Department of Homeland Security

Immigration and Customs Enforcement Office of Detention and Removal Operations

Condition of Confinement Inspection Worksheet

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

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



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

5-11-09 update **Intergovernmental Service Agreement (IGSA) ICE Service Processing Center (SPC) ICE Contract Detention Facility (CDF)** Name Denver Contract Detention Facility Address (Street and Name) 3130 North Oakland Street City, State and Zip Code Aurora, CO 80010 County Adams Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) (b)(6), (b)(7)(c) Warden Name and Title of Lead Compliance Inspector (b)(6), (b)(7)(c) LCI, MGT of America Date[s] of Review From 10/19/2010 to 10/21/2010 Type of Review Operational Special Assessment Other

Introduction and Overview to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

The Outcome Measures Worksheet section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

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Performance-Based National Detention Standards

Section I SAFETY

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

PART 1 - 1. EMERGENCY PLANS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			This is precluded by policy. No instances were found.
2.	Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees	\boxtimes			Facility Policy 10.2.3 includes these protections for detainees.
	Staff are trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			Policy describes a "climate monitoring" system for staff. Staff receives training annually regarding the issue.
(Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			
f	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			The facility Captain who is the Chief of Security is responsible for development and implementation of all plans.
9	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	\boxtimes			Four Emergency Plan Binders are maintained in appropriate locations and are properly controlled.
t	All staff receive training in the emergency plans during heir orientation training as well as during their annual raining.	\boxtimes			This is required by policy and was documented in the training files.
(The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	\boxtimes			
9.	The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions	\boxtimes			Policy 10.2.3 covers these issues.
9	Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	\boxtimes			A "General Section" is the first part of each plan and includes appropriate guidance for staff.
	Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			As part of an agreement, the Aurora Police Department will determine if the reverse "911" notification is needed.

PART 1 - 1. EMERGENCY PLANS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	\boxtimes			The facility has a Memorandum of Understanding (MOU) with the Aurora Police Department.
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	\boxtimes			Two drills are scheduled each year to test various aspects of the plans.
 All staff receive copies of the Facilty Hostage policy and procedures. 	\boxtimes			
15. Staff are trained to (b)(7)(e) (b)(7)(e) Within 24 hours after release, nostages are screened for medical and psychological effects.	\boxtimes			Staff is properly trained. In addition, policy indicates that hostages will be screened immediately after the incident is resolved.
 The facility maintains a list of translator services in the event one is needed during a hostage crisis. 	\boxtimes			Services are available for any language needed.
 Emergency plans include emergency medical treatment for staff and detainees during and after an incident. 	\boxtimes			Medical staff is available 24 hours a day and are included in all emergency plans.
 The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees. 	\boxtimes			Food Service has a 14-day supply of food.
 Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric). 	\boxtimes			A binder showing the locations is kept in the (b)(7)e
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 	\boxtimes			This plan is not available to all staff. Copies are available for "appropriate supervisory personnel".

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal)	\boxtimes			All of the required procedures are covered.	
The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	\boxtimes			Post-emergency procedures are covered in the plans.	
PART 1 – 1. EMERGENCY PLANS					

PART 1 - 1. EMERGENCY PLANS

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

Facility Policy 10.2.3, Facility Emergency General Plan, describes a comprehensive and effective emergency response plan. The emergency plan binders are well organized and thorough.

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			The system is described in policy			
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			A review of inventories indicated compliance.			
	 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. 	\boxtimes			A random check of substances indicated that files are properly maintained. MSDS files are readily available.			
4.	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official.	\boxtimes			Generally, only staff uses these materials. Protective equipment is available, as needed.			
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes						
6.	Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances.	\boxtimes			Generally, only staff uses these materials. Detainees do not have access to or use hazardous materials.			
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes						
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes						
	All toxic and caustic materials stored in their original containers in a secure area.	\boxtimes			Proper storage areas and containers were in use during the inspection.			
10	Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	\boxtimes						
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PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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equipment.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	No products containing "methyl alcohol" are used in the facility.		
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	\boxtimes			Training is provided to staff annually. Detainees receive training based on the materials used on their particular work assignment.		
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	\boxtimes			The Aurora Fire Marshal's office approved the fire plan in June of 2010. The facility received a Certificate of Occupancy in March of 2010.		
14. A technically qualified staff member conducts fire and safety inspections.	\boxtimes			The fire safety officer attended OSHA training locally. Additionally, he attended the nationally certified Fire Safety Officer Training Program at Eastern Kentucky University.		
 The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken. 	\boxtimes					
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The Aurora Fire Marshal's office approved the fire plan in June of 2010.		
17. The plan requires:						
 Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 	\boxtimes			The Safety Officer provided records confirming the inspections. During a tour of the facility, fire protection equipment, floor plans, exit signage, and exit diagrams were noted.		
Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	\boxtimes			The facility performs six drills per month in various locations and on varied shifts. Detainees are evacuated and key access timed.		
19. A sanitation program covers barbering operations.	\boxtimes			Facility Policy 12.1.8, Barber Shop Operations, provides guidance.		

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 The barbershop has the facilities and equipment necessary to meet sanitation requirements. 	\boxtimes			The facility has a dedicated two- chair barbershop.
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			
 Written procedures regulate the handling and disposal of used needles and other sharp objects. 	\boxtimes			The facility medical policy addresses this component.
 All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly. 	\boxtimes			Inventories are performed at each shift change by(b)(7)staff.
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			Facility Policy 12.1.4, Sanitation Procedures Housekeeping Plan, covers this component.
25. Spill kits are readily available.	\boxtimes			These are available in the Medical Unit which provides all cleaning supplies.
 A licensed medical waste contractor disposes of infectious/bio-hazardous waste. 	\boxtimes			Stericycle is the current contractor.
 Staff are trained to prevent contact with blood and other body fluids and written procedures are followed. 	\boxtimes			Blood borne pathogens is covered in training, and procedures are in place.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			Waste Management is the area provider.
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	\boxtimes			EcoLabs provides this service to the facility.
 Drinking water and wastewater is routinely tested according to a fixed schedule. 	\boxtimes			The City of Aurora provides the water and testing.
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	\boxtimes			Maintenance staff maintains logs of the test and perform follow-up with any needed repairs.
32. The Facility appears clean and well maintained.	\boxtimes			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	\boxtimes			A review of the areas indicated compliance.

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. Meets Standard Does Not Meet Components Remarks The Health Services Policy 34. The Health Services Administrator has implemented a program supporting a high level of environmental Manual, Section 2, Managing a \boxtimes sanitation. Safe and Healthy Environment, addresses this issue. 35. The Health Services Administrator conducts medicalfacility inspections daily. Each inspection includes Daily inspections are performed \times noting the condition of floors, walls, windows, and documented. horizontal surfaces, and equipment. 36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of The Safety Officer is well versed environmental health conditions, and provide advisory, \times in these areas of responsibility. consultative, inspection, and training services regarding environmental health conditions. 37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. Monthly Safety meetings are These guidelines are intended to evaluate and inclusive of all areas of \times responsibility. eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases. 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association. Occupational Safety and Health Administration, No exceptions to recognized Environmental Protection Agency, \times standards were noted during the inspection. Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

The Safety Officer has both OSHA training and Fire Safety Officer training. The facility was occupied in August 2010 and still has a "new" facility look. The final Certificate of Occupancy was issued in March 2010 and represents the jurisdiction having authority in regards to OSHA and NFPA approval.

N/A

☐ Does Not Meet Standard

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

Meets Standard

Repeat Finding

	PART 1 – 3. TRANSPO	DRTAT	ION (BY L	AND)			
eq	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.						
in	☐ 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	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes			Individual records are maintained for all transportation officers.		
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	\boxtimes			A review of files found all CDLs were up-to-date.		
3.	Supervisors maintain records for each vehicle operated.	\boxtimes					
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	\boxtimes			Files are kept for each vehicle in the fleet.		
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	\boxtimes			The Transportation Lieutenant provided samples of maintenance checks and repair documents.		
6.	Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service.	\boxtimes					
	 Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area—exceeding the 10-hour limit. 				The facility meets the DOT standards and the ICE standard.		
8.	 (b)(7)(e) officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. When buses travel in tandem with detainees, there are (1)(7)(e) qualified officers per vehicle. 	\boxtimes			An interview with the Transportation Lieutenant, and a review of records indicated		

driver transports an empty

(b)(7)(e)

vehicle.

compliance.

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This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.							
☐ Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
Meets	Does Not Meet Standard	N/A	Remarks				
			This is required by the post orders. A check of records indicated that staff performs the inspections routinely.				
\boxtimes			Picture IDs are matched to the ICE I-216 information.				
			Post orders direct staff to perform this function appropriately.				
			The post orders require (b)(7)(e)				
			Post Order Number 10.3.13, Transportation Officer, covers this requirement.				
			This is addressed in the post orders for the Transportation Officer.				
\boxtimes			Meals are provided.				
			Any meals accepted are inspected. An inspection of three vehicles revealed they were clean and properly equipped.				
	Weets Standard	tion is handled on Neets Neets Not Neet Standard Neets Neet Neet Neet Neet Neet Neet Nee	tion is handled only by to standard only by to				

PART 1 – 3. TRANSPORTATION (BY LAND)								
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.								
☐ Standard NA: Check this box if all ICE Transportation control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
19. Vehicles have:	\boxtimes			In addition, vehicles have)(7)(e) (b)(7)(e) if needed.				
20. The vehicles are clean and sanitary at all times.	\boxtimes			A random check of vehicles indicated compliance.				
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. 	\boxtimes			Observation of a transport noted that property accompanies the detainee.				
22. 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 is not exclusively men or women or minors				All of the line items are contained in the Emergency Plans Manual - Plan #11.				
PART 1 – 3. TRANSPO	DRTAT	ION (BY L	AND)					
	⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

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

A review of policy, fleet records, and an interview with the Transportation Lieutenant indicated that the facility complies with the standard.

(b)(6), (b)(7)(c)/ October 21, 2010 Reviewer's Signature / Date

Performance-Based National Detention Standards

Section II SECURITY

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

PART 2 – 4. ADMISSION AND RELEASE

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

Oli	orderly operations when detainees are admitted to or released from a facility.							
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	\boxtimes			The detainee is provided a copy of the facility handbook and the ICE National Detainee Handbook. A video orientation is provided while the detainee is in an Intake Holding Room.			
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	\boxtimes			Medical staff performs the screenings for all detainees.			
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	\boxtimes			The facility uses the ICE provided information contained on forms I-203, I-213, and I-385 to classify detainees before assignment to a housing unit.			
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes						
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	\boxtimes			Strip searches are not done routinely. Facility staff use the ICE form to document the need for and approval granted for any strip search.			
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	\boxtimes			The facility uses acceptable procedures to account for a detainees' property. The detainee receives a copy. Any identity documents are immediately given to ICE staff on site.			
7.	and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	\boxtimes			Missing property claims are resolved using facility procedures that protect the detainee from any loss.			
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes						
9.	All releases are coordinated with ICE.	\boxtimes			ICE staff provides an I-216 to coordinate releases.			

PART 2 – 4. ADMISS	PART 2 – 4. ADMISSION AND RELEASE						
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.							
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
 Staff complete paperwork/forms for release as required. 	\boxtimes						
 Each detainee receives a receipt for personal property secured by the facility. 	\boxtimes						
 The facility has a system to maintain accurate records and documentation for admission, orientation, and release. 	\boxtimes			The facility uses an electronic detainee management system, GEO Track.			
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	\boxtimes			During normal duty hours, local ICE staff enters the data. After hours, a "duty desk" performs that function.			
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	\boxtimes			The orientation materials are provided in Spanish and English.			
PART 2 – 4. ADMISSION AND RELEASE							
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding							

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

Interviews with Intake staff and the ICE Officer-in-Charge as well as a review of policy facility policy 11.4.1, Admission and Release occurred. Additionally a review of files and records generated during intake processing confirmed the facility complies with the standard.

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

PART 2 - 5. CLASSIFICATION SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	\boxtimes			The facility policy regarding classification mirrors the ICE system.
2.	 The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. 	\boxtimes			The facility uses the ICE supplied information to gain substantiated, objective information for classification of detainees upon arrival. Any detainee who cannot be classified is admitted to Administrative Segregation. The Supervisor initials every classification
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			The ICE information is used to identify the detainee.
4.	Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	\boxtimes			The facility uses the ICE supplied information to gain substantiated, objective information for classification.
5.	Housing assignments are based on classification-level.	\boxtimes			
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			Recreation is unit based, with detainees of like classifications.
7.	Detainee work assignments are based upon classification designations.	\boxtimes			
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.	\boxtimes			Reclassifications are done every 60 days unless the detainee's behavior requires an earlier review.
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes			The Program Manager is the reviewing authority, and reviews any appeals. None have been received to date.
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	\boxtimes			No appeals have been received.
11.	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	\boxtimes			

PART 2 – 5. CLASSIFICATION SYSTEM					
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
 The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each. 	\boxtimes				
 In SPCs and CDFs detainees are assigned color- coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification. 	\boxtimes			The facility adopted the ICE color-coded uniform program.	
PART 2 – 5. CLASSIFICATION SYSTEM					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

Facility policy 11.4.3, Classification, is current and is written to mirror the ICE classification model. Only objective information provided by reliable sources is used for classification purposes. As such, Level 1 detainees are not housed with Level 3 detainees.

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband. Does Not Meet Standard Meets Standard Components Remarks The facility follows a written procedure for handling Facility policy 10.2.6, Handling of contraband. Staff inventories, holds, and reports it Contraband, provides guidance when necessary to the proper authority for \bowtie for staff. It details acceptable action/possible seizure. procedures for handling contraband. 2. Contraband that is government property is retained as Policy specifically covers this evidence for potential disciplinary action or criminal X component. prosecution. 3. Staff return property not needed as evidence to the \times proper authority. Written procedures cover the return of such property. 4. Altered property is destroyed following documentation According to policy, the Warden and using established procedures. \boxtimes may approve the destruction of altered property. The Warden is identified as the 5. Before confiscating religious items, the Facility Administrator or designated investigator contacts a \times person to consult with a religious religious authority. authority before confiscation. 6. Staff follow written procedures when destroying hard Procedures are established in \times contraband that is illegal. policy. 7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. Proper procedures are in place If yes, under specific circumstances and using for training staff to manage hard specified written procedures. Hard contraband is \boxtimes contraband. Soft contraband is secured when not in use. handled appropriately. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 8. Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified \bowtie when property is identified and seized as contraband. 9. Facilities with Canine Units only use them for \times No canine unit is used. contraband detection. PART 2 - 6. CONTRABAND **⋈** Meets Standard Does Not Meet Standard N/A Repeat Finding

PART 2 - 6. CONTRABAND

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

Facility Policy 10.2.6, Handling of Contraband, provides guidance for staff. Based on a review of policy and interviews with security and training staff, the facility meets the requirements of the standard.

