and shelves are all jammed into this one room. This does not allow for patient privacy.	

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<b>POLICY:</b> EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACC WELL-BEING OF ICE DETAINEES.	REDITE	D/ACCRE	DITATIC	N-WORTHY HEALTH PROGRAM FOR THE GENERAL
COMPONENTS	YES	No	NA	REMARKS
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				Although not a requirement for IGSAs, the facility's medical unit is located within the secure perimeter and is accessed from a main corridor through a locked door. Medical staff has keys and electronic access is also provided by central control.
The medical facility entrance includes a holding/waiting room.				This is not a requirement of IGSAs. The facility's medical unit does not have a waiting room. Detainees, awaiting medical attention, line up in the corridor outside the medical unit.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.				This is not a requirement of IGSAs. As indicated above, the facility's medical unit does not have a waiting room. Detainees, awaiting medical attention are under video surveillance. Policy 200-16, Security of the Medical Section, describes overall security for the medical unit.
Detainees in the holding/waiting room have access to a drinking fountain.				This is not a requirement of IGSAs. Water is available from the sink in the medical area.
<ul> <li>Medical records are kept apart from other files. They are:</li> <li>Secured in a locked area within the medical unit;</li> <li>With physical access restricted to authorized medical staff; and</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>				Detainee medical records are stored in one drawer of a filing cabinet. This cabinet also stores medical forms, and other supplies. Medical staff requires constant access to this cabinet, therefore, the cabinet was observed to be often unlocked.
Pharmaceuticals are stored in a secure area.				Although not a requirement of IGSAs, pharmaceuticals were observed to be stored in a separate locked cabinet and also in blister packs in the medical unit room. Medications to be distributed in the housing units are stored in locked cabinets located near control centers.
<ul> <li>Medical screening includes a Tuberculosis (TB) test.</li> <li>Every arriving detainee receives a TB test during the admission process;</li> <li>Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and</li> <li>Detainees not screened are housed separate from the general population.</li> </ul>				Facility policy 100-18, Tuberculosis Control Plan, describes the facility's TB efforts. A review of ICE detainee medical records, discussions with medical staff, and interviews with detainees support compliance with this component.
<ul> <li>All detainees receive a mental-health screening upon arrival. It is conducted:</li> <li>By a health care provider or specially trained officer; and</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>				The MOR conducted by specially trained custody staff during booking includes mental- health screening. Mental health-related issues are referred to Clinton County mental health services. Although not required in IGSAs, newly arrived detainees are housed in a separate classification unit prior to being housed in the general population.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				Although not required in IGSAs, the LPNs indicate they collect new admissions' screening forms daily. These forms are reviewed for medical and mental health issues.

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

COMPONENTS	YES	No	NA	REMARKS
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				A review of 15 current ICE medical records and discussions with medical staff support compliance with this component.
Detainees in the Special Management Unit have access to health care services.				Medical staff visits all general and segregated populations two times daily.
<ul> <li>Staff provides detainees with health services (sick call) request slips daily, upon request.</li> <li>Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population.</li> <li>Service-request slips are delivered in a timely fashion to the health care provider.</li> </ul>				Although not required in IGSAs, the facility uses an Inmate Request Slip that is written in English and Spanish. Request slips were observed in housing units. These forms are collected and reviewed daily by medical staff.
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.				The contracts with Clinton County (mental health) and Corrections Medical Associates include provisions for 24-hour emergency mental health and medical services.
The plan includes an on-call provider.				Although not required in IGSAs, Facility contracts with Clinton County (mental health) and Corrections Medical Associates include provisions for 24-hour emergency mental health and medical services.
The plan includes a list of telephone numbers for local ambulance and hospital services.			$\boxtimes$	Emergency phone numbers are found in the above-mentioned contracts and the Facility's Emergency Plan, though not an IGSA requirement.
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.			$\boxtimes$	Although not required in IGSAs, Facility contracts with Clinton County (mental health) and Corrections Medical Associates include provisions for 24-hour emergency mental health and medical services. Policy 200-16, Quality Assurance, also calls for the use of Lock Haven Hospital Emergency Room for medical emergencies.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				Policy 300-13, Attempted Suicide and Emergency Medical Treatment, describes the facility's "Quick Reaction Technique" (QRT). Although the QRT does not include a specific four-minute response time requirement, the layout of the facility ensures a prompt response to medical emergencies.
Where staff is used to distribute medication, a health care provider properly trains these officers.				Although this component is not required for IGSAs, medication is normally distributed by medical staff. Policy 200-16, Pharmaceutical Guidelines, describes procedures for the distribution of medication by correctional staff.
The medical unit keeps written records of medication that is distributed.	$\boxtimes$			Medical Administration Records (MARs) are filed in detainee medical records and the MARs binder is located in the medical unit.

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL				
WELL-BEING OF ICE DETAINEES.			-	
COMPONENTS	YES	No	NA	REMARKS
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				Although not a requirement for IGSAs, the nurse supervisor stated she keeps the facility Warden informed of detainee special medical needs. In addition, Policy 200-16, Sharing of Information and Other Duties, describes procedures to be used to notify the Deputy Warden of Treatment about detainees with special medical needs.
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				The Facility uses form number, CCCF 45, "Authorization for Medical Treatment Consent Form." Completed CCCF 45s were found in all ICE detainee medical files reviewed during this inspection.
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				A signed (by detainee) Form Number CCCF 45, "Authorization for Release of Medical Information," was found in each detainee medical file reviewed during this inspection.
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				Discussions with medical staff indicate that sufficient time is given in order to provide copies of medical records.
Detainee's medical records or a copy thereof, are available and transferred with the detainee.				Discussions with medical staff indicate that sufficient time is given in order to place records in sealed envelopes.
Medical records are placed in a sealed envelope or other container abeled with the detainee's name and A-number and marked MEDICAL CONFIDENTIAL".	$\boxtimes$			Discussions with medical staff indicate that sufficient time is given in order to complete medical transfer documents.
ACCEPTABLE DEFICIENT	AT-RISK		ISK	<b>REPEAT FINDING</b>

#### **REMARKS:**

Facility Policy 200-16, discussions with medical personnel, ICE staff, and detainees, along with observed practices during this inspection in find the facility in compliance with this standard. Medical problems voiced by detainees were discussed with ICE and medical staff, and etainee medical files were reviewed. It appears the facility has responded appropriately to detainees' medical concerns.

As noted above, the medical unit has very little space for medical examinations and for storage of medical files. The facility Warden indicated that plans to expand the medical unit will be proposed to the county.

(b)(6), (b)(7)(c) / November 4, 2010 AUDITOR'S SIGNATURE / DATE

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

#### SUICIDE PREVENTION AND INTERVENTION

POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL				
RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.				
COMPONENTS	YES	No	NA	REMARKS
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.				Suicide prevention training is provided to new employees at orientation and is part of the facility's annual training plan. A review of staff training records indicates that staff receives this training.
<ul> <li>Training prepares staff to:</li> <li>Recognize potentially suicidal behavior;</li> <li>Refer potentially suicidal detainees, following facility procedures; and</li> <li>Understand and apply suicide-prevention techniques.</li> </ul>	X			A review of the Facility Suicide-Prevention training module, as well as Facility Policies 300-23, Identification, Classification, and Management of Suicidal and Self-Destructive Inmates, and 200-16, Suicide Prevention, support compliance with this component.
<ul> <li>A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</li> <li>Screening does not occur later than one working day after the detainee's arrival.</li> </ul>				Corrections staff in the booking area receive special training in the conduct of the Medical Observation Report, the initial screening for new admissions. Detainees who demonstrate unusual behavior and/or indicate they are a suicide risk are placed in a hold cell and mental health staff is notified.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.				Written procedures are found in Facility Policy 300-23 for referring at-risk detainees to medical or mental health staff. Booking staff demonstrated familiarity with these procedures.
The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			Hold rooms in the booking area and L Block are used as isolation rooms.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				One cell in the booking area and two cells in L Block were inspected during this review. These cells are appropriate for housing at-risk detainees.
Medical staff has approved the room for this purpose.				Medical staff is aware of the use of these rooms for at-risk detainees and agrees with the use of these cells for this population.
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.				A review of Policy 300-23, Management of Suicidal/Self-Destructive Inmates Who Pose Imminent Threat to Staff, and discussions with L Block staff support compliance with this component.
🖾 ACCEPTABLE 🛛 DEFICIENT	AT-RISK			REPEAT FINDING

#### **REMARKS:**

Based on discussions with medical and custody staff, it was learned that one suicide attempt occurred in September and also in October, but both involved non-ICE detainees. In both cases medical and custody staff responded appropriately.

