**U.S. Immigration
and Customs
Enforcement**

MEMORANDUM FOR: Timothy S. Aitken
        Field Office Director
        San Francisco Field Office

FROM: Tae D. Johnson
        Assistant Director for Detention Management

SUBJECT: Contra Costa West Detention Facility Annual Review

The annual review of the Contra Costa West Detention Facility conducted on November 16-18, 2010, in Richmond, California has been received. A final rating of **Acceptable** has been assigned. No further action is required and this review is closed.

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

1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility **within** five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

2) The next annual review will be scheduled on or before November 16, 2011.

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

cc: Official File
  ICE:HQERO (b)(6), (b)(7)(C) 02/11/2011
          (b)(7)e

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 *Contra Costa County - West Detention Facility*	
Address (Street and Name) *5555 Giant Highway*	
City, State and Zip Code *Richmond, California 94806*	
County *Contra Costa*	
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) (b)(6), (b)(7)(C) *Lieutenant, OIC*	
Name and Title of Lead Compliance Inspector (b)(6), (b)(7)(C) *Lead Compliance Inspector*	
Date[s] of Review From *11/16/10* to *11/17/10*	
Type of Review ☒ **Headquarters** ☐ **Operational** ☐**Special Assessment** ☐**Other**	

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)
G-324A (Coded 10132010) Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07

ICE 2012FOIA03030.025515

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

SECTION I

DETAINEE SERVICES STANDARDS

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	NO	NA	REMARKS
The facility provides a designated law library for detainee use.	☐	☒	☐	The facility does not have a designated law library.
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.	☒	☐	☐	There is one computer loaded with the latest version of LexisNexis, in a small room located in the living unit where all detainees are housed. The facility uses LexisNexis to provide Attachment A materials thus there is no requirement to post the listings of materials.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	☐	☒	☐	The computer provided for detainee legal research use is in a very small room inside the living module/housing unit.
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	☐	☒	☐	Although there is a very low demand for the use of the computer, there is just one computer for over 100 detainees.
In addition to the physical law library, detainees have access to the Lexis Nexis electronic law library.	☒	☐	☐	All detainees have unlimited use of the Lexis Nexis electronic library.
Where provided, the Lexis Nexis library is updated and is current.	☒	☐	☐	
Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.	☒	☐	☐	The facility polices related to legal materials allows donations to be accepted for all non-ICE inmates but is silent on accepting donations of legal materials for detainees. Facility administrators stated that if offered any donated materials for detainees, they would accept them with ICE authorization.
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	☒	☐	☐	ICE staff remove the computer from the facility and take it back to their offices when replacing the legal materials. Custody staff reports this has been occurring routinely.
Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	☒	☐	☐	Currently, this requirement is being met as staff report the computer gets little use. Those who have requested access are receiving in excess of 5 hours per week.
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	☒	☐	☐	The facility has a contract with a vendor (Legal Research Associates) who provides legal research and documents upon requests.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	☒	☐	☐	
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	☐	☒	☐	Facility staff interviewed stated there currently is no process in place to assist non-English speaking detainees for their legal research and they have no legal publications.
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.	☒	☐	☐	

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	NO	NA	REMARKS
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	☐	☒	☐	Detainees in either SMU status are not allowed to conduct research on the computer that contains the Lexis Nexis program because it is located in a different housing module.
All denials of access to the law library fully documented.	☐	☒	☐	This is not addressed in policy and staff interviewed stated they are unaware of any requirement.
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	☐	☒	☐	The facility staff do not inform ICE when an ICE detainee is refused access to the law library or legal materials.
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	☒	☐	☐	

☐ **ACCEPTABLE**	☐ **DEFICIENT**	☐ **AT-RISK**	☒ **REPEAT FINDING**

REMARKS:

This facility has no legal library, per ICE standards. The law library service provided consists of a computer and a printer in a small room in the male and female detainees' living modules; the most recent version of Lexis Nexis loaded. Detainees have unlimited access to the computer and at the time of this inspection the demand for its use was very low. The average daily detainee population was reportedly over 100. Consequently, an increase in demand for computer time would suggest that one computer is insufficient for the population. The facility has a contract with Legal Research Associates who research and provide documents and materials upon request. The detainees have no limit on the number of requests they may make. Records reviewed indicate that materials requested are delivered to the detainee inside three days. All those housed in the SMU may request legal materials through Legal Research Associates. The facility generally falls short of ICE specifications in this service area.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

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 *pro bono* legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	☒	☐	☐	The section of the component that requires the following topics to be included in the detainee orientation is specific to SPCs or CDFs: Unacceptable activities and behavior and corresponding sanctions; how to contact ICE; the availability of pro bono legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; and sick call procedures. A video orientation is provided to all detainees within the first 72 hours of arrival. All of the required postings were found in the living modules; the same documents are filed in a notebook that is available to detainees at any time. Detainee handbooks are available in Spanish and English.
Medical screenings are performed by medical staff **or** persons who have received specialized training for the purpose of conducting an initial health screening.	☒	☐	☐	Medical staff is on duty 24/7 at intake and conduct these screenings. Custody staff received the appropriate specialized training related to the medical and mental health screening documents and may perform these screenings in the absence of a health care professional.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	☒	☐	☐	
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	☒	☐	☐	
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	☒	☐	☐	Strip searches are only conduced after reasonable suspicion has been documented and reviewed by supervisory staff.
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.	☒	☐	☐	Complete inventories are accomplished and the detainee is offered a copy of the receipt.
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.	☒	☐	☐	All claims of missing/misplaced property are recorded on a form specific to this facility. If the property is not found, appropriate compensation is made.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	☒	☐	☐	

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COMPONENTS	YES	NO	NA	REMARKS
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	☒	☐	☐	
All releases are properly coordinated with ICE using a Form I-203.	☐	☐	☒	This component is only applicable for SPCs and CDF"s. This facility uses Form I-203 to release detainees.
Staff completes paperwork/forms for release as required.	☒	☐	☐	

☒ ACCEPTABLE　　　☐ DEFICIENT　　　☐ AT-RISK　　　☐ REPEAT FINDING

REMARKS:
All detainees are processed at the Martinez Detention Facility (MDF) and removed promptly to the West Detention Facility (WDF). Once the detainee is accepted at the WDF they receive orientation (within 72 hours). The detainees arrive at the MDF with only the clothes they are wearing and personal funds, if any. All other property/valuables are maintained by ICE staff at their offices.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025521

CLASSIFICATION SYSTEM

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

COMPONENTS	YES	NO	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	☒	☐	☐	This facility uses an additive point scale, objective system for classification to determine custody levels and classifications.
The facility classification system includes: • Classifying detainees upon arrival; • Separating from the general population those individuals who cannot be classified upon arrival; and • The first-line supervisor or designated classification specialist reviewing every classification decision.	☒	☐	☐	All detainees are classified at the MDC and are then transferred to the WDC within hours. Classification staff at the WDC verify and approve all classifications and assign appropriate housing based on the classification levels.
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	☒	☐	☐	
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.	☒	☐	☐	Classification staff review current booking data, past incarcerations, criminal histories, previous classifications, if any exists, and past classification files.
Housing assignments are based on classification-level.	☒	☐	☐	This facility is a medium/minimum custody level facility and only accepts those custody levels after classifications occur.
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	☒	☐	☐	All housing modules have an attached recreation yard. Thus, all detainees exercise with others in their same classification level.
Detainee work assignments are based upon classification designations.	☒	☐	☐	
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	☐	☒	☐	Policies at this facility do not require reassessments/reclassifications unless an incident occurs or information is provided to warrant such. Detainees are able to request a reassessment/reclassification 30 days after arrival.
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 portion of this component that states that a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal is specific to SPCs and CDFs. Detainees may appeal their classification level at any time via the grievance process. Only a classification specialist or higher authority may authorize a custody reduction at this facility.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Appeals of a detainee's classifications are received, inspected, and responded to within 5 business days.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.	☐	☐	☒	This component is only applicable for SPCs and CDFs. This facility allows appeals up to the facility administrator.

CLASSIFICATION SYSTEM

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COMPONENTS	YES	NO	NA	REMARKS
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	☒	☐	☐	The handbook describes the custody classification levels but does not describe the conditions and/or restrictions associated with each. This was corrected while the inspection was in progress; the handbook was amended to include descriptive language for conditions and restrictions associated with all custody levels.
☒ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING				

REMARKS:

This facility conducts a thorough classification process based on factual and reliable information.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025523

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	YES	NO	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.	☒	☐	☐	The portion of this component requiring correspondence rules to be posted in the housing unit or common area is specific to SPCs and CDFs. Correspondence is addressed in the detainee handbook. Additionally, public view policies are available for detainees to review in their living module and these contain correspondence rules and regulations.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	☒	☐	☐	All detainee information is in Spanish and English. All mail received is inspected prior to delivery to detainees (within 24 hours).
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	☒	☐	☐	
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	☒	☐	☐	All outgoing mail is delivered daily to the US Postal Service excluding holidays and Sundays.
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.	☒	☐	☐	Policy and the detainee handbook inform detainees that the facility administrator (warden) has authorized all incoming general correspondence to be opened/inspected for contraband outside their presence for institutional security reasons/concerns.
Staff does not read incoming general correspondence without the Warden's prior written approval.	☐	☐	☒	This component is only applicable for SPCs and CDFs. This facility opens all incoming mail and inspects it for contraband. General correspondence to detainees was being read prior to this inspection without the facility administrator's approval. This was corrected during the inspection.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	☐	☒	☐	Special correspondence is defined in the facility's policy as Privileged Correspondence, and excludes media correspondence. There may have been times when these type letters were opened outside the presence of the detainee.
Staff is prohibited from reading or copying incoming special correspondence.	☒	☐	☐	Privileged correspondence is opened in the presence of the detainee and never read.
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 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
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	☐	☒	☐	Special correspondence is defined in the policy as privileged correspondence but excludes media correspondence; therefore, it may be opened/read outside the presence of the detainee. This issue was corrected during the inspection. The facility commander wrote a memorandum to the mail clerks informing them that media correspondence is privileged and it should not be opened outside the presence of the detainees. The policy was also amended and media was added to the list as privileged correspondence.
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	☒	☐	☐	The requirement for the official authorizing the rejection of incoming mail to send written notice to the sender is specific to SPCs and CDFs. All rejected items and correspondence are returned to the sender. The detainee and the sender are notified in written form.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	☒	☐	☐	
Staff maintains a written record of every item removed from detainee mail.	☒	☐	☐	
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 cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	☐	☐	☒	If cash is received for a detainee in the mail, (b)(7)(E) staff members count the funds for accuracy. The cash is returned to the sender via the U. S. Postal Service. The detainee is notified in writing that the cash was returned.
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	☒	☐	☐	The facility policy does not address this issue but staff interviewed stated if these types of documents are received, they are routed to ICE staff.
Staff provides the detainee a copy of his/her identity document(s) upon request.	☒	☐	☐	
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.	☒	☐	☐	
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.	☒	☐	☐	
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	☒	☐	☐	
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	☒	☐	☐	The facility provides writing materials to detainees when requested at no cost.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

ICE 2012FOIA03030.025525

REMARKS:

Each housing module has a box for detainees to place all confidential ICE correspondence in. However, the boxes have yet to be secured thus all correspondence is routed to the ICE staff via inter-office mail. The detainee may place correspondence to ICE staff in an envelope and mark it "confidential" and it will be delivered to the ICE staff unopened.

Each housing module has a secure box for all outgoing general mail to be placed in by detainees. All outgoing mail is collected and properly distributed by the evening shift.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

DETAINEE HANDBOOK

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

COMPONENTS	YES	NO	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).	☒	☐	☐	The facility has a Detainee Handbook 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.	☒	☐	☐	
There an annual review of the handbook by a designated committee or staff member.	☒	☐	☐	The Facility Commander is the oversight administrator for the annual review.
The detainee handbook addresses the following issues: • Personal Items permitted to be retained by the detainee; and • Initial issue of clothes, bedding and personal hygiene items.	☒	☐	☐	
The detainee handbook states in clear language the basic detainee responsibilities.	☒	☐	☐	
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	☒	☐	☐	The handbook indicates each level of classification, such as minimum, medium and maximum, but does not indicate the levels of access or restrictions for each level. Prior to the completion of the inspection the facility corrected this issue.
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 does not describe the areas or activities in the facility. Prior to the completion of this inspection, the facility corrected this issue.
The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices.	☒	☐	☐	
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	☒	☐	☐	
The handbook describes barber hours and hair cutting restrictions.	☒	☐	☐	
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	☒	☐	☐	The facility does not explain what type of phone system is used, locations of phones, and the policy for high demand phone use. Prior to the completion of this inspection the facility corrected this issue.
The handbook addresses religious programming.	☒	☐	☐	
The handbook states times and procedures for commissary or vending machine usage, where available.	☒	☐	☐	
The handbook describes the detainee voluntary work program.	☒	☐	☐	

ICE 2012FOIA03030.025527

DETAINEE HANDBOOK

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

COMPONENTS	YES	NO	NA	REMARKS
The handbook describes the library location and hours of operation, and law library procedures and schedules.	☒	☐	☐	
The handbook describes attorney and regular visitation hours, policies, and procedures.	☒	☐	☐	
The handbook describes the facility contraband policy.	☒	☐	☐	
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.	☒	☐	☐	The handbook does not describe the visiting hours, or rule and regulations. Prior to the completion of this inspection the facility corrected this issue.
The handbook describes the correspondence policy and procedures.	☒	☐	☐	
The handbook describes the detainee disciplinary policy and procedures, including: • Prohibited acts and severity scale sanctions; • Time limits in the Disciplinary Process; and • Summary of the Disciplinary Process.	☒	☐	☐	
The grievance section of the handbook explains all steps in the grievance process – Including: • Informal (if used) and formal grievance procedures; • The appeals process; • In CDF facilities: procedures for filing an appeal of a grievance with ICE. • Staff/detainee availability to help during the grievance process. • Guarantee against staff retaliation for filing/pursuing a grievance. • How to file a complaint about officer misconduct with the Department of Homeland Security.	☒	☐	☐	The handbook does not describe the grievance process in detail. It also does not explain how a detainee can file a complaint about officer misconduct with the Department of Homeland Security. Prior to the completion of this inspection, the facility corrected this issue.
The detainee handbook describes the medical sick call procedures for general population and segregation.	☒	☐	☐	
The handbook describes the facility recreation policy including: • Outdoor recreation hours. • Indoor recreation hours.	☒	☐	☐	
The handbook describes the detainee dress code for daily living; and work assignments.	☒	☐	☐	
The handbook specifies the rights and responsibilities of all detainees.	☒	☐	☐	