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	\boxtimes			The Warden and/or his designee visit all areas of the facility at least once each week.
2.	At least _{b)(7)(e} male and _{b)(7)(e} female staff are on duty where both males and females are housed.	\boxtimes			
	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			Policy 3.6.9-AUR, Personnel/Regular Review of Staffing Requirements, requires the Warden and/or Assistant Warden to complete an annual staffing/needs analysis.
	Essential posts and positions are filled with qualified personnel.	\boxtimes			
5.	Every Control Center officer receives specialized training.	\boxtimes			Each person receives on-the-job training specific to the Control Center duties.
6.	Policy restricts staff access to the Control Center.	\boxtimes			Access to the Control Center is limited to those who have official duties in the room.
7.	Detainees do not have access to the Control Center.	\boxtimes			
8.	Communications are centralized in the Control Center.	\boxtimes			
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	\boxtimes			The Control Center is staffed with (b)(7)(e) Officers 24 hours a day, seven days a week.
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).		\boxtimes		All Personal Data Cards are maintained at the front entrance lobby post.
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes			
	Staff make watch calls (b)(7)e between 6 PM and 6 AM.	\boxtimes			All watch calls are made every (b)(7)e between the hours of 6PM and 6AM.
13.	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes			
14.	The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			All persons entering the facility are required to produce valid picture identification.
	All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
16.	The facility has a secure, color-coded visitor pass system.	\boxtimes			

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

that facility security is maintained and that events that pose a risk of narm are prevented.							
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks			
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			(b)(7)(estaff is assigned on each shift to the facility perimeter to monitor all incoming and outgoing traffic.			
18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name				The ()(7)(esecurity perimeter staff searches all vehicles and			
 Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle 				contents prior to allowing entry into or exit from the facility. All of the information required by this component is contained in the logs.			
during the facility visit 19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes						
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			Policy 10.2.6-AUR, Security/Handling of Contraband and Preservation of Evidence, is comprehensive and covers prevention measures to eliminate or reduce the introduction of contraband.			
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes						
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes						
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			There is a comprehensive policy and procedure that covers all types of searches, including living area searches and searches of detainees.			
24. Housing area searches occur at irregular times.	\boxtimes						
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes			All posts in the living areas are direct supervision. As such, an officer is in the area at all times.			
26. There are post orders for every security officer post.	\boxtimes						
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes						

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space. 29. Every search of the SMU and other housing units is documented. 30. The SMU entrance has a sallyport. 31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit. 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 33. Every officer is required to conduct a security check of his/her assigned area. The results are documented. 34. Documentation of security inspections is kept on file. 35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.		T			
staff observation of cell or room fronts, dayrooms, and recreation space. Supervision Supervisi	Components	Meets Standard	Does Not Meet Standard	N/A	
documented. 30. The SMU entrance has a sallyport. 31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit. 32. The facility has a comprehensive security inspection policy. The policy specifies: • Posts to be inspected • Required inspection forms • Frequency of inspections • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 33. Every officer is required to conduct a security check of his/her assigned area. The results are documented. 34. Documentation of security inspections is kept on file. 35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	staff observation of cell or room fronts, dayrooms, and recreation space.				supervision. Recreation yards are attached to the living units
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit. 32. The facility has a comprehensive security inspection policy. The policy specifies: • Posts to be inspected • Required inspection forms • Frequency of inspections • Guidelines for checking security features • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 33. Every officer is required to conduct a security check of his/her assigned area. The results are documented. 34. Documentation of security inspections is kept on file. 35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.		\boxtimes			
inventoried by the SMU officer prior to entering the housing unit. Temoved from the SMU are inventoried by custody staff.	30. The SMU entrance has a sallyport.	\boxtimes			
policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 33. Every officer is required to conduct a security check of his/her assigned area. The results are documented. All security checks are recorded in the post Officer log books and/or on forms designed for such checks. 4. Documentation of security inspections is kept on file. 35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	inventoried by the SMU officer prior to entering the housing unit.				removed from the SMU are
his/her assigned area. The results are documented.	policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing				Supervision, is detailed and meets or exceeds all of the
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.					in the post Officer log books and/or on forms designed for
failure to take corrective action are reported to the appropriate manager.	34. Documentation of security inspections is kept on file.	\boxtimes			
60 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	failure to take corrective action are reported to the	\boxtimes			
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure. All tools being brought into the secure perimeter by a vendor are inspected and inventoried into and out of the facility.		1			are inspected and inventoried
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	fixtures, accesses, and drains, etc. undergo frequent,	\boxtimes			
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.		\boxtimes			each of these areas once each
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	 Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 				
40. Visitation areas receive frequent, irregular inspections.	40. Visitation areas receive frequent, irregular inspections.				

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes			The Fire Safety Officer inspects all areas of the facility, and utilizes an inspection form that includes all areas of the facility.		
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	\boxtimes					
FACILITY SECURITY AND CONTROL						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

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

The facility staff conduct numerous, thorough searches to ensure a safe environment for staff and detainees. The forms used for all security and safety checks are detailed and include all areas of the facility.

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are								
han	handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			All funds and valuables are inventoried and placed in a safe.			
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			Large valuables are placed in a locked filing cabinet by the shift supervisor.			
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	\boxtimes			All property and funds are inventoried in the presence of the detainee. The detainee signs for his/her property and funds and receives a copy of the record.			
	(b)(7)(e)officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)(e)officers verify funds and valuables.	\boxtimes			Detainee funds and valuables are always counted/inventoried in the presence of the detainee byb)(7)(e) taff.			
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?	\boxtimes						
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes						
7.	Staff forward an arriving detainee's medicine to the medical staff.	\boxtimes			Medications are held at intake and the medical staff comes to that area to interview the detainee and take possession of the medications.			
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes						
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes			All property claims or issues are routed to the Security Captain.			
	Staff follow written procedures when returning property to detainees.	\boxtimes						
	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	\boxtimes						
12.	 The facility attempts to notify an out-processed detainee that he/she left property in the facility. By sending written notice to the detainee's last known address; via certified mail; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 	\boxtimes			Policy 11.4.5-AUR, Reception and Orientation/Detainee Funds and Property, require these steps.			

PART 2 - 8. FUNDS AND PERSONAL PROPERTY This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. Meets Standard Does Not Meet Standard Components Remarks 13. Staff obtain a forwarding address from each \boxtimes detainee. 14. It is standard procedure $for_{b)(7)(9)}$ fficers to be present b)(7)(estaff is always present when removing/documenting the removal of funds \boxtimes when dealing with detainee from a detainee's possession. funds. 15. Staff issue and maintain property receipts (G-589s) in Policy 11.4.5 outlines this X numerical order. requirement. 16. Staff complete and distribute the G-589 in \bowtie accordance with the ICE standard. 17. The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials \times and star numbers of receipting officers. 18. Staff tag large valuables with both a G-589 and an I- \boxtimes 77. \boxtimes 19. The supervisor verifies the accuracy of every G-589. 20. The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box: Every property envelope is sealed. \boxtimes · All sealed property envelopes are placed in the Large, valuable property is kept in the secured locked area. 21. Staff tag every baggage/facility container with an I-77, A review of the detainee property completed in accordance with the ICE standard. \bowtie room confirmed compliance with this component. 22. Staff secure every container used to store property Each property container is \times sealed with a tamper-proof with a tamper-proof numbered strap. numbered seal. 23. A logbook records detainee name. number/detainee-number, baggage-check/ I-77 \times number, security tie-strap number, property description, date issued and date returned. 24. In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member \boxtimes This facility is a CDF. conducts a comprehensive weekly audit. 25. The Facility Administrator has established quarterly audits of baggage and non-valuable property as \boxtimes Audits occur daily. facility policy, the audits occur each quarter and audits are verified and entered in the log.

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
26.	The facility positively identifies every detainee being released or transferred.	\boxtimes				
27.	Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	\boxtimes			All claims of lost or damaged property are reported to supervisory staff. Reimbursement is made, if appropriate.	
28.	accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's Afile, retaining a copy in the detainee's detention file.	\boxtimes			Form I-387 and a general incident report are generated on all reports of lost or damaged property. Copies are forwarded to the Warden. Originals are placed in the detainee's A-file.	
	PART 2 - 8. FUNDS AND PERSONAL PROPERTY					

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

The property room was well organized at the time of the inspection. Funds and property are accepted and accounted for in a manner that complies with this standard.

(b)(6), (b)(7)(c) / October 21, 2010 Reviewer's Signature / Date

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

		ts ard	Not st ard	_	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The hold room is situated in a location within the secure perimeter.	\boxtimes			All hold rooms are located within the secure perimeter.
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			
	The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			There is sufficient seating within all of the hold rooms. Each room was measured by maintenance staff using 20" of seating space as the standard for each person to determine seating occupancy.
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			
5.	Hold room walls and ceilings are escape and tamper resistant.	\boxtimes			
6.	Detainees are not held in hold rooms for more than 12 hours.	\boxtimes			A review of several months' worth of holding room logs found no instances where a detainee had been held longer than 12 hours in a hold room.
7.	Male and females detainees are segregated from each other at all times.	\boxtimes			
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	\boxtimes			The hold rooms have toilet facilities.
10.	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	\boxtimes			All detainees are pat searched prior to placement in a hold room.
11.	 When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 	\boxtimes			

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 	\boxtimes			The Emergency Plan Manual contains an Evacuation Procedures, Plan #12. Staff assigned to the intake area is responsible for removing detainees from the hold rooms during an emergency situation.
 An appropriate emergency service is called immediately upon a determination that a medical emergency exists. 	\boxtimes			
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 	\boxtimes			
 15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 	\boxtimes			The hold rooms at this CDF comply with the American Disabilities Act. All rooms contain combi-units.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			\boxtimes	The facility is a Contract Detention Facility. Each holding cell has a floor drain.
 In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard. 			\boxtimes	The facility is a Contract Detention Facility. All doors swing out.
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	\boxtimes			Children or juveniles are not accepted at this facility. Staff advised that an elderly person would be immediately processed and never placed in a holding cell.
 Minors (under 18) are confined apart from adults, except for immediate relatives or guardians. 			\boxtimes	Minors are not accepted at this facility.
Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard.	\boxtimes			Detailed logs are maintained on all detainees placed in a hold room.

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours. Meets Standard Does Not Meet Standard Components Remarks 21. Officers provide a meal to any detainee detained in a Meals are provided during hold room for more than six hours. regularly scheduled times. If Juveniles, babies and pregnant women have there is more than six hours \times access to snacks, milk or juice. between meal times and when detainees are placed in the hold Meal are served to juveniles regardless of time rooms, a sack meal is provided. in custody 22. Any detainee with disabilities, including temporary All persons with disabilities are disabilities, will be housed in a manner that provides processed immediately and are \bowtie for his or her safety and security. under constant supervision of intake staff pursuant to policy. 23. The maximum occupancy for the hold room will be All maximum occupancy limits posted. \times are posted above each hold room door. 24. Before placing a detainee in a room, an officer shall X observe each individual to screen for obvious mental or physical problems. 25. Staff does not permit detainees to smoke in a hold \times This is a no smoking facility. 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the This area is staffed by at least hold room is not in the officer's direct line of o)(7)(estaff at all times. Checks sight, and are conducted and documented at 15 minute intervals. If Visual monitoring at irregular intervals at least \bowtie detainees exhibit depression, every 15 minutes, each time recording in the detention log, the time and officer's printed hostility or similar behaviors, name and any unusual behavior or complaints s/he is relocated to a permanent housing area to permit under "Comments." continuous observation. Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES ⊠ Meets Standard ☐ Does Not Meet Standard N/A Repeat Finding

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

Remarks: (Record significant facts, observations, other sources used, etc.) The facility complies with the PBNDS regarding Hold Rooms.

(b)(6), (b)(7)(c) / October 21, 2010 Reviewer's Signature / Date

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

mai	ntained.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			The Security Lieutenant ano (b)(7)(e) Security Officer have attended an approved locksmith training course.
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			The Security Lieutenant is responsible for all administrative duties related to keys and locks including inventories, providing staff training, and developing and implementing a preventive maintenance program for all locking devices.
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			The Security Lieutenant maintains inventories of all keys and locks.
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			The preventive maintenance logs were reviewed and were up to date and accurate at the time of the inspection.
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			The issue of compromised keys and locks is addressed in policy 10.2.8-AUR, Security/Key and Lock Control.
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			(b)(7)(e)
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes			
	The facility does not use grand master keying systems.	\boxtimes			The facility has no grand master keys.
	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			This requirement is addressed in policy. A log is maintained and was in order at the time of the inspection.
12.	Padlocks and/or chains are not used on cell doors.	\boxtimes			

PART 2 - 10. KEY AND LOCK CONTROL

This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.

	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks
13.	 The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety Code 101. 	\boxtimes			
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			(b)(7)e
15.	Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings	\boxtimes			Each key ring is assigned a specific slot in the (b)(7)(e) system, which only allows those keys to be placed in that space. There is a chit on the ring that documents the number of keys on each ring. The rings are sealed so keys cannot be removed.
16.	Emergency keys are available for all areas of the facility.	\boxtimes			All emergency keys are located in (b)(7)e (b)(7)e
17.	The facility uses a key accountability system.	\boxtimes			The (b)(7)(e) system is an accountable system that produces detailed reports of usage as well as complete and accurate inventories.
18.	Authorization is necessary to issue any restricted key.	\boxtimes			
19.	Individual gun lockers are provided.				
	 They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	\boxtimes			
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			The (b)(7)(e) system is able to print an inventory at any time. Keys are counted daily.

PART 2 – 10. KEY AND LOCK CONTROL							
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.							
Components	Meets Standard	Does Not Meet Standard	W/A	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. 	\boxtimes			This is appropriately addressed in policy.			
 When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. 				in policy.			
 Detainees are not permitted to handle keys assigned to staff. 							
22. Locks and locking devices are continually inspected, maintained, and inventoried.	\boxtimes						
23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	\boxtimes			The Security Lieutenant is considered the Security Officer at this facility.			
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	\boxtimes						
25. The splitting of key rings into separate rings is not authorized.	\boxtimes						
PART 2 – 10. KEY A	ND LO	CK CONTI	ROL				

Remarks: (Record significant facts, observations, other sources used, etc.) The control, maintenance and accountability of keys and locks comply with the PBNDS.

(b)(6), (b)(7)(c) / October 21, 2010 Reviewer's Signature / Date

PART 2 – 11. POPULATION COUNTS							
This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.							
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
 Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count. 	\boxtimes			The facility conducts counts five times per day with the face-to-face count occurring at 3PM during shift change.			
Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes			All detainee activities cease during counts.			
There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes			Out counts were conducted properly at the time of the inspection.			
Formal counts in all units take place simultaneously.	\boxtimes			All counts occur at the same time throughout the facility.			
Officers do not allow detainee participation in the count.	\boxtimes						
A face-to-photo count follows each unsuccessful recount.	\boxtimes						
Officers positively identify each detainee before counting him/her as present.	\boxtimes						
Written procedures cover informal and emergency counts.	\boxtimes			Policy 10.2.26-AUR, Security/Detainee Count Procedures, covers six different types of counts including emergency and informal count procedures.			
The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	×			Each post and the Control Center maintains records of out- counts.			
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	\boxtimes						
PART 2 – 11. POPULATION COUNTS							

Remarks: (Record significant facts, observations, other sources used, etc.)
Counts at the facility are thorough and follow sound correctional practices. The facility complies with the PBNDS regarding Population Counts.

(b)(6), (b)(7)(c) Cotober 21, 2010 Reviewer's Signature / Date

PART 2 - 12. POST ORDERS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Every fixed post has a set of Post Orders.	\boxtimes			
	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	\boxtimes			
3.	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes			All of the post orders reviewed were dated June, 2010. They were complete and current.
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	\boxtimes			Review, updating and re- issuance are conducted on as needed basis. There is also an annual review.
6.	The facility administrator authorizes all Post Order changes.	\boxtimes			The Warden approves all post order changes.
7.	The facility administrator has signed and dated the last page of every section.	\boxtimes			The Warden signs the last page of all post orders.
8.	A Post Orders master file is available to all staff.	\boxtimes			
9.	Procedures keep Post Orders and logbooks secure from detainees at all times.	\boxtimes			Post orders are maintained at the officer's stations, which can be locked when officers are away from their stations.
10.	Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	\boxtimes			
11.	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes			
12.	In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	\boxtimes			The post orders include a form for staff to sign acknowledging they have read and understand the orders.
13.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\boxtimes			Firearms qualification occurs quarterly. Staff is not allowed to assume an armed position unless they are currently firearms qualified.
14.	Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.	\boxtimes			This is addressed in the post orders for the perimeter security staff.

PART 2 – 12. POST ORDERS					
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.					
Components	Meets Standard	Does Not Meet Standard	V/A	Remarks	
 Post Orders for armed posts provide instructions for escape attempts. 	\boxtimes				
The Post Orders for housing units track the daily event schedule.	\boxtimes			Unit post orders include the daily scheduled activities.	
 Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook. 	\boxtimes				
PART 2 – 12. F	POST C	RDERS			
Remarks: (Record significant facts, observations, other sources used, etc.) The post orders are thorough and had been recently updated. The facility meets all of the requirements of this standard.					
(b)(6), (b)(7)(c) / October 21, 2010 Reviewer's Signature / Date					

PART 2 - 13. SEARCHES OF DETAINEES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
There are written policy and procedures governing searches of housing areas, work areas and of detainees.	\boxtimes			Policy 10.2.1-AUR, Security/Facility-Detainee Searches, contains the policy and procedures for searching all housing areas, work areas, detainees and visitors.
 Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment. 	\boxtimes			This is addressed in policy 10.2.1-AUR.
Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	\boxtimes			
 Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable. 	\boxtimes			This is addressed in policy 10.2.1-AUR.
Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes			All detainees are pat searched at intake. Hand-held metal detecting wands are also issued used by intake staff.
 Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor. 	\boxtimes			Strip searches are only conducted when reasonable suspicion has been established and documented. Approval from the Warden or Administrative Duty Officer is required. Form G-1025 must be completed for each incident.
7. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	\boxtimes			Pursuant to policy, only ICE staff may order a body cavity search be conducted. If ordered, the detainee is taken to an off-site medical facility for the procedure to be completed.
8. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures	\boxtimes			Pursuant to policy "dry cells" are not used at this facility.
Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.	\boxtimes			All contraband is handled in accordance with policy 10.2.6-AUR, Handling of Contraband and Preservation of Evidence, which covers all aspects of this component.
10. Canines are not used in the presence of detainees			\boxtimes	Canines are not used at this facility.

