A. Type of Facility Reviewed	l	Estimated Man-d	lays Per Year			
	N/A					
ICE Contract Detenti	on Facility					
☐ ICE Intergovernment	al Service Agreement					
B. Current Inspection		G. Accreditation				
Type of Inspection		List all State or N	Vational Accre	editation[s]	receiv	ed:
☐ Field Office ☐ HQ Inspec	etion	ACA, NCCHC, J	JACHO			
Date[s] of Facility Review		Check box if	facility has n	o accredita	tion[s]	
October 12-14, 2010						
		H. Problems /	Complaints	(Copies m	ust be a	attached)
C. Previous/Most Recent Fac	cility Review	The Facility is ur	ider Court Or	der or Clas	s Actio	n Finding
Date[s] of Last Facility Review	and the second s	Court Order		Class Acti		er
October 13-15, 2009		The Facility has				
Previous Rating		Major Litigat		Life/Safety	y Issues	5
☐ Superior ☐ Good ☒ Acce	eptable Deficient At-Risk	Check if Nor	ie.			
		_				
D. Name and Location of Fac	cility	I. Facility His	tory			
Name	•	Date Built				
El Paso Service Processing Cent	ter	1967				
Address (Street and Name)		Date Last Remod	deled or Upgr	aded		
8915 Montana Avenue		1998				
City, State and Zip Code		Date New Constr		pace Adde	ed	
El Paso, Texas 79925		1998 (no new be				
County		Future Construct				
El Paso		∑ Yes ☐ No		- 1	/// > =	
Name and Title of Facility Adm	inistrator	Current Bedspac		_	•	Beds only)
(Warden/OIC/Superintendent)		840	Numbe	er: 44 Date	e: 2011	
(b)(6), (b)(7)(C) Assistant Field						
Telephone # (Include Area Code	e)	J. Total Facili	ty Population	10	.1	
915-205(6), (b)(7)(C)		Total Facility Int	ake for previo	ous 12 mon	iths	
Field Office / Sub-Office (List C	Office with oversight	20,366	f D	10	41	
responsibilities)		<u>Total ICE</u> Manda 21,365	ays for Previo	us 12 mon	ıns	
El Paso Field Office		21,303				
Distance from Field Office		K. Classificatio	n I and AC	E CDCs or	d CDI	Es Onles
< 1 mile		K. Classificatio	L-:		L-2	L-3
E ICE I-C		Adult Male	32		161	60
E. ICE Information Name of Inspector (Last Name,	Tide and Date Station	Adult Female	15		42	10
1	• /	Addit I chiaic	13.	•	42	10
(b)(6), (b)(7)/Opead Compliance Insp Name of Team Member / Title /		L. Facility Cap	nacity			
(b) (6), (b) (7) (Security CI / MGT of A		L. Pacific Cap	Rated	Operati	nal	Emergency
Name of Team Member / Title /		Adult Male	568	578	Juai	800
(b)(6), (b)(7)(d)Medical Services CI / M		Adult Female	272	144		400
Name of Team Member / Title /		Facility holds			nd older	
(b)(6), (b)(7)(¢)Food Service CI / M	•	ruemty notes	ouvenies one	nocis io u	do oraci	No Taculto
Name of Team Member / Title /		M. Average Da	ilv Populatio	n		
(b)(6), (b)(7)(¢)Safety CI / MGT of .	-	g	ICI		SMS	Other
(b)(0), (b)(7)(c) salety $C17$ WG1 of	America	Adult Male	570		0	0
F. CDF/IGSA Information C	Only	Adult Female	20		0	0
Contract Number	Date of Contract or IGSA	1 1 mile 1 minit	20	<u> </u>		<u> </u>
N/A	N/A	N. Facility Stat	ffing Level			
Basic Rates per Man-Day	****	Security:		Support:		
N/A		(b)(7)(E)		(b)(7)(E)		
Other Charges: (If None, Indica	nte N/A)					
N/A;	·· /					

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
A 1	T (G 1 ² 7)	P	P	P	P
Assault: Offenders on	Types (Sexual ² , Physical, etc.)	0	0	0	0
Offenders ¹	With Weapon	· ·	0	O .	
		8	12	10	14
	Without Weapon	P	P	P	P
Assault:	Types (Sexual Physical, etc.)		1	1	1
Detainee on Staff	777'41 777	0	0	0	0
Stall	With Weapon	9	11	8	13
	Without Weapon				
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	2
mei. Forced Cell moves		0	0	0	0
Disturbances ⁴					
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special		0	0	0	0
Reaction Team					
Deployed/Used	Number/Reason (M=Medical,	0	0	0	0
# Times Four/Five Point	V=Violent Behavior, O=Other)		ľ		
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines	BB=Board, O=Other)	0	0	0	0
Used in Facility					
Offender / Detainee Medical Referrals as a result of		2	3	1	1
injuries sustained.					
		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	· ·	ľ		
Grievances:	# D ' 1	60	65	58	55
	# Received # Resolved in favor of	48	54	51	52
	Offender/Detainee				- -
Deaths	Reason (V=Violent, I=Illness,	0	0	0	A
	S=Suicide, A=Attempted Suicide, O=Other)				
	Number	0	0	0	1
Psychiatric / Medical	# Medical Cases referred for	26	27	32	23
Referrals	Outside Care	20		32	
	# Psychiatric Cases referred for	0	0	0	0
	Outside Care				

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	
PA	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				
14	Sexual Abuse and Assault Prevention and Intervention	\boxtimes				
15	Special Management Units	\boxtimes				
16	Staff-Detainee Communication	\boxtimes				
17	Tool Control	\boxtimes				
18	Use of Force and Restraints	\boxtimes				
PA	RT 3 ORDER					
19	Disciplinary System	\boxtimes				
PA	RT 4 CARE					
20	Food Service	\boxtimes				
21	Hunger Strikes	\boxtimes				
22	Medical Care	\boxtimes				
23	Personal Hygiene	\boxtimes				
24	Suicide Prevention and Intervention	\boxtimes				
25	Terminal Illness, Advance Directives, and Death	\boxtimes				
PA	RT 5 ACTIVITIES					
26	Correspondence and Other Mail	\boxtimes				
27	Escorted Trips for Non-Medical Emergencies	\boxtimes				
28	Marriage Requests	\boxtimes				
29	Recreation	\boxtimes				
	Religious Practices	\boxtimes				
	Telephone Access	\boxtimes				
-	Visitation	\boxtimes				
33	•	\boxtimes				
	RT 6 JUSTICE					
34		\boxtimes				
	Grievance System	\boxtimes				
	Law Libraries and Legal Material	\boxtimes				
37	Legal Rights Group Presentations	\boxtimes				
	RT 7 ADMINISTRATION & MANAGEMENT					
38		\boxtimes				
	News Media Interviews and Tours	\boxtimes				
40	~	\boxtimes				
41	Transfer of Detainees	\boxtimes				

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 / MGT of America, Inc.	October 14, 2010

Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(C) Security / Compliance Inspector / MGT of America, Inc.	(b)(6), (b)(7)(C) Food Service / Compliance Inspector / MGT of America, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(C) Medical Services / Compliance Inspector / MGT of America, Inc.	(b)(6), (b)(7)(C) Environmental Health & Safety / Compliance Inspector / MGT of America, Inc.
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:	⊠ Meets Standards
	Does Not Meet Standards

Comments:

The facility is a Service Processing Center and the security operations are provided through a contract with Doyon-Akal JV Security Services.

Only ICE detainees are incarcerated at the facility. The detainee count at 3 PM on 10-13-2010 was 558 males and 194 females.