☒ **ACCEPTABLE**　　☐ **DEFICIENT**　　☐ **AT-RISK**　　☐ **REPEAT FINDING**

REMARKS:
The handbook failed to describe several of the required components of this standard. However, prior to the completion of the inspection, the facility corrected these issues in the handbook.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

FOOD SERVICE				
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.				
COMPONENTS	**YES**	**NO**	**NA**	**REMARKS**
The food service program is under the direct supervision of a <u>professionally trained</u> and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	☒	☐	☐	The facility oversight for food service is the Director of Food and Support Services who holds a certification in Hotel /Restaurant Management. .
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.	☐	☐	☒	This component is only applicable for SPCs and CDFs. The facility cook supervisor is on duty when the FSA is off duty.
The FSA provides food service employees with training that specifically addresses detainee-related issues. • In ICE Facilities this includes a review of the ICE "Food Service" standard	☒	☐	☐	The food service staff is familiar with detainee related issues.
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	☐	☒	☐	Knives are secured in a cabinet in the office, but are not on a shadow board. There is no chit system in use to insure accountability. Other metal utensils in the kitchen such as tongs, ladles, whisks, etc are not secured or accounted for.
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.	☐	☒	☐	The section of this component requiring staff to monitor the condition of knives and dining utensils is specific to SPCs and CDFs. The facility does monitor the conditions of knives and utensils and addresses any issues. The facility does not have a secure cutting room and they also do not tether their knives to the work station as required by the standard.
When necessary, special procedures govern the handling of food items that pose a security threat.	☐	☒	☐	The facility does not secure food items that pose a security threat, such as sugar, mace, nutmeg, cloves. These items are in the main storage room with other dry storage products which detainees have access to under supervision.
Operating procedures include daily searches (shakedowns) of detainee work areas.	☒	☐	☐	
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.	☒	☐	☐	
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	☒	☐	☐	
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	☒	☐	☐	
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	☒	☐	☐	There are currently six detainees working in the Kitchen.

FOOD SERVICE

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

COMPONENTS	YES	NO	NA	REMARKS
During orientation and training session(s), the CS explains and demonstrates: • Safe work practices and methods; • Safety features of individual products/pieces of equipment; and • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.	☐	☒	☐	The facility provides a brief orientation to the detainees but not formal training; training is not documented.
The Cook Supervisor documents all training in individual detainee detention files.	☐	☒	☐	The facility does not document the orientation/training conducted with the detainees.
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 requirement for detainees to be paid in accordance with the "Voluntary Work Program" standard is specific to SPCs and CDFs. The facility does not pay the detainees under the "voluntary Work Program".
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	☒	☐	☐	The meal times are breakfast 5:00am, lunch 11:30am, dinner 5:00pm.
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	☒	☐	☐	
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	☒	☐	☐	The section of this component requiring a 35-day menu cycle is specific to SPCs and CDFs. The facility does have 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 facility has a diverse menu.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	☒	☐	☐	
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	☒	☐	☐	
The Cook Foreman has the authority to change menu items if necessary. • If yes, documenting each substitution, along with its justification • With copy to FSA	☒	☐	☐	The section of this component giving the Cook Foreman the authority to change the menu items, if necessary, is specific to SPCs and CDFs. The Director of Food and Support Services is the only authority to change the menu.
All staff and volunteers know and adhere to written "food preparation" procedures.	☒	☐	☐	
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	☒	☐	☐	The Chaplain reviews and approves all religious dietary requests, and forwards them to the Director of Food and Support Services.

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FOOD SERVICE				
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.				
COMPONENTS	**YES**	**NO**	**NA**	**REMARKS**

A common-fare menu available to detainees whose dietary requirements cannot be met on the main line.
• Changes to the planned common-fare menu can be made at the facility level;
• Hot entrees are offered three times a week;
• The common-fare menus satisfy nutritional recommended daily allowances (RDAs);
• Staff routinely provide hot water for instant beverages and foods;
   ○ Common-fare meals are served with:
      ▪ Disposable plates and utensils.
      ▪ Reusable plates and utensils.
• Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items.
	☐	☒	☐	The facility does not have a formal Common Fare Policy, but it does have some of the components. The facility has alternative meals based on religious and medical needs. Some of these meals are vegan, kosher, Hindu, or medical diets.

A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	☐	☒	☐	The facility does not have a Common Fare Program
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.	☒	☐	☐	
The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. • Muslims fasting during Ramadan receive their meals after sundown. • Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for- Passover meals as those who do participate. • Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.	☒	☐	☐	The facility does not have a formal Common fare program, but does meet the bulleted requirements.
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 satellite feedings food trays are sent to the units in cold carts, and deputies have to reheat the food in microwaves. Food service staff is not present and no temperature checks are conducted to ensure that food is served at the appropriate serve safe temperature.
All meals are provided in nutritionally adequate portions.	☒	☐	☐	
Food is not used to punish or reward detainees based upon behavior.	☒	☐	☐	
The food service staff instructs detainee volunteers on: • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food; and • The sanitary operation, care, and maintenance of equipment.	☒	☐	☐	
Everyone working in the food service department complies with food safety and sanitation requirements.	☒	☐	☐	

ICE 2012FOIA03030.025532

FOOD SERVICE

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

COMPONENTS	YES	NO	NA	REMARKS
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?	☒	☐	☐	Daily inspections of the kitchen are conducted by the Head cook.
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?	☒	☐	☐	The Department of Health Department conducted its most recent inspection in September 23, 2010.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	☒	☐	☐	
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	☒	☐	☐	The facility does not have a dishwashing machine, but uses a 3 compartment sink with the soap, rinse and sanitizing stations.
Staff documents the results of every refrigerator/freezer temperature check.	☒	☐	☐	
The cleaning schedule for each food service area is conspicuously posted.	☒	☐	☐	
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	☒	☐	☐	
Storage areas are locked when not in use.	☒	☐	☐	

☒ **ACCEPTABLE**   ☐ **DEFICIENT**   ☐ **AT-RISK**   ☐ **REPEAT FINDING**

REMARKS:

The facility has an adequate system to provide nutritional, well-balanced meals to detainees. Overall, the food service system is good. Some areas of concern are as follows:

Knives are secured in a cabinet but they are not secured on a shadow board. The staffs also do not utilize a chit system to insure accountability.

The facility does not have a secured cutting room, and when the knives are in use they are not tethered.

The facility does not secure items that are a security threat such as sugars, mace, nutmeg, etc.; these items are secured in the same room as the dry storage products which detainees have access to under staff supervision.

The facility has six detainees currently working in the Food service area, who receive an orientation but no formal training; orientation is not documented.

The facility does not have a formal Common Fare program, but does have many of the components of the program.

Food service operation works similar to a cook chill system, were the food is prepared then chilled and stored in refrigerators. The meals are then placed in cold carts and served in satellite feedings in the housing units. Proper temperatures are checked during food preparation but when the meal is reheated, no temperature checks are conducted. The facility has not recorded any issues with food borne pathogens.

(b)(6), (b)(7)(C)   / November 18, 2010
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FUNDS AND PERSONAL PROPERTY

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.

☐ **STANDARD NA: (IGSA ONLY)** CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	NO	NA	REMARKS
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).	☒	☐	☐	Detainee's funds/valuables are handled by ICE and the facility handles their property The detainees' clothing is secured in the property room which has minimal access by staff.
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	☒	☐	☐	ICE handles the detainees' large valuables.
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). <u>For IGSAs and CDFs</u>, using a personal property inventory form that meets the ICE standard?	☒	☐	☐	
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 only applicable for SPCs and CDFs. The audit of property bags is conducted on a weekly basis at this facility.
(b)(7)(E) officers are present during the processing of detainee funds and valuables during in-processing to the facility (b)(6), (b)(7)(E) officers verify funds and valuables.	☐	☐	☒	This component is only applicable for SPCs and CDFs (b)(7)(E) facility staff are present when processing all detainee's property and funds.
Staff searches arriving detainees and their personal property for contraband.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Staff search the detainee's property for contraband.
Staff procedures follow written policy for returning forgotten property to detainees.	☒	☐	☐	
Property discrepancies are immediately reported to the CDEO or Chief of Security.	☐	☐	☒	This component is only applicable for SPCs and CDFs. All property discrepancies are immediately reported to the shift Sergeant.
Staff follows written procedures when returning property to detainees.	☒	☐	☐	
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	☒	☐	☐	
The facility attempts to notify an out-processed detainee that he/she left property in the facility: • By sending written notice to the detainee's last known address; • Via certified mail; and • The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.	☐	☐	☒	This component is only applicable for SPCs and CDFs. The facility works through the ICE staff to insure the detainee is notified in writing if property is left behind.
The facility disposes of abandoned property in accordance with written procedures. • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.	☒	☐	☐	The section of this component requiring written procedures for the disposal of abandoned property is specific to SPCs and CDFs. The facility works through the ICE staff to insure that the property that is disposed of is in accordance with ICE standards.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

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REMARKS:
ICE handles all of the detainees' funds and valuables upon entering the facility, and the facility only maintains the detainees' general property (clothing) in the property storage room. This property room is inventoried weekly.

[(b)(6), (b)(7)(C)] November 18, 2010
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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 GRIEVANCE WILL BE PROCESSED, INVESTIGATED, AND DECIDED (SUBJECT TO APPEAL) IN ACCORDANCE WITH THE SOPs; A GRIEVANCE COMMITTEE WILL CONVENE AS PROVIDED IN THE SOPs. STANDARD PROCEDURE WILL INCLUDE PROVIDING THE DETAINEE WITH A WRITTEN RESPONSE TO ANY FORMAL GRIEVANCE, WHICH WILL INCLUDE THE BASIS FOR THE DECISION. THE FACILITY WILL ALSO ESTABLISH STANDARD PROCEDURES FOR HANDLING EMERGENCY GRIEVANCES. ALL GRIEVANCES WILL RECEIVE SUPERVISORY REVIEW. REPRISAL AGAINST THE FILER OF A GRIEVANCE WILL NOT BE TOLERATED.

COMPONENTS	YES	NO	NA	REMARKS
Written procedures provide for the informal resolution of oral grievances (Not mandatory). • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.	☒	☐	☐	The facility grievance policy is 2.16.04 Inmate Grievances. Both an informal and formal process has been established in this procedure.
Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. • Detainees may seek help from other detainees or facility staff when preparing a grievance. • Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.	☒	☐	☐	
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	☐	☒	☐	The facility does not have an emergency grievance process.
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.	☒	☐	☐	As of the last inspection (July 22, 2010) an allegation of staff misconduct was made and being investigated. The investigation concluded, the charge was sustained, and appropriate action was taken.
Procedures include maintaining a Detainee Grievance Log. • If not, an alternative acceptable record keeping system is maintained. • "Nuisance complaints" are identified in the records. • For quality control purposes, staff document nuisance complaints received but not filed.	☐	☒	☐	The section of this component that requires "nuisance complaints" to be identified in the records and for staff to document nuisance complaints received but not filed is specific to SPCs and CDFs. The facility does not have a record system in place for logging and maintaining grievances. Nor do they monitor nuisance complaints or document them or file them.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	☒	☐	☐	The facility staff is aware that all complaints of officer misconduct must go to ICE.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The facility does not have an emergency grievance process.
The facility does not have a record system in place for logging and maintaining grievances.

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GROUP LEGAL RIGHTS PRESENTATIONS

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

☒ **CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED 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.	☐	☐	☐	
Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	☐	☐	☐	
Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	☐	☐	☐	
When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend.	☐	☐	☐	
Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are documented.	☐	☐	☐	
Interpreters are admitted when necessary to assist attorneys and other legal representatives.	☐	☐	☐	
Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session.	☐	☐	☐	
Staff permits presenters to distribute ICE-approved materials.	☐	☐	☐	
Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention 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** ☐ **REPEAT FINDING**

ICE 2012FOIA03030.025537

REMARKS:

One request for a group's legal issues presentation was made during the last 12 months and the facility staff referred the inquiring party to the ICE field office. The facility never heard back from the requesting party. Staff interviewed could not remember the name of the group that made the request.

(b)(6), (b)(7)(C) / November 18, 2010
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ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

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

COMPONENTS	YES	NO	NA	REMARKS
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels. • The supply of these items exceeds the minimum required for the number of detainees.	☒	☐	☐	The facility policy is 2.08.42 Inmate Clothing and Bedding.
All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive: • One uniform shirt and one pair of uniform pants, or one jumpsuit; • One pair of socks; • One pair of underwear (Daily change); and • One pair of facility-issued footwear.	☒	☐	☐	The bulleted items in this component are specific to SPCs and CDFs. All detainees receive clean, temperature appropriate clothing. They also receive 3 pairs of socks, underwear, uniforms and one pair of footwear.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	☒	☐	☐	
New detainees are issued clean bedding, linens, and towels. They receive at a minimum: • One mattress; • One blanket; • Two sheets; • One pillowcase; • One towel; and • Additional blankets are issued based on local weather conditions.	☒	☐	☐	The bulleted items in this component are specific to SPCs and CDFs. All detainees at this facility receive all of the items listed in this component.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	☒	☐	☐	The facility workers get additional uniforms as needed.
Detainees are provided clean clothing, linen and towels. • Socks and undergarments - exchanged daily. • Outer garments - twice weekly. • Sheets - weekly. • Towels - weekly. • Pillowcases - weekly.	☒	☐	☐	The facility cleans personal items twice a week, and all linens weekly.
Food service detainee volunteer workers are permitted to exchange outer garments daily.	☐	☐	☒	This component is only applicable for SPCs and CDFs. All workers at this facility receive 5 pairs of uniforms due to their being assigned work details.
Volunteer detainee workers are permitted to exchange outer garments more frequently.	☐	☐	☒	This component is only applicable for SPCs and CDFs. All workers at this facility receive 5 pairs of uniforms due to their being assigned to work details.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The facility has a good system for issuing clothing, bedding and towels, and the current issuance of clothing exceeds ICE standards.