(b)(6), (b)(7)(c) / November 4, 2010 AUDITOR'S SIGNATURE / DATE

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

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## TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

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

COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.				Policy 300-9, Accepting Impaired or Injured Prisoners, defines procedures for whether or not to accept detainees. When a detainee is determined to not be acceptable to the facility due to medical concerns, the transporting officer is advised to transport the detainee with serious medical problems to a hospital emergency room or similar medical facility.
<ul> <li>The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include:</li> <li>The detainee's location; and</li> <li>The limitations placed on visiting.</li> </ul>				Policy 200-22, Inmate Death, Serious or Terminal Illness and Advanced Directives, addresses next of kin notifications. This policy, however, does not specify special provisions if the detainee is under ICE jurisdiction. ICE staff stated they make all necessary notifications.
<ul> <li>There are guidelines addressing the State Advanced Directive</li> <li>Form for Implementing Living Wills and Advanced Directives.</li> <li>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.</li> </ul>				Policy 200-22, Advance Directive, addresses this component.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.		$\boxtimes$		Policy 200-22 does not include provisions allowing a private attorney to prepare documents.
There is a policy addressing "Do Not Resuscitate Orders"	$\boxtimes$			Policy 200-22, Advance Directive, addresses this component.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?				Policy 200-22, Appendix A, outlines medical procedures the detainee wishes to refuse.
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				Policy 200-22 does not specify notification of the DIHS Medical Director and Legal Council. ICE staff indicated they would make all necessary notifications.
The facility has written procedures to address the issues of organ donation by detainees.	$\boxtimes$			Policy 200-22, Appendix A also includes a section for anatomical donations.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.		$\boxtimes$		As indicated above, Policy 200-22 fails to address ICE-related notifications.
The facility has a policy and procedure to address the death of a detainee while in transport.			$\boxtimes$	The ICE SDDO stated ICE is in charge of all ICE detainee transportation.
t all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				Policy 200-22, Processing the Body, describes disposition of remains, however, there are no procedures specifically for ICE detainees.

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## TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

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

COMPONENTS	YES	No	NA	REMARKS
<ul> <li>In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.</li> <li>If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified?</li> </ul>				The ICE SDDO states ICE handles detainee remains consistent with this standard.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.				Policy 200-22 complies with this component.
<ul> <li>The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as:</li> <li>Performance of an autopsy;</li> <li>Who will perform the autopsy;</li> <li>Obtaining state approved death certificates; and</li> <li>Local transportation of the body.</li> </ul>				Policy 200-22 complies with this component.
ICE staff follows established procedures to properly close the case of a deceased detainee.	$\boxtimes$			The ICE SDDO states ICE is responsible for case closure.
ACCEPTABLE DEFICIENT		] AT-R	ISK	REPEAT FINDING

## **REMARKS:**

Facility Policies 300-9, Accepting Impaired or Injured Prisoners, and 200-22, Processing the Body, are very complete. These policies, however, do not specifically address procedures for the handling of ICE detainees.

(b)(6), (b)(7)(c) / November 4, 20 AUDITOR'S SIGNATURE / DAT

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## SECTION III SECURITY AND CONTROL STANDARDS

## CONTRABAND

<b>POLICY:</b> 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.	$\boxtimes$			IGSAs are not required to inventory, hold, and report contraband to the proper authority for action/possible seizure. Facility Policy 300-29, Suspected Criminal Activity by Inmates and the Preservation of Evidence, addresses. All contraband that is illegal is inventoried and released to the Pine Creek Township Police Department for adjudication and disposal.	
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				This component is only required for SPCs/CDFs. The facility had no examples of government property being retained for evidence.	
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.			$\boxtimes$	This component is only required for SPCs/CDFs. The facility has no written policy on the return of the property.	
Altered property is destroyed following documentation and using established procedures.				This component is only required for SPCs/CDFs. The facility has no procedure for documentation or destruction of altered property.	
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.			$\boxtimes$	This component is only required for SPCs/CDFs. The Deputy Warden of Treatment is consulted on the confiscation of religious items.	
Staff follows written procedures when destroying hard contraband that is illegal.		$\boxtimes$		The facility has no written policy for the destruction of illegal contraband.	
<ul><li>Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes.</li><li>If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.</li></ul>			$\boxtimes$	This component is only required for SPCs/CDFs. The facility uses selected contraband items for training purposes. They are retained by the Deputy Warden of Treatment.	
ACCEPTABLE DEFICIENT		] AT-R	lisk	REPEAT FINDING	

#### **REMARKS:**

All contraband that is illegal is inventoried and released to the Pine Creek Township Police Department for adjudication, if necessary, and disposal. Based on a review of documents, on site observations, and staff interviews the handling and disposal of contraband the facility complies with the Contraband NDS.

(b)(6), (b)(7)(c) / November 4, 2 AUDITOR'S SIGNATURE / DATE

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

#### **DETENTION FILES**

POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF						
SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY						
INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.						
COMPONENTS	YES	No	NA	REMARKS		
A detention file is created for every new arrival whose stay will exceed 24 hours.				Facility policy 300-22 Receiving, Temporary Release and Discharge requires that a detention file be created for every new arrival.		
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.						
<ul> <li>The detainee's detention file also contains documents generated during the detainee's custody.</li> <li>Special requests</li> <li>Any G-589s and/or I-77s closed-out during the detainee's stay</li> <li>Disciplinary forms/Segregation forms</li> <li>Grievances, complaints, and the disposition(s) of same</li> </ul>						
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.				Detention files are located and maintained in a secure area. The requirement to have lockable cabinets and that distribution of the keys be limited to supervisors does not apply to IGSAs. This facility has lockable cabinets and only supervisory staff has access to keys for these cabinets.		
The detention file remains active during the detainee's stay. When he detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.						
The officer closing the detention file makes a notation that the file is complete and ready to be archived.				The records supervisor makes a notation that the detainee 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.				There are no procedures in place to properly log detainee files in and out by an appropriate staff.		
ACCEPTABLE DEFICIENT		AT-R	ISK	<b>REPEAT FINDING</b>		

#### **REMARKS:**

Facility policy requires that a detention file be created for every ICE detainee booked into the facility. A review of detainee files selected at random confirmed that the required documents are being placed in the detainee file.