PART 2 – 13. SEARCHES OF DETAINEES					
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) The facility has sound policies and procedures which govern all types of searches. The facility complies with this standard.					
(b)(6), (b)(7)(c) / October 21, 2010 Reviewer's Signature / Date					

PART 2– 14. SEXUAL ABUSE AND ASSA	ULT P	REVENTION	AN AC	ID INTERVENTION	
This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	

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

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

	sault, and control, discipline, and prosecute the perpetit				
	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			Policy 11.1.6.A-AUR, Detainee Rights/Prevention of Sexual Assault and Abuse, serves as the facility's prevention and intervention program.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The facility's written policy was approved by the FOD in March 2010.
3.	Tracking statistics and reports are readily available for review by the inspectors.			\boxtimes	No statistics or reports were available for review. There have been no reports of sexual abuse or assault by the detainee population within this reporting period.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			Training is provided to all staff during initial training. An additional two hours of training is provided during the annual inservice training.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			The sexual abuse and assault prevention guidelines are included in the orientation video and in the detainee handbook.
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			A brochure, Sexual Assault Awareness Information, is given to all detainees at intake.
8.	sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			All detainees are screened at intake by nursing staff regarding the potential for sexual victimization or of being sexually assaultive. This occurs during the mental health screening process.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.			\boxtimes	There have been no cases of sexual abuse or assault reported to staff, or detected by staff, during this reporting period.
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.			\boxtimes	There have been no reported cases of staff sexual assault or abuse of a detainee within the last year.

and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting. 	\boxtimes			The policy calls for a medical examination and clinical assessment to determine the type of intervention needed.	
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	\boxtimes			The policy states an investigation will be conducted and referrals made to the appropriate law enforcement agency.	
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			Notifications are made to the Warden and to the ICE OIC.	
 Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence. 	\boxtimes				
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.			\boxtimes	Policy requires records be maintained and incident(s) logged and tracked. There were no records available at the time of the inspection since there have been no reports of sexual assault or abuse during this review period.	
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION					

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

This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse

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

The facility's Sexual Abuse and Assault Prevention and Intervention Program comply with the PBNDS. The policy does not state what specific community or in-house treatment resources are available for detainees and the families of those who are victims of sexual assault or abuse.

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

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	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks		
1.	Written policy and procedures are in place for special management units.	\boxtimes			Policy 10.2.11-AUR, Special Management Detainees-Special Unit Operations, covers all aspects and operations of the SMUs.		
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes			Shift supervisors may authorize the placement of a detainee in administrative segregation. All placements are reviewed by the Warden or designee and the Classification Officer.		
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	\boxtimes			A detainee may be placed in disciplinary segregation only after a disciplinary hearing when placement is ordered by the Institutional Disciplinary Committee.		
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	\boxtimes			Health care staff interviews all detainees prior to their placement in the SMUs.		
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	\boxtimes			Policy 10.2.11 addresses these requirements.		
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			The SMUs have 90 single cells as well as four, two person cells for administrative and disciplinary segregation. Capacity is not exceeded.		
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			The SMUs were clean, sanitary, well lit and secure at the time of the inspection.		
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			There is a detailed file on each detainee assigned to the SMUs.		

Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released. 	\boxtimes			The detainee log records all activities to include, but not limited to: showers, meals served, shaving, recreation, out-of-cell time, telephone calls, etc. The log also records when the detainee was placed in the SMU, who authorized placement, and the release dates.	
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 	\boxtimes			A separate log is maintained which includes all of this information.	
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 				A Special Management Housing Unit Record file is maintained for each detainee. The file records all daily activities as required by this component.	
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	\boxtimes				

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 There are written policy and procedures concerning the property detainees may retain in each type of segregation. 	\boxtimes			Policy 10.2.11 identifies allowable property detainees assigned to the SMU may retain.
14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	\boxtimes			This is addressed in policy 10.2.11.
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	\boxtimes			Detainees assigned to administrative segregation are allowed an additional hour of time out-of-cell to conduct these activities.
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	\boxtimes			Detainees are checked at least every 30 minutes.
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes			Shift supervisors visit detainees in the SMU at least once on each shift.
The facility administrator (or designee) visits each SMU daily.	\boxtimes			
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	\boxtimes			Health care providers visit detainees in the SMUs once each shift.
 Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu. 	\boxtimes			
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	\bowtie			Detainees may shave and shower daily.

reasons are mattress, b	Components ocumented medical or mental health e detainees denied such items as clothing, edding, linens, or a pillow. If a detainee is dithat he or she is likely to destroy clothing	Meets Standard	Does Not Meet Standard	N/A	Remarks This is addressed in policy
or bedding self or othe immediately instituted by	or create a disturbance risking harm to ers, the medical department is notified y and a regimen of treatment and control y the medical officer. In an SMU may write and receive letters				10.2.11.
the same a	s the general population.	\boxtimes			
privileges.	in an SMU ordinarily retain visiting	\boxtimes			All detainees in the SMUs are allowed visits.
restricted or an SMU wh indicated the security or go year.	documentation was generated for any r disallowed general visits for a detainee in o violated visiting rules or whose behavior ne detainee would be a threat to the good order of the visiting room in the past			\boxtimes	No restrictions or disallowed visits have occurred during this reporting period. However, policy addresses the requirements of this component.
restricted of detainee if because to committed, guidelines of the detained	documentation was generated, for any or disallowed general visitation for a n Administrative Segregation status he detainee was charged with, or a prohibited act having to do with visiting or otherwise acted in a way that indicated see would be a threat to the orderly rescurity of the visiting room in the past			\boxtimes	The behaviors described in this component have not occurred during this reporting period. Policy 10.2.11 addresses the requirements of this component.
	rcumstances is a detainee permitted to n general visitation while in restraints.	\boxtimes			
and violent	d CDFs, detainees in protective custody and disruptive detainees are not permitted visitation room during normal visitation	\boxtimes			
are limited cases, not p	d CDFs, violent and disruptive detainees to non-contact visits and, in extreme permitted to visit.	\boxtimes			
visitation.	detainees in SMUs are not denied legal	\boxtimes			Detainees in the SMUs are not denied legal visits.
special section be implem	olicy and procedures for a situation where urity precautions for legal visitation have to ented and for advising legal service and assistants prior to their visits.	\bowtie			These requirements are addressed in policy 10.2.11.

Segregation section for detainees segregated for disciplin	ary reas	50115.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	\boxtimes			This is allowed pursuant to facility policy.
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	\boxtimes			General reading materials are available to detainees in the SMUs.
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their	\boxtimes			Detainees in the SMUs are allowed to go to the legal library as long as it does not pose a security risk.
personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.				Scounty risk.
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	\boxtimes			
 Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances. 	\boxtimes			
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 	×			This is addressed in policy.
38. Recreation for detainees in the SMU is separate from the general population.	\boxtimes			The SMUs have individual recreation yards which are separate from the general population.
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	\boxtimes			

ocgregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
40. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	\boxtimes			Persons housed in the SMUs are given the opportunity to recreate one hour each day, 7 days a week.		
41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	\boxtimes			This is addressed in policy and meets all of the requirements of this component.		
42. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	\boxtimes			This is addressed in policy.		
43. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	\boxtimes					
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.				Telephone privileges are afforded to persons in the SMUs. Restrictions are properly documented and legal calls are never denied.		

Seg	gregation section for detainees segregated for disciplin	ary reas	sons.		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer	\boxtimes			Written orders are completed by the shift supervisors prior to a detainee being placed in segregation or protective custody.
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.				Supervisory staff conducts reviews within 72 hours of placement in the SMU. Weekly reviews are conducted for the first 60 days and every 30 days thereafter.

Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
review is of circumstate security. appeal a the facility		\bowtie				
Segregati appeal to and recon detainee	ren consecutive days in Administrative fon, the detainee may exercise the right to the facility administrator the conclusions inmendations of any review conducted. The may use any standard form of written cation (for example, detainee request form), appeal.				Policy allows the detainee to appeal to the Warden after 7 days.	
for more to facility ad whether account the made of t	ee has been in Administrative Segregation than 30 days and objects to this status, the ministrator reviews the case to determine that status should continue, taking into ne views of the detainee. A written record is he decision and the justification. review is done every 30 days thereafter.	\boxtimes			A weekly review is conducted for the first two months, and at least every thirty days thereafter. All decisions are documented and include the justification used in making the decision.	
50. When a o Segregati administra notifies ti	detainee has been held in Administrative on for more than 30 days, the facility ator notifies the Field Office Director, who he ICE/DRO Deputy Assistant Director, Management Division.	\boxtimes			The AFOD is notified after the detainee has remained in the SMU for 30 days.	
Director of Director, considerated transfer the	detainee is held in Administrative on for more than 60 days, the Field Office notifies, in writing, the Deputy Assistant Detention Management Division, for the detainee to a facility where he or she may I in the general population.					
by order of or equiva has been	e is placed in Disciplinary Segregation only of the Institutional Disciplinary Panel (IDP), lent, after a hearing in which the detainee found guilty of a prohibited act.	\boxtimes			This is addressed in policy.	
Segregati incident.	on for a violation associated with a single					
facility ad the Field the detair	irst 30 days in Disciplinary Segregation, the ministrator sends a written justification to Office Director, who may decide to transfernee to a facility where he or she could be the general population.	\bowtie				

inis Detention Standard protects detainees, statt, contractors, volunteers, and the community from narm by
segregating certain detainees from the general population in Special Management Units (SMUs) with an
Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary
Segregation section for detainees segregated for disciplinary reasons.

degregation section for detained segregated for disapplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.	\boxtimes			A copy of the segregation order is given to the detainee. The appropriate forms are completed and maintained in the detainee files.	
 55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887). At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised. The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator. All review documents are placed in the detainee's detention file. 	MANA	GEMENT	UNITS	Policy 10.2.11, Sec. J addresses reviews of the detainee stays in disciplinary segregation. The SMU review committee may recommend early release, if warranted.	
TAKE TO SECOND		O E III E I I I			
	andard	□ N/A		☐Repeat Finding	

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

The facility has a 48-bed unit for Administrative segregation and a 48-bed unit for Disciplinary segregation. At the time of the inspection, there was one detainee housed in Administrative Segregation who had requested this placement. All logs and documentation reviewed was complete and the correct forms used

(b)(6), (b)(7)(c) / October 21, 2010 Reviewer's Signature / Date

PART 2 - 16. STAFF-DETAINEE COMMUNICATION

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

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

	•				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			ICE staff is in the facility daily.
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			ICE/DRO visiting schedules were posted in the detainee housing areas.
	Visiting ICE staff observe and note current climate and conditions of confinement.	\boxtimes			Daily monitoring occurs.
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	X			
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes			The Detainee Correspondence policy, 11.1.7A-AUR, defines detainee correspondence to ICE/DRO officials as Special Correspondence.
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	\boxtimes			There is a metal locked box labeled ICE/DRO located in each detainee housing unit. This box is where detainees can place correspondence to ICE staff.
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			ICE staff retrieves the correspondence forms from the locked boxes Monday - Friday.
	ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes			The onsite ICE staff maintains logs that have copies of the correspondence received from detainees. Some of the copies reviewed were not dated by the detainee. However, the copies that did include the date indicated responses were made within 72-hours.
10	ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			This information is contained in the facility handbook and the ICE National Detainee Handbook, which are issued to all detainees.
11.	OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	\boxtimes			The OIG hotline posters are mounted in all housing units.

PART 2 – 16. STAFF-DET	AINEE	COMMUN	ICATI	ON
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.				
It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12. Daily telephone serviceability checks are documented in the housing unit logbook.	\boxtimes			
PART 2 – 16. STAFF-DETAINEE COMMUNICATION				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

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

ICE staff is available on-site at this facility and visit the housing units at least five days each week. Communications between ICE staff, facility staff and detainees appeared well coordinated and well documented at the time of the inspection.

(b)(6), (b)(7)(c) / October 21, 2010 Reviewer's Signature / Date

PART 2-17. TOOL CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			The Building Maintenance Supervisor and the Security Lieutenant are responsible for developing a tool control procedure and accountability system.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	\boxtimes			
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			All tools, keys, medical equipment and culinary equipment are maintained under lock and key. All inventories were accurate and up to date at the time of the inspection.
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	\boxtimes			A chit system and shadow boards are used in all areas.
5.	Tool inventories are required for: • Facility Maintenance Department • Medical Department • Food Service Department • Electronics Shop • Recreation Department • Armory	\boxtimes			Each of these areas has accurate and complete inventories. There is no Electronics Shop.
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			
7.	 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	\boxtimes			Policy 10.2.9, Security/Control of Tools, Equipment and Hazardous Material, requires daily, weekly, quarterly and annual inventories of all tools and equipment.

PART 2-17. TOOL CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks
8.	The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous)	\boxtimes			All tools and equipment are classified as restricted and non-restricted.
	Non Restricted (non-hazardous).				
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes			
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes			
11.	The facility has an approved tool storage system.				
	 The system ensures that all stored tools are accountable. 				
	 Tools are stored on shadow boards in which the shadows resemble the tool. 				All tools are stored, maintained,
	 Shadow boards have a white background. 	\boxtimes			marked, and accounted for in
	 Restricted tools are shadowed in red. 				compliance with this component.
	Non-restricted tools are shadowed in black.				
	 Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				
12.	Tools removed from service have their shadows removed from shadow boards.	\boxtimes			
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\boxtimes			
14.	Sterile packs are stored under lock and key.	\boxtimes			
15.	Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			Policy and procedures cover the issuance of tools and meet the requirements of the standard.
16.	There are policies and procedures to address the issue of lost tools. The policy and procedures include:				
	 Verbal and written notification. 	\boxtimes			Policy 10.2.9 addresses each of these requirements.
	 Procedures for detainee access. 				uiese requirements.
	 Necessary documentation/review for all incidents of lost tools. 				
17.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes			

PART 2-17. TOOL CONTROL						
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
Standard Does Not Meets Standard N/A N/A N/A						
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.	\bowtie			Tools of all vendors entering are inventoried prior to entering or leaving the facility.		
 Hoses longer than three feet in length are classified as a restricted tool. 	\boxtimes					
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	\boxtimes			All scissors used at the facility intake area are tethered.		
PART 2-17. TOOL CONTROL						

Remarks: (Record significant facts, observations, other sources used, etc.) The facility complies with the requirements of this standard.

(b)(6), (b)(7)(c) / October 21, 2010 Reviewer's Signature / Date

PART 2 – 18. USE OF FORCE AND RESTRAINTS

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

Pio	property damage, or to maintain the security and orderly operation of the facility.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
1.	(MANDATORY) The facility has a Use of Force Policy.	\boxtimes			Policy 10.2.15-AUR, Security/Use of Force, addresses all use of force issues.		
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes					
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	\boxtimes			Staff is trained in the use-of- force continuum. Staff is instructed to attempt to resolve all situations without force, if possible.		
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			Policy addresses calculated use of force procedures, and encourages staff to resolve issues without using force.		
5.	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes					
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. • Under staff supervision.	\boxtimes			Policy requires the Use-of-Force Team Technique be used. When possible, all incidents are videotaped.		
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			Staff assigned to the (b)(7)e is given 40 hours of initial training and 8 hours of additional training monthly.		
8.	All use-of-force incidents are documented and reviewed.	\boxtimes			All use-of-force incidents are documented prior to the end of the shift, and forwarded to the Warden's office.		
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	\boxtimes			All use-of-force incidents are documented and reviewed by facility staff, to include medical staff, and ICE staff. Policy addresses the review as well as proper documentation required. Policy also requires explanations of on any breaks in video recording.		

PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

Components 10. Staff:	Meets Standard	Does Not Meet Standard	V/N	Remarks
 Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	\boxtimes			Each of these issues is addressed in the Principles Governing the Use of Force and Application of Restraints section of policy 10.2.15.
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.			\boxtimes	Forced medication is not allowed at this facility.
(MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			Policies and procedures direct staff to only use force which is necessary to control the situation and to take care to prevent injury of staff and detainees. Staff is trained to wear all protective gear available to them to protect themselves from disease.
 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up." 	\boxtimes			A staff member is assigned to constantly observe detainees placed in 4-point soft. Bedding and a mattress are provided. Fifteen (15) minutes checks are logged even though constant observation occurs. The detainee is allowed to use the restroom and move as necessary. Medical staff checks the detainee routinely and at least once every four hours.
14. The shift supervisor monitors the detainee's position/condition every two hours.He/she allows the detainee to use the restroom at these times under safeguards.	\boxtimes			The shift supervisor checks the detainee every two hours.
15. All detainee checks are logged.	\boxtimes			
In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	\boxtimes			

PART 2 – 18. USE OF FORCE AND RESTRAINTS

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
 When the Facility Administrator authorizes use of non-lethal weapons: Medical staff are consulted before staff use (b)(7)(e) non-lethal weapons. Medical staff reviews the detainee's medical file 	\boxtimes			Medical staff is consulted prior to all calculated force events.
before use of a non-lethal weapon is authorized.18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.			\boxtimes	This facility uses no intermediate weapons.
 If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools. 			\boxtimes	Intermediate weapons are not used at this facility.
20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted	\boxtimes			
Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes			This is addressed in policy.
 Staff document every use of force, including what type of restraints was used during the incident. 	\boxtimes			
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			
 24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices approved for use. 	\boxtimes			All staff receives 36 hours of training in self-defense, confrontation- avoidance techniques, and use of force issues prior to working in the facility.
25. All staff authorized to use (b)(7)(e) receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.			\boxtimes	(b)(7)(e) s not used at this facility.
 The use of canines is restricted to contraband detection purposes only. 			\boxtimes	Canines are not used at this facility.
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes			
28. <u>In SPCs</u> , the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes			
PART 2 – 18. USE OF FO	RCE	ND REST	RAIN'	TS
	andard	□ N/A		☐Repeat Finding

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

The facility has a comprehensive policy that addresses all use-of-force situations. The policy specifically requires documentation regarding all use-of-force incidents. The facility complies with this standard.

(b)(6), (b)(7)(c) / October 21, 2010 Reviewer's Signature / Date

Performance-Based National Detention Standards

Section III ORDER

19 Disciplinary System

PART 3 - 19. DISCIPLINARY SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	\boxtimes			
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			This is covered in policy.
3.	Written rules prohibit staff from imposing or permitting the following sanctions:				
	corporal punishment				
	 deviations from normal food service 				
	clothing deprivation				None of the sanctions listed in
	bedding deprivation	\boxtimes			this component may be used.
	denial of personal hygiene items				
	loss of correspondence privileges				
	deprivation of legal access and legal materials				
	deprivation of physical exercise				
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			These are included in the video orientation and in the facility handbook.
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:				
	Rights and Responsibilities	\bowtie			These items are posted in all
	Prohibited Acts				housing units.
	Disciplinary Severity Scale				
	• Sanctions				
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes			The Unit Disciplinary Committee (UDC) handles all minor rule violations.
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes			The Security Captain receives all incident reports and notice of charges each day.
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	×			
9.	An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			The UDC adjudicates minor infractions.

PART 3 – 19. DISCIPLINARY SYSTEM

This Deter	ntion Standar	d promotes a safe	e and orderly li	ving environmer	nt for detainees	by expecting det	ainees to comply
with facility	rules and re	egulations and im	posing discipli	nary sanctions	to control the b	ehavior of those	who do not.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC Considers written reports, statements, physical evidence, and oral testimony Hears pleadings by detainee and staff representative Bases its findings on the preponderance of evidence Imposes only authorized sanctions 	\boxtimes			The Security Captain conducts hearings on all charges referred by the UDC. He reviews and considers all reports, witness statements, and physical evidence, and takes statements from the detainee(s). Findings are based on a preponderance of the evidence presented.		
A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes			Policy allows for staff to assist detainees during the disciplinary process. The Security Captain stated he did this in most instances.		
 The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented. 	\boxtimes			Policy states this may occur.		
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	\boxtimes					
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	\boxtimes					
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes			All documentation related to the disciplinary process is routed to and maintained in the detainee detention files.		
PART 3 – 19. DISCIPLINARY SYSTEM						

Remarks: (Record significant facts, observations, other sources used, etc.) The facility meets all of the standards related to the Disciplinary System.

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

Performance-Based National Detention Standards

Section IV CARE

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

1111	in a sanitary and hygienic lood service operation.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	\boxtimes			The FSA received corporate food service training and has military training. The responsibilities of the cooks are detailed in the Kitchen Detention Officer Post Orders. The FSA determines the responsibilities of subordinate staff.		
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.		\boxtimes		There is only one management position in the Food Service Department therefore when the manager is off duty, there are no supervisory/management staff on site.		
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	\boxtimes			Food Service staff receives two weeks of orientation training upon hire. They also receive an additional 40 hours of refresher training annually.		
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	\boxtimes			Knife cabinets close with an approved locking device. The on-duty foreman maintains control of the key. Knives are not used in the food service department. The knife cabinet contains a cutting blade that attaches to a food processing machine.		
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils			\boxtimes	Knives are not used in the food service department. Dough cutters are used instead, and are secured to work stations when in use.		
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			Of the food items identified in the PBNDS as a security threat, sugar is the only item used in this facility. The sugar was properly secured, inventoried, and supervised by food service staff at the time of the inspection.		
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes					
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	\boxtimes					

and a same riggionic look service operation.							
Meets Standard	Does Not Meet Standard	V/N	Remarks				
			Staff obtains physicals upon employment. Detainees receive a food handler's exam prior to being assigned to the food service department.				
			The FSA signed off on the 2010 detainee volunteer job descriptions.				
\boxtimes							
\boxtimes			Documentation of all food service training received by detainee volunteer workers is filed in the detainee's detention file.				
			Volunteer				
			Three hot meals are served daily. Only 12 hours elapse between the evening meal and the next morning's breakfast.				
		\boxtimes	Sneeze guards are not required since there are no cafeteria-style food service operations at this facility.				
	\bowtie		The facility utilizes a 42-day cycle menu.				
I nell of the state of the stat							

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	\boxtimes			A complete nutritional analysis was conducted, and a registered dietitian certified the menus on June 30, 2010.
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			
 20. The Cook Foreman has the authority to change menuitems if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 	\boxtimes			Cook Supervisors have the authority to change menu items when necessary. Substitutions and the justification are documented on a substitution log, which is reviewed by the FSA.
21. All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			
 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provide hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 	\boxtimes			The Common Fare menu is available for detainees whose dietary requirements cannot be met through the cycle menu. There is no cost to detainees to participate in this program.
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes			Detainees requesting a religious diet are referred to the Program Manager/Chaplain.
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	\boxtimes			

in a sanitary and hygienic rood service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.		\boxtimes		A schedule of religious ceremonial meals was not available. This was corrected during the inspection. A schedule of ceremonial meals was developed that outlines the religious ceremonial meals for the next five years.		
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal 	\boxtimes			The Common Fare Program is available for detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.		
(lunch or dinner) on Ash Wednesday and Fridays during Lent.						
27. The food service program addresses medical diets.	\boxtimes					
28. Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes					
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes			The food temperatures for the lunch meal on October 20, 2010, were checked and found to be in compliance with the "safe temperature" guidelines as stated in the PBNDS.		
30. All meals provided in nutritionally adequate portions.	\boxtimes			Food portions placed on the food trays were observed to be consistent with the menu portion sizes detailed on the master cycle menus. The portions were deemed nutritionally adequate.		
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes					
 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 	\boxtimes					

in a same rygienic rood service operation.						
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
33. Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			Food service sanitation was maintained at a high level throughout the inspection.		
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	\boxtimes			Two weekly inspections are conducted. The FSA conducts a weekly inspection of the food service department. The Fire Safety Manager, Clinical Director, and the FSA conduct a second weekly inspection.		
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	\boxtimes					
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	\boxtimes			The dish machine temperatures are documented during each meal.		
37. (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	\boxtimes			Refrigerator and freezer temperatures are documented twice daily. The temperatures are recorded upon opening food service and again at closing time.		
38. The cleaning schedule for each food service area is conspicuously posted.	\boxtimes					
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes			Staff is trained to inspect incoming food shipments.		
40. Storage areas are locked when not in use.	\boxtimes					
41. Food service personnel conduct shakedowns along with detention staff.	\boxtimes					
42. In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.			\boxtimes	This facility is not a SPC facility. It is a CDF. Additionally, there is no dining room operation at this facility.		
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes					
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.			\boxtimes	This is a CDF. Quarterly cost estimates are not required.		
45. When required, only food service staff prepare the sack lunches for detainee transportation.	\boxtimes					

PART 4 - 20. FOOD SERVICE This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. Meets Standard Does Not Meet Standard Remarks Components 46. Air curtains or comparable devices are used on The physical plant does not have food preparation or food storage outside doors where food is prepared, stored, or served to protect against insects and other rodents. X areas that have doors that open to the outside. No air curtains are required. 47. Staff comply with the ICE requirements for "food \boxtimes receipt and storage. 48. Stock inventory levels are monitored and adjusted to X correct overage and shortage problems. ICE Housekeeping. comply with all 49. Staff Storeroom/Refrigerator requirements. Identify and \times explain any shortcomings. 50. Dining room facilities and operating procedures will There is no dining room provide sufficient space and time for detainees to eat operation at this facility. Meals \times meals in a relatively relaxed, unregimented are served via a satellite feeding atmosphere. system. Tri-County Health Department 51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the completed a Retail Establishment Inspection Report food service facilities and equipment meet \times on October 18, 2010. Corrective governmental health and safety codes. action was taken on the one Corrective action is taken on deficiencies, if any. deficiency noted on the report. 52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a \boxtimes written report to the Facility Administrator. 53. Only those toxic and caustic materials required for Control of chemicals within the sanitary maintenance of the facility, equipment, and food service department was utensils shall be used in the food service department. good at the time of the Material Safety Data Sheets (MSDSs) will be \times inspection. All chemicals are maintained on all flammable, toxic, and caustic delivered from remote storage areas. Detainees do not have substances used. access to undiluted chemicals. 54. (MANDATORY) The FSA is responsible for pest A contract with Spartan \bowtie Chemical Company provides control in the food service department, including contracting the services of an outside exterminator. pest control on a monthly basis.

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FOOD SERVICE

N/A

Does Not Meet Standard

Meets Standard

Repeat Finding

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

The facility's policies and procedures ensure that detainees are provided a nutritionally balanced diet, prepared and presented in a sanitary, hygienic environment. The facility's food service operation is working out of a brand new kitchen that is being well maintained. Sanitation, food safety, and detainee training are priorities within the department and result in a comprehensive operation.

A schedule of the religious ceremonial meals to be observed for the calendar year was not available initially. This was corrected during the inspection. A five year calendar was developed that provides for long range planning.

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

PART 4 – 21. HUNGER STRIKES

	treating any detainee who is on a hunger strike.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.	\boxtimes			Facility emergency plan #15, Hunger Strikes, requires staff to follow medical staff's directives. All hunger strikers are referred to medical services for evaluation.			
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			Facility policy requires reporting detainee hunger strikes to ICE officials.			
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Facility emergency plan #15 provides guidance to all staff regarding the referral and management of hunger strikes.			
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			Facility policy requires placing hunger strikers in the SMU.			
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			Medical staff is authorized to place hunger-striking detainees in the health services observation cells or to transfer the detainee to an appropriate medical facility if the detainee's health deteriorates.			
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.		\boxtimes		Facility policy requires daily weight and dipstick urine checks for ketones are recorded. However, daily vital signs are not required.			
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			Consent is required before any evaluation or treatment is administered.			
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	\boxtimes			Detainees are asked to sign a refusal of treatment form when evaluation or treatment is declined.			
9.	Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	\boxtimes			Facility policy requires delivering three meals per day.			
	Staff maintain the hunger striker's supply of drinking water/other beverages.	\boxtimes			Facility policy requires maintaining a supply of water or other beverages in the detainee's observation cell.			
11.	During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			Facility policy requires that all food items are to be removed.			
12.	Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			Facility policy requires staff record food and fluid intake. The form is not specified.			

	PART 4 – 21. HUNGER STRIKES					
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.						
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
 The medical staff have written procedures for treating hunger strikers. 	\boxtimes			GEO Care's policy 513 provides guidance to medical staff in the management of hunger strikes.		
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	\boxtimes			Staff is required to record all treatment efforts.		
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	\boxtimes			All staff is trained in the recognition and management of hunger strikes during orientation. Annual refresher training is provided regarding emergency plans.		
PART 4 – 21. HUNGER STRIKES						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

DADT 4 24 HINGED STRIKES

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

The facility has adequate procedures in place for the management of hunger striking detainees. All staff receive training to recognize, refer, and manage hunger strikes during new employee orientation and annually thereafter. Policy ensures monitoring of the detainee's health and well-being.

prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks	
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			The facility is currently accredited by the American Correctional Association and the National Commission on Correctional Health Care.	
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			Medical screening is performed by medical staff during intake processing procedure prior to a detainee's assignment to a housing unit.	
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	\boxtimes			The essential positions to perform the health services mission are in place. Care is provided by a combination of fulltime and part-time providers. At the time of the inspection, there were (b)(7)e staffing vacancies. The process to fill all (b)(7)e vacancies has been started. Background clearance was pending at the time of the inspection. The health authority reviews the staffing plan annually.	
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	\boxtimes			Detainees are informed verbally and in writing (in a language they can understand) as to how they access health care. They are asked to sign a statement to that effect prior to leaving the intake screening area.	
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			Access to medical, dental and mental health care is not inhibited.	
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	\boxtimes			All staff receives pre- employment and annual TB testing. Staff is also offered the hepatitis B vaccine. Both TB testing and the hepatitis B vaccine are provided by a contract occupational health provider.	

Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
 Health care services will be provided qualified personnel, whose duties job descriptions and who are certified, credentialed, and/or compliance with applicable strequirements. 	s are governed by properly licensed, registered in	\boxtimes			The job descriptions and licenses or certifications of all providers were reviewed and are current.
The facility provides each detained a copy of the detainee handbool which procedures for access to he are explained (in a language they	k or equivalent, in ealth care services can understand).	\boxtimes			The facility detainee handbook available in English and Spanish provides instructions on obtaining care.
In SPCs and CDFs, medical personand verification complies with established by the NCCHC and Journal of the NCCHC and	n the standards	\boxtimes			The HSA maintains a file that contains the current licenses, certifications and credential verification of health care providers.
 10. Within 12 hours of arrival, al detainees receive initial medical, health screening by a health condetention officer specially traine function. When screening is performe officer, the facility maintains do officer's special training. 	dental and mental are provider or a d to perform this	\boxtimes			The health records of 20 detainees were reviewed. All had initial medical, dental and mental health screening within 12 hours of arrival. The screening is performed by health care staff.
(MANDATORY) If language diffice health care provider/officer communicating with the detained completing the medical screening, translation assistance.	from sufficiently e for purposes of	\boxtimes			The facility has access to the ICE translation service.
 The facility has sufficient space afford each detainee privacy whe care. 		\boxtimes			There are three examination rooms. The number of rooms is adequate to ensure privacy.
The medical facility has its own area. The restricted access area i confines of the secure perimeter.		\boxtimes			The health services unit is located within the secure perimeter of the facility, and has its own restricted access area.
14. The medical facility entran holding/waiting room.	ce includes a	\boxtimes			There is a holding room adjacent to the clinic area.
The medical facility's holding/waiti direct supervision of custodial star	ff.	\boxtimes			When detainees are in the holding room, an officer provides direct supervision.
Detainees in the holding/waiting ro a toilet and a drinking fountain.	om have access to	\boxtimes			A toilet and drinking fountain are present in the holding room.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 17. Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	\boxtimes			Medical records are secured behind two locked doors. Access is restricted to medical personnel. No copies of records are placed in the detainee files.
18. (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			A signed and dated consent form is obtained during the facility admission process prior to any treatment being administered.
 Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources. 	\boxtimes			Detainees sign a release of medical information form when confidential medical records are requested from outside sources.
 The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee. 	\boxtimes			Providers are given advanced notice when detainees are transferred or released.
21. A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			A transfer summary is prepared when detainees are transported to another facility. When required, essential medical records are transferred with the detainee or faxed to the receiving facility.
22. Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			When medical records are transferred with the detainee, they are placed in a sealed envelope that is marked with the detainee's name and number. The envelope is stamped "Medical Confidential".
23. Medical screening includes a Tuberculosis (TB) test.	\boxtimes			Medical screening includes a symptomatic screening for TB and a TB skin test.
 24. All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			Health care personnel perform a mental health screening upon the detainee's arrival to the facility. The screening is completed prior to assignment to a housing unit.
 The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention. 	\boxtimes			Medical staff performs the medical and mental health intake screening.