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ICE 2012FOIA03030.025539

MARRIAGE REQUESTS

POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.

COMPONENTS	YES	NO	NA	REMARKS
The Field Office considers detainee marriage requests on a case-by-case basis.	☒	☐	☐	All marriage requests are forwarded to the ICE Field Office from the facility administrator.
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	☒	☐	☐	The ICE field office reviews and approves or denies all marriage requests.
It is standard practice to require a written request for permission to marry.	☒	☐	☐	
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	☒	☐	☐	This process is coordinated from the ICE Field Office.
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	☒	☐	☐	This process is coordinated from the ICE Field Office.
When permission is denied, the Warden/OIC states the basis for his/her decision.	☒	☐	☐	All marriage requests are forwarded to the ICE Field Office.
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	☒	☐	☐	The facility coordinates the location for any marriage requests approved by the ICE Field Office.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:

All marriage requests received by the facility are forwarded to the ICE Field Office for review and approval. If approved by the field office, the facility facilitates the marriage. Only one detainee requested to be married and was approved, but was released from custody prior to the marriage ceremony.

_____(b)(6), (b)(7)(C)_____ / November 18, 2010
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NON-MEDICAL EMERGENCY ESCORTED TRIPS

POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE 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 least (b)(7)(e) officers.	☐	☐	☐	
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.	☐	☐	☐	
Escort officers ensure that detainees: • Conduct themselves in a manner that does not bring discredit to the ICE; • Do not violate federal, state, or local laws; • Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; • Make no unauthorized phone calls; and • Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return.	☐	☐	☐	
Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	☐	☐	☐	

☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING

REMARKS:
All non-medical emergency transportations are conducted by ICE staff.

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RECREATION				
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT 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.	☒	☐	☐	The facility does not have a formal recreation program, but allows indoor and outdoor recreational opportunities to the population.
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	☐	☐	☒	This component is only applicable for SPCs and CDFs.
Regular maintenance keeps recreational facilities and equipment in good condition.	☒	☐	☐	
The recreational specialist or trained equivalent supervises detainee recreation workers.	☐	☐	☒	The facility does not have a formal recreation program.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.	☐	☐	☒	The facility does not have a formal recreation program.
Dayrooms offer sedentary activities, e.g., board games, cards, television.	☒	☐	☐	Board games are available to the population.
Outside activities are restricted to limited-contact sports.	☒	☐	☐	
Each detainee has the opportunity to participate in daily recreation.	☒	☐	☐	
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	☒	☐	☐	General population detainees receive approximately 4-5 hours of outside recreation daily.
Staff checks all items for damage and condition when equipment is returned.	☒	☐	☐	
Staff conducts searches of recreation areas before and after use.	☒	☐	☐	
All recreation areas under constant staff supervision.	☐	☒	☐	The Outside recreation areas are courtyards. These areas are intermittently checked every 30 minutes by the unit deputy.
Supervising staff is equipped with radios.	☒	☐	☐	
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	☒	☐	☐	
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	☒	☐	☐	
Special programs or religious activities are available to detainees.	☒	☐	☐	
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.	☐	☐	☒	This component is only applicable for SPCs and CDFs. This facility does not utilize volunteers for their recreation program.
Visitors, relatives or friends are not allowed to serve as volunteers.	☐	☐	☒	This component is only applicable for SPCs and CDFs. This facility does not allow visitors, relatives, or friends to serve as volunteers for their Recreational Programs.
☒ **If outdoor recreation is offered, check this box. No further information is required when outdoor recreation is offered.**				
If the facility has no outside recreation, are detainees considered for transfer after six months? • If yes, written procedures ensure timely review of all eligible detainees.	☐	☐	☐	
Case officers make written transfer recommendations about every six-month detainee to the OIC.	☐	☐	☐	
The OIC documents all detainee-transfer decisions, whether yes or no.	☐	☐	☐	

RECREATION

POLICY: It is ICE policy to provide access to recreational programs and activities to all ICE detainees, to the extent possible, under conditions of security and supervision that protect their safety and welfare.

COMPONENTS	YES	NO	NA	REMARKS
The detainee's written decision for or against an offered transfer documented in his/her A-file.	☐	☐	☐	
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.	☐	☐	☐	
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.	☐	☐	☐	
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.	☐	☐	☐	
The detainee's legal representative is notified of the detainee's/OIC's decision.	☐	☐	☐	

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The facility does not have a formal recreation program, but allows ample time for indoor and outdoor activities to the detainee population.

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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.	☒	☐	☐	All detainees are allowed to participate in religious activities.
Space is available for detainees to conduct religious services.	☒	☐	☐	Services are provided in the living unit common areas or in the Community Room.
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.	☒	☐	☐	
The facility accommodates recognized holy-day observances by: • Providing special meals, consistent with dietary restrictions; • Honoring fasting requirements; • Facilitating religious services; and • Allowing activity restrictions.	☐	☐	☒	This component is only applicable for SPCs and CDFs. The facility insures that special meals are provided to the population for the recognized holy-day observances.
Each detainee is allowed religious items in his/her immediate possession.	☒	☐	☐	Religious items are allowed to be maintained in the detainee's possession as long as they do not compromise safety and security.
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	☒	☐	☐	Volunteers must go through a thorough back ground check, prior to entering the facility.
Members of faiths not represented by clergy may conduct their own services within security allowances.	☒	☐	☐	
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	☒	☐	☐	

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The facility provides numerous resources and opportunities for both detainees and non-detainees to participate and attend religious services.

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DETAINEE TELEPHONE ACCESS				
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.				
COMPONENTS	**YES**	**NO**	**NA**	**REMARKS**
Detainees are allowed access to telephones during established facility waking hours.	☒	☐	☐	Telephones are available during all out of cell times.
Upon admittance, detainees are made aware of the facility's telephone access policy.	☒	☐	☐	Detainees are notified of the telephone access policy via the handbook.
Access rules are posted in housing units.	☒	☐	☐	Access rules are posted at every telephone location.
The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	☒	☐	☐	Postings are in Spanish and English.
Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	☒	☐	☐	In the detainee housing module there is one telephone for every eight detainees; twice as many telephones as required.
Telephones are inspected regularly by facility staff to ensure that they are in good working order.	☒	☐	☐	Telephones are checked daily by custody staff.
The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	☒	☐	☐	
The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.	☒	☐	☐	The facility administration staff conducts a weekly walk-through inspection of all housing modules. Work orders that were generated since the last inspection occurred are taken and checked in each area to ensure the items have been corrected/repaired.
Detainees are afforded a *reasonable degree of privacy* for legal phone calls.	☒	☐	☐	Telephones are located in areas away from staff post areas and provide a reasonable amount of privacy.
A procedure exists to assist a detainee who is having trouble placing a confidential call.	☒	☐	☐	Staff will assist if requested by the detainee.
The facility provides the detainees with the ability to make non-collect (special access) calls.	☒	☐	☐	All requests are routed to supervisory staffs who verify the need and if validated, the non-collect call is allowed.
Special Access calls are at no charge to the detainees.	☒	☐	☐	
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.	☒	☐	☐	A successful call was placed to the OIG hotline from a telephone located in the detainee housing module.
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.	☐	☐	☒	This facility meets this requirement.
No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	☒	☐	☐	
Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	☒	☐	☐	Although this is not addressed in the facility policies, numerous staff were interviewed and all stated this would be accommodated if a legitimate need existed.
Any telephone restrictions are documented.	☒	☐	☐	If telephone restrictions are necessary, they are documented in the detainee's electronic file.
The facility has a system for taking and delivering emergency detainee telephone messages.	☒	☐	☐	Although not covered in policy, staff interviewed stated they routinely accept and pass on emergency notification for detainees. This is addressed in the inmate handbook.

DETAINEE TELEPHONE ACCESS

POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.

COMPONENTS	YES	NO	NA	REMARKS
Emergency phone call messages are immediately given to detainees.	☒	☐	☐	
Detainees are allowed to return emergency phone calls as soon as possible.	☒	☐	☐	
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.	☒	☐	☐	
Detainees in disciplinary segregation are allowed phone calls for family emergencies.	☒	☐	☐	
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	☐	☒	☐	Persons in SMU are not afforded the same telephone access; they may use the telephones while out of their cells which is limited to a few hours each day.
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.	☒	☐	☐	There is a notice posted at each telephone location.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The facility has an ample amount of telephones for detainee use and all of the required numbers are posted appropriately. The telephones were in working order and detainees had no complaints about the telephone system.

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VISITATION				
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.				
COMPONENTS	**YES**	**NO**	**NA**	**REMARKS**
There is a written visitation schedule and hours for general visitation.	☒	☐	☐	
The visitation hours tailored to the detainee population and the demand for visitation.	☒	☐	☐	Detainees are allowed two, 30 minute visits per week.
The visitation schedule and rules are available to the public.	☒	☐	☐	The visitation hours, days and rules are posted in the lobby.
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.	☒	☐	☐	A handout for the public is available upon request.
A general visitation log is maintained.	☒	☐	☐	All detainees' visits are recorded in each individual's computerized records.
The detainees are permitted to retain personal property items specified in the standard.	☒	☐	☐	
A visitor dress code is available to the public.	☒	☐	☐	
Visitors are searched and identified according to standard requirements.	☒	☐	☐	Visitors are required to be searched by entering the area through a metal detector. If the visitor refuses to be searched their visit is denied.
The requirement on visitation by minors is complied with.	☒	☐	☐	
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.	☐	☐	☒	This facility allows minors to visit.
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.	☐	☐	☒	This facility allows minors to visit.
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.	☒	☐	☐	
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	☒	☐	☐	
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.	☒	☐	☐	The facility has a comprehensive search policy that covers all types of searches and the requirements of each.
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.	☐	☐	☒	Attorney visits are conducted inside the detainee housing modules. A search after the visit is not necessary.
Prior to each visit, legal service providers and assistants are identified per the standard.	☒	☐	☐	The policy requires all attorneys or any other legal service provider to be screened and cleared prior to entering the facility.

VISITATION

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

COMPONENTS	YES	NO	NA	REMARKS
The current list of *pro bono* legal organizations is posted in the detainee housing areas and other appropriate areas.	☒	☐	☐	This is posted in all detainee housing areas.
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	☒	☐	☐	All requests for tours are approved by ICE prior to be conducted by the facility.
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	☒	☐	☐	
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	☒	☐	☐	All requests are referred to ICE and the facility will allow if approved.
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	☒	☐	☐	Although this is not addressed in policy, staff stated if they received a request from a former detainee to visit a current detainee, the request would be referred to ICE staff.
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	☒	☐	☐	The inmate visitation policy (2.17.09) states independent examinations by medical/mental health care providers will be accommodated.
☒ **ACCEPTABLE**	☐ **DEFICIENT**		☐ **AT-RISK**	☐ **REPEAT FINDING**

REMARKS:
Visitation space and times are more than adequate to meet the needs of the detainee population. Detainees interviewed stated they had encountered no problems with their visits.

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VOLUNTARY WORK PROGRAM

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

☐ **CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO WORK AT THE IGSA FACILITY. 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?	☒	☐	☐	All detainees and non-detainees participate in the voluntary work program. All jobs are on a volunteer basis.
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.	☒	☐	☐	All detainees and non-detainees are reviewed and approved through classification for jobs.
Where possible, physically and mentally challenged detainees participate in the program.	☒	☐	☐	
The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day and Forty hours a week.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Detainees who work at this facility only work 5, eight hour days per week.
Detainee volunteers generally work according to fixed schedule.	☒	☐	☐	
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	☒	☐	☐	
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	☒	☐	☐	
The voluntary work program meets: • OSHA, NFPA, ACA standards	☒	☐	☐	The section of this component that requires the voluntary work program to meet NFPA, and ACA standards is specific to SPCs and CDFs. This facility's voluntary work program meets all OSHA, NFPA and ACA standards.
Medical staff screen and formally certify detainee food service volunteers. • Before the assignment begins; and • As a matter of written procedure	☒	☐	☐	
Detainees receive safety equipment/ training sufficient for the assignment.	☒	☐	☐	
Proper procedure is followed when an ICE detainee is injured on the job.	☒	☐	☐	
☒ **ACCEPTABLE** ☐ **DEFICIENT** ☐ **AT-RISK** ☐ **REPEAT FINDING**				

REMARKS:
The facility has an effective Voluntary Work program.

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SECTION II
HEALTH SERVICES STANDARDS

HUNGER STRIKES

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

COMPONENTS	YES	NO	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.	☐	☐	☒	This component is only applicable for SPCs and CDFs. In accord with facility policy #111, staff are expected to refer hunger strikers to the medical department whenever three consecutive meals are skipped.
CDFs and IGSAs immediately report a hunger strike to the ICE.	☒	☐	☐	It is reportedly local practice to immediately report all serious detainee medical issues to ICE, including hunger strikes.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	☒	☐	☐	Facility policy #111 outlines the expected staff response to a hunger strike.
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. • If yes, in an observation room?	☐	☐	☒	This component is only applicable for SPCs and CDFs. Local policy #111 calls for hunger strikers' placement in a medical observation room for monitoring purposes. This is accomplished via transfer to the Martinez facility.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Local policy #111 authorizes medical staff to place a hunger striking detainee in a medical observation room, which is located at another facility (Martinez).
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Local policy #111 directs medical staff to record weight and vital signs of hunger striking detainees daily.
The OIC of the facility obtains a hunger strikers consent before medical treatment.	☒	☐	☐	Although the OIC of the facility plays no role in the process, in keeping with facility policy #903 (Informed Consent), healthcare staff routinely obtain informal or implied consent from all patients being treated, including hunger strikers.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Per policy #904 (Right to Refuse Treatment); healthcare staff obtain signed refusal forms from detainees who reject care that is offered.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Although local policy #111 is silent on this issue, reportedly three meals are routinely provided to hunger strikers. There is no policy requirement to document these actions.
Staff maintains the hunger striker's supply of drinking water/other beverages.	☐	☐	☒	This component is only applicable for SPCs and CDFs. While healthcare staff state they intend to maintain a hunger striker's supply of water/beverages, the facility policy is silent on this matter.