(b)(6), (b)(7)(c) / November 4, 201	
AUDITOR'S SIGNATURE / DATE	(b)(6), (l

b)(7)(c)

## DISCIPLINARY POLICY

<b>POLICY:</b> ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHOR COMPLIANCE WITH FACILITY RULES AND REGULATIONS.	UZED TO	) IMPOSE	E DISCIPI	LINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN
COMPONENTS	YES	No	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.	$\boxtimes$			The facility written procedure is contained in Policy 100-6, Inmate Discipline.
The facility rules state that disciplinary action shall not be capricious or retaliatory.				The facility has no rules that state that disciplinary action shall not be capricious or retaliatory.
<ul> <li>Written rules prohibit staff from imposing or permitting the following sanctions: <ul> <li>corporal punishment</li> <li>deviations from normal food service</li> <li>clothing deprivation</li> <li>bedding deprivation</li> <li>denial of personal hygiene items</li> <li>loss of correspondence privileges</li> <li>deprivation of physical exercise</li> </ul> </li> </ul>				Policy 100-6, Inmate Discipline, states that a loss of privileges may include recreation periods.
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The detainees receive a copy of the handbook upon admission. It contains rules of conduct, sanctions, and procedures for violations.
<ul> <li>The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility:</li> <li>Rights and Responsibilities</li> <li>Prohibited Acts</li> <li>Disciplinary Severity Scale</li> <li>Sanctions</li> </ul>				IGSAs are not required to post in Spanish and English or other dominant languages: prohibited acts, disciplinary severity scale, and sanctions. The facility posts the rights and responsibilities in English and Spanish in each housing unit.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.				This component is only required for SPCs/CDFs. The facility policy provides for informal resolutions.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.			$\boxtimes$	This component is only required for SPCs/CDFs. The Shift Supervisor reviews all disciplinary reports prior to the end of each shift.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	$\boxtimes$			The Shift Supervisor reviews and investigates all Incident Reports prior to the end of each shift.
An intermediate disciplinary process is used to adjudicate minor infractions.	$\boxtimes$			
<ul> <li>A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:</li> <li>Conducts hearings on all charges and allegations referred by the UDC;</li> <li>Considers written reports, statements, physical evidence, and oral testimony;</li> <li>Hears pleadings by detainees and staff representatives;</li> <li>Bases its findings on the preponderance of evidence; and</li> <li>Imposes only authorized sanctions</li> </ul>				IGSAs are not required to conduct hearings on all charges, consider written reports, statements, evidence, and oral testimony; hear pleadings by detainees and staff representatives, base findings on evidence and impose authorized sanctions. The facility Misconduct Hearing Committee conducts hearings on all charges; considers all written reports and evidence; and hears pleadings by detainees and staff. They base the findings on the evidence and impose only authorized sanctions.
t staff representative is available if requested for a detainee facing disciplinary hearing.			$\boxtimes$	This component is only required for SPCs/CDFs. The facility allows a detainee to have a staff representative.

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#### DISCIPLINARY POLICY

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

COMPONENTS	YES	NO	NA	REMARKS
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.				The maximum time in disciplinary segregation for a single offense is 60 days.
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"		$\boxtimes$		The facility has no written procedure for handling confidential informant information.
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	$\boxtimes$			
ACCEPTABLE DEFICIENT		] AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

Based on a review of disciplinary documents, on site observations, and staff interviews the facility Disciplinary Policy complies with the requirements of the Disciplinary Policy NDS.



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

## **EMERGENCY (CONTINGENCY) PLANS**

MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOC	CAL AND	STATE /	GENCIE	S TO ASSIST IN TIMES OF EMERGENCY.
THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERT	Y. IT IS R	ECOMM	ENDED T	HAT SPCs and CDFs enter into agreement, via
POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND T	FO EMER	GENCIES	WITHAI	PREDETERMINED STANDARDIZED PLAN TO MINIMIZE

COMPONENTS	YES	NO	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.				The facility has no policy that precludes detainees from exercising control or authority over other detainees.
Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees				
Staff is trained to       (b)(7)(e)         •       What type of training and how often?	$\boxtimes$			Staff receives classroom and on-the-job (OJT) training at initial hire and during annual training.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)				The information is disseminated prior to the start of each shift at roll call, and at each post by a "Pass Down Log".
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				The designated person is the Deputy Warden of Operations.
<ul> <li>The plans address the following issues:</li> <li>Confidentiality</li> <li>Accountability (copies and storage locations)</li> <li>Annual review procedures and schedule</li> <li>Revisions</li> </ul>				
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.				
<ul> <li>The facility has cooperative contingency plans with applicable:</li> <li>Local law enforcement agencies</li> <li>State agencies</li> <li>Federal agencies</li> </ul>				This component is only required for SPCs/CDFs. The facility has contingency plans with the Pennsylvania State Police, Pennsylvania Department of Correction and other local law enforcement and emergency agencies.
All staff receives copies of Hostage Situation Management policy and procedures.			$\boxtimes$	This component is only required for SPCs/CDFs. The staff does not receive a copy of the Hostage Management Plan.
Staff is trained to       (b)(7)(e)         (b)(7)(e)       Within 24 hours after release, hostages are screened for medical and psychological effects.				This component is only required for SPCs/CDFs. All staff members are trained to (b)(7)(e) Medical follow-up is provided for all hostages.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			$\boxtimes$	This component is only required for SPCs/CDFs. Medical treatment is provided for staff and detainees during and after the hostage incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.				This component is only required for SPCs/CDFs. The facility maintains a three day supply of meals.
Vritten plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).				This component is only required for SPCs/CDFs. The facility has a floor plan that identifies utility shut off locations.

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## **EMERGENCY (CONTINGENCY) PLANS**

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

COMPONENTS	YES	NO	NA	REMARKS
<ul> <li>Written procedures cover:</li> <li>Work/Food Strike</li> <li>Disturbances</li> <li>Escapes</li> <li>Bomb Threats</li> <li>Adverse Weather</li> <li>Internal Searches</li> <li>Facility Evacuation</li> <li>Detainee Transportation System Plan</li> <li>Internal Hostages</li> <li>Civil Disturbances</li> </ul>				The facility has no written procedures for Adverse Weather.
ACCEPTABLE DEFICIENT	Ľ	AT-R	lisk	REPEAT FINDING

#### **REMARKS:**

Based on a review of documents, on site observations, and staff interviews the facility Emergency Plan is in compliance with the required Emergency Plan NDS.



## ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE						
PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH						
APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND						
SAFE-HANDLING PROCEDURES	· ····		r			
COMPONENTS	YES	NO	NA	REMARKS		
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.		<b>—</b>		The facility has sound practices relative to this component. Policy 200-44, Hazardous and Toxic Substances, guides the storage, maintenance, and issuance of hazardous materials.		
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.				Constant inventories are maintained for all flammable, toxic and caustic substances used at this facility.		
<ul> <li>The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>				The MSDS file is up-to-date for every hazardous substance used. However, the file fails to list all storage areas and does not include a plant diagram.		
<ul> <li>All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They:</li> <li>Wear personal protective equipment; and</li> <li>Report hazards and spills to the designated official.</li> </ul>				Several areas were observed to have protective equipment as required.		
The MSDSs are readily accessible to staff and detainees in work areas.	$\boxtimes$			MSDS files are maintained in areas where chemical substances are used and stored.		
<ul> <li>Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited; and</li> <li>Staff always supervises detainees using these substances.</li> </ul>	$\boxtimes$					
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	$\boxtimes$			All flammable and combustible materials are stored in the maintenance area located outside the secure perimeter of the facility.		
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.)						
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	$\boxtimes$					
All toxic and caustic materials are stored in their original containers in a secure area.	$\boxtimes$					
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.						
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the mallest workable quantities.				There are no products with methyl alcohol in this facility.		