The facility staff reported no detainee deaths or escapes during the past twelve (12) months. Staff reported one (1) attempted suicide during this reporting period. A female ICE detainee cut her wrist with a razor blade. The wounds were superficial and the detainee was placed on suicide watch. The facility conducted a post review and the detainee's health record and facility Significant Incident Report were reviewed. The review concluded that staff had responded appropriately during this incident.

(b)(7)e

Review Authority						
The signature below constitutes review of this report and accept. The Facility and FOD have 30 days from receipt of this repo						
HQDRO MANAGEMENT REVIEW: (Print Name)	Signature					
Title	Date					
Final Rating: Meets Standards Does Not Meet Standards						
Comments:						

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) \boxtimes ICE Service Processing Center (SPC) ICE Contract Detention Facility (CDF) Name El Paso Service Processing Center Address (Street and Name) 8915 Montana Avenue City, State and Zip Code El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) (b)(6), (b)(7)(C) Assistant Field Office Director Name and Title of Lead Compliance Inspector (b)(6), (b)(7)(C) Lead Compliance Inspector Date[s] of Review From 10/12/2010 to 10/14/2010 Type of Review Operational ☐ Special Assessment Other

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

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

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

G-324A Detention Review Worksheet - Rev: 5/11/09

Table of Contents

SECTION I – SAFETY

Emergency Plans
Environmental Health and Safety
Transportation (By Land)

SECTION II - SECURITY

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

SECTION III - ORDER

Disciplinary System

SECTION IV - CARE

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

SECTION V - ACTIVITIES

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

SECTION VI – JUSTICE

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

SECTION VII - ADMINISTRATION & MANAGEMENT

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

Performance-Based National Detention Standards

Section I SAFETY

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

G-324A Detention Review Worksheet - Rev: 5/11/09

	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	A/N	Remarks		
1.	No Detainee or detainee groups exercise control or authority over other detainees.				Facility policy EPC-PBNDS-10- 01, Emergency Plans, dated 3- 12-2010, provides that no detainee or detainee groups can exercise control or authority over other detainees.		
2.	Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees	\boxtimes					
3.	Staff is trained to identify signs of detainee unrest. What type of training and how often?		. 🗆		Contract and ICE staff is provided annual training on detainee climate control, which explains to staff how to identify signs of detainee unrest.		
	aff effectively disseminates information on facility climate, tainee attitudes, and moods to the Facility Administrator.			·. 🗆	Contract and ICE staff provide verbal reports to their supervisors and complete written reports regarding information on the facility climate, detainee attitudes, and moods. This information is forwarded to the Assistant Field Office Director.		
4.	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 Supervisory Detention and Deportation Officer is responsible for the emergency plans and their implementation.		
5.	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			The list identifying the location of each emergency plan is maintained by the Supervisory Detention and Deportation Officer.		
6.	All staff receive training in the emergency plans during their orientation training as well as during their appual.	\square					

training.

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.

P.C	to quiet, and encountry respond to any entergoner,	1	110 11101 0111		to minimize their coverty.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
dis	he General Section of the emergency plans scusses alternate routes to the facility for staff to use the event the primary route is impassable.				Facility policy EPC-PBNDS-10- 01, Emergency Plans, dated 3- 12-2010, explains the alternate routes to the facility for staff to use in the event the primary route is impassable.
8. TI	he plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions				
se sit	ontingency plans include a comprehensive general ection with procedures applicable to most emergency uations, including procedures for handling detainees th special needs.	\boxtimes			
	ontingency plans include a procedure for notification neighbors residing in close proximity to the facility.	\boxtimes			
	ne facility has cooperative contingency plans with oplicable: Local law enforcement agencies State agencies Federal agencies				The facility has memorandums of understanding (MOUs) with local, state, and federal agencies.
ag aid Th	ne facility conducts mock emergency exercises with pencies or departments with which they share mutual dagreements and Memoranda of Understandings. The exercises should test specific emergency plans to sess their effectiveness.	\boxtimes			
	I staff receive copies of the Faculty Hostage policy of procedures.	\boxtimes			All ICE and contract staff receives a copy of the facility hostage plan.
ho rel	aff are trained to disregard instructions from stages, regardless of rank. Within 24 hours after lease, hostages are screened for medical and ychological effects.				Staff receives annual training regarding the hostage plan.
	ne facility maintains a list of translator services in the ent one is needed during a hostage crisis.	\boxtimes			
tre	mergency plans include emergency medical atment for staff and detainees during and after an cident.	\boxtimes			
da	ne Food Service Department maintains at least 3- ys' worth of emergency meals for staff and tainees.	\boxtimes			The facility maintains 15 day's worth of emergency meals for staff and detainees.

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		
18. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).				The locations of shut-off valves and switches for utilities are addressed in the emergency plan.		
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 	\boxtimes			Facility policy EPC-PBNDS-10- 01, Emergency Procedures, dated 3-12-2010, describes staff work stoppage procedures.		
 20. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances 				Facility policy EPC-PBNDS-10-01, Emergency Procedures, dated 3-12-2010, addresses the written procedures for this component.		
21. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.						
PART 1 – 1. EMERGENCY PLANS						
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
Remarks: (Record significant facts, observations, other The El Paso Service Processing Center meets the Emergent (b)(6), (b)(7)(C) / October 14, 201 Reviewer's Signature / Date			-			

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

PART 1 – 2.	ENVIRONMENTAL	HEALTH AND SAFETY

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	issuing, and maintaining inventories of hazardous materials.	\boxtimes			The facility's system for storing, issuing, and maintaining hazardous chemicals is outlined in facility policy EPC-PBNDS-10-02.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.				Constant inventories are maintained as required. Reviews of constant inventory documents in the storage areas indicated they are maintained properly.
	 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. 				A review of the MSDS master file indicated it is up-to-date for every hazardous material used.
4. •	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official.				
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			MSDS are readily available to staff and detainees in all work areas and the infirmary. A master file of MSDSs is maintained in the environmental health and safety officer's office.
6.	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 				Hazardous materials are used under proper supervision with proper protective equipment.
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			Personal observation indicated flammable and caustic materials are stored and used appropriately.
	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.				
	All toxic and caustic materials stored in their original containers in a secure area.				

PART 1 – 2.	. ENVIRONMENT	AL HEALTH	AND SAFETY

	1	1	1	T .
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS. 				
11. Staff directly supervise and account for products with methyl alcohol. Staff 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	Products containing Methyl Alcohol are not used in this facility.
 Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal. 	\boxtimes			Training is provided to all staff and detainees using flammable, toxic or caustic materials.
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).				The administration building of the facility has been "red-tagged" by the El Paso Fire Department due to the inoperability of the fire alarm system. Detainees do not have access to that building and the building has been placed on a fire watch program which requires staff to physically inspect the building every hour during non-occupancy periods and weekends.
 A technically qualified staff member conducts fire and safety inspections. 	\boxtimes			The environmental health and safety officer has been certified in the OSHA 501 - General Industry program.
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 facility has an approved fire prevention, control and evacuation plan which is provided to the El Paso Fire Department.
 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. 				The fire prevention, control and evacuation plan meets the requirements of this component.

. ENVIRONMENTAL	

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				Fire drills are conducted quarterly as required. Documentation of the fire drills is maintained in the environmental health and safety officer's office.
19. A sanitation program covers barbering operations.	\boxtimes			Barbering operations are conducted in compliance with this component.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			Barbering facilities and equipment were inspected and found to be in compliance with this component.
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.				Written procedures regulate the handling and disposal of used needles and other sharp objects. A contract is in place for the removal of these items twice a month.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 				The detainee facility cleaning crew officer insures standard cleaning practices are followed and appropriate cleansers, disinfectants, and detergents are utilized. An established cleaning schedule is followed.
25. Spill kits are readily available.	\boxtimes			Spill kits are readily available throughout the facility.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				A contract with SteriCycle provides licensed medical waste disposal.
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			This training is provided annually.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			
 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. 				Monthly and spot pest control services are provided through a contract with a licensed pest control provider.