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	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	\boxtimes			The health records of 15 detainees were reviewed. All had health appraisals within 14 days of arrival.
	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	\boxtimes			Detainees in the SMUs have the same access to health care services as the general population.
	 Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	\boxtimes			Medical request slips (e.g. kites) are available upon request and are written in English and Spanish. When completed, detainee's place the request slips in a locked box located in each housing unit. Medical staff collects the slips each day and schedules appointments based on urgency of need.
	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	×			Emergency Plan # 17, Medical Emergency Plan, provides guidance for the delivery of 24- hour emergency health care. Medical personnel are on-site 24 hours per day, seven days per week.
	The plan includes an on-call provider.	\boxtimes			A provider is on site at all times. Additionally, an automated recall system is used if additional health care staff is required.
	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			The list of hospitals and ambulance phone numbers is maintained in the Control Center.
	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			The medical emergency plan requires (7)(e)fficers accompany a detainee during transport. At least (5)(7)(e) officer stays with a detainee who is hospitalized offsite.

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Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
33. (MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	\boxtimes			All staff is trained in CPR and First Aid during initial orientation. A CPR refresher course is given to all staff, annually. Facility policy requires a four-minute response time. There is no place within the facility that cannot be accessed in less than three minutes.		
 Where staff are used to distribute medication, a health care provider properly trains these officers. 			\boxtimes	Only medical staff distributes medication.		
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	\boxtimes			All medications are stored under climate-controlled conditions. Controlled substances and sharps are inventoried at each shift change, by the on-coming nurse. Records are maintained to indicate when medications are dispensed.		
 36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 	\boxtimes			The 400 series of GEO Care health care policies provides adequate guidance for the procurement, receipt, storage, inventory, prescribing, administration and disposal of medications and medical supplies.		

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	 All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 		\boxtimes		The pharmacy is located within the health services unit. Concrete block walls run from the floor to a solid ceiling. The entry door is solid metal with a security glass window. The door is secured with a high security locking device or an electronic lock that is controlled by master control. Entry is not always restricted to authorized medical personnel. However, detainees are never granted access.
38.	 In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				There is a single locking pass- through window. The daily oversight is provided by the HSA who is a Registered Nurse (RN). An inspection is conducted by the contract pharmacy provider. The medical staff use a standard Medication Administration Record (MAR) to indicate when pharmaceuticals are distributed.
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	\boxtimes			Medication is administered as ordered in the health care record. Health care staff uses a MAR to record medication distribution.
40.	 Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 	\boxtimes			Medications are not distributed by detainees or custody staff. Medical staff is on site at all times. Only medical staff distributes medications.
41.	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			\boxtimes	Officers are not used to distribute medications.

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	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			Facility staff receives notification when a detainee has special medical needs.		
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			Requests for examinations by independent medical service providers or experts are made through the local ICE field office. When approved, arrangements are made for the detainee to be transported to an examination site outside the facility. No costs are borne by ICE or the facility.		
44.	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 	\boxtimes			GEO Care health care policies 201, Infection Control Program, and 521, Hepatitis A B and C, provide adequate guidance in all required areas. GEO corporate policy only permits the facility administrator to have contact with the media.		
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			Detainees with certain communicable diseases are housed in medical isolation cells according to local procedures.		
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	\boxtimes			The health records of 15 detainees were reviewed and all had symptomatic TB screening upon arrival and a TB skin test or chest x-ray to rule out TB. Detainees that are symptomatic, have a positive skin test or x-ray are housed in a negative pressure isolation cell until medically cleared.		

pic	prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			Detainees with positive TB skin tests or symptoms suggesting TB are housed in one of the five negative pressure isolation rooms until medically cleared.		
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			The facility performs most of the local transportation for ICE. Detainees with routine health care needs in the community are transported by facility staff. Transportation for medical emergencies is via local ambulance.		
49.	Detainee who requires close, chronic, or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	\boxtimes			Detainees who require close medical supervision are usually housed in one of the cells in the health services unit. Care is provided in accordance with orders from a licensed practitioner.		
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.	\boxtimes			Pregnancy testing is performed on all arriving female detainees, regardless of age or sterilization history. Services and counseling are available for prenatal and postpartum care.		
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	\boxtimes			The health care records of 15 detainees with chronic care conditions were reviewed. All detainees had frequent and regular examinations and treatment.		
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.	\boxtimes			Facility staff is given written notice when detainees have special needs regarding health care, housing or transportation.		
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			A dentist provides services to the detainee population once a week. Emergency care in the community can be arranged, if needed.		

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	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	\boxtimes			The facility employs a psychologist 32 hours per week and a psychiatrist four hours per week. Detainees with self-acknowledged or newly diagnosed mental health problems are referred to these professionals for further evaluation and treatment		
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			Crisis intervention services are available, both in-house and in the community.		
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			All interviews and examinations are performed in a setting that respects a detainee's privacy. Female escorts are provided for female detainees when examinations are performed by male providers.		
57.	(MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	\boxtimes			The health records of ten detainees with mental health treatment needs were reviewed. All had a comprehensive evaluation by licensed psychologist or psychiatrist well within 14 days of referral.		
58.	 (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				GEO Care health care policy 903 provides adequate guidance to all staff in the use of medical and mental health restraints. The policy covers when restraints may be used; the type of restraints; their length of use; frequency of monitoring; and after use reviews.		

•	remon and health education, so that their health care				,
	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks
	 (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 	\boxtimes			GEO Care policy 107.2, Forced Psychotropic Medications, provides adequate guidance in all required areas.
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	\boxtimes			An initial dental screening is conducted during the intake processing.
61.	In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			Since there is full time, on-site medical staffing, a limited number of first aid kits are located in the facility. The location of the kits is approved by the health authority and facility administrator. The kits are inspected after each use and on a monthly basis.
62.	An automatic external defibrillator should be available for use at the facility.	\boxtimes			Automated external defibrillators are available in the facility. Only medical staff is trained in their use.
63.	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	\boxtimes			ICE is notified when a detainee refuses life sustaining evaluation or treatment or treatment that may cause permanent harm.
64.	In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.	\boxtimes			The HSA conducts a quarterly medical administration meeting. The Warden, Associate Warden, Clinical Director and other department heads are in attendance.

1 AIX1 4 - ZZ. W	TAILT 4 - 22. MEDICAL CAIL					
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	\boxtimes			Biohazardous waste is placed in red bags that are appropriately labeled. Bags of hazardous waste are stored in a building outside the facility. Disposal of the stored waste is via a contract with Stericycle.		
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	\boxtimes			The health services unit has a continuous quality improvement (CQI) program. The members of the CQI committee meet at least every quarter. Minutes of the last four quarterly meeting were reviewed and indicated a meaningful system of internal review.		
PART 4 – 22. MEDICAL CARE						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

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

Health care in the facility is provided a clean environment, of adequate size, and is appropriately staffed. Medical, dental and mental health needs of detainees are met in a timely and efficient manner. Regular and appropriate care is provided to detainees with chronic care or special needs that are identified during the intake screening and physical assessment process. Access to medical, mental health and dental care is not inhibited.

PART 4 - 23. PERSONAL HYGIENE

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

and personal hygiene terns.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.				Facility policy 12.1.17, Clothing, Bedding and Linen Supplies, provides guidance in this area. Detainees are advised of procedures in the local handbook. The supply of clothing items exceeds the minimum required for the detainee population.		
 2. All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 		\boxtimes		Prior to placement in a housing unit, detainees are issued items which meet or exceed quantities listed in this component. Undergarments may be exchanged three times per week and not daily as required by the standard.		
Additional clothing is available for changing weather conditions and as is seasonally appropriate.				Additional weather appropriate clothing is issued if the detainee is expected to be outside the climate controlled environment.		
4. New detainees are issued clean bedding, linens and towels, at a minimum: • One mattress • One blanket • Two sheets • One pillow • One pillowcase • One towel • Additional blankets, based on local weather conditions.	\boxtimes			Prior to placement in a housing unit, detainees are issued bedding items that meet the quantities listed here. Additional blankets are available. However, the housing units are climate controlled.		
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	\boxtimes			Necessary personal hygiene products are provided to ICE detainees free of charge.		

PART 4 - 23. PERSONAL HYGIENE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
6. Toilet facilities are:								
• Clean								
 Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that 	\boxtimes			Access to toilet facilities is not inhibited at any time of day. The minimum ratio of showers and toilets meets the ACA Excepted				
toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets.				Practice as defined in this standard.				
7. Bathing facilities are:								
Clean								
Operable with temperatures between 100 and 120 degrees Fahrenheit.	requires one						⊠ □ □ wate	
ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.						approximately 104 degrees.		
ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.								
 Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene. 	\boxtimes			Each housing unit has handicap accessible shower and toilet facilities. Accommodations are made for detainees requiring additional assistance.				
Detainees are provided clean clothing, linen and towels.								
 Socks and undergarments - daily. 				Detainees are issued an adequate supply of clean				
Outer garments - twice weekly.	\boxtimes			clothing and bedding which may				
Sheets - weekly.				be exchanged in line with the				
Towels - weekly.				criteria identified in this component.				
Pillowcases - weekly.								
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.	\boxtimes			All detainees may exchange their uniforms daily. Food				
				service workers wear a separate uniform while working.				
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	\boxtimes			All detainees are permitted frequent outer garment exchanges.				
PART 4 – 23. PER	SONAL	HYGIEN	E					

Remarks: (Record significant facts, observations, other sources used, etc.)
Clothing issue, laundering and bathing facilities are adequate to ensure that detainees are able to maintain an acceptable level of personal hygiene.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.	\boxtimes			Facility policy 4.1.11, Suicide Recognition and Prevention, provides adequate guidance to all staff and is signed by the Warden and Health Service Administrator (HAS). The program is reviewed annually.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				Written policy provides adequate guidance on the recognition, referral and management of potentially suicidal detainees. The program also details training, follow up and notification procedures.
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	\boxtimes			All staff receives suicide recognition and prevention training as part of orientation and during annual refresher training.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
4. Training prepares staff to:							
Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,				Training provides guidanes on			
 Demographic, cultural, and precipitating factors of suicidal behavior, 				Training provides guidance on the recognition, referral and management of potentially			
 Responding to suicidal and depressed detainees, 				suicidal detainees. Training also			
 Effective communication between correctional and health care personnel, 	\boxtimes			includes observation and documentation requirements.			
 Necessary referral procedures, 				Communication techniques,			
 Housing observation and suicide-watch level procedures, 				housing requirements, and response to suicide attempts are also addressed.			
 Follow-up monitoring of detainees who have already attempted suicide, and 				also addressed.			
Reporting and written documentation procedures.							
 A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. 				A health care provider screens			
 Screening does not occur later than one working day after the detainee's arrival. 	\boxtimes			all detainees for suicide potential during the admission process.			
 Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 				aamig alo aamioolon process.			
Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.	\boxtimes			Facility policy on Suicide Recognition and Prevention provides guidance on referring potentially suicidal detainees to medical staff.			
 Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional. 	\boxtimes			Facility policy includes guidance on returning previously suicidal detainees to the general population. Only an appropriate medical or mental health care professional may provide this authorization.			
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			The designated isolation room is located in the health services unit.			
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			The designated isolation room does not contain small objects or structures that could be used in a suicide attempt. Detainees are stripped and placed in a suicide smock.			

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment. Meets Standard Does Not Meet Components Remarks Medical staff has approved the Medical staff have approved the room for this purpose. \boxtimes room for use as a suicide prevention observation cell. 11. Staff observe and document the status of a suicide-Documentation shows that watch detainee at least once every detainees placed on suicide minutes/constant observation. \boxtimes watch are observed every 5 or 15 minutes, depending on the suicide watch status. 12. At facilities with twenty-four-hour medical staff, When detainees are placed on observation of imminently suicidal detainees by suicide watch, facility policy medical or detention staff shall occur no less than requires documentation of every 15 minutes. The Clinical Director (CD) may observation every five minutes recommend constant direct supervision. If a \bowtie when the detainee is on constant detainee is clinically evaluated and determined to be observation and every 15 at risk for suicide, medical staff shall document the minutes when not on constant status of the detainee in the medical record at least observation every two hours, unless otherwise directed by the 13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall This is a CDF that has 24-hour \times on-site medical staffing. consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance 14. Every completed suicide and serious suicide Facility policy provides for a attempt shall be subject to a mortality review mortality review on each suicide process. A critical incident debriefing shall be or attempt, and a critical incident debriefing is available to all provided to all affected staff and detainees. \times affected staff and detainees. Mortality reviews are also discussed in the facility policy on detainee deaths. PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION

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

Facility policy and procedures provide guidance to all staff to ensure the health and well being of potentially suicidal detainees. All staff receive training in the recognition, referral and management of suicidal detainees during initial orientation and annually. There have been no successful suicides or serious suicide attempts since the last inspection.

N/A

Does Not Meet Standard

(b)(6), (b)(7)(c) October 21, 2010
Reviewer's Signature / Date

⋈ Meets Standard

Repeat Finding

	PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH		
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death. Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	\boxtimes			When detainees have illnesses that are beyond the facility's scope of health services unit, the facility has agreements with two local hospitals to accept the transfer of detainees.		
2.	The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location.	\boxtimes			Facility policy requires staff to notify ICE. ICE makes the required notifications to the next of kin.		
3.	 There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 	\boxtimes			Geo Care policies 522, Care of the Terminally III, and 524, End of Life Decision Making, provide adequate guidance in preparing advanced directives. A private attorney may assist the detainee in these preparations.		
4.	There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			Geo Care policy 524 addresses Do Not Resuscitate (DNR) Orders.		
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes			Detainees with a DNR receive maximal therapeutic efforts short of resuscitation.		
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			If a detainee has a DNR, GEO contacts ICE and ICE contacts the ICE/DRO Medical Director and Legal Counsel.		
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Facility health care policy indicates that organ donation will be specific to the client contract. The current contract with ICE requires adhering to the performance-based standards. The PBNDS gives clear guidance on organ donation.		

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH								
This Detention Standard ensures that each facility's contin								
fatal injury, and advance directives and provides specific g								
☐ Check this box if the facility does not accept ICE d NA in the appropriate box for this portion of the works								
death and related notifications.								
	5 2 5							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
Components	Meets tandar	oes Me tan	Ž	Kemarka				
	S	S						
8. The facility has written procedures to notify ICE				The facility policy on death				
officials, deceased family members and consulates, when a detainee dies while in custody.	\boxtimes			response states that the facility will notify ICE and that ICE will				
When a detained dies will all basioay.				make all death notifications.				
9. The facility has a policy and procedure to address the				According to the ICE Officer-in-				
death of a detainee while in transport.		□ □ be provided when the provided when	Charge, an indigent's burial will					
						M		
				body.				
10. At all ICE locations the detainee's remains disposed of]			There have been no detainee				
in accordance with the provisions detailed in this standard.			\boxtimes	deaths at this facility.				
11. In the event that neither family nor consulate claims				According to the ICE Officer-in-				
the remains, the Field Office schedules an indigent's				Charge, an indigent's burial will				
burial, consistent with local procedures.	\boxtimes			be provided when the family or				
If the detainee is a U.S. military veteran, the Department of Veterana Affairs notified.				consulate does not claim the body.				
Department of Veterans Affairs notified. 12. An original or certified copy of a detainee's death				There have been no deaths of				
certificate is placed in the subject's A-File.			\bowtie	detainees at this facility.				
13. The facility follows established policy and procedures								
describing when to contact the local coroner regarding such issues as:				Although the facility and health				
Performance of an autopsy.				services unit has policy that adequately addresses autopsies,				
Person(s) to perform the autopsy.			\boxtimes	death certificates, and body				
Obtaining State approved death certificates.				transportation, there have been no deaths at this facility.				
Local transportation of the body.				no deaths at this facility.				
14. ICE staff follow established procedures to properly				There have been no deaths at				
close the case of a deceased detainee.			\boxtimes	this facility.				
PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding □ Repeat Finding □ N/A								

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

Facility policies and procedures provide adequate guidance to staff when assisting detainees who desire advance directives or have end of life decision making concerns. Additionally, policies are in place that addresses detainee deaths and related notifications. There have been no detainee deaths at this facility.