## ENVIRONMENTAL HEALTH AND SAFETY

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

SALE-HAWDLING I ROCEDURES				
COMPONENTS	YES	NO	NA	REMARKS
Every employee and detainee using flammable, toxic, or caustic				
materials receives advance training in their use, storage, and				
disposal.				
The facility complies with the most current edition of applicable				The fire alarm system is inspected by Cholin
codes, standards, and regulations of the National Fire Protection				Corporation of South Williamsport, PA and
Association and the Occupational Safety and Health				the sprinkler system was inspected by
Administration (OSHA).				Automatic Sprinkler Supply of Williamsport,
				PA.
A technically qualified officer conducts the fire and safety	$\square$			
inspections.				
The Safety Office (or officer) maintains files of inspection reports.	$\square$			
The facility has an approved fire prevention, control, and				
evacuation plan.				
The plan requires:				
<ul> <li>Monthly fire inspections;</li> </ul>				
• Fire protection equipment strategically located				
throughout the facility;				
• Public posting of emergency plans with accessible	$\boxtimes$			
building/room floor plans;				
• Exit signs and directional arrows; and				
• An area-specific exit diagram conspicuously posted in				
the diagrammed area.				
ire drills are conducted and documented monthly.	$\boxtimes$			Fire drills are conducted monthly and
				documented as required by this component.
A sanitation program covers barbering operations.				There is no sanitation program that covers
		$\square$		barbering operations. Barbering services are
				contracted by an outside vendor on an as- needed basis.
The barber shop has the facilities and equipment necessary to meet				
sanitation requirements.				There is no dedicated area for a barber shop at this facility. When needed, a "barber chair" is
summeron requirements.		$\boxtimes$		placed in the "booking area" in cell 1. A
				contract barber utilizes their own equipment
				including sanitation requirements.
The sanitation standards are conspicuously posted in the	] ]	<b>6</b>		Sanitation standards are not posted in the area
barbershop.		$\square$		used for barber services.
Written procedures regulate the handling and disposal of used				
needles and other sharp objects.	$\boxtimes$			
All items representing potential safety or security risks are				
inventoried and a designated individual checks this inventory	$\boxtimes$			
weekly.				
Standard cleaning practices include:				
• Using specified equipment; cleansers; disinfectants and				
detergents.				
• An established schedule of cleaning and follow-up				
inspections.				
The facility follows standard cleaning procedures.				
bill kits are readily available.				Spill kits are readily available in the housing
				units sub control centers.

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## ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
A licensed medical waste contractor disposes of infectious/bio- hazardous waste.				Veolia Solid Waste is contracted to disposal of used needles and sharps.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.				
Do the methods for handling/disposing of refuse meet all regulatory requirements?				
<ul> <li>A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventative spraying for indigenous insects.</li> </ul>				Parks Pest Control has the contract for monthly pest control inspections and prevention. The contractor satisfies all provisions of this component.
Drinking water and wastewater is routinely tested according to a fixed schedule.				Water testing is conducted by the City of Lock Haven, PA.
<ul> <li>Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>				Emergency generators are tested weekly. They are tested monthly with a full load.
Acceptable Deficient		] AT-R	ISK	<b>REPE</b> AT FINDING

#### REMARKS:

All components related to Environmental Health and Safety was reviewed for content and accuracy. The physical plant was observed, staff was interviewed, inspection results were reviewed, and appropriate files reviewed. The facility demonstrates acceptable compliance with this standard.

per 4, 2010
<b>DATE</b> (b)(6), (b)(7)(c)

## HOLD ROOMS IN DETENTION FACILITIES

POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.						
COMPONENTS	YES	NO	NA	REMARKS		
The hold rooms are situated within the secure perimeter.				This component is only required for SPCs/CDFs. The facility has two hold rooms located in the intake area.		
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.				This component is only required for SPCs/CDFs. The hold rooms have adequate lighting and ventilation. The activation switches are outside the hold rooms.		
The hold rooms contain sufficient seating for the number of detainees held.			$\boxtimes$	This component is only required for SPCs/CDFs. The hold rooms have sufficient bench type seating.		
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.				This component is only required for SPCs/CDFs. The hold rooms do not contain bunks, cots, or other bedding items.		
The walls and ceilings of the hold rooms are tamper and escape proof.			$\boxtimes$	This component is only required for SPCs/CDFs. The walls and ceilings are constructed with concrete materials.		
Individuals are not held in hold rooms for more than 12 hours.	$\square$					
Male and females are segregated from each other.						
Detainees under the age of 18 are not held with adult detainees.	$\square$					
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.				The intake officer maintains an appropriate supply of hygiene items.		
n older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	$\boxtimes$			The two hold rooms are located directly in front of the intake officer's work station.		
All detainees are given a pat down search for weapons or contraband before being placed in the room.	$\boxtimes$					
<ul> <li>Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.).</li> <li>Hold rooms are irregularly monitored every 15 minutes.</li> <li>Unusual behavior or complaints are noted.</li> </ul>						
When the last detainee has been removed from the hold room, it is given a thorough inspection.				The Intake Officer conducts the hold room inspections.		
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.				IGSAs are not required to designate an officer to remove detainees from hold rooms in case of fire and/or building evacuation. The facility has a policy for evacuation of the intake/hold room area.		
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.						
ACCEPTABLE DEFICIENT		] AT-R	ISK	REPEAT FINDING		

#### **REMARKS:**

Based on a review of documents, on site observations, and staff interviews the facility hold rooms are in compliance with ICE NDS.

Joseph Troniar Jr. / November 4, 2010 UDITOR'S SIGNATURE / DATE

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ICE 2012FOIA03030.025492

## KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFF KEYS AND LOCKS.	FICIENT	SYSTEM	FOR TH	EUSE, ACCOUNTABILITY AND MAINTENANCE OF ALL
COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.				The Deputy Warden of Operations and the maintenance supervisor have attended locksmith training provided by the Folger Adams Company.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.				The maintenance supervisor is responsible for all duties involving keys and locks.
The security officer, or equivalent in IGSAs, provides training to employees in key control.				
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.				The Deputy Warden of Operations and the maintenance supervisor maintain the appropriate inventories.
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			
Facility policies and procedures address the issue of compromised keys and locks.				The written procedure is contained in Policy 300-15, Key, Tool, and Utensil Control.
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.				
Only dead bolt or dead lock functions are used in detainee accessible areas.				
buly authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.				
Grand master keying systems are prohibited.	$\boxtimes$			
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.				
<ul> <li>The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to:</li> <li>Occupational Safety and Environmental Health Manual, Ch. 3;</li> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>				
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.				The operational keyboard is located in the Control Center.
<ul> <li>Procedures are in place to ensure that key rings are:</li> <li>Identifiable;</li> <li>The numbers of keys are cited; and</li> <li>Keys cannot be removed.</li> </ul>				Each key set is (b)(7)e (b)(7)e
Emergency keys are available for all areas of the facility.				The emergency key sets are located in the Control Center.
The facilities use a key accountability system.	$\square$			The facility utilizes (b)(7)e system.
Authorization is necessary to issue any restricted key.	$\square$			
<ul> <li>Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> </ul>	$\boxtimes$			

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In an area that does not allow detainee or public access.

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## KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				IGSAs are not required to count keys daily. The Control Center Officer counts the keys at the start and end of each shift.
<ul> <li>All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>				IGSAs are not required to have keys returned immediately that are taken home by staff, notify a supervisor if a key ring or key is lost. Detainees are not permitted to handle keys assigned to staff. All staff members receive training in the proper handling and use of keys. The facility has a written policy on lost/misplaced keys. Detainees are not allowed to handle keys
<b>Acceptable Deficient</b>		] AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

Based on a review of facility documents, on site observations, and staff interviews the facility Key and Lock Control Policy is in compliance with the ICE NDS.

(b)(6), (b)(7)(c)	/ November 4, 2010	)
AUDITOR'S SIGNA	TURE / DATE	
		(b)(6), (b)(7)(c)
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## **POPULATION COUNTS**

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

COMPONENTS	YES	No	NA	REMARKS
Staff conduct a formal count at least once each shift.				
Activities cease or are strictly controlled while a formal count is being conducted.				This component is only required for SPCs/CDFs. All activity ceases during the count.
Certain operations cease during formal counts.				This component is only required for SPCs/CDFs. Certain operations cease during formal counts.
All movement ceases for the duration of a formal count.				This component is only required for SPCs/CDFs. The facility has no movement during the count.
Formal counts in all units take place simultaneously.				This component is only required for SPCs/CDFs. The formal count takes place in all areas simultaneously.
Detainee participation in counts is prohibited.				This component is only required for SPCs/CDFs. Detainees do not participate in counts.
A face-to-photo count follows each unsuccessful recount.				This component is only required for SPCs/CDFs. The facility conducts a face to photo count after each unsuccessful recount.
Officers positively identify each detainee before counting him/her as present.				This component is only required for SPCs/CDFs. The staff utilizes a Locator Card that contains a photo of the detainee.
<ul> <li>Written procedures cover informal and emergency counts.</li> <li>They are followed during informal counts and emergencies.</li> </ul>				The facility written procedure is contained in Policy 300-8, Counts.
The control officer (or other designated position) maintains an out -count record of all detainees temporarily leaving the facility.				The intake officer maintains the out-count record.
This training is documented in each officer's training folder.	$\square$			
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

A facility count was observed by the review team at 3:30 p.m. on November 3, 2010. Based on a review of facility documents, on site observations, and staff interviews the facility is in compliance with the Population Counts NDS.