PΔRT 1 – 2	ENVIRONMENTAL	ΗΕΔΙ ΤΗ ΔΝΟ	SAFFTY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				Drinking water is tested by the City of El Paso. Certification of the drinking water supply is maintained in the environmental health and safety officer's office.
 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			Emergency generators are tested every two weeks and load tested once a quarter. Documentation of this test is maintained in the maintenance department and was reviewed during the inspection.
32. The Facility appears clean and well maintained.				
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.				
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.				The health services administrator has appointed an environmental health and safety officer to implement and monitor the environmental sanitation program.
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.				Medical facility inspections are conducted daily by the charge nurse. Documentation of the inspections is maintained and was reviewed during the inspection.
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.				The health services administrator has appointed an environmental health and safety officer to implement and monitor the environmental sanitation program and provide other services as outlined in this component.
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	\boxtimes			The health services administrator has appointed an environmental health and safety officer to implement and monitor the environmental sanitation program and provide other services as outlined in this component.

PART 1 – 2. ENVIRONMEN				
This Detention Standard protects detainees, staff, voluntee high facility standards of cleanliness and sanitation, safe we equipment.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:	,			
 American Correctional Association, 				
 Occupational Safety and Health Administration, 				
 Environmental Protection Agency, 	\boxtimes			
 Food and Drug Administration, 				
 National Fire Protection Association's Life Safety Code, and 				
 National Center for Disease Control and Prevention. 				
PART 1 – 2. ENVIRONMEN	TAL HE	ALTH AN	D SAF	ETY
	andard	□ N/A	\	☐Repeat Finding

The facility operates in compliance with the requirements of this standard. However, as cited in component 13 above, the administration building has been "red-tagged" by the El Paso Fire Department due to the inoperability of the fire alarm system in that building. The facility has entered into a Scheduled Compliance Program with the fire department for repair of the fire alarm system. In the interim, the facility has initiated a Fire Watch Program for this building which requires hourly documented walk through of the building during non-working hours and weekends. A "Meets Standard" rating is recommended based on detainees not being allowed in the administration building and an adequate system is in place to protect facility perso m system is repaired.

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

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

	PART 1 – 3. TRANSPORTATION (BY LAND)					
eq su	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.					
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes			The facility contracts with the Doyon Security Services Company for transporting detainees.	
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.				The contractor has (7)(thansport officers and all have a valid CDL license.	
3.	Supervisors maintain records for each vehicle operated.				The supervisor maintains a record for each vehicle in his office.	
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.				The transport vehicles are inspected every six months in accordance with state laws.	
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				
6.	Officers use a checklist during every vehicle inspection.					
	 Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 					
7.	Transporting officers:		•		-	
	• Limit driving time to 10 hours in any 15 hour period when transporting detainees.				·	
	Drive only after eight consecutive off-duty hours.				All of the detainee transports	
	 Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. 				reviewed verified compliance with the requirements of this	
	 Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. 				component.	
	 During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit. 	-				
8.	(b)(7)(Epfficers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.					
	 When buses travel in tandem with detainees, there are 0/(7)(Equalified officers per vehicle. 	\boxtimes				
	 An unaccompanied driver transports an empty vehicle. 					

PART 1 – 3. TRANSPORTATION (BY LAND)					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
The transporting officer inspects the vehicle before the start of each detail.	\boxtimes				
10. Positive identification of all detainees being transported is confirmed.				Positive identification is confirmed by ICE and contract staff when detainees are transported from the facility.	
 All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle. 	\boxtimes				
 The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level. 	\boxtimes				
13. All uniformed officers wear their issued body armor in accordance with the ICE Body Armor policy and/or applicable contract policy when transporting detainees.					
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 	\boxtimes				
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			Facility policy EPC-PBNDS-10- 03, Transportation by Land, dated 10-5-2010, explains the procedures for the use of restraining equipment on transportation vehicles.	
 16. Officers ensure that no one contacts the detainees. (b)(7)(E)officer remains in the vehicle at all times when detainees are present. 	\boxtimes				
 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 					

PART 1 – 3. TRANSPORTATION (BY LAND)					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in					
control of the detainee case.	n is na	naiea oni	y by tr	ie ICE Fleid Office or Sub-Office in	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).					
 Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. 					
 Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 					
19. Vehicles have:	\boxtimes				
(b)(7)e				(b)(7)e	
20. The vehicles are clean and sanitary at all times.	\boxtimes			The facility has a contract with a local vendor to clean and sanitize the vehicles.	
 Personal property of a detainee transferring to another facility: 					
 Is inventoried. Is inspected. 					
Accompanies the detainee.					

PART 1 – 3. TRANSPORTATION (BY LAND) This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 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 PART 1 – 3. TRANSPORT 	⊠ DRTAT		AND)	Facility policy EPC-PBNDS-10-03, Transportation by Land, dated 10-5-2010, addresses the contingencies in this component.	
☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A	\ \	☐Repeat Finding	

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

The El Paso Service Processing Center meets the Transportation (By Land) Standard.

(b)(6), (b)(7)(C) / October 14, 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	RFI	FASE
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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	N/A	Remarks
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				All of the holding areas within the admission processing area provide an orientation video in English and Spanish for detainee viewing. The video is on a loop and plays continuously. Each detainee is issued an ICE National Detainee Handbook and a detainee handbook specific to the facility. All of the items required of this component are covered in the video and the handbooks.
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.				All detainees entering the processing area are escorted to the medical section where a medical and mental health assessment is conducted by the medical staff. This occurs 24 hours a day, 7 days a week.
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.				
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			A strip search is never conducted unless reasonable suspicion has been established. All strip searches are documented on form G-1025 and supervisory approval has been granted.
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.				An inventory is completed for all detainees and each detainee receives a copy of the inventory. All valuables and funds in excess of \$100 are secured in the supervisor's office at intake.

PART 2 – 4. ADMISSION AND RELEASE This Detention Standard protects the community detaineds at ## when the second and the second and the second are second as a second and the second are second as a second and the second are second as a second as a second are second as a second are second as a second as a second are second as a second as a second are second as a second are second as a second as a second are second as a second as a second are second as a se								
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	N/A	Remarks				
7. Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.				The facility uses the I-387 form to document lost or missing property. All claims are routed to ICE staff.				
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.								
All releases are coordinated with ICE.								
 Staff completes paperwork/forms for release as required. 	\boxtimes							
 Each detainee receives a receipt for personal property secured by the facility. 								
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.				All documentation generated by and/or for a detainee, with the exception of confidential medical information, is maintained in each detainee's detention file. A number of files were reviewed and all were thorough, in order, and contained the appropriate forms.				
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.								
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.				The orientation video is in English and Spanish. The handbooks are printed in English, Spanish, and Portuguese.				
PART 2 – 4. ADMISS	ION AN	ID RELEA	SE	,				
	ndard	□ N/A		☐Repeat Finding				
Remarks: (Record significant facts, observations, other The admission and release area is equipped with numerous days a week. Detainees are processed into the facility in a tidocumented and detailed. (b)(6), (b)(7)(C) / October 14, 20 Reviewer's Signature / Date (b)(6), (b)(7)(C)	work st	ations and	is ade	equately staffed 24 hours a day, 7 vere found to be thoroughly				

PART	2 - 5	CI ASS	IFICATION	TPVP NO	EM

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

	Components	Meets Standard	Does Not Meet . Standard	A/N	Remarks
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				The facility uses the Additive Point Scale Objective Classification 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. 				All detainees are quickly classified, but are kept separated from general population detainees until the classification process has been completed. All classification decisions are reviewed by the Supervisory Immigration Enforcement Agent (SIEA) and/or the classification supervisor.
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				
4.	Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.				An NCIC criminal history is reviewed as well as other factual documentation when classifying detainees.
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.				All detainees are afforded recreation opportunities regardless of their classification status.
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.				Policy requires a 60-90 day reassessment and a 90-120 day reassessment be completed. A review of the reassessment log maintained by the classification supervisor indicated this was occurring. All special reassessments were completed within 24 hours.
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.				