HUNGER STRIKES

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

COMPONENTS	YES	NO	NA	REMARKS
During a hunger strike, staff removes all food items from the hunger striker's living area.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Facility policy #111 does not require that staff remove all food items from a hunger strikers living area. In fact, policy implies that access to commissary continues and should be monitored.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Local policy #111 directs that food and fluid intake should be monitored by healthcare and custody staff.
The medical staff has written procedures for treating hunger strikers.	☒	☐	☐	Facility policy #111 provides procedures for treating hunger strikers.
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	☐	☐	☒	This component is only applicable for SPCs and CDFs.
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.	☒	☐	☐	Training of custody staff regarding Hunger Strikes is a part of the California Peace Officer Standards and Training (POST) requirements. Healthcare staff is professionally trained through their discipline and their medical center employer.

☒ **ACCEPTABLE**   ☐ **DEFICIENT**   ☐ **AT-RISK**   ☐ **REPEAT FINDING**

REMARKS:

The existing facility policy regarding Hunger Strikes is generally sound with component deviations noted above. Medical monitoring of hunger strikers would not be undertaken at this facility but would be accomplished by transfer to the Martinez Detention Facility. Since the facility reports experiencing no actual hunger strikes by ICE detainees in recent memory, it is not possible to confirm actual practice.

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ACCESS TO MEDICAL CARE

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

COMPONENTS	YES	NO	NA	REMARKS
<u>Facilities</u> operate a health care facility in compliance with state and local laws and guidelines.	☒	☐	☐	Per policy #300 (Healthcare Staff Qualifications), clinical services for detainees are provided by a team of appropriately licensed professionals, who are actually employees of the county/regional medical center.
The facility's in-processing procedures for arriving detainees include medical screening.	☒	☐	☐	Intake medical screening for arriving detainees is conducted at the Martinez facility in compliance with local policy #500. Nursing staff conduct screening using a standard form.
All detainees have access to and receive medical care.	☒	☐	☐	Detainee access to healthcare services is called for in local policy #101, and was confirmed by a review of detainee medical records.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	☒	☐	☐	Healthcare staff report having access to the PHS/DIHS Managed Health Care Coordinator through the "Treatment Approval Request Website."
The medical staff is large enough to provide, examine, and treat the facility's detainee population.	☒	☐	☐	Medical, dental, nursing, and mental health staffing appear adequate to provide necessary detainee services in a timely manner. This was confirmed by record review.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	☒	☐	☐	Facility space and equipment appears sufficient to afford detainee privacy when receiving healthcare services. Care delivery was observed and confirmed this impression.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, there are restricted-access areas in both the male and female detainee areas for the delivery of healthcare services, within the security perimeter.
The medical facility entrance includes a holding/waiting room.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, there are holding/waiting rooms adjacent to the healthcare area.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, the holding/waiting rooms are directly supervised by healthcare staff, rather than custody staff.
Detainees in the holding/waiting room have access to a drinking fountain.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, detainees have access to toilet facilities and a drinking fountain while in the waiting area.

ACCESS TO MEDICAL CARE				
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.				
COMPONENTS	**YES**	**NO**	**NA**	**REMARKS**
Medical records are kept apart from other files. They are: • Secured in a locked area within the medical unit; • With physical access restricted to authorized medical staff; and • Procedurally, no copies made and placed in detainee files.	☒	☐	☐	In accordance with facility policy #801 (Confidentiality of Healthcare Records and Information) medical records are appropriately maintained. Current records are in electronic/computer format with restricted access. Many past records remain in hardcopy files and are appropriately secured.
Pharmaceuticals are stored in a secure area.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, in keeping with local policy #506 (Medication Administration) medications are securely maintained by healthcare staff. This area was observed and found to be appropriate. An automated "Safety Pak" dispensing system is utilized.
Medical screening includes a Tuberculosis (TB) test. • Every arriving detainee receives a TB test during the admission process; • Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and • Detainees not screened are housed separate from the general population.	☒	☐	☐	In accordance with local policy #207 (Routine Tuberculosis Screening for Inmates), ICE detainees receive a symptom screening and TB test during intake, with chest x-ray when necessary. This practice was confirmed by record review.
All detainees receive a mental-health screening upon arrival. It is conducted: • By a health care provider or specially trained officer; and • Before a detainee's assignment to a housing unit.	☒	☐	☐	The portion of this component that requires a detainee to receive a mental health screening before being assigned to a housing unit is specific to SPCs and CDFs. At this facility, in compliance with policy #507 (Mental Health Screening and Evaluation), intake mental health screening is conducted by nursing staff, utilizing a standard intake questionnaire.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, all medical transfer summaries received are noted by healthcare staff and scanned into the electronic medical record. This practice was confirmed by record review.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	☒	☐	☐	As required by local policy #502A (Federal Inmate Health Assessment), healthcare staff completes a comprehensive health appraisal of all ICE detainees within 14 days of arrival. Record review indicates that this practice has been rigorously followed since July, 2010.
Detainees in the Special Management Unit have access to health care services.	☒	☐	☐	In keeping with local policy #101 (Access to Care), detainees in the SMU have equal access to all necessary healthcare services.

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ACCESS TO MEDICAL CARE

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

COMPONENTS	YES	NO	NA	REMARKS
Staff provides detainees with health services (sick call) request slips daily, upon request. • Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. • Service-request slips are delivered in a timely fashion to the health care provider.	☒	☐	☐	The requirement for staff to provide detainees with health services (sick call) request slips daily, upon request and the request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population is specific to SPCs and CDFs. At this facility, in compliance with policy #503 (Sick Call Appointments), access to daily sick call is accomplished by telephone from detainee housing units. No physical sick call slips are used.
The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	☒	☐	☐	Medical staff is present in this facility at all times. Facility policy #504 (Emergency Care) outlines procedures for accessing community medical services when necessary.
The plan includes an on-call provider.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Facility policy #504 includes on-call providers.
The plan includes a list of telephone numbers for local ambulance and hospital services.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Facility policy #504 includes telephone numbers for ambulance and hospital services.
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Facility policy #504 includes procedures for access to emergency healthcare services consistent with security and safety.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	☒	☐	☐	Detention staff training in First Aid and CPR is a requirement of the California Peace Officer Standards and Training program. Officers are expected to function as first responders at this facility.
Where staff is used to distribute medication, a health care provider properly trains these officers.	☐	☐	☒	This component is only applicable for SPCs and CDFs. All medications at this facility are delivered by healthcare staff.
The medical unit keeps written records of medication that is distributed.	☒	☐	☐	In accordance with local policy #506 (Medication Administration) all medication distributed is documented on an electronic Medication Administration Record (MAR). This was observed.
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, in keeping with policy #106 (Inmate Patients With Special Needs), clinical staff advise the facility administration and custody regarding any detainee special needs or necessary accommodations. This is generally done via an immediate verbal report.

ICE 2012FOIA03030.025555

ACCESS TO MEDICAL CARE

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

COMPONENTS	YES	NO	NA	REMARKS
A signed and dated consent form is obtained from a detainee before medical treatment is administered.	☐	☒	☐	In keeping with local policy #903 (Informed Consent), at this facility signed detainee consent is only obtained in certain limited circumstances (e.g. intrusive procedures, psychotropic medications, etc.). In all other examinations and treatment, consent is implied via detainee compliance with care offered.
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	☒	☐	☐	In keeping with local policy #801 (Confidentiality of Health Records), medical records are only released with signed detainee consent.
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	☒	☐	☐	Healthcare staff and ICE authorities report that adequate notice of detainee departures is provided so that medical transfer summaries can be generated.
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	☒	☐	☐	In accordance with local policy #600 (Transfer of Inmate Patients Between Detention Facilities), medical Transfer Summaries accompany all departing detainees. A record review confirmed this practice.
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	☒	☐	☐	Medical Transfer Summaries of departing detainees were observed to be appropriately packaged.
☒ **ACCEPTABLE** ☐ **DEFICIENT** ☐ **AT-RISK** ☐ **REPEAT FINDING**				

REMARKS:

All clinical healthcare services at this facility are managed and delivered by employees of Contra Costa County Regional Medical Center through their Detention Health Services Branch. This includes medical, nursing, dental, mental health and pharmacy services. In addition, emergency, inpatient, diagnostic, and specialty care are arranged through the hospital and other appropriate community sources.

Staffing, space, and equipment appear to be more than sufficient to provide a clean and pleasant atmosphere for the delivery of necessary services in a timely manner.

The facility is not currently accredited by the American Correctional Association or the National Commission on Correctional Health Care.

Intake services are actually accomplished at an affiliated county facility (b)(6), (b)(7) nearby. In addition, the facility maintains no infirmary or any medical or mental health observation rooms. Therefore, all complicated healthcare cases (e.g. suicide watches, hunger strikes, etc.) are promptly transferred back to the Martinez facility. Any ICE detainees requiring significant care are promptly transferred by ICE to a facility with more comprehensive care capabilities.

The facility reports no deaths by ICE detainees (or any non-ICE detainees) at this location over the past year.

A sampling of ICE detainee medical records, from prior to 7/1/2010 , revealed that general intake screening and sick call services were available, but that initial TB tests and Comprehensive Health Appraisals (14 day) were not being routinely completed on time.
A sampling of ICE detainee medical records (20) from the period since 7/1/2010 were also reviewed in detail. They showed a dramatic change in practice, with initial TB tests and Health Appraisals routinely being completed in a timely manner, as called for in policy.

A random sample of available and willing detainees (6 female and 3 male) were interviewed. They routinely confirmed their satisfaction with timely access to necessary healthcare services.

Facility staff may wish to review policy and practice regarding "Informed Consent" for detainees to consider increased compliance with NDS. One minor change in the form of developing a generic consent form for the initial intake process would move the facility closer to NDS.

(b)(6), (b)(7)(C) / November 18, 2010
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SUICIDE PREVENTION AND INTERVENTION

POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.

COMPONENTS	YES	NO	NA	REMARKS
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	☒	☐	☐	Staff training regarding suicide prevention is required by the California Peace Officer Standards and Training program. Training records were reviewed and confirm this practice.
Training prepares staff to: • Recognize potentially suicidal behavior; • Refer potentially suicidal detainees, following facility procedures; and • Understand and apply suicide-prevention techniques.	☒	☐	☐	The Suicide Prevention course outline was reviewed and found to contain all elements called for in the NDS.
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. • Screening does not occur later than one working day after the detainee's arrival.	☒	☐	☐	In accordance with facility policy #507 (Mental Health Screening and Evaluation), nursing staff conduct a suicide risk assessment as a part of the intake process. Medical record review confirms this practice.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	☒	☐	☐	Facility policy #701A (Suicide Prevention and Referral outlines guidelines for referring at-risk detainees to healthcare staff. A review of detainee healthcare records confirms this practice.
The facility has a designated isolation room for evaluation and treatment.	☐	☐	☒	The facility does not currently maintain any medical or mental health observation rooms. All cases on "Suicide Watch" are immediately moved to the Martinez Detention Facility, where more appropriate arrangements are available.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	☐	☐	☒	There is no designated observation rooms maintained at this facility.
Medical staff has approved the room for this purpose.	☐	☐	☒	There are no designated suicide watch rooms at this facility.
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	☐	☐	☒	Close Watch, Constant Watch, or Suicide Watch activities are not performed at this facility.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
Facility policies, training, and practices regarding Suicide Prevention appear to be appropriate. Intake risk screening, staff awareness, and referrals to medical and mental health staff are all in place. Actual monitoring of Suicide Watch cases is transferred to the Martinez Detention Facility where more extensive staffing and observation rooms are available. In addition, ICE is promptly asked to transfer any at-risk ICE detainees to a more appropriate ICE location.

The facility reports no completed suicides by ICE detainees (or any non-ICE detainees) at this location over the past year. In addition, they also report no significant suicide attempts by ICE detainees during the past year.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025558

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.	☒	☐	☐	Community facilities are routinely accessed for emergency or inpatient hospital services, as needed. ICE is asked to transfer seriously ill detainees to other more appropriate detention facilities.
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: • The detainee's location; and • The limitations placed on visiting.	☒	☐	☐	Once notified by the facility of a detainee's medical problems, ICE officials indicate that they are responsible for communications to next of kin.
There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her.	☒	☐	☐	Facility policy #902 (End of Life Decision Making and Advanced Healthcare Directives) provides guidelines regarding detainee living wills. This includes the use of standard state forms and other alternatives.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	☒	☐	☐	The guidelines regarding Advanced Directives include mention of the use of private attorneys for completing such forms.
There is a policy addressing "Do Not Resuscitate Orders"	☒	☐	☐	Facility policy #902 (End of life decision Making) addresses Do Not Resuscitate Orders.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	☒	☐	☐	Medical staff indicate that it is community standard of care for maximal therapeutic efforts short of resuscitation to be rendered to detainees with Do Not Resuscitate Orders.
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.	☒	☐	☐	Facility authorities indicate that they report all detainee medical issues to ICE. ICE officials agree that they receive such notices and forward the information to DIHS.
The facility has written procedures to address the issues of organ donation by detainees.	☐	☒	☐	There was no facility policy found regarding organ donations by detainees.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	☐	☒	☐	Facility authorities indicate that they routinely advise ICE of all significant detainee issues including deaths and ICE officials confirm that such notification occurs. At present, there are no written procedures requiring such notice. ICE in turn informs family and consulates.
The facility has a policy and procedure to address the death of a detainee while in transport.	☐	☐	☒	The facility does not routinely provide transportation services for ICE detainees.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	☒	☐	☐	Once notified by the facility, ICE officials handle all details regarding disposal of detainee remains.