(b)(6), (b)(7)(c) / November 4, 2( 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 IN STABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.					
COMPONENTS		Y, AND G			
Every fixed post has a set of post orders.	YES			<b>REMARKS</b> The facility Post Orders are contained in Policy 300-1, Post Orders.	
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				This component is only required for SPCs/CDFs. The post orders do not contain inserts or revisions.	
One individual or department is responsible for keeping all post- orders current with revisions that take place between reviews.				The facility Captain is responsible for promulgation of the post orders.	
The IGSA maintains a complete set (central file) of post orders.					
The central file is accessible to all staff.			$\boxtimes$	This component is only required for SPCs/CDFs. The facility has central files located in the Warden's Office, the Captain's Office, and the Shift Supervisor's Office.	
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.			$\boxtimes$	This component is only required for SPCs/CDFs. The Warden authorizes all changes to the post orders.	
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.			$\boxtimes$	This component is only required for SPCs/CDFs. The Warden has signed the first page of every section.	
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.				The written policy states that the review will be conducted on an annual basis. There is no documentation of a yearly review.	
Procedures keep post orders and logbooks secure from detainees at all times.				This component is only required for SPCs/CDFs. Policy 300-1 prohibits detainee access to post orders.	
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.			$\boxtimes$	This component is only required for SPCs/CDFs. The facility has an Outside Security Check Post that is armed. Policy 300- 5, Outside Security Checks, requires weapon qualification before assignment to the post.	
Armed-post post orders provide instructions for escape attempts.					
The post orders for housing units track the event schedule.			$\boxtimes$	This component is only required for SPCs/CDFs. The Housing Unit Post Orders do not contain an event schedule.	
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.				This component is only required for SPCs/CDFs. Each housing unit officer is required to maintain a written log of all activities. The post order has instructions on maintaining the log.	
🖾 ACCEPTABLE 🔄 DEFICIENT 🔄 AT-RISK 🔄 REPEAT FINDING				REPEAT FINDING	

#### **REMARKS:**

Based on a review of the facility post orders, on site observations, and staff interviews, the facility was found to be in compliance with the ICE NDS.

(b)(6), (b)(7)(c)	/ November 4, 2010					
AUDITOR'S SIGNATURE / DATE						

(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
RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.	

COMPONENTS	YES	NO	NA	REMARKS
<ul> <li>The facility has a comprehensive security inspection policy. The policy specifies:</li> <li>Posts to be inspected;</li> <li>Required inspection forms;</li> <li>Frequency of inspections;</li> <li>Guidelines for checking security features; and</li> <li>Procedures for reporting weak spots, inconsistencies, and other areas needing improvement</li> </ul>				IGSAs are not required to have a policy on posts to be inspected and have the required inspection forms. The facility written procedure is contained in Policy 300-14, Security Inspections and Patrols. The policy defines the posts to be inspected, frequency of the inspections, guidelines, and procedures for reporting problems.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.				This component is only required for SPCs/CDFs. Each officer documents the required security check in their Unit Log Book. In addition the facility uses an electronic Timekeeper Data Collection System that monitors/records the security rounds.
Documentation of security inspections is kept on file.				This component is only required for SPCs/CDFs. The Unit Log Books and the Timekeeper Data information is kept on file.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				This component is only required for SPCs/CDFs. All damages and/or problems are reported on an Extraordinary Occurrence Report.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	$\boxtimes$			
All visits are officially recorded in a visitor logbook or electronically recorded.				
The facility has a secure visitor pass system.				
Every Control Center officer receives specialized training.				
The Control Center is staffed around the clock.				This component is only required for SPCs/CDFs. The Control Center is staffed on a 24-hour basis.
Policy restricts staff access to the Control Center.				This component is only required for SPCs/CDFs. The facility has no written policy on restricted access to the Control Center.
Detainees are restricted from access to the Control Center.				This component is only required for SPCs/CDFs. Detainees are not allowed in the Control Center.
Communications are centralized in the Control Center.				This component is only required for SPCs/CDFs. The facility communications are centralized in the Control Center.
Officers monitor all vehicular traffic entering and leaving the facility.	$\square$			The Control Center monitors all traffic via cameras.
<ul> <li>The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:</li> <li>The driver's name;</li> <li>Company represented;</li> <li>Vehicle contents;</li> <li>Delivery date and time;</li> <li>Date and time out;</li> <li>Vehicle license number; and</li> <li>Name of employee responsible for the vehicle during the visit</li> </ul>				This component is only required for SPCs/CDFs. The facility does not maintain a log of vehicles.

## SECURITY INSPECTIONS

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

COMPONENTS	YES	No	NA	REMARKS
Officers thoroughly search each vehicle entering and leaving the facility.				IGSAs are not required to search vehicles leaving the facility. Officers do not search vehicles upon entering or leaving the facility.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.				
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.				This component is only required for SPCs/CDFs. All tools are inventoried by the maintenance staff upon entrance and prior to exiting the facility.
The SMU entrance has a sally port.				The Special Management Unit does not have a sally port.
Written procedures govern searches of detainee housing units and personal areas.				
Housing area searches occur at irregular times.			$\boxtimes$	This component is only required for SPCs/CDFs. Housing unit searches occur at irregular times.
Every search of the SMU and other housing units is documented.	$\square$			The searches are documented in the unit log.
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	X			
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	$\mathbb{X}$			
<ul> <li>Paily procedures include:</li> <li>Perimeter alarm system tests;</li> <li>Physical checks of the perimeter fence; and</li> <li>Documenting the results.</li> </ul>				(b)(7)e
Visitation areas receive frequent, irregular inspections.	$\square$			
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

Based on a review of the facility documents, on site observations, and staff interviews the facility Security Inspections is in compliance with the required Security Inspection NDS.

(b)(6), (b)(7)(c) /<u>November 4, 2010</u> AUDITOR'S SIGNATURE / DATE



#### SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation)

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

COMPONENTS	YES	No	NA	REMARKS
<ul> <li>The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation.</li> <li>Detainees are placed in the SMU (administrative) in accordance with written criteria.</li> </ul>				The facility written procedure is contained in Policy 300-12, Segregation.
<ul> <li>In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved.</li> <li>A copy of the order given to the detainee within 24 hours.</li> </ul>				
<ul> <li>The OIC (or equivalent) regularly reviews the status of detainees in administrative detention.</li> <li>A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).</li> </ul>				This component is only required for SPCs/CDFs. The Deputy Warden of Administration conducts the review within 72 hours.
<ul> <li>A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and:</li> <li>Every week thereafter for the first month; and</li> <li>Every 30 days after the first month.</li> <li>Does each review include an interview with the detainee?</li> <li>Is a written record made of the decision and the justification?</li> </ul>				This component is only required for SPCs/CDFs. The Deputy Warden of Administration conducts the reviews on a weekly basis.
<ul> <li>The detainee is given a copy of the decision and justification for each review.</li> <li>The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.</li> </ul>				This component is only required for SPCs/CDFs. The detainee is given a copy of the review. There is no process for the detainee to appeal the decision.
<ul> <li>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.</li> <li>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.</li> </ul>			$\boxtimes$	This component is only required for SPCs/CDFs. The Deputy Warden of Administration makes the notification to the Field Office Director.
<ul> <li>The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.</li> <li>A written record is made of the decision and the justification.</li> <li>The detainee receives a copy of this record.</li> </ul>				This component is only required for SPCs/CDFs. The facility has no review process for detainees who object to placement in administrative segregation.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.				This component is only required for SPCs/CDFs. The facility has no appeal process for detainees who have been in administrative segregation for seven consecutive days.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	$\boxtimes$			
<ul> <li>The SMU is:</li> <li>Well ventilated;</li> <li>Adequately lighted;</li> <li>Appropriately heated; and</li> <li>Maintained in a sanitary condition.</li> </ul>				