Performance-Based National Detention Standards

Section V ACTIVITIES

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

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

10	representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	\boxtimes			Facility policy 11.1.7 A, Detainee Correspondence outlines the policies and procedures concerning correspondence and mail. The rules are posted on the housing unit bulletin boards and are included in the facility handbook.		
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			The facility provides all key notifications in English and Spanish.		
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			Facility policy 11.1.7 A, Detainee Correspondence requires that incoming mail is distributed to the detainees on the day it is received by the facility. A review of the mail log corroborates that this standard is being met.		
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes			The United States Postal Service picks up mail from the facility every weekday.		
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	×			All mail, even general correspondence, is logged into a record book. Staff documents what type of correspondence was received, when it was received and issued, and if it contained monies or contraband.		
6.	Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes			Mail is not opened without the detainee being present.		
	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes			Facility policy 11.1.7 A, Detainee Correspondence, allows for the reading of detainee's general correspondence to the extent necessary to maintain security when authorized by the Warden.		
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes					

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	\boxtimes			Facility policy 11.1.7 A, Detainee Correspondence prohibits staff from reading or copying special correspondence without the detainee being present.
10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes			
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	\boxtimes			Facility policy 11.1.7 A, Detainee Correspondence prohibits staff from reading or copying special correspondence.
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			Facility policy 11.1.7A, Detainee Correspondence, stipulates that in any case where a correspondence is totally or partially rejected, a written notice signed by the official authorizing the rejection, and stating the reasons for the rejection, shall be sent to the sender and the addressee.
 The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice. 	\boxtimes			
Staff maintain a written record of every item removed from detainee mail.	\boxtimes			Staff document any item removed from detainee mail.
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	\boxtimes			Staffs documents all monies removed from detainee mail. A receipt is issued to the detainee as standard procedure. In the event of a discrepancy, an investigation is initiated and documented.
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	\boxtimes			All original identification documents are forwarded to ICE staff for placement in the detainee's A-file.
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	\boxtimes			

This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband". 	\boxtimes				
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	\boxtimes			Facility policy 11.1.7 A, Detainee Correspondence, allows indigent detainees to mail at least five pieces of special correspondence, and three letters of general correspondence per week.	
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.	\boxtimes				
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			Detainees may receive free writing paper, envelopes and pencils at no cost.	
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes			Detainees in the SMU have the same correspondence privileges as the general population	
24. Detainees have access to outside publications.	\boxtimes				
PART 5 – 26. CORRESPON	IDENC	E AND OT	HER I	MAIL	
⊠ Meets Standard □ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding	

PART 5 - 26 CORRESPONDENCE AND OTHER MAIL

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

The facility's policies and procedures ensure that detainees can correspond with their families, the community, legal representatives, government officials and consular staff consistent with the safe and orderly operation of the facility.

PART 5 - 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES

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

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

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

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

Remarks: (Record significant facts, observations, other sources used, etc.) The ICE Field Office handles all non-medical emergency escorted trips.

(b)(6), (b)(7)(c) October 21, 2010 Reviewer's Signature / Date

■ Meets Standard

☐ Does Not Meet Standard

 \times N/A

Repeat Finding

PART 5 - 28. MARRIAGE REQUESTS This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests. Meets Standard Does Not Meet Components Remarks 1. The Field Office Director or Facility Administrator The Facility Administrator and considers detainee marriage requests on a case-bythe ICE Officer-in-Charge are the only officials authorized to case basis. \boxtimes approve a detainee marriage request. 2. The Field Office Director reviews every marriage All marriage requests are request rejected by a Facility Administrator or IGSA. forwarded to ICE with a \bowtie recommendation from the Rejections are documented. Warden. Facility policy 11.5.1, Marriage 3. It is standard practice to require a written request for Requests, requires the detainee permission to marry. \bowtie submit a written request to be married. 4. The written request includes a signed statement or Facility policy 11.5.1, Marriage comparable documentation from the intended spouse, Requests, requires the intended \boxtimes spouse confirm their marital confirming marital intent. intent in writing. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal \boxtimes representative. 6. When permission is denied, the Facility Administrator \times states the basis for his or her decision along with instructions on how the detainee can file an appeal. 7. The Facility Administrator provides the detainee with a Marriage ceremonies take place \boxtimes place and time to make wedding arrangements. in the facility's visiting room. The facility's detainee handbook 8. The detainee handbook explains the marriage request \boxtimes outlines the detainee marriage process. request process. 9. In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to \times This is a CDF. approve a request to marry. PART 5 - 28. MARRIAGE REQUESTS Meets Standard ■ Does Not Meet Standard N/A Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)
Policies are in place to ensure that all detainee marriage requests receive case-by-case consideration by ICE management.

PART 5 - 29. RECREATION This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. ☐ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A". Does Not Meet Standard Meets Standard Components Remarks 1. The Facility provides: The facility has indoor and outdoor recreation facilities to An indoor recreation program. \bowtie which detainees have daily An outdoor recreation program. access. 2. A recreational specialist (for facilities with more than There is no recreation specialist 350 detainees) tailors the program activities and at this facility. The Program offerings to the detainee population. Manager has the collateral duties of tailoring the recreation program's activities to the detainee population. Recreation is unit based, with each unit having an outdoor recreation \boxtimes area or sharing an area with one other unit. Detainees have maximum access to outdoor activities; supervision is provided by unit officers. There are plans to create a Recreation Specialist, position at some future time. 3. Regular maintenance keeps recreational facilities and X equipment in good condition. 4. The recreational specialist or trained equivalent There is no Recreation \times supervises detainee recreation workers. Specialist position at this facility. 5. The recreational specialist or trainee equivalent There is no Recreation Special Specialist position. Recreation recreation programs for oversees \bowtie Management Unit and special-needs detainees. supervision is provided by SMU staff. 6. Dayrooms offer sedentary activities, e.g., board Television, board games, cards, \times and puzzles are available as day games, cards, television. room activities. Outside activities are limited to 7. Outside activities are restricted to limited-contact \boxtimes basketball, handball, walking. sports. and cardiovascular exercise. Access to recreation is provided 8. Each detainee has the opportunity to participate in \boxtimes 7 days a week. daily recreation. 9. Detainees have access to recreation activities outside Detainees have access to the housing units for at least one hour daily. outdoor recreation 7 days a X week. Detainees routinely have access to outdoor recreation from four to eight hours a day. 10. Staff check all items for damage and condition when Unit staffs check the condition of \times all recreation equipment when it equipment is returned. is returned.

PART 5 - 29. RECREATION This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities. within the constraints of safety, security, and good order. ☐ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A". Meets Standard Does Not Meet Standard Remarks Components 11. Staff conduct searches of recreation areas before and Unit staff searches recreation \boxtimes after use. areas before and after each use. 12. Recreation areas are under constant staff supervision. X 13. Supervising staff are equipped with radios. X 14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per X week. 15. Detainees in disciplinary/administrative segregation The loss of recreation privileges receive a written explanation when a panel revokes his is not usually used as a or her recreation privileges. disciplinary sanction. However, if utilized, the detainees receive a \boxtimes written explanation of the findings from the Institution Disciplinary Panel. 16. Special programs or religious activities are available to Female detainees can detainees. participate in a sewing class. Outside ministry groups perform \bowtie band concerts for the detainees. Bingo games are held in the housing units. Outside volunteers submit to a 17. All volunteers have completed an orientation program with documentation required before entering a secure background investigation, and portion of the facility where detainees are present. \boxtimes complete an orientation program prior to entering a secure portion of the facility. 18. Visitors, relatives or friends of detainees are not \times allowed to serve as volunteers. The facility provides adequate 19. If the facility has no outside recreation, are \boxtimes detainees considered for transfer after six months? outdoor recreation. The facility provides adequate 20. If yes, written procedures ensure timely review of all \times eligible detainees. outdoor recreation. 21. Case officers make written transfer The facility provides adequate \times recommendations about every six-month detainee to outdoor recreation. the Facility Administrator. 22. The Facility Administrator documents all detainee-The facility provides adequate X transfer decisions, whether yes or no. outdoor recreation. 23. The detainee's written decision for or against an The facility provides adequate X offered transfer documented in his or her A-file. outdoor recreation. 24. Staff notify the detainee's legal representative of his The facility provides adequate \times or her decision to accept/decline a transfer. outdoor recreation. 25. If no recreation is available, the ICE Field Office The facility provides adequate \boxtimes routinely review transfer eligibility for all detainees outdoor recreation. after 60 days.

PART 5 - 29. RECREATION					
This Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.	This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.				
$\ \square$ If outdoor recreation is offered check this box. Iter	ns 19-2	7 should	then I	be marked "N/A".	
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks	
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			\boxtimes	The facility provides adequate outdoor recreation.	
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			\boxtimes	The facility provides adequate outdoor recreation.	
PART 5 - 29. RECREATION					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

The facility provides ICE detainees with access to recreational programs and activities, under conditions of security and supervision that protect their safety and welfare. The facility does not have a Recreation Specialist position. The Program Manager develops recreation programs for the detainee population. Recreation is unit based. Each unit has an individual outdoor recreation area or shares with one other unit which affords maximum access for detainees. Supervision is provided by the unit officers. The facility plans to create a Recreation Specialist position at some future time.

PART 5 - 30. RELIGIOUS PRACTICES

This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.

	Components	Meets Standards	Does Not Meet Standards	W/N	Remarks
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	\boxtimes			Religious services are provided in English and Spanish, which are the predominant languages spoken in the facility.
2.	Space is available for detainees to participate in religious services.	\boxtimes			Muslim detainees hold Jumah Prayer in the library. Currently, large specialized services including Ramadan are held in the vacant "C" Unit. Regularly scheduled services are held in the day rooms of each housing unit.
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	\boxtimes			
4.	 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 	\boxtimes			The facility accommodates detainee holy day observances upon request. The facility recently observed Passover and Ramadan.
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes			Religious items such as rosaries, religious texts, headgear, prayer rugs, and prayer beads are allowed to be retained in the detainee's personal possession.
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			Volunteer credentials are checked and verified before allowing participation in detainee programs. Volunteers submit personal information, which is entered into the Department of Homeland Security's electronic questionnaire for investigations processing (e-QIP) system for background checks.
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes			Muslim detainees currently practice their Jumah Prayer Services without a volunteer Imam available to facilitate.

PART 5 – 30. RELIGIOUS PRACTICES					
This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.					
Components	Meets Standards	Does Not Meet Standards	W/N	Remarks	
 Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility. 	\boxtimes				
RELIGIOUS PRACTICES					

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

The facility policy ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security and the orderly operation of the facility.

PART 5 – 31. TELEPHONE ACCESS

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

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			Upon admittance, detainees are issued personal identification numbers (PIN) that are utilized for telephone access. Detainees are also issued a copy of the facility's detainee handbook which includes the facility's telephone access policy.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes			The facility's telephone policies are included in the facility's detainee handbook.
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes			
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			Information posted in the housing units is posted in English and Spanish.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes			The telephone to detainee ratio is approximately 23 detainees to each telephone.
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes			Housing unit officers check the phones on each shift.
8.	Telephones are located a reasonable distance from televisions.	\boxtimes			The televisions in the housing unit utilize a radio frequency audio system that requires headphones to pick up the sound. Neither the televisions nor the telephones are disruptive to either group of users.
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes			Facility staff report phone outages to Telton, the phone service provider.
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes			Repair staff is sent out on a priority basis contingent on the number or scope of phone system failure. The company's response time is based on an inverse relationship to how many phones require repair. The more phones needing repair, the shorter the response time.
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			

PART 5 - 31. TELEPHONE ACCESS

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

providing them reasonable and equitable access to telephone services.					
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			Detainees having difficulty placing confidential calls are assisted by staff utilizing cordless phones to allow the detainee to move to a more private location.
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			Facility policy 11.1.7.B, Detainee Access to Telephone, provides guidelines for detainees to make free special access calls.
14.	Special Access calls are at no charge to the detainees.	\boxtimes			The detainee telephone service provider has programmed the telephone system to permit detainees free calls to numbers on the official pro bono legal representation list.
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	Facility policy 11.1.7.B, Detainee Access to Telephone, provides guidelines for detainees to make free special access calls. Generally, the detainee will be allowed to make the call within eight waking hours of a request. The detainee is always granted phone access within 24 hours of the request.
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	\boxtimes			
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes			Facility policy requires staff to make special arrangements permitting detainees to speak by telephone with an immediate family member detained in another facility.
18.	All telephone restrictions are documented.	\boxtimes			
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes			Facility policy 11.1.7.B requires staff to take and deliver emergency telephone messages to detainees as soon as possible.
20.	Phone call messages are given to detainees as soon as possible.	\boxtimes			Facility policy 11.1.7.B, Detainee Access to Telephone, requires that phone messages be delivered to the detainees a minimum of three times a day.

PART 5 - 31. TELEPHONE ACCESS

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

Components	Meets	Does Not Meet Standard	N/A	Remarks	
21. Detainees are allowed to return emergency photocalls as soon as possible.	ne 🗵			Facility policy 11.1.7.B requires staff to ensure that detainees are allowed to return emergency phone calls as soon as possible within the constraints of security and safety.	
 Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls. 	on 🖂				
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	ed 🗵			Detainees in the SMU for disciplinary reasons are allowed limited telephone privileges. Calls are authorized for circumstances related specifically to the judicial process and family emergencies, as determined by the Warden or the Warden's designee.	
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.	ed 🛛				
25. Detainees in administrative segregation as protective custody are afforded the same telephon privileges as those in general population.	nd ne			Detainees in administrative segregation and protective custody are afforded telephone access similar to detainees in general population, but in a manner consistent with the special security and safety requirements of an SMU.	
26. When detainee phone calls are monitore notification is posted by detainee telephone including a recorded message on the phone system that phone calls made by the detainees may I monitored. Special Access calls are not monitored.	es, n, pe				
 The OIG phone number for reporting abuse programmed into the detainee phone system. The reviewer must verify that the number is operable. 				The OIG phone number is operable. A test call was successfully placed on October 20, 2010.	
28. The Field Office Director has assigned ICE staff check and report on the serviceability of facil phones. This is documented on a weekly basis	ity			ICE staff checks telephones weekly during their rounds. Telephone serviceability is documented weekly.	
PART 5 – 31. TELEPHONE ACCESS					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

The facility's policies and procedures ensure that detainees maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone service. Talton provides the facility's phone service.

PART 5 - 32. VISITATION

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.	\boxtimes			Facility policy 11.1.7.C, Detainee Visitation, outlines the visitation procedures, schedules, and hours for general visitation.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	\boxtimes			Under normal conditions, each detainee will be allowed to visit for at least 30 minutes. Travelers from beyond 60 miles may be permitted up to one-hour visitation at the discretion of the Shift Supervisor.
3.	The visitation schedule and rules are available to the public.				The front lobby officer maintains a visitors log in which the following information is recorded: detainee's name and A-file number, the visitor's name and address, the visitor's immigration status, the visitor's relationship to the detainee and the date and time in and out. The visitation schedule and rules are posted in the front lobby. The information is provided in English and Spanish.
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	\boxtimes			
6.	A general visitation log is maintained.	\boxtimes			
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes			The facility's visitation policy 11.1.7.C is consistent with the standard regarding what personal property may be retained by the detainee.
8.	A visitor dress code is available to the public.	\boxtimes			The dress code is posted in the front lobby in English and Spanish.
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			
10.	The requirement on visitation by minors is complied with.	\boxtimes			Facility policy 11.1.7.C allows for minors to participate in the visiting program.

PART 5 - 32. VISITATION

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

community, legal representatives, and consular officials, v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Constan	1.3 01 .	sarety, security, and good order.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	The facility provides for visits by minors. The dress code is posted in the front lobby in English and Spanish.
12. After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			\boxtimes	The facility provides for visits by minors.
13. Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			
14. Detainees in special housing are afforded visitation.	\boxtimes			Facility policy 11.1.7.C provides for visits for detainees in Administrative and Disciplinary Segregation.
15. Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			Legal visitation is available from 8:00 am to 9:00 pm, seven days a week.
16. On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	\boxtimes			Legal visitation is provided seven days a week for 13 hours a day.
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			Detainees are allowed to choose the option of continuing a legal visit through a scheduled meal.
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			The consultation rooms provide for the unencumbered exchange of documents between attorneys and detainees.
There are written procedures governing detainee searches.	\boxtimes			Facility policy 11.1.7.C, Detainee Visitation, provides written procedures for searching detainees.
20. Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	\boxtimes			
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes			
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			Listings of available pro bono legal organizations are posted in each housing unit.