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
In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. • If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified?	☒	☐	☐	Local ICE officials confirm that they handle all details regarding the burial of unclaimed deceased detainees.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	☒	☐	☐	Placement of death certificates into A-files is an ICE responsibility.
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.	☒	☐	☐	Facility policy #108 (Inmate Deaths) outlines procedures regarding contact to coroners and performance of autopsies. Regarding ICE detainee deaths, these actions are delegated to ICE authorities.
ICE staff follows established procedures to properly close the case of a deceased detainee.	☒	☐	☐	The closing of cases for deceased detainees is an ICE responsibility.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The facility generally has sound policies and practices in place regarding terminal illness, advanced directives, end of live decision making and deaths. Guidelines for ICE notifications in these cases could be helpful. In addition, the existing policies do not contain all of the detailed elements required by the NDS. It is recommended that local facility policies be established or revised to include all of the elements noted in the standards.

It should be noted that detainee serious illness or deaths at this facility have been rare and that such cases are routinely transferred to the Martinez Detention Facility or transferred to other ICE locations.

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SECTION III
SECURITY AND CONTROL STANDARDS

CONTRABAND

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

COMPONENTS	YES	NO	NA	REMARKS
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.	☒	☐	☐	The portion of this component that requires staff to inventory, hold and report contraband when necessary to the proper authority for action/possible seizure is specific to SPCs and CDFs. At this facility, staff comply fully with specifications of this component and have written procedures for the handling of illegal contraband.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	☐	☐	☒	This component is only applicable for SPCs and CDFs. This facility fully complies with all aspects of this component.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, property not needed as evidence is returned to the proper authority.
Altered property is destroyed following documentation and using established procedures.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, full compliance with this component is noted.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Locally, consultation with religious experts occurs when a question arises.
Staff follows written procedures when destroying hard contraband that is illegal.	☒	☐	☐	The facility's written evidence supports that illegal hard contraband is destroyed following written procedures.
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, hard contraband is used for training purposes. The contraband is not stored at the facility, but rather by the training services branch at another location.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The facilities and practices and procedures adequately address the mandates of this standard.

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ICE 2012FOIA03030.025562

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.	☒	☐	☐	
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	☒	☐	☐	All documentation, or a copy, generated for and/or by the detainee is placed in the individual detainee file.
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same	☒	☐	☐	All documentation may be found in the detainees detention file.
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	☒	☐	☐	The portion of this component that requires detention files to be in lockable cabinets with the keys limited to supervisors if the files are not maintained in a secure area is specific to SPCs and CDFs. At this facility, all detention files are placed in an area that is staffed 24/7.
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.	☒	☐	☐	
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	☒	☐	☐	All release files are maintained on site in a secure room.
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	☒	☐	☐	
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.	☒	☐	☐	

☒ **ACCEPTABLE**　　☐ **DEFICIENT**　　☐ **AT-RISK**　　☐ **REPEAT FINDING**

REMARKS:
All detention files reviewed contained the appropriate documentation and all were correct and accurate.

(b)(6), (b)(7)(C) / November 18, 2010
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ICE 2012FOIA03030.025563

DISCIPLINARY POLICY

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

COMPONENTS	YES	NO	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.	☒	☐	☐	The facility has a written disciplinary system which uses progressive levels of reviews and appeals.
The facility rules state that disciplinary action shall not be capricious or retaliatory.	☐	☒	☐	The facility procedures do not contain a statement that disciplinary action shall not be capricious or retaliatory. Review of the facility procedures and staff interviews reveal that the facility's discipline procedures and actual practices clearly meet the intent of this component.
Written rules prohibit staff from imposing or permitting the following sanctions: • corporal punishment • deviations from normal food service • clothing deprivation • bedding deprivation • denial of personal hygiene items • loss of correspondence privileges • deprivation of physical exercise	☒	☐	☐	The facility disciplinary procedure covers all of the bullets in this component.
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	☒	☐	☐	The rules of conduct, sanctions and procedures for violations are defined in local policies, the inmate handbook, and covered in inmate/detainee orientation.
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility: • Rights and Responsibilities • Prohibited Acts • Disciplinary Severity Scale • Sanctions	☒	☐	☐	The requirement to post Prohibited Acts, the Disciplinary Severity Scale, and the Sanctions is specific to SPCs and CDFs. At this facility, all these items are posted in English and Spanish in the detainee living areas and are available from the housing unit staff upon request, in the form of a large three ring binder.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, informal resolution of minor rule violations is encouraged.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, incident reports must be completed by the end of the reporting employee's shift and forwarded to the shift supervisor.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	☒	☐	☐	Incident reports are investigated within 24 hours.
An intermediate disciplinary process is used to adjudicate minor infractions.	☒	☐	☐	The facility uses an intermediate process where Sergeants and some trained deputies adjudicate minor rule violations.

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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
A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: • Conducts hearings on all charges and allegations referred by the UDC; • Considers written reports, statements, physical evidence, and oral testimony; • Hears pleadings by detainees and staff representatives; • Bases its findings on the preponderance of evidence; and • Imposes only authorized sanctions	☒	☐	☐	The bulleted sections of this component are specific to SPCs and CDFs. At this facility, the Supervisor who adjudicates infractions addresses all of the bullets.
A staff representative is available if requested for a detainee facing a disciplinary hearing.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, a staff representative is appointed if requested, or the disciplinary hearing officer deems it appropriate.
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	☒	☐	☐	The facility allows for hearing postponements and the 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.	☒	☐	☐	Facility policy does not allow sanctions which exceed standards. The maximum time in disciplinary segregation is limited to 10 days for a single offense.
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	☐	☒	☐	The facility does not have written procedures for the use of confidential-informant information in the discipline process.
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	☒	☐	☐	

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The facility generally meets ICE NDS for this area with two exceptions noted above.

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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
Policy precludes detainees or detainee groups 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	☒	☐	☐	The bullets in this component are core principles on how the facility operates and are repeatedly noted throughout the operational procedures for the facility.
Staff is trained to identify signs of detainee unrest. • What type of training and how often?	☒	☐	☐	All jail staff receive Jail Operations training where signs of detainee unrest are taught.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	☒	☐	☐	At this facility, each of the three shifts has a 15-minute, pre-shift briefing where information is passed to the oncoming shift.
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 facility Custody/ Administrative Lieutenant is responsible for emergency plans implementation.
The plans address the following issues: • Confidentiality • Accountability (copies and storage locations) • Annual review procedures and schedule • Revisions	☐	☒	☐	The individual emergency plans for the facility are not classified confidential, copies are not numbered. Most plans had not been updated in the last year. Updates to emergency plans are transmitted to individual staff via the facility email system.
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	☐	☒	☐	The emergency plans do not include a comprehensive general section with procedures applicable to most situations.
The facility has cooperative contingency plans with applicable: • Local law enforcement agencies • State agencies • Federal agencies	☐	☐	☒	This component is only applicable for SPCs and CDFs. The facility has mutual aid agreements with local, state, and federal agencies.
All staff receives copies of Hostage Situation Management policy and procedures.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, all staff receive a copy of the Hostage Situation procedures.
Staff is ▓▓▓▓▓▓ (b)(7)e ▓▓▓▓▓▓ (b)(7)e ▓▓▓▓ Within 24 hours after release, hostages are screened for medical and psychological effects.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, staff do not recognize the authority of any employee held hostage.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	☐	☐	☒	This component is only applicable for SPCs and CDFs. The emergency plans all specify that staff and detainees will receive medical treatment during and after incidents.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility there is a minimum three-day supply of emergency meals for staff and detainees.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility specific emergency plans identify the locations of shut-off valves and switches.

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
Written procedures cover: • Work/Food Strike • Disturbances • Escapes • Bomb Threats • Adverse Weather • Internal Searches • Facility Evacuation • Detainee Transportation System Plan • Internal Hostages • Civil Disturbances	☐	☒	☐	All of the individual events noted in this component are covered by the facility emergency plans except the detainee transportation system plan.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
While the facility generally meets the requirements of ICE NDS, there are three areas noted above that reflect component deviations.

(b)(6), (b)(7)(C)　/ November 18, 2010
AUDITOR'S SIGNATURE / DATE

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	NO	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	☒	☐	☐	The facility has a system in place for storing, issuing, and maintaining inventories. All issuance is done from the Support Services area. The facility also has several policies that cover hazardous communications (2.07.16 Hazardous Materials Programs, and 2.15.06 Control of Flammable and Caustic Materials).
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	☒	☐	☐	Several areas were inspected (Laundry, Kitchen, Maintenance and several housing units); all inventories were in place and maintained.
The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. • The files list all storage areas, and include a plant diagram and legend. • The MSDSs and other information in the files are available to personnel managing the facility's safety program.	☒	☐	☐	The facility has established a plant diagram/legend indicating the locations where Hazardous Materials are stored. MSDS were available to both staff and detainees in the locations where the product is dispensed.
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: • Wear personal protective equipment; and • Report hazards and spills to the designated official.	☒	☐	☐	Protective equipment is available for staff and or detainees when products are in use.
The MSDSs are readily accessible to staff and detainees in work areas.	☒	☐	☐	
Hazardous materials are always issued under proper supervision. • Quantities are limited; and • Staff always supervises detainees using these substances.	☒	☐	☐	The facility staff supervise the detainee details to insure proper use of the products.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	☒	☐	☐	A review of the Laundry area and Maintenance area revealed that all flammable and combustible materials are secured, stored, and inventoried in the approved fire rated storage lockers.
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.	☒	☐	☐	
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	☒	☐	☐	This inspector did not observe any vents or air ducts blocked while touring & inspecting the facility.
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.)	☒	☐	☐	The facility maintains the air temperatures in the facility from 68 to 76 consistently all year round.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	☒	☐	☐	

ICE 2012FOIA03030.025568

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**
All toxic and caustic materials are stored in their original containers in a secure area.	☒	☐	☐	
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	☒	☐	☐	
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.	☐	☐	☒	The facility does not allow products that contain methyl alcohol.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	☒	☐	☐	All staff is currently being trained on MSDS.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	☒	☐	☐	
A technically qualified officer conducts the fire and safety inspections.	☒	☐	☐	The City of Richmond Fire Inspector recently inspected the facility on 9-22-10, with no significant findings.
The Safety Office (or officer) maintains files of inspection reports.	☒	☐	☐	
The facility has an approved fire prevention, control, and evacuation plan.	☒	☐	☐	The fire evacuation plan has been reviewed and approved by the City of Richmond Fire Inspector.
The plan requires: • Monthly fire inspections; • Fire protection equipment strategically located throughout the facility; • Public posting of emergency plans with accessible building/room floor plans; • Exit signs and directional arrows; and • An area-specific exit diagram conspicuously posted in the diagrammed area.	☒	☐	☐	
Fire drills are conducted and documented monthly.	☒	☐	☐	The facility recently went to monthly Fire Drills instead of quarterly drills. The months of September and October were reviewed by this inspector.
A sanitation program covers barbering operations.	☒	☐	☐	The facility now has a separate room for Barbering services, which has a sink, and meets the sanitation requirements.
The barber shop has the facilities and equipment necessary to meet sanitation requirements.	☒	☐	☐	
The sanitation standards are conspicuously posted in the barbershop.	☒	☐	☐	
Written procedures regulate the handling and disposal of used needles and other sharp objects.	☒	☐	☐	
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	☒	☐	☐	

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
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.	☒	☐	☐	
Spill kits are readily available.	☒	☐	☐	Spill kits were observed in several locations throughout the facility.
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	☒	☐	☐	The facility has an annual contract with Steri-cycle for medical waste which is removed on a weekly basis.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	☒	☐	☐	Staff are trained on an annual basis.
Do the methods for handling/disposing of refuse meet all regulatory requirements?	☒	☐	☐	
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. • At least monthly. • The pest-control program includes preventative spraying for indigenous insects.	☒	☐	☐	The facility has a contract with Pest Tec pest control to conduct weekly visits to the facility.
Drinking water and wastewater is routinely tested according to a fixed schedule.	☒	☐	☐	
Emergency power generators are tested at least every two weeks. • Other emergency systems and equipment receive testing at least quarterly. • Testing is followed-up with timely corrective actions (repairs and replacements).	☒	☐	☐	All generators are tested bi-weekly and are documented. A full load test is conducted/documented on a quarterly basis.
☒ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING				

REMARKS:
The facility overall has a very good system for maintaining and controlling caustic materials. Policies are in place as well as inventory and control systems. Fire drills are being conducted on a monthly basis and the Fire Control and Prevention plan has been reviewed and approved by the Richmond County Fire Department.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025570

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 applicable for SPCs and CDFs. Hold rooms here are located inside the secure perimeter.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.	☐	☐	☒	This component is only applicable for SPCs and CDFs. The facility's hold rooms are well ventilated, lighted, and switches are located outside the rooms.
The hold rooms contain sufficient seating for the number of detainees held.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, the hold rooms have sufficient seating for the number of detainees held in the rooms.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, no cots, beds or other related sleeping apparatus are used in the hold rooms.
The walls and ceilings of the hold rooms are tamper and escape proof.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, the walls and ceilings of the hold rooms are tamper and escape proof.
Individuals are not held in hold rooms for more than 12 hours.	☒	☐	☐	Detainees arriving at this facility are processed and moved to the housing units in less than an hour's time. Detainees are not held for longer than 12 hours.
Male and females are segregated from each other.	☒	☐	☐	Male and female detainees are segregated during processing.
Detainees under the age of 18 are not held with adult detainees.	☐	☐	☒	No juveniles are held at the facility.
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	☒	☐	☐	All detainees are provided with personal hygiene items during processing.
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	☒	☐	☐	At this facility the hold rooms all contained a sink and toilet.
All detainees are given a pat down search for weapons or contraband before being placed in the room.	☒	☐	☐	
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.). • Hold rooms are irregularly monitored every 15 minutes. • Unusual behavior or complaints are noted.	☒	☐	☐	The facility uses a large holding room with seating for 33 detainees. The front of the hold room is glass; staff work directly across from the hold room to enable continual monitoring. The door to the hold room is left open, and was observed to be open during visits, which allows staff to hear/see unusual behavior.
When the last detainee has been removed from the hold room, it is given a thorough inspection.	☒	☐	☐	

HOLD ROOMS IN DETENTION FACILITIES

POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.