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## 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 SECTION						
THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT						
[DISCIPLINARY SEGREGATION]" STANDARD).						
COMPONENTS	YES	NO	NA	REMARKS		
All cells are equipped with beds.	$\square$					
• Every bed is securely fastened to the floor or wall.						
The number of detainees in any cell does not exceed the occupancy						
limit.						
• When occupancy exceeds recommended capacity, do	57			The facility does not exceed the occupancy		
basic living standards decline?				limit.		
• Do criteria for objectively assessing living standards						
exist?						
• If yes, are the criteria included in the written procedures?						
The segregated detainees have the same opportunities to	57					
exchange/launder clothing, bedding, and linen as detainees in the						
general population.						
Detainees receive three nutritious meals per day, from the general						
population's menu of the day.	$\square$			The detainees eat with regular utensils, and		
• Do detainees eat only with disposable utensils?				food is not used as punishment.		
Is food ever used as punishment?  Each datained maintained a normal land of normal land of the second				· · · · · · · · · · · · · · · · · · ·		
Each detainee maintains a normal level of personal hygiene in the SMU.						
				The detainees are allowed to shower and shave		
• The detainees have the opportunity to shower and shave at least three times a week.				daily.		
If not, explain.  The detainees are provided:						
Barbering services;						
<ul> <li>Barbering services,</li> <li>Recreation privileges in accordance with the "Detainee</li> </ul>						
<ul> <li>Recreation privileges in accordance with the Defainee Recreation" standard;</li> </ul>						
<ul> <li>Non-legal reading material;</li> </ul>						
<ul> <li>Religious material;</li> </ul>	$\boxtimes$					
<ul> <li>The same correspondence privileges as detainees in the</li> </ul>			LI			
<ul> <li>The same correspondence privileges as detailees in the general population;</li> </ul>						
• Telephone access similar to that of the general						
population; and				·		
<ul> <li>Personal legal material.</li> </ul>						
A health care professional visits every detainee at least three times						
a week.				The medical staff visits daily. The Shift		
The shift supervisor visits each detainee daily.	$\boxtimes$			Supervisor visits every shift including		
<ul> <li>Weekends and holidays.</li> </ul>				weekends and holidays.		
Procedures comply with the "Visitation" standard.						
The detainee retains visiting privileges; and	_					
<ul> <li>The visiting room is available during normal visiting</li> </ul>	$\boxtimes$					
hours.						
Visits from clergy are allowed.	$\boxtimes$					
Detainees have the same law-library access as the general						
population.						
<ul> <li>Are they required to use the law library Separately, or</li> </ul>	$\boxtimes$					
Are mey required to use the law notary <u>Asceptiancery</u> , of As a group?	<b>K</b>					
<ul> <li>Are legal materials brought to them?</li> </ul>						
he SMU maintains a permanent log of detainee-related activity,				The Housing Unit Officer maintains a written		
e.g., meals served, recreation, visitors etc.	$\boxtimes$			log book of all activities.		

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)
# SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation)

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THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).						
COMPONENTS	YES	No	NA	REMARKS		
<ul> <li><u>SPC procedures</u> include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU.</li> <li>Staff completes the form at the end of each shift.</li> <li><u>CDFs and IGSA</u> facilities use Form I-888 (or local equivalent).</li> </ul>	X			IGSAs are not required to have and complete an I-888. The facility uses a (CCCF #3) Special Management (L/C Block) Recreation/Shower-Shave/Meal Log & Nursing Rounds form.		
<ul> <li>Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.</li> <li>Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;</li> <li>The medical officer/health care professional signs each individual's record during each visit; and</li> <li>The housing officer initials the record when all detainee services are completed or at the end of the shift.</li> </ul>				This component is only required for SPCs/CDFs. The facility uses a (CCCF #3) Special Management (L/C Block) Recreation/Shower-Shave/Meal Log & Nursing Rounds form.		
<ul> <li>A new record is created for each week the detainee is in Administrative Segregation.</li> <li>The weekly records are retained in the SMU until the detainee's return to the general population.</li> </ul>				This component is only required for SPCs/CDFs. The CCCF #3 form is created on a daily basis.		
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

#### **REMARKS:**

The facility Special Management Unit is located in L Block. Based on a review of facility documents, on site observations, and staff interviews the facility Special Management Unit is in compliance with ICE NDS.

(b)(6), (b)(7)(c)	/ November 4	
AUDITOR'S SIGNA	TURE / DATE	
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(b)(6), (b)(7)(c)

# SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL						
POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE						
OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.						
COMPONENTS	YES	NO	NA	REMARKS		
Officers placing detainees in disciplinary segregation follow written procedures.				The facility written procedure is contained in Policy 300-12, Segregation.		
The sanctions for violations committed during one incident are limited to 60 days.				The maximum sanctions are limited to 60 days.		
<ul> <li>A completed Disciplinary Segregation Order accompanies the detainee into the SMU.</li> <li>The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.</li> </ul>	$\boxtimes$					
<ul> <li>Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals.</li> <li>After each formal review, the detainee receives a written copy of the decision and supporting reasons.</li> </ul>	Ø			IGSAs are not required to provide detainees with a written copy of each formal review. The cases of detainees in Disciplinary Segregation are reviewed weekly. The detainee does not receive a written 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.	$\boxtimes$					
<ul> <li>Living conditions in disciplinary SMUs remain the same regardless of behavior.</li> <li>If no, does staff prepare written documentation for this action?</li> <li>Does the OIC sign to indicate approval.</li> </ul>						
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	$\boxtimes$					
<ul> <li>The quarters used for segregation are:</li> <li>Well-ventilated.</li> <li>Adequately lighted.</li> <li>Appropriately heated.</li> <li>Maintained in a sanitary condition.</li> </ul>	$\boxtimes$			The sanitation level observed in the Special Management Unit was good.		
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	$\boxtimes$					
<ul> <li>The number of detainees confined to each cell or room is limited to the number for which the space was designate.</li> <li>Does the OIC approve excess occupancy on a temporary basis?</li> </ul>						
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.				The Shift Commander conducts the review and authorizes items to be returned as soon as it is safe.		
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.						
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.				The facility does not use food as a punishment.		
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least ree times/week	$\boxtimes$			The detainees have the opportunity to shower and shave every other day.		

# SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

<b>POLICY:</b> 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	
<ul> <li>Detainees receive, unless documented as a threat to security:</li> <li>Barbering services;</li> <li>Recreation privileges;</li> <li>Other-than-legal reading material;</li> <li>Religious material;</li> <li>The same correspondence privileges as other detainees; and</li> <li>Personal legal material.</li> </ul>					
<ul> <li>When phone access is limited by number or type of calls, the following areas are exempt:</li> <li>Calls about the detainee's immigration case or other legal matters;</li> <li>Calls to consular/embassy officials; and</li> <li>Calls during family emergencies (as determined by the OIC/Warden).</li> </ul>					
<ul> <li>A health care professional visits every detainee in disciplinary segregation every week day.</li> <li>The shift supervisor visits each segregated detainee daily</li> <li>Weekends and holidays.</li> </ul>	$\boxtimes$			The medical staff visits daily. The Shift Supervisor visits every shift including weekends and holidays.	
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.		$\boxtimes$		The Deputy Warden of Administration must pre-approve all general public visits.	
<ul> <li>SMU detainees receive legal visits, as provided in the "Visitation" andard.</li> <li>Legal service providers are notified of security concerns arising before a visit.</li> </ul>					
<ul> <li>Visits from clergy are allowed.</li> <li>The clergy member is given the option of visiting/not visiting the segregated detainee.</li> <li>Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.</li> </ul>					
<ul> <li>SMU detainees have law library access.</li> <li>Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing.</li> <li>Legal material brought to individuals in the SMU on a case-by-case basis.</li> <li>Staff documents every incident of denied access to the law library.</li> </ul>					
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	$\boxtimes$			The Housing Unit Officer maintains a written log book of all activities.	
<ul> <li>The <u>SPC's</u>, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU.</li> <li>All I-888s are filled out by the end of each shift.</li> <li>The <u>CDF/IGSA</u> facility use Form.</li> <li>I-888 (or equivalent local form).</li> </ul>				IGSAs are not required to have and complete an I-888. The facility uses a (CCCF#3) Special Management (L/C Block) Recreation/Shower- Shave/Meal Log & Nursing Rounds form.	