PART 2 – 5. CLASSIFICATION SYSTEM									
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.									
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
 Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days. 				The facility allows for two (2) appeals. The first is decided and responded to within five (5) days. The second is decided and responded to within ten (10) days.					
 Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent. 	\boxtimes			Appeals may be made to the AFOD.					
 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			A color coded uniform system is used at this facility.					
PART 2 – 5. CLASS	IFICAT	ON SYST	EM						

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

Facility staff conducts a thorough and detailed classification process. A detainee may file an appeal for their classification assignment to the AFOD.

■ Does Not Meet Standard

□ N/A

☐ Repeat Finding

(b)(6), (b)(7)(C) / October 14, 2 Reviewer's Signature / Date

Meets Standard

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

	PART 2 – 6. C			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.				Facility policy EPC-PBNDS-10- 06, Contraband, dated 10-4- 2010, describes the procedures for handling contraband.			
	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.							
3.	Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes		. 🗀	Facility policy EPC-PBNDS-10- 06, Contraband, dated 10-4- 2010, explains the procedures for returning property when not needed as evidence.			
4.	Altered property is destroyed following documentation and using established procedures.				Facility policy EPC-PBNDS-10- 06, Contraband, dated 10-4- 2010, explains the procedures for destroying altered property.			
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.				The facility's chaplain is contacted before confiscating religious items.			
6.	Staff follow written procedures when destroying hard contraband that is illegal.				Facility policy EPC-PBNDS-10- 06, Contraband, dated 10-4- 2010, explains the procedures for destroying hard contraband that is illegal.			
7.	 Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 							
	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	\boxtimes			The facility's detainee handbook explains the contraband procedures/rules and a handbook is given to the detainee during admission.			
	Facilities with Canine Units only use them for contraband detection.	\boxtimes						
	PART 2 – 6. CC	ONTRA	BAND					
		ndard	□ N/A		☐Repeat Finding			

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

The El Paso Service Processing Center meets the Contraband Standard.

(b)(6), (b)(7)(C) / October 14, 2010
Reviewer's Signature / Date

PART 2 -	. 7 FACII	ITY SECURITY	AND CONTROL
FANIA"	· / . [AUII		AND CONTINUE

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	A/N	Remarks
1.	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	\boxtimes			The weekly checks of detainee living quarters and activity areas are documented in the logs maintained at the individual locations.
2.	At least (b)(7)(Emale and (b)(7)(Efemale staff are on duty where both males and females are housed.	\boxtimes			
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			
4.	Essential posts and positions are filled with qualified personnel.	\boxtimes			
5.	Every Control Center officer receives specialized training.	\boxtimes			All control center officers are provided practical training by ICE staff prior to working that post.
6.	Policy restricts staff access to the Control Center.				Facility policy EPC-PBNDS-10- 07, Facility Security and Control, dated 9-22-2010, restricts staff access to the control center.
7.	Detainees do not have access to the Control Center.				
8.	Communications are centralized in the Control Center.				
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	\boxtimes			
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).				
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.				
12.	Staff make watch calls every half-hour between 6 PM and 6 AM.				All calls are made to the control center and recorded on a log sheet.
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			
15.	All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
16.	The facility has a secure, color-coded visitor pass system.	\boxtimes			
17.	Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			

P	ART	2	- 7.	FACIL	.ITY	SECURITY	Y	AND (CONTRO	ı

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
18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle during the facility visit				The log is maintained in the control center, which is located near the sally port.
19. Officers thoroughly search each vehicle entering and leaving the facility.				
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.				Facility policy EPC-PBNDS-10- 06, Contraband, dated 10-4- 2010, addresses the procedures to prevent the introduction of contraband into the facility or its components.
The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes			
 The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization. 				
23. Written procedures govern searches of detainee housing units and personal areas.				Facility policy EPC-PBNDS-10- 07, Facility Security and Control, dated 9-22-2010, governs searches of detainee housing units and personal areas.
24. Housing area searches occur at irregular times.				
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.				
26. There are post orders for every security officer post.	\boxtimes			The facility has developed and maintains a post order for each security post.

FACILITY SEC	

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.

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
27. Detainee movement from one area to another area is controlled by staff.				All detainee movement is sight controlled and each detainee is signed in/out from their housing units or assignments. The officer also contacts the location the detainee is going to in order to verify arrival.
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	\boxtimes			
29. Every search of the SMU and other housing units is documented.				
30. The SMU entrance has a sallyport.	\boxtimes			The Administrative and Disciplinary SMU have a sally port entrance.
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				Facility policy EPC-PBNDS-10- 17, Tool Control, dated 10-5- 2010, provides the procedures for tool control in the SMU units.
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 				Facility policy EPC-PBNDS-10- 07, Facility Security and Control, dated 9-22-2010, contains the facility's comprehensive security inspection policy.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes			Security checks are conducted daily of all assigned areas.
34. Documentation of security inspections is kept on file.	\boxtimes			
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				Facility policy EPC-PBNDS-10- 07, Facility Security and Control, dated 9-22-2010, explains the procedures for corrective action.
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes			Facility policy EPC-PBNDS-10- 17, Tool Control, dated 10-5- 2010, addresses the procedures for tool control in the secure areas of the facility.
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.				

PART 2 – 7. FACILITY SE	CURIT	Y AND CO	ONTRO	OL
This Detention Standard protects the community, staff ensuring that facility security is maintained and t				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 				Perimeter alarm system tests and physical checks of the perimeter fence are conducted daily and documented.
40. Visitation areas receive frequent, irregular inspections.	\boxtimes			
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.				
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.		□.		
FACILITY SECURI	TY AND	CONTRO	DL	
	andard	□ N/A		☐Repeat Finding

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

The El Paso Service Processing Center meets the Facility Security and Control Standard.

(b)(6), (b)(7)(C) / October 14, 20 Reviewer's Signature / Date

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

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					
onl	y by the ICE Field Office or Sub-Office in control of	the det	ainee cas	e.	
	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.				Personal observation of the storage area of the facility indicates funds and valuables are properly stored and separated.
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.				
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.				Staff search and itemize a detainee's property in the presence of the detainee.
4. (b)(7)(E) officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)(E) officers verify funds and valuables.	\boxtimes			A minimum of)(7)(E)fficers are present during the processing of detainee funds and valuables. (b)(7)(E)officers verify funds and valuables.
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?			\boxtimes	This is an SPC facility.
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.				
7.	Staff forward an arriving detainee's medicine to the medical staff.				Arriving detainees' medicine is forwarded to medical staff.
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes			Detainees and their personal property are searched for contraband.
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes			
	Staff follows written procedures when returning property to detainees.	\boxtimes			Facility policy dictates how detainee property will be returned.
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.				This is an SPC facility.