This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	\boxtimes			Facility policy 11.1.7C, Detainee Visitation, requires that all requests for tours or visits from non-governmental organizations be submitted to the ICE OIC in writing with the exact reason for the visit, and the issues to be discussed.	
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	\boxtimes				
 Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval. 	\boxtimes			Facility policy requires that law enforcement visitors be directed to ICE DRO staff. Upon approval from ICE, the lobby officer will process the visitor.	
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	×			Facility policy states that former detainees and persons with a criminal record shall not automatically be excluded from visitation. The Warden weighs the nature and extent of the individuals conduct to determine visitation rights.	
PART 5 – 32.	VISIT/	ATION			
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding □ Repeat Finding □ N/A □ N/A □ Repeat Finding □ N/A □ N/					

PART 5 - 32. VISITATION

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

The facility's policies and procedures allow detainees the opportunity to maintain family ties and provide access to the community, legal representatives and consular officials.

	PART 5 – 33. VOLUNTARY WORK PROGRAM					
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections. 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	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. T	he facility has a voluntary work program.	\boxtimes			The facility has a voluntary work program.	
	letainee housekeeping meets acceptable levels of eatness, cleanliness and sanitation standards.	\boxtimes			Housekeeping within the facility was well maintained at the time of the inspection.	
tl S tl	It IGSAs detainees are never allowed to work outside the secure perimeter. FPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.	\boxtimes			Level 1 detainees are authorized to work on outside details under direct supervision.	
	Vritten procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures.	\boxtimes				
	Where possible, physically and mentally challenged etainees participate in the program.	\boxtimes			Physically and mentally challenged detainees are allowed to participate in the voluntary work program.	
• E	The facility complies with work-hour requirements for etainees, not exceeding: Eight hours a day. Forty hours a week.	\boxtimes			Detainees are assigned to details that comply with the work hour requirements of eight hour days and 40-hour weeks.	
	Detainee volunteers ordinarily work according to a xed schedule.	\boxtimes			All detainees are assigned to work details according to fixed schedules.	
th	a detainee is removed from a work detail, staff place ne written justification for the action in the detainee's etention file.	\boxtimes			In the event that a detainee is removed from a work detail, a written justification is placed in his/her detention file.	
tł re	staff, in accordance with written procedure, ensures nat detainee volunteers understand their esponsibilities as workers before they join the work rogram.	\boxtimes			All voluntary workers participate in an orientation program prior to being assigned to a work detail.	
10. T	he voluntary work program meets: OSHA standards NFPA standards ACA standards	\boxtimes				

PART 5 – 33. VOLUNTARY WORK PROGRAM					
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections. 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	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Medical staff screen and formally certifies detained food service volunteers; Before the assignment begins As a matter of written procedure	\boxtimes			A review of detention files revealed that food service workers are medically screened prior to being assigned to work in the department.	
12. Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes				
13. Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes			Detainees injured on the job are referred to for medical care, as necessary. All injuries are reported to ICE staff.	
PART 5 – 33. VOLUNTARY WORK PROGRAM					

Remarks: (Record significant facts, observations, other sources used, etc.)
The facility's policy provides detainees the opportunity to work and earn money while confined.

Performance-Based National Detention Standards

Section VI JUSTICE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook. 	\boxtimes			Detainees receive a facility handbook and the ICE National Detainee Handbook upon arrival.
The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes			Both handbooks are available in English and Spanish.
 A procedure for requesting interpretive services for essential communication has been developed. 	\boxtimes			Interpretive services are available in at least 20 languages through Language Line.
 Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings. 	\boxtimes			
The handbook supplements the facility orientation video where one is provided.	\boxtimes			A Power Point Presentation has been developed to supplement the facility handbook. The presentation is available in English and Spanish.
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			
There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			
 8. The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 	\boxtimes			The initial clothing issue and a listing of personal property that detainees may retain are described on page four of the facility handbook. Procedures on how to access medical care are delineated on pages 12 and 13 of the facility handbook.
 The detainee handbook states in clear language basic detainee responsibilities. 	\boxtimes			
 The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process. 	×			The classification methods, levels and appeal process are listed on page four of the facility handbook.

<u> </u>				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The handbook states when a medical examination will be conducted.	\boxtimes			Page 12 of the facility handbook explains that detainees will receive a medical examination within the first 14 days of admission.
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	\boxtimes			
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	\boxtimes			Count times and procedures are described on page 17 of the facility handbook. Meal times, feeding procedures, and access to special diets are described on pages 11 and 12 of the handbook. The smoking policy is delineated on page 11 and the clothing exchange schedule is described on page 14. Detainees are not permitted to wash and dry clothes in the housing units.
The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	×			The times and procedures for obtaining disposable razors is described on page 15 of the facility handbook. The allowance for detainees to shave prior to attending court is described in an addendum to the handbook. Staff advised this information will be included in the next printing.
15. The handbook describes barber hours and hair cutting restrictions.	\boxtimes			Barbering services, including hair cutting restrictions, are described on page 13 of the handbook.
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			Detainee access to telephones is outlined on pages 10 and 11 of the facility handbook.
17. The handbook addresses religious programming.	\boxtimes			Religious programming is described on page 14 of the facility handbook.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. The handbook states times and procedures for commissary or vending machine usage. (where available)	×			The procedures for participating in commissary are delineated on page 14 of the facility handbook. There are no vending machines available for detainee use in the facility.
The handbook describes the detainee voluntary work program.	×			The detainee voluntary work program is described on page six of the facility handbook.
20. The handbook describes the library location and hours of operation and law library procedures and schedules.		\boxtimes		The hours of operation, schedules and procedures to access the library are notated on pages six and seven of the facility handbook. The handbook does not describe the location of the law library because detainees are escorted to the library by staff.
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	\boxtimes			Visiting hours, schedules and regulations are described on page 9 of the facility handbook. Pro bono legal procedures are described on pages 5 and 6 of the handbook.
22. The handbook/supplement provides local ICE contact information.	\boxtimes			Local ICE staff is on site at the facility and share the same address and phone numbers. The facility contact information is included on page 2 of the facility handbook.
23. The handbook describes the facility contraband policy.	\boxtimes			The facility's contraband policy is delineated on page 17 of the facility handbook.
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			Visiting hours, schedules and regulations are described on page 9 of the facility handbook.
25. The handbook describes the correspondence policy and procedures.	\boxtimes			The facility's correspondence policy and procedures are outlined on page 8 of the detainee handbook.

detaillees acknowledge receipt of those materials.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
26. The handbook describes the detainee disciplinary policy and procedures, including:				The facility's disciplinary process
Prohibited acts and severity scale sanctions.	\boxtimes			is delineated on pages 18-23 of the detainee handbook.
Time limits in the Disciplinary Process.				the detainee handbook.
Summary of Disciplinary Process. 27. The grievance section of the handbook explains all				
steps in the grievance process – Including:				
 Informal (if used) and formal grievance procedures; 				The facility's grievance policy and procedures are outlined on
The appeals process;				page 16 of the facility handbook. The facility handbook does not
 In CDFs procedures for filing an appeal of a grievance with ICE. 	\boxtimes			guarantee against staff retaliation for filing/pursuing a
 Staff/detainee availability to help during the grievance process. 				grievance. This guarantee is included on page nine of the ICE
 Guarantee against staff retaliation for filing/pursuing a grievance. 				National Detainee handbook provided to each detainee.
How to file a complaint about officer misconduct with the Department of Homeland Security.				
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			Sick call procedures are notated on page 12 of the facility handbook. Procedures are the same for detainees housed in general population and the segregation units.
29. The handbook describes the facility recreation policy including:				
Outdoor recreation hours.				The recreation policies as well
Indoor recreation hours.	\boxtimes			as the television viewing rules are documented on page 11 of
In dorm leisure activities.				the facility handbook.
Rules for television viewing.				
30. The handbook describes the detainee dress code				The detainee dress code for
for daily living; and work assignments and the meaning of color-coded uniforms.	\boxtimes			daily living and work assignments is described on page six of the facility handbook. The meaning of the color-coded uniforms is described on page four of the handbook.
31. The handbook specifies the rights and responsibilities of all detainees.	\boxtimes			The rights and responsibilities of detainees are documented on pages two and three of the facility handbook.

TART 0-34. BETAINEE HANDBOOK				
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes			The requirement for detainees to sign for receipt of the handbooks is noted on pages two of the facility handbook.
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes			Orientation materials are provided in English and Spanish. Materials are presented orally to illiterate detainees.
PART 6 - 34. DETAINEE HANDBOOK				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

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

The handbook accurately describes the services, programs and opportunities available to detainees through various sources, including the facility, ICE, and private organizations. The facility also distributes the ICE National Detainee Handbook. The facility handbook/supplement and a facility PowerPoint® based orientation presentation advice detainees of the services and programs which are available. All orientation materials are available in English and the second most prevalent language, which is Spanish.

PART 6 - 35. GRIEVANCE SYSTEM

This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

	ry may me formal ghevances and receive unlery respons				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are informed about the facility's informal and formal grievance system.	\boxtimes			Detainees are informed of the grievance system through the facility's issuance of the facility handbook and the ICE National Detainee Handbook.
	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	\boxtimes			Each detainee signs to acknowledge receipt of the ICE National Detainee Handbook and the facility's handbook.
	 The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filling/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 	\boxtimes			The detainee handbook explains all components of the grievance system according to the standard.
4.	Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	\boxtimes			The facility has written procedures to provide for the informal resolution of oral grievances. A log to track oral grievances has been developed. The detainee has up to 5 days in which to make his/ her concern known to a member of the staff.
5.	Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.	\boxtimes			The facility has access to the Language Line interpretive service for non-English speaking detainees. Illiterate and/or disabled detainees are allowed to request assistance from staff and/or other detainees.
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			Facility policy 11.3.1, Detainee Grievance Procedure, outlines the requirements for identifying and handling time sensitive emergency grievances.

PART 6 - 35. GRIEVANCE SYSTEM

This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

they may file formal grievances and receive timely respons	303.			
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
 Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them. 	\boxtimes			Staff receives instruction on the procedures for expediting emergency grievances during initial orientation training. Staff also receives annual refresher training on emergency grievances.
 Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance. 	\boxtimes			
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	\boxtimes			An electronic Detainee Grievance Log is maintained. There are no nuisance complaints identified in the records, because the facility staff respond to all grievance complaints, regardless of how petty the complaint.
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	\boxtimes			Policy provides that the Warden may authorize staff to refuse to process complaints from detainees declared abusing the system. However staff state that they will respond to all grievances, regardless. The policy states the authority cannot be delegated below the Warden.
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	\boxtimes			When informal grievances are resolved, a copy of the resolution is filed in the detainee's detention file.
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	\boxtimes			All allegations of staff misconduct are reported to the Warden and then forwarded to ICE.
14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook	\boxtimes			Policy allows for detainees to file an appeal of a grievance decision to ICE.

PART 6 – 35. GRIEVANCE SYSTEM				
This Detention Standard protects detainees' rights and ens they may file formal grievances and receive timely respons		ey are treat	ed fair	ly by providing a procedure by which
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
15. In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	\boxtimes			
PART 6 – 35. GRIEVANCE SYSTEM				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

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

Facility policy protects detainee's rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Meets Standard Does Not Meet Standard Components Remarks 1. The facility provides a designated law library for X detainee use. 2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The facility has all of the The listing of materials is posted in the law library. materials required in Attachment \boxtimes A. In addition, LexisNexis is In lieu of/or in addition to the physical law library. available to detainees. ICE detainees have access to the Lexus Nexus electronic law library. 3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: The Law Library has eleven (11) computers, one typewriter, and Operable computers and printers, in sufficient \times one large printer in addition to numbers in order to provide access the hard copy materials. Photocopiers, and Supplies for both. 4. The library contains a sufficient number of chairs, is \times well lit and is reasonably isolated from noisy areas. 5. The law library is adequately equipped with Ample supplies are readily available to support the 11 typewriters, computers or both and has sufficient \boxtimes supplies for daily use by the detainees. computer stations. 6. Detainees are provided with the means to save legal Flash drives are available for \bowtie work in a private electronic format for future use. detainee use. 7. The facility subscribes to updating services where applicable and legal materials requiring updates are \times current. 8. Outside persons and organizations are permitted to Both published and unpublished submit published legal material for inclusion in the legal materials may be legal library. Outside published material is forwarded submitted. The unpublished \times and reviewed by the ICE prior to inclusion. materials are required to be sent to ICE for review and approval before inclusion. 9. There is a designated ICE or facility employee who The Programs Coordinator is inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee \bowtie responsible for the Law Library properly disposes outdated supplements and replaces program. damaged or missing material promptly. 10. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees \bowtie Policy addresses these issues. facing a court deadline are given priority use of the law library. 11. Detainees may request material not currently in the law library. Each request is reviewed and where The Programs Coordinator appropriate an acquisition request is initiate and timely \times handles these requests, usually pursued. Request for copies of court decisions are within a day of receipt. accommodated within 3 - 5 business days.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensu	uring th	eir access	to cou	ırts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes				
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	\boxtimes			Other detainees may assist or a Language Line can be accessed.	
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes			A maximum of one cubic foot of material is allowed in the unit. Stored material is accessed within 24 hours.	
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			The facility allows a detainee from segregation to use the Library on a scheduled basis.	
All denials of access to the law library fully documented.	\boxtimes				
 Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials. 	\boxtimes			No detainee or group has been denied access. However, ICE staff would be informed immediately.	
 Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties. 	\boxtimes			There are no recorded incidents and policy precludes these actions.	
 Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. 	\boxtimes				
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					

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

Facility Policy 11.1.4.B, Legal Rights of Detainees, is current and written to meet the requirements of the standard. A tour of the law library and interviews with staff and detainees as well as a discussion with the COTR indicated that the facility complies with the requirements of the standard.

PART 6 - 37, LEGAL RIGHTS GROUP PRESENTATIONS This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures. Does Not Meet Standard Components Remarks 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. 1. The Field Office is responsive to requests by attorneys No requests have been received accredited representatives \bowtie in the past 12 months according and for presentations. to the ICE OIC. 2. Upon receipt of concurrence by the Field Office The Field Office has previously Director, the facility or authorized ICE/DRO Field approved the Rocky Mountain \bowtie Immigrant Advocacy Network Office ensures proper notification to attorneys or accredited representatives in a timely manner. (RMIAN). 3. The facility follows policy and procedure when Facility Policy 11.1.4.C, Group rejecting or requesting modifications to objectionable \times Legal Rights Presentations, material provided or presented by the attorney or provides quidance. accredited representative. 4. Posters announcing presentations appear in common Policy requires this procedure if X areas at least 48 hours in advance and sign-up sheets a request is received and are available and accessible. approved by ICE. 5. Detainees have access to group presentations on The RMIAN provides services on immigration law, procedures and detainee options. an individual basis. Detainees Documentation is submitted and maintained when any \times may request time with a detainee is denied permission to attend a presentation representative. and the reason(s) for the denial. 6. When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient X This is addressed in policy. number of presentations so that all detainees signed up may attend. 7. Detainees in segregation, unable to attend for security No requests have been received reasons may request separate sessions with but staff indicated \times accommodations would be presenters. Such requests are documented. made. 8. Interpreters are admitted when necessary to assist \boxtimes attorneys and other legal representatives. 9. Presenters are afforded a minimum of one hour to X make the presentation and additional time to conduct a question-and-answer session. 10. Staff permit presenters to distribute ICE/DRO- \boxtimes approved materials. 11. The facility permits presenters to meet with small groups of detainees to discuss their cases after the Current practices with RMIAN \times group presentation. ICE/DRO or authorized detention are appropriately handled. staff are present but do not monitor conversations with legal providers.

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks	
☐ Check here if No Group Presentations were cond Acceptable overall and continue of					
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	\boxtimes			The Field Office has not had to suspend any presenters. ICE staff appeared to be aware of their responsibilities if the occasion arises.	
 The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations. 	\boxtimes			The facility plays the "Know Your Rights" video in the hold rooms during the intake processing.	
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 	\boxtimes				
15. The facility maintains equipment for viewing approved electronically formatted presentations.	\boxtimes			Electronic presentations can be accommodated.	
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

The Rocky Mountain Immigrant Advocacy Network is contracted to provide services. The facility provides a roster of all detainees housed in the facility to RMIAN and the Network will interview detainees might be able to assist. In addition, a detainee may contact the Network directly using the pro-bono lines available.