# 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
<ul> <li>SMU staff record whether the detainee ate, showered, exercised, took medication, etc.</li> <li>Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc.</li> <li>The health care official sign individual records after each visit.</li> <li>The housing officer initials the record when all detainee services are completed or at the end of the shift.</li> <li>A new record is created weekly for each detainee in the SMU.</li> <li>The SMU retains these records until the detainee leaves the SMU.</li> </ul>				This component is only required for SPCs/CDFs. The (CCCF#3) Special Management (L/C Block) Recreation/Shower- Shave/Meal Log & Nursing Rounds form is created on a daily basis.
ACCEPTABLE DEFICIENT	AT-RISK		lisk	REPEAT FINDING

#### **REMARKS:**

The facility Special Management Unit is located in L Block. Based on a review of facility documents, on site observations, and staff interviews the facility Special Management Unit is in compliance with the required Special Management Unit NDS.

(b)(6), (b)(7)(c) / November 4 AUDITOR'S SIGNATURE / DATE	
	(b)(6), (b)(7)(c)

# TOOL CONTROL

<b>POLICY:</b> IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.					
COMPONENTS	YES	No	NA	REMARKS	
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				The maintenance supervisor is responsible for the tool control procedures.	
Department heads are responsible for implementing this standard in their departments.				This component is only required for SPCs/CDFs. The department heads are responsible for implementation of this requirement.	
<ul> <li>Tool inventories are required for the:</li> <li>Maintenance Department;</li> <li>Medial Department;</li> <li>Food Service Department;</li> <li>Electronics Shop;</li> <li>Recreation Department; and</li> <li>Armory.</li> </ul>				The facility has no recreation or electronics departments.	
<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>	X				
<ul> <li>The facility has a tool classification system. Tools are classified according to:</li> <li>Restricted (dangerous/hazardous); and</li> <li>Non-Restricted (non-hazardous).</li> </ul>				IGSAs are not required to have tools classified as restricted and non-restricted. The facility classifies all tools as restricted/ hazardous.	
Department heads are responsible for implementing tool-control procedures.				This component is only required for SPCs/CDFs. The department heads are responsible for implementation of tool control procedures.	
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.					
<ul> <li>The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice.</li> </ul>				The facility tools are stored outside the secure perimeter.	
Each facility has procedures for the issuance of tools to staff and detainees.				Detainees are not issued or allowed to have tools.	
<ul> <li>The facility has policies and procedures to address the issue of lost tools. The policy and procedures include:</li> <li>Verbal and written notification;</li> <li>Procedures for detainee access; and</li> <li>Necessary documentation/review for all incidents of lost tools.</li> </ul>				The facility written procedure is contained in Policy 300-15 Key, Tool and Utensil Control.	
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	$\boxtimes$				
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools rior to admittance into or departure from the facility.					
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING	

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## **REMARKS:**

The maintenance department is located outside the secure perimeter of the facility. It has locked tool boxes that are taken inside the secure perimeter of the facility to effect repairs. The tool boxes are inventoried prior to entry and exit from the secure perimeter. The medical department, food service department, and armory inventories were reviewed and found to be complete and accurate. Based on a review of facility documents, on site observations, and staff interviews the facility Tool Control Policy meets the required Tool Control NDS.

(b)(6), (b)(7)(c)	/November 4 2010
AUDITOR'S SIGN	ATURE / DATE

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

# TRANSPORTATION (LAND TRANSPORTATION)

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

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

COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this				
finding of compliance.				
Every transporting officer required to drive a commercial size bus				
has a valid Commercial Driver's License (CDL) issued by the state				
of employment.				
Supervisors maintain records for each vehicle operator.				
Officers use a checklist during every vehicle inspection.				
<ul> <li>Officers report deficiencies affecting operability; and</li> </ul>				
• Deficiencies are corrected before the vehicle goes back				
into service.				
Transporting officers:				
• Limit driving time to 10 hours in any 15 hour period;				
• Drive only after eight consecutive off-duty hours;				
• Do not receive transportation assignments after having				
been on duty, in any capacity, for 15 hours;				
<ul> <li>Drive a 50-hour maximum in a given work week; a 70- hour maximum during eight concentries down.</li> </ul>				
<ul><li>hour maximum during eight consecutive days;</li><li>During emergency conditions (including bad weather),</li></ul>				
• During emergency conditions (metuding bad weather), officers may drive as long as necessary and safe to reach				
a safe area-exceeding the 10-hour limit.				
(b)(7)(e)officers with valid CDLs required in any bus transporting				
detainees.				
• When buses travel in tandem with detainees, there are		_	_	
(b)(7)(qualified officers per vehicle.				
• An (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.	<u> </u>			
The facility ensures that the number of detainees transported does				
not exceed the vehicles manufacturer's occupancy level.				
(b)(7)(e) are provided to all transporting officers.				
The vehicle crew conducts a visual count once all passengers are				
on board and seated.				
Additional visual counts are made whenever the vehicle			_	
makes a scheduled or unscheduled stop.				
Policies and procedures are in place addressing the use of				
restraining equipment on transportation vehicles. Officers ensure that no one contacts the detainees.				• • • • • • • • • • • • • • • • • • • •
<ul> <li>(b)(7)(e)officer remains in the vehicle at all times when</li> </ul>				
detainees are present.				

## TRANSPORTATION (LAND TRANSPORTATION)

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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
<ul> <li>Meals are provided during long distance transfers.</li> <li>The meals meet the minimum dietary standards, as</li> </ul>				
identified by dieticians utilized by ICE.			ļ!	
The vehicle crew inspects all Food Service pickups before			Í I	
accepting delivery (food wrapping, portions, quality, quantity, thermos transport containers at a)		ļ	Í I	
<ul> <li>thermos-transport containers, etc.).</li> <li>Before accepting the meals, the vehicle crew raises and</li> </ul>				
<ul> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the</li> </ul>				
Food Service representative;				
• Basins, latrines, and drinking-water			1	
containers/dispensers are cleaned and sanitized on a				
fixed schedule.				
Vehicles have:				
•				
● (b)(7)(c)				
(b)(7)(e)				
The vehicles are clean and sanitary at all times.				
Personal property of a detainee transferring to another facility is:				
<ul> <li>Inventoried;</li> </ul>				
Inspected; and				
Accompanies the detainee.				
The following contingencies are included in the written procedures				
for vehicle crews:				
Attack				
Escape				
<ul> <li>Hostage-taking</li> <li>Detainee sickness</li> </ul>				
<ul> <li>Detainee sickness</li> <li>Detainee death</li> </ul>				
Vehicle fire				
Riot				
Traffic accident				
Mechanical problems				
Natural disasters		-		
Severe weather	.			
Passenger list includes women or minors				
	<u></u>			
		AT-R	ISK	<b>REPEAT FINDING</b>

#### **REMARKS:**

All transportation of ICE Detainees is handled by the ICE Field Office.