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.					
onl	Standard NA: (IGSA ONLY) Check this box if all ICE y by the ICE Field Office or Sub-Office in control of	detain	ee Funds ainee cas	, Valu e.	ables and Property are handled
-	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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. 				The facility follows a set procedure for notifying out-processed detainees of property that he/she has left in the facility. That process meets the requirements of this component.
13.	Staff obtain a forwarding address from each detainee.				
14.	It is standard procedure for (b)(7) efficers to be present when removing/documenting the removal of funds from a detainee's possession.	×			(b)(7)(Fofficers are present when funds are removed from a detainee's possession. The removal of the funds is documented.
	Staff issue and maintain property receipts (G-589s) in numerical order.	\boxtimes			Form G-589 is issued in numerical order.
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.				
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	\boxtimes			
18.	Staff tag large valuables with both a G-589 and an I-77.				Large items were observed tagged with both a G-589 and an I-77 form.
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. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 				Detainee funds are maintained in a safe. The cash in the safe is counted at the beginning and end of each shift by the supervisors.
21.	Staff tags every baggage/facility container with an I-77, completed in accordance with the ICE standard.				Baggage/facility containers are tagged with an I-77 form in accordance with the ICE standard.
	Staff secure every container used to store property with a tamper-proof numbered strap.	\boxtimes			

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	N/A	Remarks
23. A logbook records detainee name, Anumber/detainee-number, baggage-check/ I-77 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 conducts a comprehensive weekly audit.				
25. The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.				
26. The facility positively identifies every detainee being released or transferred.				Wrist bands are utilized to identify detainees being released.
27. Staff routinely informs supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.				
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.				Facility policy adheres to the requirements of this component.
PART 2 - 8. FUNDS AND PERSONAL PROPERTY				
⊠ Meets Standard □ Does Not Meet S	andard	□ N/A		☐Repeat Finding

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

The detainee property storage area is maintained in a secure manner and access to the area is tightly controlled. Records of detainee property and valuables are maintained in accordance with the requirements of this standard. Detainees are allowed to maintain \$100 on their person at any given time. Detainee funds in the possession of the facility are counted and verified at each shift change.

(b)(6), (b)(7)(C)	/ October 14, 20
Reviewer's Sig	

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

		DETENTION	

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.

	and proceeding. The maximum aggregate unto an indiv			Γ	1
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The hold room is situated in a location within the secure perimeter.	\boxtimes			The hold rooms are located within the admissions area, which is within the secure perimeter of the facility.
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			The hold rooms are clean and in good repair. They are well ventilated, well lit, and all activating switches are located outside the room.
3.	The hold rooms contain sufficient seating for the number of detainees held.				
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			
5.	Hold room walls and ceilings are escape and tamper resistant.				
6.	Detainees are not held in hold rooms for more than 12 hours.				According to staff and records reviewed, detainees are normally held in hold rooms for 3 to 5 hours. However, within the outcome measures report the facility documented that 243 detainees were held in hold rooms for more than 12 hours. This has not occurred since March of 2010. The detainees that exceeded the 12 hours were not being committed to this facility and were waiting transport to another location.
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.				
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	All the hold rooms are equipped with toilet facilities.
10.	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.				

PART 2 - 9. I	HOLD ROOMS	IN DETENTION	FACILITIES
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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
 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. 				The assigned processing officer inspects the hold rooms after a detainee has been removed.
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 				Facility policy EPC-PBNDS-10-09, Hold Rooms in Detention Facilities, dated 9-7-2010, explains the procedure for assigning a designated officer to remove detainees from hold rooms in case fires and/or building evacuations, or other emergencies. The facility would use the processing officer and other assigned staff to evacuate the hold rooms.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.				
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 	\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. 				The facility was designed in 1996, but is still compliant with the American Disabilities Act.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			\boxtimes	The facility was designed in 1996, and the hold rooms have no floor drains.
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.				The facility was designed in 1996; the hold room door complies with the standard's specifications and swings outward.

P	AR	T 2	- 9 .	HOL	D I	ROO	MS II	N DE	TENT	ION F	FACIL	ITIES

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
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.				The facility does not house family units, females with children, or detainees under the age of 18.
 Minors (under 18) are confined apart from adults, except for immediate relatives or guardians. 				The facility does not house minors (under 18).
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 				
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 	⊠			
 Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security. 	\boxtimes			
23. The maximum occupancy for the hold room will be posted.	\boxtimes			All of the hold rooms have the maximum occupancy posted above the doors.
 Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems. 	\boxtimes			
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			The facility is a non-smoking institution.
 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 				
PART 2 – 9. HOLD ROOMS				· · · · · · · · · · · · · · · · · · ·
	andard	☐ N/A		Repeat Finding

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

Facility policy EPC-PBNDS-10-09, Hold Rooms in Detention Facilities, dated 9-7-2010, provides the procedures for assigning a designated officer to remove detainees from hold rooms in case fires and/or building evacuations, or other emergencies. The facility would use the processing officer and other assigned staff to evacuate the hold rooms.

(b)(6), (b)(7)(C) / October 14, 2010
Reviewer's Signature / Date

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

G-324A Detention Review Worksheet - Rev: 5/11/09

	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	A/N	Remarks			
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			The facility has assigned an ICE officer to key control and he has attended the Arizona School of Locksmithing.			
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.							
3.	The security officer, or equivalent, provides training to all employees in key and lock control.				The officer provides orientation and annual training on key and lock control for all employees.			
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.							
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				The officer maintains a preventive maintenance program and conducts monthly checks on locks and locking devices.			
6.	Facility policies and procedures address the issue of compromised keys and locks.				Facility policy EPC-PBNDS-10- 10, Key and Lock Control, dated 9-7-2010, addresses the issue of compromised keys and locks.			
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.				Facility policy EPC-PBNDS-10- 10, Key and Lock Control, dated 9-7-2010, explains procedures to ensure safe combinations integrity.			
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						
10.	The facility does not use grand master keying systems.	\boxtimes						
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes						
12.	Padlocks and/or chains are not used on cell doors.							
13.	The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to							
	 Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety 							
	Code 101.							

	PART 2 – 10. KEY A	ND LO	CK CONT	ROL				
Thi ma	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	A/N	Remarks			
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			The facility keyboard is sufficient to accommodate facility key rings and is located within the main control.			
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 				Facility policy EPC-PBNDS-10-10, Key and Lock Control, dated 9-7-2010, requires that key rings be identifiable, number of keys on the ring cited, and keys cannot be removed. The facility keys were observed in the control room and in staff's possession and all met this component.			
16.	Emergency keys are available for all areas of the facility.				The facility has emergency keys for all areas of the facility and they are stored in the main control within a locked metal cabinet.			
17.	The facility uses a key accountability system.	\boxtimes			The facility currently uses the chit system for issuing keys.			
18.	Authorization is necessary to issue any restricted key.							
19.	 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	\boxtimes			The gun lockers are located within the (b)(7)(E) area, which is under constant observation and does not allow detainee or public access.			
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				Facility policy EPC-PBNDS-10- 10, Key and Lock Control, dated 9-7-2010, provides the procedures for key accountability. All keys are physically counted daily on the 10 PM to 6 AM shift.			
21.	 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. 							

assigned to staff.