COMPONENTS	YES	NO	NA	REMARKS
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	☒	☐	☐	The section of this component that requires for the evacuation plan to include a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation is specific to SPCs and CDFs. The facility has a written evacuation plan with specific exit routes to be taken if the hold rooms in processing are to be evacuated. The plan does not designate a specific officer responsible to remove the detainees. In reality, at this facility the processing staff would be responsible.
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	☒	☐	☐	

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The hold rooms at this facility are operated in such a manner that they meet the requirements of this standard.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025572

KEY AND LOCK CONTROL
(SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	NO	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	☐	☒	☐	A specific maintenance staff is charged with the responsibility of maintaining the facility's keys and locking devices. This individual has not been to an approved locksmith training program. The individual has been to many training programs put on by the manufacturer of locking devices used at the facility. In over 20 years of service at the facility this individual could not recall an incident when he could not repair/replace a key or locking device and had to call a certified locksmith.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	☒	☐	☐	The facility Operations Sergeant has overall responsibility for all administrative duties related to keys and locks.
The security officer, or equivalent in IGSAs, provides training to employees in key control.	☐	☒	☐	All staff receive initial training in key control. Refresher training is not provided.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	☒	☐	☐	The Operations Sergeant maintains inventories of all keys. The designated maintenance staff handles inventories of all locking devices.
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	☐	☒	☐	The facility does not follow a preventive maintenance program. Maintenance is done on an as needed basis.
Facility policies and procedures address the issue of compromised keys and locks.	☒	☐	☐	
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.	☒	☐	☐	The facility Operations Sergeant is responsible for safe combination integrity.
Only dead bolt or dead lock functions are used in detainee accessible areas.	☒	☐	☐	
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	☒	☐	☐	
Grand master keying systems are prohibited.	☒	☐	☐	A grand master keying system is not used at the facility.
All worn or discarded keys and locks are cut up and properly disposed of.	☒	☐	☐	The designated maintenance staff is responsible for discarding keys and locks.
Padlocks and/or chains are prohibited from use on cell doors.	☒	☐	☐	Padlocks and/or chains are not used on cell doors and none were observed in use inside the facility.
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: • Occupational Safety and Environmental Health Manual, Ch. 3; • National Fire Protection Association Life Safety Code 101.	☒	☐	☐	

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 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 in the facility shift sergeant's office is not sufficient to accommodate all the facility key rings, including keys in use and take home key rings assigned to supervisory/management staff. The existing keyboard is located in a secure area. The existing key board accommodates only a small number of keys for designated staff. There are no hooks/slots for keys in use or keys which are in perpetual use, such as housing unit keys.
Procedures are in place to ensure that key rings are: • Identifiable; • The numbers of keys are cited; and • Keys cannot be removed.	☐	☒	☐	Individual key rings are not identifiable with a numeric number, but rather with the position to which the keys are assigned. Keys cannot be removed from the key rings, however, the number of keys on each ring in not noted on the individual rings. The only means of determining the number of keys which should be on a specific key ring is to consult the master inventory maintained by the operations sergeant. The take home key rings assigned to supervisors/managers are not assigned a key ring number and the number of keys is not recorded.
Emergency keys are available for all areas of the facility.	☒	☐	☐	Emergency key sets are maintained in the Shift sergeant's office and Central Control.
The facilities use a key accountability system.	☐	☒	☐	The facility does not have a key accountability system. Individual key rings are not accounted for at the start/end of each shift or on a daily or weekly basis. The facility does not have a (b)(7)e system or other such system to account for which employee has which set of keys.
Authorization is necessary to issue any restricted key.	☒	☐	☐	Designated restricted keys require the facility commander's authorization to issue.
Individual gun lockers are provided. • They are located in an area that permits constant officer observation. • In an area that does not allow detainee or public access.	☒	☐	☐	Gun lockers are located in the Administration building and the secure vehicle booking sally port. There is no public access.
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	☐	☒	☐	The requirement for keys to be physically counted daily is specific to SPCs and CDFs. At this facility individual keys are not counted on a daily basis. The facility does not have a key accountability process, nor is key accountability covered in the local procedures. Individual key rings are not reconciled at the start/end of each shift. Take home key rings are not covered in policy. The facility does not (b)(7)e system to account for which staff has an individual key ring..

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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
All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. • Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. • When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. • Detainees are not permitted to handle keys assigned to staff.	☒	☐	☐	The bulleted sections of the component are specific to SPCs and CDFs. The facility Key Control procedure covers all of the bulleted sections of this component. The facility policies and procedures hold staff responsible for following proper key handling practices.

☐ ACCEPTABLE	☒ DEFICIENT	☐ AT-RISK	☒ REPEAT FINDING

REMARKS:

A specific maintenance staff is charged with the responsibility of maintaining the facilities keys and locking devices. This individual has not been to an approved locksmith training program. The individual has been to many other training programs put on by the manufacturer of locking devices used at the facility.

Key control refresher training is not provided on an annual basis.

The facility does not follow a preventative maintenance program as maintenance is done on an as needed basis.

The operational keyboard in the facility shift sergeant's office is not sufficient to accommodate all the facility key rings, including keys in use and take home key rings assigned to supervisory/management staff. There are no hooks/slots for keys in use or keys which are in perpetual use, such as housing unit keys.

Individual key rings are not identifiable with a numeric number, but rather with the position to which the keys are assigned. The number of keys on each ring in not noted on the individual rings. The take home key rings assigned to supervisors/managers are not assigned a key ring number and the number of keys is not recorded.

The facility does not have a key accountability system. Individual key rings are not accounted for at the start/end of each shift or on a daily or weekly basis. The facility does not use a "chit" system or other such system to account for which employee has which set of keys.

(b)(6), (b)(7)(C) / November 18, 2010
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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.	☒	☐	☐	The facility conducts a total of seven formal counts in each 24 hour period, with multiple counts on each shift.
Activities cease or are strictly controlled while a formal count is being conducted.	☐	☐	☒	This component is only applicable for SPCs and CDFs At this facility, activities either stop or are strictly controlled during counts.
Certain operations cease during formal counts.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, most operations stop during the count process.
All movement ceases for the duration of a formal count.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, all movement stops during the formal count process.
Formal counts in all units take place simultaneously.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, all formal counts take place simultaneously.
Detainee participation in counts is prohibited.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility detainee participation in counts is prohibited.
A face-to-photo count follows each unsuccessful recount.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility the housing unit staff use "head cards," which contain a photo of each detainee living in a specific unit. These head cards are used during the count process. This allows staff to positively identify each detainee during the count process.
Officers positively identify each detainee before counting him/her as present.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, deputies are trained to identify each detainee before counting him/her present.
Written procedures cover informal and emergency counts. • They are followed during informal counts and emergencies.	☒	☐	☐	
The control officer (or other designated position) maintains an out -count record of all detainees temporarily leaving the facility.	☒	☐	☐	The shift sergeant maintains the facility out-count record.
This training is documented in each officer's training folder.	☒	☐	☐	
☒ **ACCEPTABLE** ☐ **DEFICIENT** ☐ **AT-RISK** ☐ **REPEAT FINDING**				

REMARKS:
The inspection team observed the 1440 hour count at various locations and the count process was conducted per written procedures.

The facilities procedures and actual practice meet the requirements of this standard.

(b)(6), (b)(7)(C)   / November 18, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025576

POST ORDERS

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

COMPONENTS	YES	NO	NA	REMARKS
Every fixed post has a set of post orders.	☒	☐	☐	All fixed posts at the facility have post orders.
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	☐	☐	☒	This component is only applicable for SPCs and CDFs.
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	☒	☐	☐	The Division Commander is responsible for keeping all post orders current.
The IGSA maintains a complete set (central file) of post orders.	☒	☐	☐	
The central file is accessible to all staff.	☐	☐	☒	This component is only applicable for SPCs and CDFs. Locally, all post orders are maintained electronically and accessible to all staff.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, the Division Commander is responsible for all post order changes.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.	☐	☐	☒	This component is only applicable for SPCs and CDFs.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	☒	☐	☐	Facility policy requires that post orders are reviewed annually.
Procedures keep post orders and logbooks secure from detainees at all times.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, all post orders are kept secure from detainees al all times.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, all of the deputies are Peace Officers and qualify with weapons semi-annually.
Armed-post post orders provide instructions for escape attempts.	☐	☒	☐	The facility has ▨(b)(7)e▨ ▨(b)(7)e▨ The post orders for this post do not contain instructions for escape attempts.
The post orders for housing units track the event schedule.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, the post orders for the housing units do not track the 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 applicable for SPCs and CDFs. At this facility all detainee activity is logged in the facility automated log.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The facility has ▨(b)(7)e▨ , The post orders for this post do not contain instructions for escape attempts.

▨(b)(6), (b)(7)(C)▨ / November 18, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025577

SECURITY INSPECTIONS

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

COMPONENTS	YES	NO	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy specifies: • Posts to be inspected; • Required inspection forms; • Frequency of inspections; • Guidelines for checking security features; and • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement	☒	☐	☐	The portion of the component that requires the security inspection policy to specify the posts to be inspected and the required inspection forms is specific to SPCs and CDFs. At this facility, procedures specify which posts are to be inspected and the forms to be used. The facility has a set of three inspection procedures which cover all of the individual bullets in this component.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.	☐	☐	☒	This component is only applicable for SPCs and CDFs. The facility procedures require that every deputy conduct a security check of his/her areas. The results are documented in the facility automated log.
Documentation of security inspections is kept on file.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, security inspections are documented in the facility automated log.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, recurring problems are reported to the appropriate manager.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	☒	☐	☐	The ID's of all visitors are checked.
All visits are officially recorded in a visitor logbook or electronically recorded.	☒	☐	☐	All visitors are recorded in a visitor log book.
The facility has a secure visitor pass system.	☒	☐	☐	The facility uses a secure visitor pass system.
Every Control Center officer receives specialized training.	☒	☐	☐	
The Control Center is staffed around the clock.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, central control is staffed around the clock.
Policy restricts staff access to the Control Center.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, staff access to central control is restricted.
Detainees are restricted from access to the Control Center.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, detainees do not have access to central control.
Communications are centralized in the Control Center.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, communications are centralized in Central Control..
Officers monitor all vehicular traffic entering and leaving the facility.	☒	☐	☐	Video monitoring monitors all vehicle traffic entering the facility. No vehicles actually enter the secure perimeter of the facility. The delivery loading dock is located outside the secure perimeter. The loading dock area is monitored via video camera by central control. Law Enforcement vehicles delivering inmates/detainees to the facility use the booking/processing vehicle sally port. Vehicles using this sally port are monitored via video camera by central control staff.

ICE 2012FOIA03030.025578

SECURITY INSPECTIONS

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

COMPONENTS	YES	NO	NA	REMARKS
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: • The driver's name; • Company represented; • Vehicle contents; • Delivery date and time; • Date and time out; • Vehicle license number; and • Name of employee responsible for the vehicle during the visit	☐	☐	☒	This component is only applicable for SPCs and CDFs. Delivery vehicles arriving at the facility are not logged. Law Enforcement vehicles using the booking sally port are not logged.
Officers thoroughly search each vehicle entering and leaving the facility.	☐	☒	☐	The requirement for officers to thoroughly search vehicles leaving the facility is specific to SPCs and CDFs. Delivery vehicles arriving at the facility are not searched. They do not enter the secure perimeter of the facility. All goods are unloaded at the delivery dock and moved inside the facility without the use on detainees, either ICE or Non-ICE. Law Enforcement vehicles using the booking sally port are not searched.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	☒	☐	☐	The facility has a written contraband procedure.
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, tools taken into the secure area of the facility are not inventoried before entering and prior to departure..
The SMU entrance has a sally port.	☒	☐	☐	
Written procedures govern searches of detainee housing units and personal areas.	☒	☐	☐	
Housing area searches occur at irregular times.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility searches of housing areas occur at irregular times.
Every search of the SMU and other housing units is documented.	☒	☐	☐	All searches are documented in the facility automated log system.
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	☒	☐	☐	
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	☒	☐	☐	Walls, fences, exits, exterior windows are inspected once each shift.
Daily procedures include: • Perimeter alarm system tests; • Physical checks of the perimeter fence; and • Documenting the results.	☒	☐	☐	The facility perimeter alarm system, and physical fence check is done daily and documented in the Central Control log.
Visitation areas receive frequent, irregular inspections.	☒	☐	☐	
☒ **ACCEPTABLE**	☐ **DEFICIENT**		☐ **AT-RISK**	☐ **REPEAT FINDING**

REMARKS:

Delivery vehicles arriving at the facility are not searched. They do not enter the secure perimeter of the facility. All goods are unloaded at the delivery dock and moved inside the facility without the use on detainees, either ICE or Non-ICE. Law Enforcement vehicles using the booking sally port are not searched.