(b)(6), (b)(7)(c) / <u>November 4, 2010</u> AUDITOR'S SIGNATURE / DATE

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

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# **USE OF FORCE**

POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS					
TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:					
COMPONENTS	YES	No	NA	REMARKS	
Written policy authorizes staff to respond in an immediate-use-of-				The facility written procedure is contained in	
force situation without a supervisor's presence or direction.				Policy 300- 6, Use of Force.	
When the detainee is in an area that is or can be isolated (e.g., a	1				
locked cell, a range), posing no direct threat to the detainee or					
others, officers must try to resolve the situation without resorting to					
force.	<u> </u>				
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.	5				
• Ranking detention official, health professional, and					
others confer before every calculated use of force.					
When a detainee must be forcibly moved and/or restrained, and					
there is time for a calculated use of force, staff uses the Use-of-	$\square$				
Force Team Technique.					
Under staff supervision.					
Staff members are trained in the performance of the Use-of-Force				The facility has no written procedure for the	
Team Technique. All use-of-force incidents are documented and reviewed.				(b)(7)e	
taff:				······································	
<ul> <li>Do not use force as punishment;</li> <li>Attempt to gain the detainee's voluntary cooperation before resorting to force;</li> <li>Use only as much force as necessary to control the detainee; and</li> <li>Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.</li> </ul>					
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	$\square$			The facility does not use medication for	
Use-of-Force Team follows written procedures that attempt to				restraint purposes. The facility has no written procedures for	
prevent injury and exposure to communicable disease(s).		$\square$		injury and communicable disease prevention	
Standard procedures associated with using four-point restraints				ing any and communication and and provormion	
include:					
• Soft restraints (e.g., vinyl);					
<ul> <li>Dressing the detainee appropriately for the temperature;</li> </ul>				The Use of Force Policy 300-6 has no written	
<ul> <li>A bed, mattress, and blanket/sheet;</li> </ul>				procedures for using (b)(7)e dressing	
<ul> <li>Checking the detainee at least every 15 minutes;</li> </ul>				the detainee appropriately for temperature, using a bed mattress and blanket/sheet.	
<ul> <li>Logging each check;</li> </ul>		$\square$		Medically evaluating the detainee twice per	
<ul> <li>Turning the bed-restrained detainee often enough to</li> </ul>				eight-hour shift and when qualified medical	
prevent soreness or stiffness;				staff is not immediately available, staff position	
<ul> <li>Medical evaluation of the restrained detainee twice per eight-hour shift; and</li> </ul>				the detainee "face-up".	

 When qualified medical staff is not immediately available, staff position the detainee "face-up".

> FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) Page 71 of 75

# **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
The shift supervisor monitors the detainee's position/condition every two hours. <ul> <li>He/she allows the detainee to use the rest room at these times under safeguards.</li> </ul>				The facility policy has no requirement for supervisors monitoring the detainee's condition every two hours.
All detainee checks are logged.				
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.				
<ul> <li>When the OIC authorizes use of non-lethal weapons:</li> <li>Medical staff is consulted before staff use pepper spray/non-lethal weapons.</li> <li>Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.</li> </ul>	$\boxtimes$			The procedure is contained in Policy 300-6 Use of Force.
<ul> <li>Special precautions are taken when restraining pregnant detainees.</li> <li>Medical personnel are consulted</li> </ul>		$\boxtimes$		The facility has no written procedure for restraining pregnant detainees.
Protective gear is worn when restraining detainees with open cuts or wounds.	$\boxtimes$			
Staff documents every use of force and/or non-routine application of restraints.	$\boxtimes$			
It is standard practice to review any use of force and the non- routine application of restraints.	$\boxtimes$			
<ul> <li>All officers receive training in self-defense, confrontation-voidance techniques and the use of force to control detainees.</li> <li>Specialized training is given and Officers are certified in all devices they use.</li> </ul>				
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?				IGSAs are not required to have a Use of Force form. The facility uses an Extraordinary Occurrence Report.
Acceptable Deficient	AT-RISK		ISK	REPEAT FINDING

#### **REMARKS:**

The facility has no written policy/procedure for the (b)(7)e that includes injury and communicable disease prevention. The facility has (b)(7)(e) If the (b)(7)(e) is in use, the facility would to control (b)(7)e additional detainees. The facility has no written procedure for the and no written policy addressing the (b)(7)e restraining of pregnant detainees. The facility is in the process of implementing changes to the policy and procedure to address the use of and restraining pregnant detainees. The facility has an Electronic Immobilization (b)(7)e Shield, and (b)(7)(e) Based on a review of facility documents, on site observations, staff interviews, and pending changes to existing policy and procedures the facility Use of Force Policy is in compliance with ICE NDS.

(b)(7)(e) AUDITOR'S SIGNA	<u>/ November 4, 20</u> TURE / DATE	(b)(7)(e)	
		(b)(7)(e)	

# STAFF DETAINEE COMMUNICATIONS

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

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.				ICE Field Office staff is present at the facility nearly every day. The ICE Liaison Officer visits the facility at least once a week.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.				Discussions with ICE staff indicate staff conducts both scheduled and unscheduled visits.
Scheduled visits are posted in ICE detainee areas.				The ICE Liaison Officer states ICE detainees know his schedule.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.				The ICE Liaison Officer indicates he uses the ICE form, "Facility Liaison Checklist" to evaluate conditions of confinement.
ICE information request Forms are available at the IGSA for use by ICE detainees.				ICE detainees use the facility's inmate request form.
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.				The Deputy Warden indicates all ICE-related correspondence is placed in a separate mail box.
ICE staff responds to a detainee request from an IGSA within 72 hours.	$\boxtimes$			Conversations with ICE staff state detainee requests are responded to well within 72 hours.
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.				The facility provides all detainees with a copy of the National Detainee Handbook.
Acceptable Deficient	AT-RISK		lisk	REPEAT FINDING

#### **REMARKS:**

ICE staff is present at the facility throughout the week. It appears that ICE staff is accessible to the detainees.

(b)(6), (b)(7)(c) / November 4, 2( AUDITOR'S SIGNATURE / DATI

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

# DETAINEE TRANSFER STANDARD

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

COMPONENTS	YES	NO	NA	REMARKS
<ul> <li>When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer.</li> <li>The notification is recorded in the detainee's file; and</li> <li>When the A File is not available, notification is noted within DACS</li> </ul>	$\boxtimes$			If there is a G-28 on file, the representative of record is notified by the detainee's Deportation Officer; the notification is recorded in the detainee's 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.	$\boxtimes$			This information is provided by ICE Field Office staff.
<ul> <li>Facility policy mandates that:</li> <li>Times and transfer plans are never discussed with the detainee prior to transfer;</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility; and</li> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>				
The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	$\boxtimes$			
<ul> <li>For medical transfers:</li> <li>The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer;</li> <li>Medical transfers are coordinated through the local ICE office; and</li> <li>A medical transfer summary is completed and accompanies the detainee.</li> </ul>			X	Except for emergencies, medical transfers are not processed by this facility.
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.			$\boxtimes$	There is no DIHS staff assigned to this facility.
For medical transfers, transporting officers receive instructions regarding medical issues.			$\boxtimes$	Except for emergencies, medical transfers are not processed by this facility.
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	$\boxtimes$			
Transfer and documentary procedures outlined in Section C and D are followed.	$\boxtimes$			
Meals are provided when transfers occur during normally schedule meal times.	$\boxtimes$			When necessary, the facility will provide ICE with the required meals.
n A File or work folder accompanies the detainee when dransferred to a different field office or sub-office.	$\square$			

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# DETAINEE TRANSFER STANDARD

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

COMPONENTS		No	NA	REMARKS
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				This function is performed by the ICE Field Office staff.
Acceptable Deficient	AT-RISK		lisk	REPEAT FINDING

#### **REMARKS:**

ICE staff from the ICE Field Office coordinates and perform all detainee transfers from this facility. Interviews with ICE staff confirmed that the requirements of the Detainee Transfer Standard are in compliance.

(b)(6), (b)(7)(c) AUDITOR'S SIGNA	/ November 4, 2010 TURE / DATE	
		(b)(6), (b)(7)(c)