This mair	Detention Standard maintains facility safety and secuntained.	rity by re	quiring tha	t keys	and locks be properly controlled a
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Locks and locking devices are continually inspected, maintained, and inventoried.				
	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.				
	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.				The key control officer also obtains permission from the AFOD prior to adding or removing a key from a ring.
25.	The splitting of key rings into separate rings is not authorized.				
	PART 2 – 10. KEY A	ND LO	CK CONT	ROL	<u>, </u>
		andard	□ N/A	\	Repeat Finding

	PART 2 – 11. POP							
Tr	nis Detention Standard protects the community from har quiring that each facility have an ongoing, effective syste	m and	enhances	facility ounts	security, safety, and good order by			
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	hours (no less than three counts per day). At least one of these counts shall be a face to photo count.				The facility conducts formal counts at 12:30 AM, 3:00 AM, 5:00 AM, 10:00 AM, 3:00 PM, and 10:00 PM. The10:00 PM count is a face-to-photo. The 3:00 PM formal count was observed on 10-13-2010, and all written procedures were followed as appropriate.			
2.	Activities cease or are strictly controlled while a formal count is being conducted.							
3.	There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes						
4.	Formal counts in all units take place simultaneously.							
5.	Officers do not allow detainee participation in the count.							
6.	A face-to-photo count follows each unsuccessful recount.							
7.	Officers positively identify each detainee before counting him/her as present.							
8.	Written procedures cover informal and emergency counts.				Facility policy EPC-PBNDS-10- 11, Population Counts, dated 10- 4-2010, explains the procedures for informal and emergency counts.			
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	\boxtimes						
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. POPL	JLATIO	N COUNT	S				
		ındard	□ N/A		☐Repeat Finding			
The	emarks: (Record significant facts, observations, other sources used, etc.) ne El Paso Service Processing opulation Counts Standards. (b)(6), (b)(7)(C) / October 14, 20 (b)(6), (b)(7)(C)							

	PART 2 – 12. POST ORDERS								
Th	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				
	Every fixed post has a set of Post Orders.				Post orders were reviewed for all fixed posts within the facility.				
2.	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.								
	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes							
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			The Supervisory Detention and Deportation Officer (SDDO) is responsible for keeping the post orders current with revisions that occur between reviews.				
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.				All post orders have been reviewed annually and updated as necessary.				
6.	The facility administrator authorizes all Post Order changes.	\boxtimes			The Assistant Field Office Director (AFOD) authorizes all post order changes.				
7.	The facility administrator has signed and dated the last page of every section.	\boxtimes			The AFOD has initialed each page and dated and signed the last page of every section.				
8.	A Post Orders master file is available to all staff.								
	Procedures keep Post Orders and logbooks secure from detainees at all times.				Facility policy EPC-PBNDS-10- 12, Post Orders, dated 10-4- 2010, documents the locations of post orders and requires that they be kept secure from detainees at all times.				
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.				Staff is required to sign their respective post order each time they work at an assigned post.				
13.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.								

good order by ensuring that each hat post.
Remarks
Repeat Finding

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

The El Paso Service Processing Center meets the Post Orders Standard.

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

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.				Facility policy EPC-PBNDS-0111 addresses the search of housing areas, work areas, and detainees.			
	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.				Facility policy EPC-PBNDS-0111 directs staff to use the least intrusive method of body search practical.			
3.	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.				Facility policy EPC-PBNDS-0111 directs staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched to the extent practicable.			
4.	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			Facility policy EPC-PBNDS-0111 directs staff to leave a searched housing area, work area, and detainee property in its original order to the extent practicable.			
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.							
6.	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.				Facility policy very clearly outlines when a strip search may be utilized. Only one (1) strip search has been conducted in the last year.			
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.				Pursuant to facility policy body cavity searches may only be conducted by medical personnel and only when authorized by the facility administrator.			
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				Facility policy directs the use of dry cells and the circumstances under which a detainee may be held in a dry cell for contraband detection.			
	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						
10.	Canines are not used in the presence of detainees							
	PART 2 – 13. SEARC	HES O	F DETAIN	EES				

☐ Does Not Meet Standard

☑ Meets Standard

□ N/A

☐Repeat Finding



Facility and detainee searches are properly conducted and documented. A large sample of search documentation was reviewed and the documentation was thorough.

(b)(6), (b)(7)(C) / Octobel Reviewer's Signature / I

	AND INTERVENTION

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			The facility has a comprehensive program related to sexual abuse and assault consistent with national standards.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.				Policy directive EPC-10-14, Sexual Abuse and Assault Prevention and Intervention, was reviewed and approved by the Field Office Director on September 27, 2010.
3.	Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			Statistics and tracking reports for the past year are available and were reviewed.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			Staff receives training during the orientation and annually as part of the required annual in-service training program.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).				The detainee handbook contains information on the program and how to report sexual abuse or assault.
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			The notice was observed on the bulletin boards.
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			The entire brochure is actually in the detainee handbook that is available in English and Spanish.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.				The screening is part of the intake classification process. Detainees with a history of assault are classified as level 3 and housed accordingly. The medical screening also includes inquiries regarding sexual abuse or assault
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.				Documentation indicates there were five documented incidents in the last year. All were investigated and the program coordinator indicated that none were substantiated.

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.

a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution. Responsibility conducts the investigations. The Joint Intake Center, the Filed Officer Director and Assistants, and ICE headquarters are notified. The local police department is also notified. All notifications required by policy are made promptly. All alleged victims are transported to the local hospital. Staff from a community program (STARS) is available to provide follow-up with the detainee.	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting. Staff person on a detainee were promptly investigated. They were claims of inappropriate touching during intake pat down searches. These pat down searches take place in an area that is videotaped and the tapes were reviewed. Policy requires reporting all cases to the Field Office Director. The Office of Professional Responsibility conducts the investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution. The Office of Professional Responsibility conducts the investigations. The Joint Intake Center, the Filed Officer Director and Assistants, and ICE headquarters are notified. The local police department is also notified. All notifications required by policy are made promptly. All alleged victims are transported to the local hospital. Staff from a community program (STARS) is available to provide follow-up with the detainee. 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.	by staff on a detainee have been documented in the				reported, all were from female detainees alleging inappropriate touching during pat down searches. Four were recanted. All were investigated. None were
a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	detainee is sexually abused or assaulted and policy and procedures for required chain-of-command				staff person on a detainee were promptly investigated. They were claims of inappropriate touching during intake pat down searches. These pat down searches take place in an area that is videotaped and the tapes were reviewed. Policy requires reporting all cases to the Field
required notifications are promptly made. 14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	and make referrals to appropriate law enforcement				Responsibility conducts the investigations. The Joint Intake Center, the Filed Officer Director and Assistants, and ICE headquarters are notified. The local police department is also
specialized community resources for treatment and gathering of evidence.	 When there is an alleged or proven sexual assault, the required notifications are promptly made. 	\boxtimes			
assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.		\boxtimes			transported to the local hospital. Staff from a community program (STARS) is available to provide
SEAUAL ADUSE AND ASSAULT PREVENTION AND INTERVENTION	specifically logged and tracked by a designated staff coordinator.		<u> </u>		maintains all of the records and has a tracking and reporting system in place.
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Remarks: (Record significant facts, observations, other sources used, etc.)

The facility has a program for sexual assault and abuse which includes employee training, detainee notification, reporting, and tracking. All allegations are reported and promptly investigated.

(b)(6), (b)(7)(C) / October 14, 201
Reviewer's Signature / Date

PART	2 - 15.	SPECIAL	MANAGEMENT	UNITS	

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	Written policy and procedures are in place for special management units.	\boxtimes			Facility policy EPC-PBNDS-10- 15, Special Management Units, dated 10-5-2010, addresses the procedures for special management units.
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.				The facility currently has six (6) detainees in Administrative Segregation and all had supporting documentation that warranted their placement.
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.				The facility currently has five (5) detainees in Disciplinary Segregation and all were placed there after being found guilty for a rule violation by the Institutional Disciplinary Panel.
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.				The health care unit is immediately notified when a detainee is placed in Administrative or Disciplinary Segregation.
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.				Facility policy EPC-PBNDS-10- 07, Facility Security and Control, dated 9-22-2010, addresses procedures to control and secure SMU entrances, contraband, tools, and food carts.
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			
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			-

	PARI 2-	- 15. 3	SPECIAL MA	ANAGEMEN	TUNITS	5
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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.				
 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. 				
 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. 				
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			

PART 2 – 15. SPECIAL MANAGEMEN	PTINITS	
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	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.				Facility policy EPC-PBNDS-10- 15, Special Management Units, dated 10-5-2010, addresses the property detainees may retain in each type of segregation.
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)				Facility policy EPC-PBNDS-10-15, Special Management Units, dated 10-5-2010, addresses the detainee's privileges while in Administrative and Disciplinary Segregation.
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).				
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).				·
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.				The shift supervisor visits segregation daily 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).				A health care professional visits SMU daily.
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			All meals delivered are documented to reflect if the detainees consumed or refused the meal.
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.				Detainees are offered a shave and shower daily. Detainees are also offered the same basic services as general population.