(b)(6), (b)(7)(C) / November 18, 2010

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
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.	☒	☐	☐	
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved. • A copy of the order given to the detainee within 24 hours.	☒	☐	☐	The facility policies allow for SMU placement prior to the written order being approved. These types of cases usually involve a staff/detainee safety issue. Detainees all receive a copy of their placement order.
The OIC (or equivalent) regularly reviews the status of detainees in administrative detention. • A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, Classification unit staff review all placements within five days of placement.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and: • Every week thereafter for the first month; and • Every 30 days after the first month. • Does each review include an interview with the detainee? • Is a written record made of the decision and the justification?	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, reviews are conducted each seven days for the first two months and then each 30 days thereafter.
The detainee is given a copy of the decision and justification for each review. • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, detainees are given a copy of the decision and justification. Detainees are given the opportunity to appeal the decision.
The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. • Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, ICE staff visit the facility weekly and are in constant communication with facility staff and are advised of all detainees in SMU. ICE staff confirmed that they followed their notification procedures for detainees in SMU for longer than 30 days..
The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. • A written record is made of the decision and the justification. • The detainee receives a copy of this record.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, The Classification Sergeant reviews all SMU placements which exceed 30 days.
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 applicable for SPCs and CDFs. At this facility, detainees can appeal to the OIC the outcome of the reviews.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	☒	☐	☐	

ICE 2012FOIA03030.025581

SPECIAL MANAGEMENT UNIT (SMU)
(ADMINISTRATIVE SEGREGATION)

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

COMPONENTS	YES	NO	NA	REMARKS
The SMU is: • Well ventilated; • Adequately lighted; • Appropriately heated; and • Maintained in a sanitary condition.	☒	☐	☐	The SMU is well vented, lighted, and very clean.
All cells are equipped with beds. • Every bed is securely fastened to the floor or wall.	☒	☐	☐	Two beds are located in each cell. The beds are securely fastened to the floor.
The number of detainees in any cell does not exceed the occupancy limit. • When occupancy exceeds recommended capacity, do basic living standards decline? • Do criteria for objectively assessing living standards exist? • If yes, are the criteria included in the written procedures?	☒	☐	☐	Unless classification reasons exist all cells are double celled.
The segregated detainees have the same opportunities to 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. • Do detainees eat only with disposable utensils? • Is food ever used as punishment?	☒	☐	☐	All detainees receive the same meals as the general population detainees.
Each detainee maintains a normal level of personal hygiene in the SMU. • The detainees have the opportunity to shower and shave at least three times a week. • If not, explain.	☒	☐	☐	
The detainees are provided: • Barbering services; • Recreation privileges in accordance with the "Detainee Recreation" standard; • Non-legal reading material; • Religious material; • The same correspondence privileges as detainees in the general population; • Telephone access similar to that of the general population; and • Personal legal material.	☒	☐	☐	The facility provides all of the services noted in this component to detainees housed in SMU.
A health care professional visits every detainee at least three times a week. • The shift supervisor visits each detainee daily. • Weekends and holidays.	☐	☒	☐	Detainees in SMU are seen on an as-needed basis. Medical staff see all detainees for ongoing medical issues and for routine medication services. Any detainee needing to speak to a nurse can do so via the phone located in SMU.
Procedures comply with the "Visitation" standard. • The detainee retains visiting privileges; and • The visiting room is available during normal visiting hours.	☒	☐	☐	
Visits from clergy are allowed.	☒	☐	☐	

ICE 2012FOIA03030.025582

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
Detainees have the same law-library access as the general population. • Are they required to use the law library ☐ Separately, or ☐ As a group? • Are legal materials brought to them?	☒	☐	☐	Detainees in SMU have to request legal materials. The requests are given to the legal service the facility uses and the requested materials are than provided to the detainee.
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	☒	☐	☐	All detainee activity in SMU is recorded in the facility automated log.
SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU. • Staff completes the form at the end of each shift. • CDFs and IGSA facilities use Form I-888 (or local equivalent).	☒	☐	☐	The section of this component that requires the use of the "SMU housing Record" (I-888) immediately upon a detainee's placement in the SMU and for staff to complete the form at the end of each shift is specific to SPCs and CDFs. At this facility, an automated log is used to record all detainee activity for the duration of the detainees stay in SMU.
Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift. • Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc; • The medical officer/health care professional signs each individual's record during each visit; and • The housing officer initials the record when all detainee services are completed or at the end of the shift.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, all of the activities noted in this component are recorded in the facility automated log system.
A new record is created for each week the detainee is in Administrative Segregation. • The weekly records are retained in the SMU until the detainee's return to the general population.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility the SMU record is automated and is maintained for as long as the detainee in housed in SMU.
☒ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING				

REMARKS:
Detainees in SMU are seen on an as needed basis. Medical staff see all detainees for ongoing medical issues and for routine medication services. Any detainee needing to speak to a nurse can do so via the phone located in SMU.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025583

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 sanctions for violations committed during one incident are limited to 60 days.	☒	☐	☐	At this facility, the maximum sanction is 10 days in disciplinary segregation for one incident.
A completed Disciplinary Segregation Order accompanies the detainee into the SMU. • The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.	☒	☐	☐	
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. • After each formal review, the detainee receives a written copy of the decision and supporting reasons.	☒	☐	☐	The section of the component that requires detainees to receive a copy of the decision and supporting reasons after each formal review is specific to SPCs and CDFs. The facility procedures require that detainees are reviewed at set intervals and provided a copy of the decision.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	☒	☐	☐	
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	☒	☐	☐	At this facility, when privileges are revoked the disciplinary hearing officer documents the action.
Living conditions in disciplinary SMUs remain the same regardless of behavior. • If no, does staff prepare written documentation for this action? • Does the OIC sign to indicate approval.	☒	☐	☐	
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	☒	☐	☐	
The quarters used for segregation are: • Well-ventilated. • Adequately lighted. • Appropriately heated. • Maintained in a sanitary condition.	☒	☐	☐	The SMU is well vented, lighted, and clean.
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	☒	☐	☐	Each cell is equipped with a double bunk which is securely fastened to the floor.
The number of detainees confined to each cell or room is limited to the number for which the space was designate. • Does the OIC approve excess occupancy on a temporary basis?	☒	☐	☐	All the cells in SMU are rated for two detainees. No cell was observed with more than two detainees in the cell.
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 facility does not house detainees in a "dry cell" setting in the SMU.
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.	☒	☐	☐	Detainees in SMU receive the same meals as the general population detainees. Food is not used as punishment.

SPECIAL MANAGEMENT UNIT
(DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	NO	NA	REMARKS
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	☒	☐	☐	
Detainees receive, unless documented as a threat to security: • Barbering services; • Recreation privileges; • Other-than-legal reading material; • Religious material; • The same correspondence privileges as other detainees; and • Personal legal material.	☒	☐	☐	All of the services noted in this component are provided to detainees housed in disciplinary segregation.
When phone access is limited by number or type of calls, the following areas are exempt: • Calls about the detainee's immigration case or other legal matters; • Calls to consular/embassy officials; and • Calls during family emergencies (as determined by the OIC/Warden).	☒	☐	☐	The facility fully complies with the bullets in this component.
A health care professional visits every detainee in disciplinary segregation every week day. • The shift supervisor visits each segregated detainee daily • Weekends and holidays.	☐	☒	☐	Detainees in Disciplinary Segregation are seen on an as-needed basis. Medical staff see all detainees for ongoing medical issues and for routine medication services. Any detainee needing to speak to a nurse can do so via the phone located in SMU.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	☒	☐	☐	
SMU detainees receive legal visits, as provided in the "Visitation" standard. • Legal service providers are notified of security concerns arising before a visit.	☒	☐	☐	
Visits from clergy are allowed. • The clergy member is given the option of visiting/not visiting the segregated detainee. • Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.	☒	☐	☐	
SMU detainees have law library access. • Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. • Legal material brought to individuals in the SMU on a case-by-case basis. • Staff documents every incident of denied access to the law library.	☒	☐	☐	Detainees in SMU have to request legal materials. The requests are given to the legal service the facility uses and the requested materials are than provided to the detainee.
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	☒	☐	☐	All detainee related activity is documented in the automated log system.

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SPECIAL MANAGEMENT UNIT
(DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	NO	NA	REMARKS
The SPCs, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU. • All I-888s are filled out by the end of each shift. • The CDF/IGSA facility use Form. • I-888 (or equivalent local form).	☒	☐	☐	The section of the component that requires staff to prepare the Special Management Housing Unit Record (I-888 or equivalent) as soon as the detainee is placed in the SMU and that completion of the form is by the end of each shift is specific to SPCs and CDFs. At this facility, an automated log is used to record all detainee activity for the duration of the detainee's stay in SMU.
SMU staff record whether the detainee ate, showered, exercised, took medication, etc. • Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. • The health care official sign individual records after each visit. • The housing officer initials the record when all detainee services are completed or at the end of the shift. • A new record is created weekly for each detainee in the SMU. • The SMU retains these records until the detainee leaves the SMU.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, all of the activity noted in this component is recorded in the facility automated log system.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
Detainees in Disciplinary Segregation are seen on an as needed basis. Medical staff see all detainees for ongoing medical issues and for routine medication services. Any detainee needing to speak to a nurse can do so via the phone located in SMU.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

TOOL CONTROL

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

COMPONENTS	YES	NO	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	☒	☐	☐	The facility has designated sergeant position which is responsible for tool control and accountability.
Department heads are responsible for implementing this standard in their departments.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, department heads are responsible for implementing the tool control standard in their departments.
Tool inventories are required for the: • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory.	☐	☒	☐	Facility policy requires that all departments maintain tool inventories. In practice, this does not happen. In the Medical department inventories of sharps and other medical tools/instruments were found to be in use and current. Tool inventories of all tools used by the facility landscaping program were found to be to be current and in use. In the facility kitchen there was a current inventory of all knives, but no inventory of other kitchen tools (ladles, spatulas, tongs, whisks, etc.). The facility maintenance shop is outside the secure perimeter. Each county employee assigned to maintenance has a large tool box attached to a three wheeled bicycle which is taken into the facility on an as needed basis. Review of two of these tool boxes revealed there was no tool inventory for the tools contained in the boxes. During the review a separate tool box was observed in the inside warehouse. There was no inventory for the tools located in this tool box.
The facility has a policy for the regular inventory of all tools. • The policy sets minimum time lines for physical inventory and all necessary documentation. • ICE facilities use AMIS bar code labels when required.	☐	☒	☐	The facility procedures specify that daily and weekly inventories of all tools in specific areas will take place. In practice, this is not taking place. Inventories in Medical and Landscaping take place as required. Inventories for the kitchen and the maintenance and warehouse tools is not taking place.
The facility has a tool classification system. Tools are classified according to: • Restricted (dangerous/hazardous); and • Non-Restricted (non-hazardous).	☐	☒	☐	The section of the component that requires tools to be classified as restricted and non-restricted is specific to SPCs and CDFs. At this facility, tools are not classified as either restricted or non-restricted. The facility does not have a tool classification system.
Department heads are responsible for implementing tool-control procedures.	☐	☐	☒	This component is only applicable for SPCs and CDFs. At this facility, department heads are responsible for tool control procedures.

ICE 2012FOIA03030.025587

TOOL CONTROL

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

COMPONENTS	YES	NO	NA	REMARKS
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	☐	☒	☐	All tools used in the medical department are disposable and thus are not marked. Tools in the landscaping department were not marked and readily identifiable. Tools in the kitchen, (knives and others) were not marked. Tools in the maintenance boxes are supposed to be color-coded but many were found not color- coded or were the maintenance staff's personal, unmarked tools.
The facility has an approved tool storage system. • The system ensures that all stored tools are accountable. • Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice.	☐	☒	☐	Storage of medical tools and equipment was adequate in some areas and inadequate in others. All were stored in locked cabinets or rooms. Accountability and storage for tools in the landscape program was good. Shadow boards were in use. Storage of tools in the maintenance tool boxes and in the kitchen was non-existent. There was virtually no way of knowing if maintenance or the kitchen was missing a commonly used tool. The storage of knives in the kitchen is done by placing them in a locked cabinet in the food manager's office. The knives are not stored on a shadow board and it is difficult to determine which are in use or to readily identify if one is missing.
Each facility has procedures for the issuance of tools to staff and detainees.	☐	☒	☐	The facility tool control procedure does not address issuance of tools to staff or detainees.
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include: • Verbal and written notification; • Procedures for detainee access; and • Necessary documentation/review for all incidents of lost tools.	☒	☐	☐	The facility policy addresses the issue of lost tools. Each of the bullets in this component is addressed in the policy.
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	☒	☐	☐	
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.	☐	☒	☐	The facility policies and procedures do not address the issue of visitors or repair vendors submitting inventories of all tools to be brought into the facility prior to admittance to departure from the facility.
☐ **ACCEPTABLE** ☒ **DEFICIENT** ☐ **AT-RISK** ☒ **REPEAT FINDING**				

ICE 2012FOIA03030.025588

REMARKS:
The facility overall tool control practices did not comply with NDS.

Some departments of the facility that have tools do not maintain tool inventories. Specifically, the kitchen controlled knives but there was no inventory of other kitchen tools. Individual maintenance staff tool boxes lacked inventories; one box was found inside the warehouse without any inventory sheet. Daily and weekly tool inventories are not taking place as required per the facility's local procedures.

Tools are not classified as either restricted or non-restricted and there is no tool classification system..

Tools in the landscaping department were not marked and readily identifiable. Tools in the kitchen, both knives and other tools were not marked. Tools in the maintenance boxes were not color-coded, as required locally; some tools were personal tools of staff.

The facility tool control procedure does not address the issuance of tools to staff or detainees.

The facility policies and procedures do not address the issue of visitors or repair vendors submitting inventories of all tools to be brought into the facility prior to admittance to departure from the facility.