Performance-Based National Detention Standards

Section VII ADMINISTRATION & MANAGEMENT

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

PART 7 - 38. DETENTION FILES

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

booked into a facility for more than 24 hours a file of all significant information about that person.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.	\boxtimes			The Facility uses GEO Track to initiate a file on every detainee admitted.	
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes				
3.	The detainee's Detention File also contains documents generated during the detainee's custody.					
	 Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same 				A review of ten randomly selected files indicated compliance.	
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	\boxtimes			The files are kept in the property room which is not accessible to detainees.	
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	\boxtimes			Interviews with staff working in the area and a review of closed files indicated that proper procedures are utilized.	
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			Staff initials the file indicating the release of the detainee.	
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	\boxtimes			When the request is verified by the Supervisor, copies may be sent.	
8.	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes				
9.	Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			Security procedures are in place for electronic records.	
10	Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	\boxtimes			Policy requires a form to be signed before the release of any information. That form will be filed in the detention file.	
11	Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	\boxtimes				

This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	\boxtimes			The Intake area is well equipped.	
 The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File. 	\boxtimes			The Programs Coordinator is responsible to direct this action.	
 Archived files are purged after six years by shredding or burning. 	\boxtimes				
 Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months. 	\boxtimes				
PART 7 – 38. DETENTION FILES					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

PART 7 - 38. DETENTION FILES

Remarks: (Record significant facts, observations, other sources used, etc.)
Facility Policy 5.1.5, Case Records Management, meets the requirements of the standard.

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours. Meets Standards Does Not Meet Standards Components Remarks 1. The ICE/DRO Field Office Director approved all The ICE Officer-in-Charge interviews by reporters, other news media indicated that the FOD would be representatives, academics and others not covered by the approving official. The \bowtie Warden indicated that he would the Detention Standard on Visitation. forward any requests received directly to ICE. 2. All personal interviews are documented with the News The ICE Officer-in-Charge said Interview Authorization form (or equivalent) and filed in \times he was aware of the form and its the detainee's A-file with a copy in the facility's proper use. Detention File. 3. The Field Office Director consulted with Headquarters During the interview with the before deciding to allow an interview with a detainee OIC, he said that only one who was the center of a controversy, or special request for an interview had \times interest, or high profile case. occurred in the past two years. Proper procedures were followed. 4. Signed released forms are obtained and retained in Both the OIC and the Warden the detainee's a-file from any media representatives X advised that release forms were who photographed or recorded any detainee in any required and would be obtained. way that would individually identify him or her. 5. All press pools are organized 'according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants While none have occurred, the such action. OIC again indicated that the All media representatives with pending or FOD would require that proper \times requested, tours, or visits were notified that. procedures were followed effective immediately and until further notice, all regarding any Press Pool media representatives must comply with the press situations. pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS ■ Does Not Meet Standard N/A Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)
Interviews with the Warden and the ICE OIC revealed procedures are in effect if there is a request for a media

interviews with the Warden and the ICE OIC revealed procedures are in effect if there is a request for a media interview or tour. The Warden would facilitate the interview after ICE approval. These procedures protect facility security, afford privacy to other detainees, and accommodate the media.

(b)(6), (b)(7)(c) October 21, 2010

Reviewer's Signature / Date

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	\boxtimes			An interview with the Training Administrator and a review of training records indicated compliance.
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes			
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	\boxtimes			All Training Officers have completed a Training-for-Trainers course.
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes			The 2010 training plan was being implemented at the time of the inspection.
5.	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems.	\boxtimes			Electronic and hard copy files are maintained by the Administrator.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees. National Detention Standards 				Facility Policy 4.1.4, General Training Standards and Methods, lists the subjects required for Orientation/Training. The list includes all of the topics required by this component. Records reviewed of employees, contractors, and volunteers indicate compliance.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. 				The facility training program includes the required elements of this component.

	<u> </u>			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8. Professional and support employees (includir contractors) who have regular or daily detained contact will receive training on the following subject at a minimum: • Security procedures and regulations • Code of Ethics • Health-related emergencies • Drug-free workplace • Supervision of detainees • Signs of suicide risk and hunger strike • Suicide precautions • Use-of-force regulations and tactics • Report writing • Detainee rules and regulations • Key control • Rights and responsibilities of detainees • Safety procedures • Emergency plan and procedures • Interpersonal relations • Social/cultural lifestyles of the detainee populations • Cultural diversity/understanding staff & detained • Communication skills • Cardiopulmonary resuscitation (CPR)/First aid • Counseling techniques • Sexual harassment/sexual miscondurawareness. • National Detention Standards.	ee s, s, son			No exceptions were noted during the review of policy and the training plan.

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques Sexual abuse/assault awareness National Detention Standards. 				The training policy includes at a minimum all of these elements identified in this component. Classes were observed that included security staff.
Specialized training before undertaking their assignments. Teceive: Teceive:	\boxtimes			Documentation provided evidence the facility uses (b)(7)e that receive specialized training before being assigned.
12. Facility management and supervisory staff receive:Management and Supervisory training	\boxtimes			
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	\boxtimes			A review of records and curriculum indicated compliance. A check of (b)(7)e records verified completion of training.

requiring that they receive initial and ongoing refresher tha	ıııııg.			
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
 (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually. 	\boxtimes			The facility training program requires quarterly qualification.
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	\boxtimes			The Training Administrator is also the trainer for chemical agents and has documentation of compliance.
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 				
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug- free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			A check of personnel files indicates compliance.
 18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 				The Code of Ethics training module covers these specific areas.
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			Facility Policy, 3.2.1, Code of Ethics, is included in the Employee Handbook and requires a signed acknowledgement be placed in each employee's personnel file.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary resuscitation (CPR). 	N			Extensive training is provided. Random staff was asked for
 Obtaining emergency medical assistance through the facility plan and its required procedures. Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. 				their CPR cards, and each one had the card with them.
The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.				
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:				
Understanding that sexual abuse or assault is never an acceptable consequence of detention.				A two-hour training module covers the Prison Rape
Recognizing housing or other situations where sexual abuse or assault may occur.	\boxtimes			Elimination Act (PREA) during annual training. A review of training files confirmed that the
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 				training occurs.
 Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				

requiring that they receive limital and origoning refresher that	requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: Identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted suicide. 				A 2 1/2-hour training module covers suicide prevention and intervention in annual training. A review of training files confirmed that the training occurs.		
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	\boxtimes					
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	×			The training is provided during orientation as well as annually by the Security Lieutenant.		
25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: • The requirements of this Detention Standard • The use of force continuum • Communication techniques • Cultural diversity • Dealing with the mentally ill • Confrontation-avoidance techniques • Approved methods of self-defense • Force cell-move techniques • Communicable diseases, particularly precautions to be taken for use of force • Application of restraints (progressive and hard) • Reporting procedures.				A review of the annual training plan indicated compliance.		

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	\boxtimes			Policy encourages continuing education and offers reimbursement of costs for approved plans.	
PART 7 – 40. STAFF TRAINING					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

Chapter 4, Training and Staff Development, of the Policy and Procedure Manual is comprehensive and covers the requirements of the standard. In addition, the records maintained by the Training Administrator provide documentation regarding all aspects of the training program.

PART 7 - 41. TRANSFER OF DETAINEES

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

	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
1.	When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.	\boxtimes			During an interview, the ICE Officer in Charge indicated that his staff manage all aspects of a detainee's case and maintain the
	 The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 				A-file locally.
2.	Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			For security reasons, staff usually makes the notification following the transfer of the detainee.
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			
5.	Facility policy mandates that:				
	 Times and transfer plans are never discussed with the detainee prior to transfer. 				
	 The detainee is not notified of the transfer until immediately prior to departing the facility. 	\boxtimes			Facility Policy 10.2.13 addresses each of these elements.
	 The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 				
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			ICE staff provides this to the detainee during release processing.
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			If ICE staff performs the transport, the G-391 is used.
8.	For medical transfers:				
	 The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. 				The OIC indicated that his staff will coordinate with DIHS, as
	 Medical transfers are coordinated through the local ICE/DRO office. 	\boxtimes			needed, for any medical transfer. Local medical staff provides a
	 A medical transfer summary is completed and accompanies the detainee. 				summary and will medications, as required.
	 Detainee is issued a minimum of 7 days worth of prescription medications. 				
9.	Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.	\boxtimes			This process is the standard procedure for any medical transfer.

This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 For medical transfers, transporting officers receive instructions regarding medical issues. 	\boxtimes					
 Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location. 	\boxtimes			All property held at the facility is transferred with the detainee.		
Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes			The facility follows all ICE transfer procedures.		
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.	\boxtimes			A PIN number is established upon arrival and a detainee is given a 3-minute call free.		
 Meals are provided when transfers occur during normally schedule meal times. 	\boxtimes					
 An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office. 	\boxtimes			Generally, ICE staff transfer the detainee and the detainee file at the same time.		
 A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer. 	\boxtimes					
PART 7 - 41. TRANS	FER O	F DETAIN	EES			
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

PART 7 - 41. TRANSFER OF DETAINEES

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

An interview with the ICE Officer in Charge indicated that ICE staff is responsible for all notifications and management of a detainee's case and A-file.

	A. Type of Facility Reviewed	d					
Γ	ICE Service Processi	ng Center					
	☐ ICE Contract Detent	ion Facility	G. Accreditation	on Certific	ates		
		tal Service Agreement	List all State or N	Vational Ac	creditat	tion[s] recei	ved:
-		, , , , , , , , , , , , , , , , , , ,	ACA, NCCHC				
	B. Current Inspection		Check box if	facility ha	s no acc	creditation[s]
Γ	Type of Inspection]				
L	☐ Field Office ☐ HQ Inspec	ction	H. Problems /				
	Date[s] of Facility Review		The Facility is ur				
	October 19-21, 2010		Court Order			s Action Oro	
			The Facility has				
_	C. Previous/Most Recent Fa		☐ Major Litigat ☐ Check if Nor		Lile/	Safety Issue	es .
	Date[s] of Last Facility Review	•	Check if Noi	ie.			
-	October 20-22, 2009		I Facility Uis	town			
	Previous Rating		I. Facility His Date Built	tory			
L	Superior Good X Acc	eptable Deficient At-Risk	2010				
	D. N	-114-	Date Last Remod	deled or Ur	oraded		
г	D. Name and Location of Fa	enity	N/A	or or	Brace		
	Denver Contract Detention Fac	ility	Date New Const	ruction / B	edspace	Added	
ŀ	Address (Street and Name)	,	N/A		1		
L	3130 North Oakland Street		Future Construct	ion Planne	d		
	City, State and Zip Code		☐ Yes ⊠ No	Date:			
-	Aurora, Colorado 80010		Current Bedspac	e Futi	re Bed	space (# Ne	w Beds only)
	County Adams		1,116	Nur	ıber: N	/A Date:	
ŀ	Name and Title of Facility Administr	ator (Warden/OIC/Superintendent)					
(b)(6), (b)(7)(c) Warden	` '	J. Total Facili				
Γ	Telephone # (Include Area Code)		Total Facility Int	<u>ake</u> for pre	vious 1	2 months	
L	303-3(6)(6), (b)(7)(c)		6,484				
	Field Office / Sub-Office (List Office Denver	with oversight responsibilities)	Total ICE Manda	ays for Pre	ious 12	2 months	
ŀ	Distance from Field Office		151,593				
	22 miles		V Classification	n I aval (CE CD	Cs and CD	Es Only)
			K. Classification		L-1	L-2	L-3
	E. ICE Information		Adult Male		243	131	24
	Name of Inspector (Last Name,	Title and Duty Station)	Adult Female		24	6	0
(b)(6), (b)(7)(4)CI / MGT of America		Addit I chiaic		24		
	Name of Team Member / Title	•	L. Facility Cap	oacity			
(k)(6), (b)(7)(c)/ CI-Medical / MG			Rated	On	erational	Emergency
	Name of Team Member / Title		Adult Male	960	1	960	960
(b)(6	s), (b)(7)(cCI-Food and Safety /		Adult Female	48		48	48
	Name of Team Member / Title		☐ Facility holds	Juveniles C	ffender	s 16 and old	er as Adults
(b)	(6), (b)(7)(c) CI-Security / MGT						
	Name of Team Member / Title	/ Duty Location	M. Average Da	_			
L	F. CDF/IGSA Information (Only			CE	USMS	Other
Г	Contract Number	Date of Contract or IGSA	Adult Male		392	N/A	N/A
	HSCEOP-06-D-00010	9/24/06	Adult Female		22	N/A	N/A
ŀ	Basic Rates per Man-Day	312-1100					
	\$130.34 - First(b)(4) (guaranteed); \$11.08 for all others	N. Facility Stat	ffing Leve			
l	Other Charges: (If None, Indic		Security:			pport:	
	(b)(4) Remote Custody; (b)(4)		(b)(7)(e)		(b)(7)(le)	
	Transportation;						
ſ	Estimated Man-days Per Year						
	151,000						

Emergency 960

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	8	4	5	5
Assault:	Types (Sexual Physical, etc.)	-	-	-	-
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		2	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility					
Offender / Detainee Medical Referrals as a result of injuries sustained.		1	2	0	0
Escapes	Attempted	0	0	0	0
•	Actual	0	0	0	0
Grievances:	# Received	31	30	85	90
	# Resolved in favor of Offender/Detainee	4	5	23	3
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	2	2	4	3
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

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

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

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

	DHS/ICE Detention Standards Review Summary Report				
1. I	Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable	1	2	3	4
	RT 1 SAFETY				
1	Emergency Plans	\boxtimes			
2	Environmental Health and Safety	\boxtimes			
3	Transportation (By Land)	\boxtimes			
PA	RT 2 SECURITY				
4	Admission and Release	\boxtimes			
5	Classification System	\boxtimes			
6	Contraband	\boxtimes			
7	Facility Security and Control	\boxtimes			
8	Funds and Personal Property	\boxtimes			
9	Hold Rooms in Detention Facilities	\boxtimes			
10	Key and Lock Control	\boxtimes			
11	Population Counts	\boxtimes			
12	Post Orders	\boxtimes			
13	Searches of Detainees	\boxtimes		$\overline{}$	
14	Sexual Abuse and Assault Prevention and Intervention	×			
15	Special Management Units	×	$\overline{\Box}$	$\overline{}$	
16	Staff-Detainee Communication	×			
17	Tool Control	×			
18	Use of Force and Restraints	×			
$\overline{}$	RT 3 ORDER				
19	Disciplinary System				
$\overline{}$	RT 4 CARE				
20	Food Service	M			
21	Hunger Strikes	\boxtimes		$\overline{}$	
22	Medical Care	\boxtimes			
23	Personal Hygiene	\boxtimes			
24	Suicide Prevention and Intervention	×			
25	Terminal Illness, Advance Directives, and Death	×	$\overline{}$		
$\overline{}$	RT 5 ACTIVITIES				
26	Correspondence and Other Mail				
27	Escorted Trips for Non-Medical Emergencies	Ħ			\boxtimes
28	Marriage Requests	\boxtimes		$\overline{\Box}$	
29	Recreation				
30					
31		×			
32	Visitation			$\overline{}$	
33	Voluntary Work Program	X			
	RT 6 JUSTICE				
34	Detainee Handbook				
	Grievance System	×	$\overline{\Box}$		
36		×			
37		×	$\frac{\Box}{\Box}$		
	RT 7 ADMINISTRATION & MANAGEMENT		_		
38	Detention Files				
39	News Media Interviews and Tours	×			
40	Staff Training				
41	Transfer of Detainees				
41	Transici of Detaillees	<u> </u>]	l

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(c)	
Title & Duty Location	Date
Lead Compliance Inspector	October 21, 2010

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

Recommended Rating:	
	■ Does Not Meet Standards

Comments:

This was the first inspection of the facility using the Performance Based National Detention Standards (PBNDS), and the facility was well prepared.

An increase in grievances was noted in the 3rd and 4th quarters. Staff indicated that a new phone system had been installed, and that the increase in grievances was due to problems with implementation.

There were no significant incidents during the past 12 months (e.g. no deaths, suicides, or escapes).

(b)(7)(e)

MANAGEMENT REVIEW				
Review Authority				
The signature below constitutes review of this report ar The Facility and FOD have 30 days from receipt of		commendations.		
HQDRO MANAGEMENT REVIEW: (Print Name)	Signature			
Title	Date			
Final Rating:				
Comments:				

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



MEMORANDUM FOR: John P. Longshore

Field Office Director Denver Field Office

FROM: Gary E. Mead

Assistant Director for Detention Management

SUBJECT: Denver Contract Detention Facility Annual Review

The annual review of the Denver Contract Detention Facility conducted on October 19-21, 2010, in Aurora, Colorado has been received. A final rating of <u>Meets Standard</u> has been assigned. No further action is required and this review is closed.

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

- 1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility **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 October 19, 2011.

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

cc: Official File

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