PART 2 -	15	SPECIAL	MANAGEMENT	PIMITS
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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.				
	Detainees in an SMU may write and receive letters the same as the general population.				Detainees in the SMU are allowed to correspond the same as those in general population.
24.	Detainees in an SMU ordinarily retain visiting privileges.				Detainees are allowed to visit the same as general population.
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.				
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.				
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.				
28.	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.				
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.				
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			
31.	There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes			Facility policy EPC-PBNDS-10- 15, Special Management Units, dated 10-5-2010, addresses the procedures for special security precautions for legal visitation.

PART 2 – 15		

	Components	Meets	Does Not Meet Standard	N/A	Remarks
	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			
	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.				
34.	Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.				Detainees in SMU may request access to the law library, which is then granted within 24 hours. The detainee is escorted to the law library or given materials as needed.
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.				Detainees in SMU have the same law library access as the general population.
	Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.				Facility policy EPC-PBNDS-10- 15, Special Management Units, dated 10-5-2010, addresses the procedures for bringing legal material to detainees in disciplinary segregation under certain circumstances.
	 Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 				The facility has no documented cases of law library denial.
38.	Recreation for detainees in the SMU is separate from the general population.	\boxtimes			

PART 2 -	15. SPECIAL	. MANAGEMENT I	INITS

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.)		. 🗆		Facility policy EPC-PBNDS-10- 15, Special Management Units, dated 10-5-2010, provides the procedures for keeping protective custody detainees apart during recreation to ensure their safety.
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			
	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.				
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.				
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.				

PART 2 -	- 15 SPECIAL	MANAGEMEN	T LINITS

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.				Detainees in Administrative Segregation are allowed to make phone calls daily when requested or during recreation. Detainees in Disciplinary Segregation are allowed to make phone calls daily during recreation.
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 within 24 hours.)				

PART 2 - 15	SPECIAL	MANAGEMENT I	INITS

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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	S			The facility currently has six (6) detainees in Administrative Segregation. In all six (6) cases the 72 hour review was conducted as appropriate. The Administrative Segregation Review form (I-885) was used for each detainee.
	administrator (or designee) for approval. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility. After seven consecutive days in Administrative				
	Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	\boxtimes			
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.				

PART 2 -	15. SPECIAL	_ MANAGEMENT	UNITS

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	\boxtimes			
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.				
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single	\boxtimes			
	incident.				
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.				
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.				The facility currently has five (5) detainees in Disciplinary Segregation. All had a written order completed and signed by the chairperson of the IDP. A copy of the decision was given to the detainee within 24 hours. A
	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.				disciplinary segregation order (l- 883) was completed for each detainee.

PART 2 - 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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.				Facility policy EPC-PBNDS-10- 15, Special Management Units, dated 10-5-2010, provides the procedures for the regular review of all disciplinary segregation	
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.				cases.	
All review documents are placed in the detainee's detention file.					
PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS		

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

The El Paso Service Processing Center meets the Special Management Units Standard.

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

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.				Weekly scheduled visits are posted in each living area. Since ICE staff are on-site, visits occur on a frequent basis, announced and unannounced.
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			Visits by ICE staff to all areas of the facility occur at least weekly.
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			
4.	Visiting ICE staff observes and note current climate and conditions of confinement.				
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	\boxtimes			
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes			The Correspondence policy (10-026) requires all correspondence to ICE staff be treated as Special Correspondence.
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.				Secure boxes are located in each living area, in the intake area, in the medical section, and in the dining hall.
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			
9.	ICE/DRO staff responds to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes			
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			Detainees are notified during orientation at intake that they have a right to correspond with ICE/DRO staff. It is further explained in the detainee handbook.
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			

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			y encouraging and requiring informal ory observation of living and working
rs from	the Depar	tment	of Homeland Security Office of the
Meets Standard	Does Not Meet Standard	N/A	Remarks
			The telephones are checked each evening on the midnight shift and the results are recorded in the unit logbook. All requests for repairs are forwarded to ICE staff.
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andard	□ N/A	١	☐Repeat Finding
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ICE staff is on-site at this facility and it is evident communications between detainees and ICE staff is frequent and appropriate.

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

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.				The facility's maintenance supervisor is responsible for developing tool control procedures and an inspection system to ensure accountability.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.				The facility maintenance shop is located outside the secure perimeter.
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.				Facility policy EPC-PBNDS-10- 17, Tool Control, dated 10-5- 2010, addresses the control of tools, keys, medical and culinary equipment. All tool locations were observed and the procedure of signing tools out using the chit system was followed. An accurate inventory was also maintained for all tools within the facility.
	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.				
5.	 Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory 				The facility has accurate tool inventories for each area listed in this component.
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. 				Facility policy EPC-PBNDS-10- 17, Tool Control, dated 10-5- 2010, provides the procedures for the regular inventory of all tools.

PART	2-17	TOOL	CONT	ROI

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8.	The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous).	\boxtimes			
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes			
	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.				Facility policy EPC-PBNDS-10- 17, Tool Control, dated 10-5- 2010, provides procedures to ensure all tools are properly marked and readily identifiable. An inspection of all tools verified that they have been properly marked and readily identifiable.
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. Shadow boards have a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				
12.	Tools removed from service have their shadows removed from shadow boards.				
	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.				
14.	Sterile packs are stored under lock and key.	\boxtimes			
15.	Each facility has procedures for the issuance of tools to staff and detainees.				The facility does not issue tools to detainees.
16.	 There are policies and procedures to address the issue of lost tools. The policy and procedures include: Verbal and written notification. Procedures for detainee access. Necessary documentation/review for all incidents of lost tools. 				Facility policy EPC-PBNDS-10- 17, Tool Control, dated 10-5- 2010, addresses the procedures to follow in case of lost tools.

	PART 2-17. TOOL CONTROL								
tacı	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				
17.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				The facility maintenance supervisor is the only individual that disposes of broken or worn out tools.				
18.	All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.				All contractors entering the facility with tools are required to submit an inventory of their tools that is verified upon entering and exiting the facility. The contractors are always escorted by facility staff.				
19.	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	The facility does not use scissors for in-processing.				
	PART 2-17. TO	OL CO	NTROL						
	☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A		Repeat Finding				

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

The El Paso Service Processing Center meets the Tool Control Standard.

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

PART 2 – 18. USE OF FORCE AND RESTRAINT	ART 2 - 1	3. USE	OF FORCE	AND RESTRAINT	3
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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.

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a Use of Force Policy.				Facility policy EPC-PBNDS-10- 18, Use of Force and Restraints, dated 10-4-2010, explains the use of force procedures.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.				Facility policy EPC-PBNDS-10- 18, Use of Force and Restraints, dated 10-4-2010, allows staff to respond in an immediate-use-of- force situation without a supervisor's presence or direction.
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.				
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.				Facility policy EPC-PBNDS-10- 18, Use of Force and Restraints, dated 10-4-2010, provides that calculated rather than immediate use of force is feasible in most cases.
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.				
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. • Under staff supervision.				
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.				
8.	All use-of-force incidents are documented and reviewed.				All use of force incidents are documented on the EPC-PBNDS-0045, Use of Force Form.
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			

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PART 2 -	18.	USE UF	FUKUE A	AND	RESIR	AINIS

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
 10. Staff: Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control 				
 the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 				
 Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary. 				The facility does not use medication for restraint purposes.
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				Facility policy EPC-PBNDS-10- 18, Use of Force and Restraints, dated 10-4-2010, provides written procedures to prevent injury and exposure to communicable diseases.
 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. 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." 				(b)(7)e
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_{\perp}			
15. All detainee checks are logged.				
 In immediate-use-of-force situations, officers contact medical staff once the detainee is under control. 				