(b)(6), (b)(7)(C)   / November 18, 2010
AUDITOR'S SIGNATURE / DATE

TRANSPORTATION
(LAND TRANSPORTATION)

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

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

COMPONENTS	YES	NO	NA	REMARKS
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. • Officers report deficiencies affecting operability; and • Deficiencies are corrected before the vehicle goes back into service.	☐	☐	☐	
Transporting officers: • Limit driving time to 10 hours in any 15 hour period; • Drive only after eight consecutive off-duty hours; • Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours; • Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days; • During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area–exceeding the 10-hour limit.	☐	☐	☐	
(b)(6), (b)(7) Officers with valid CDLs required in any bus transporting detainees. • When buses travel in tandem with detainees, there are (b)(7)(E) qualified officers per vehicle. • An unaccompanied driver may transport an empty vehicle.	☐	☐	☐	
Before the start of each detail, the vehicle is thoroughly searched.	☐	☐	☐	
Positive identification of all detainees being transported is confirmed.	☐	☐	☐	
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	☐	☐	☐	
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.	☐	☐	☐	
(b)(7)e re 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. • (b)(7)(E) officer remains in the vehicle at all times when detainees are present.	☐	☐	☐	

TRANSPORTATION
(LAND TRANSPORTATION)

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

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

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

☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING

REMARKS:
All transportation of ICE detainees is conducted by ICE staff.

(b)(6), (b)(7)(C) / November 17, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025591

USE OF FORCE

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

COMPONENTS	YES	NO	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	☒	☐	☐	
When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, officers must try to resolve the situation without resorting to force.	☒	☐	☐	Facility policy requires that staff resolve situations without the use of force whenever possible.
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	☐	☒	☐	The facility procedures do not contain a statement that calculated rather than immediate use of force is feasible in most cases.
The facility subscribes to the prescribed Confrontation Avoidance Procedures. • Ranking detention official, health professional, and others confer before every calculated use of force.	☒	☐	☐	All facility staff receive confrontation avoidance procedure training and use a team approach to resolving situations.
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. • Under staff supervision.	☒	☐	☐	All of the facility deputies are trained in the use of force team technique and when used it is always under staff supervision.
Staff members are trained in the performance of the Use-of-Force Team Technique.	☒	☐	☐	All deputies at the facility are trained in the use of force team technique.
All use-of-force incidents are documented and reviewed.	☒	☐	☐	All use of force incidents are required to be reported and are reviewed by supervisory and management staff.
Staff: • Do not use force as punishment; • Attempt to gain the detainee's voluntary cooperation before resorting to force; • Use only as much force as necessary to control the detainee; and • Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.	☒	☐	☐	Each of the bullets in this component is fully covered in the facility's use of force policies and procedures. Staff interviews support that facility training reinforces all of the techniques in this component.
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	☐	☐	☒	The facility does not use medication as a form of restraint.
Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).	☒	☐	☐	Facility policy and actual practice supports that use of force teams follow procedures that prevent injury and exposure to communicable diseases through the use of protective gear. In the past five years, the facility has not had a calculated use of force, so no actual use of force videos were reviewed.

USE OF FORCE

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

COMPONENTS	YES	NO	NA	REMARKS
Standard procedures associated with using four-point restraints include: • Soft restraints (e.g., vinyl); • Dressing the detainee appropriately for the temperature; • A bed, mattress, and blanket/sheet; • Checking the detainee at least every 15 minutes; • Logging each check; • Turning the bed-restrained detainee often enough to prevent soreness or stiffness; • Medical evaluation of the restrained detainee twice per eight-hour shift; and • When qualified medical staff is not immediately available, staff position the detainee "face-up".	☒	☐	☐	The facility ▓▓(b)(7)e▓▓ All of the bullets in this component are covered in the facility restraint chair procedure.
The shift supervisor monitors the detainee's position/condition every two hours. • He/she allows the detainee to use the rest room at these times under safeguards.	☒	☐	☐	
All detainee checks are logged.	☒	☐	☐	All detainee checks are logged in the observation log.
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	☒	☐	☐	
When the OIC authorizes use of non-lethal weapons: • Medical staff is consulted before staff use pepper spray/non-lethal weapons. • Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.	☒	☐	☐	
Special precautions are taken when restraining pregnant detainees. • Medical personnel are consulted	☒	☐	☐	Staff interviews revealed that use of force training reinforces that special precautions are taken when restraining pregnant detainees. Whenever possible, medical staff are consulted prior to the incident but always following the incident.
Protective gear is worn when restraining detainees with open cuts or wounds.	☒	☐	☐	Observation of staff on duty and staff interviews showed that staff routinely wear protective gloves.
Staff documents every use of force and/or non-routine application of restraints.	☒	☐	☐	
It is standard practice to review any use of force and the non-routine application of restraints.	☒	☐	☐	
All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. • Specialized training is given and Officers are certified in all devices they use.	☒	☐	☐	All staff receive training in self-defense, confrontation avoidance, in addition to training ▓▓(b)(7)e▓▓ ▓(b)(7)e▓
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	☒	☐	☐	The requirement to use the "Use of Force form" is specific to SPCs. At this facility all use of force incidents are documented on the facility's standard Incident Report form.

☒ **ACCEPTABLE**   ☐ **DEFICIENT**   ☐ **AT-RISK**   ☐ **REPEAT FINDING**

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REMARKS:

The facility procedures do not contain a statement that calculated rather than immediate use of force is feasible in most cases.

(b)(6), (b)(7)(C) / November 18, 2010

AUDITOR'S SIGNATURE / DATE

STAFF DETAINEE COMMUNICATIONS

POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF 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.	☒	☐	☐	The section of this component that requires weekly announced and unannounced visits is specific to SPCs and CDFs. At this facility the ICE supervisor visits every Tuesday and his staff conducts unannounced visits at least once per week.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	☒	☐	☐	
Scheduled visits are posted in ICE detainee areas.	☒	☐	☐	The scheduled ICE visitation day is posted in the detainee housing modules.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	☒	☐	☐	The ICE staff who visits each Tuesday notes these conditions.
ICE information request Forms are available at the IGSA for use by ICE detainees.	☒	☐	☐	A form titled 'Detainee Contact With ICE Officer/Agent Request Form' is available for detainees to write to the local ICE staff.
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	☒	☐	☐	All requests forms are delivered daily to the local ICE staff.
ICE staff responds to a detainee request from an IGSA within 72 hours.	☒	☐	☐	ICE staff interviewed stated they respond to all detainee requests 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.	☒	☐	☐	Detainees are notified of this via the ICE Detainee Handbook.

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
The ICE staff has established excellent lines of communications with the facility staff and with the detainee population.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

DETAINEE TRANSFER STANDARD

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

COMPONENTS	YES	NO	NA	REMARKS
When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer. • The notification is recorded in the detainee's file; and • When the A File is not available, notification is noted within DACS	☒	☐	☐	An interview with ICE staff present during this inspection confirmed these notifications were being made.
Notification includes the reason for the transfer and the location of the new facility.	☒	☐	☐	
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	☒	☐	☐	
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	☒	☐	☐	
Facility policy mandates that: • Times and transfer plans are never discussed with the detainee prior to transfer; • The detainee is not notified of the transfer until immediately prior to departing the facility; and • The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.	☒	☐	☐	ICE staff conduct all detainee transfers out of this facility and they confirmed each of these components is being met.
The detainee is provided with a completed Detainee Transfer Notification Form.	☒	☐	☐	
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	☒	☐	☐	The ICE staff state the G-391 is issued to the ICE staff conducting the removal and the I-203 is used by facility staff to authorize the transfer.
For medical transfers: • The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; • Medical transfers are coordinated through the local ICE office; and • A medical transfer summary is completed and accompanies the detainee.	☒	☐	☐	
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.	☐	☐	☒	DIHS staff are not assigned to this facility.
For medical transfers, transporting officers receive instructions regarding medical issues.	☒	☐	☐	
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	☒	☐	☐	
Transfer and documentary procedures outlined in Section C and D are followed.	☒	☐	☐	
Meals are provided when transfers occur during normally schedule meal times.	☒	☐	☐	ICE staff confirmed meals are provided when needed.

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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	YES	NO	NA	REMARKS
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	☒	☐	☐	
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	☒	☐	☐	

☒ ACCEPTABLE	☐ DEFICIENT	☐ AT-RISK	☐ REPEAT FINDING

REMARKS:
A review of the detainee detention files and an interview with ICE staff on site during the inspection revealed this standard was being met.

(b)(6), (b)(7)(C) / November 18, 2010
AUDITOR'S SIGNATURE / DATE

ICE 2012FOIA03030.025597

Department Of Homeland Security
Immigration and Customs Enforcement

Detention Facility Inspection Form
Facilities Used Over 72 hours

A. Type of Facility Reviewed

- ☐ **ICE Service Processing Center**
- ☐ **ICE Contract Detention Facility**
- ☒ **ICE Intergovernmental Service Agreement**

B. Current Inspection

Type of Inspection
☐ Field Office   ☒ HQ Inspection

Date[s] of Facility Review
November 16-18, 2010

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
July 20-22, 2010

Previous Rating
☐ Superior ☐ Good ☐ Acceptable ☒ Deficient ☐ At-Risk

D. Name and Location of Facility

Name
Contra Costa County - West Facility

Address (Street and Name)
5555 Giant Highway

City, State and Zip Code
Richmond, California 94806

County
Contra Costa

Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
(b)(6), (b)(7)(C) Lieutenant

Telephone # (Include Area Code)
510-2(b)(6), (b)(7)(C)

Field Office / Sub-Office (List Office with oversight responsibilities)
San Francisco

Distance from Field Office
25 miles

E. ICE Information

Name of LCI (Last Name, Title and Duty Station)
(b)(6), (b)(7)(C) LCI / MGT of America, Inc.

Name of Team Member / Title / Duty Location
(b)(6), (b)(7)(C) Security CI / MGT of America, Inc.

Name of Team Member / Title / Duty Location
(b)(6), (b)(7)(C) Medical CI / MGT of America, Inc.

Name of Team Member / Title / Duty Location
(b)(6), (b)(7)(C) Safety-Food Svc. / MGT of America, Inc.

Name of Team Member / Title / Duty Location
  /   /

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA
11-09-0024	August 17, 2009

Basic Rates per Man-Day
$85.00

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

Estimated Man-days Per Year:
54, 750

G. Accreditation Certificates

List all State or National Accreditation[s] received:

☒ Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
☐ Court Order   ☐ Class Action Order
The Facility has Significant Litigation Pending
☐ Major Litigation   ☐ Life/Safety Issues
☒ Check if None.

I. Facility History

Date Built
1991

Date Last Remodeled or Upgraded
Ongoing

Date New Construction / Bed space Added
N/A

Future Construction Planned
☐ Yes ☒ No Date:

Current Bed space	Future Bed space (# New Beds only)
1163	Number: Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
Not Reported

Total ICE Man-days for Previous 12 months
291

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male			
Adult Female			

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	907		
Adult Female	256		

☐ **Facility holds Juveniles Offenders 16 and older as Adults**

M. Average Daily Population

	ICE	USMS	Other
Adult Male	140	2	700
Adult Female	25	21	150

N. Facility Staffing Level

Security:	Support:
(b)(7)(E)	(b)(7)(E)

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: Offenders on Offenders[1]	Types (Sexual[2], Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	8	2	9	9
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	1	3	1	1
Number of Forced Moves, incl. Forced Cell moves[3]		0	0	0	0
Disturbances[4]		0	0	0	2
Number of Times Chemical Agents Used		0	0	0	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	Data Not Received	No Data	No Data	No Data
	# Resolved in favor of Offender/Detainee	No Data	No Data	No Data	No Data
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	Data Not Received	No Data	No Data	No Data
	# Psychiatric Cases referred for Outside Care	No Data	No Data	No Data	No Data

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[1]   Any attempted physical contact or physical contact that involves two or more offenders
[2]   Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting
[3]   Routine transportation of detainees/offenders is not considered "forced"
[4]   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.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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

DHS/ICE Detention Standards Review Summary Report

1. Acceptable   2. Deficient   3. At Risk   4. Repeat Finding   5. Not Applicable

Detainee 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	☒	☐	☐	☐	☐

Health Services	1.	2.	3.	4.	5.
18. Hunger Strikes	☒	☐	☐	☐	
19. Access to Medical Care	☒	☐	☐	☐	
20. Suicide Prevention and Intervention	☒	☐	☐	☐	
21. Terminal Illness, Advanced Directives and Death	☒	☐	☐	☐	

Security and Control	1.	2.	3.	4.	5.
22. Contraband	☒	☐	☐	☐	
23. Detention Files	☒	☐	☐	☐	
24. Disciplinary Policy	☒	☐	☐	☐	
25. Emergency Plans	☒	☐	☐	☐	
26. Environmental Health and Safety	☒	☐	☐	☐	
27. Hold Rooms in Detention Facilities	☒	☐	☐	☐	
28. Key and Lock Control	☐	☐	☐	☒	
29. Population Counts	☒	☐	☐	☐	
30. Post Orders	☒	☐	☐	☐	
31. Security Inspections	☒	☐	☐	☐	
32. Special Management Units (Administrative Segregation)	☒	☐	☐	☐	
33. Special Management Units (Disciplinary Segregation)	☒	☐	☐	☐	
34. Tool Control	☐	☐	☐	☒	
35. Transportation (Land Transportation)	☐	☐	☐	☐	☒
36. Use of Force	☒	☐	☐	☐	
37. Staff / Detainee Communication (Added August 2003)	☒	☐	☐	☐	
38. Detainee Transfer (Added September 2004)	☒	☐	☐	☐	

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

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

LCI Review Assurance Statement

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

LEAD COMPLIANCE INSPECTOR	
Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(C)	
Title & Duty Location	Date
LCI / MGT of America, Inc.	November 18, 2010

TEAM MEMBERS	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(C) / Security CI / MGT of America, Inc.	(b)(6), (b)(7)(C) / Medical CI / MGT of America, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(C) / Safety & Food Service CI / MGT of America, Inc.	

Recommended Rating:

☐ **Superior**
☐ **Good**
☒ **Acceptable**
☐ **Deficient**
☐ **At-Risk**

Comments:

The facility uses th[(b)(7)e] The facility [(b)(7)e] Facility staff reports they have deployed the [(b)(7)e] on eight non-ICE detainees during the last 12 months. Facility policy states [(b)(7)e] will not be used on ICE detainees.

There have been no deaths or escapes from this facility within the last 12 months. There have been no suicide or suicide attempts at this facility within the last 12 months. The facility could provide no data on grievances or psychiatric/medical referrals.