	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	N/A	Remarks
 17. When the Facility Administrator authorizes use of non-lethal weapons: Medical staff is consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 				
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.				
 If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools. 				
20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted				
21. (b)(7)e when restraining detainees with open cuts or wounds.				Staff restraining detainees with (b)(7)e
22. Staff documents every use of force, including what type of restraints was used during the incident.				All use of force incidents are documented on the EPC-PBNDS-0045, Use of Force Form.
23. It is standard practice to review any use of force and the non-routine application of restraints.				
 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. 				All contractual and ICE officers are provided training on self-defense, confrontation-avoidance techniques, and use of force to control detainees. This training is conducted annually.
25. (b)(7)e (b)(7)e but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.	\boxtimes			(b)(7)e
26. The use of canines is restricted to contraband detection purposes only.				Canines are not brought into the facility for the purpose of contraband detection.

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		
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes			All contractual and ICE officers have been thoroughly trained in the use of soft and hard restraints.		
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			All use of force incidents are documented on the EPC-PBNDS-0045, Use of Force Form.		
PART 2 – 18. USE OF FORCE AND RESTRAINTS						
			\	☐Repeat Finding		

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

The El Paso Service Processing Center has meets the Use of Force and Restraints Standard.

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

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.

1.	Components The facility has a written disciplinary system using	Meets Standard	Does Not Meet Standard	N/A	Remarks Facility policy EPC-PBNDS-10-
	progressive levels of reviews and appeals.				19, Disciplinary System, dated 10-4-2010, provides for a disciplinary system using progressive levels of reviews and appeals.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.				Facility policy EPC-PBNDS-10-19, Disciplinary System, dated 10-4-2010, indicates that disciplinary action shall not be capricious or retaliatory.
3.	Written rules prohibit staff from imposing or permitting the following sanctions: corporal punishment deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of legal access and legal materials deprivation of physical exercise				Facility policy EPC-PBNDS-10-19, Disciplinary System, dated 10-4-2010, documents that written rules prohibit staff from imposing or permitting corporal punishment, deviations from normal food service, clothing deprivation, bedding deprivation, denial of personal hygiene items, loss of correspondence privileges, deprivation of legal access and legal materials, and deprivation of physical exercise. Completed disciplinary reports were reviewed and verified this policy.
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				Detainees are verbally advised of the rules, sanctions, and procedures for violations during admission. They are then provided a copy of the detainee handbook, which also contains the same information.
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions				

PART 3 – 19. DISCIPLINARY SYSTE	PART 3 -	- 19.	DISCIPL	INARY	SYSTEM
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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
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes			
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes			
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	\boxtimes			
9.	An intermediate disciplinary process is used to adjudicate minor infractions.				
10.	A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:				
	 Conducts hearings on all charges and allegations referred by the UDC 	·			
	 Considers written reports, statements, physical evidence, and oral testimony 	\boxtimes			The facility uses an Institutional Disposition Panel (IDP) to adjudicate infractions.
	 Hears pleadings by detainee and staff representative 	,			
	 Bases its findings on the preponderance of evidence 				
	 Imposes only authorized sanctions 				
11.	A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes			
12.	The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				
	The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	\boxtimes			-
	Written procedures govern the handling of confidential- source information. Procedures include criteria for recognizing "substantial evidence".				Facility policy EPC-PBNDS-10-19, Disciplinary System, dated 10-4-2010, addresses the procedures that govern the handling of confidential-source information. The procedures include criteria for recognizing "substantial evidence".

IPLINA	RY SYSTE	M	
ns and	imposing		t for detainees by expecting linary sanctions to control the
Meets Standard	Does Not Meet Standard	N/A	Remarks
\boxtimes			
IPLINA	RY SYSTE	M	
andard	□ N/A	\	☐Repeat Finding
	Weets Standard Standard	erly living environs and imposing ose who do not. Value of the content of the	NS and imposing disciples who do not. Standard Neet Standard Neet Standard NA

The El Paso Service Processing Center meets the Disciplinary System Standard.

(b)(6), (b)(7)(C) / October 14, 2 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

PART 4 – 20. FOOD SERVICE								
Th in	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The food service administrator is professionally trained and has twelve different certifications including SafeServe and the Texas Food Protection Management Certification.			
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.				Food service areas are always under the supervision of food service management personnel when in operation.			
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				The FSA provides food service employees with training specific to detainee related issues. The training documents are available in Spanish and English.			
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				The requirements of this component are addressed in facility policy. Knife cabinets and cabinets for other kitchen tools are locked with heavy padlocks. All of these cabinets are in a closet which is also locked.			
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils				Knives are only used in a secure cutting room. They are issued to staff through a secure sliding mechanism and secured to a cutting room table with cables and locks. Detainees are only allowed to enter the cutting room after this process is complete. Detainees only use knives under the supervision of staff.			
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes						
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			Food service personnel conduct shakedowns and record the results on a log.			

 \boxtimes

The FSA monitors staff implementation of the facility population count procedures. These procedures are in

writing. Staff are trained in count procedures.

PART	4 - 20	FOOD SERVICE	=

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

	same y and mygleriic food service operation.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.				The detainees and staff working in the food service area were observed using adequate health protection. Food service management staff monitors staff and detainees each day for compliance with health and cleanliness standards. The results are documented on the Sanitary Daily Checklist - EPC-PBNDS-0023.
	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			Detainee-volunteer job descriptions are reviewed annually.
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			Newly assigned detainee workers are instructed in the rules and procedures of the food service department and the instruction and training is documented. The documentation was reviewed.
12.	 During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 				The requirements of this component are addressed in the training of newly assigned food service workers and the curriculum for this training was reviewed.
13.	The Cook Foreman documents all training in individual detainee detention files.				This training is documented and the documentation was reviewed during the inspection.
	Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.				Detainee workers in the food service area are paid \$1 per day.
	Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes			Detainees are served three hot meals a day and no more than 14 hours elapse between the last meal served and the first meal of the following day.

PART 4 – 20. F	OOD S	PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.								
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				Although food service is cafeteria style, the serving line is "blind", and detainees do not have line of sight or access to the food. Therefore, a sneeze guard system is not needed. A salad bar line is not utilized at this facility.				
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes							
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.				A nutritional analysis has been conducted on all five menus utilized at the facility to ensure each menu meets the U.S. Recommended Daily Allowances. These analyses are conducted annually and a registered dietitian has certified the menus.				
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				The FSA utilizes the Armed Forces Recipe Services program to ensure items on the mastercycle menu are prepared and presented according to approved recipes.				
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 	\boxtimes			Menu items may be changed by the cook foreman or equivalent. Each change is documented on the EPC-PBNDS-088 - Menu Change form and forwarded to the Food Service COTR.				
21. All staff and volunteers know and adhere to written "food preparation" procedures.				The FSA utilizes the Armed Forces Recipe Services program to ensure items on the mastercycle menu are prepared and presented according to approved recipes.				

PART	4 - 1	20. F	COD	SERVICE	
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This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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 provides 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. 				
23.	Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes			
24.	A supervisor at the command level must approve a detainee's removal from the Common Fare Program.				
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.				The schedule of ceremonial meals for the current year was reviewed during the inspection.
	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. 		:		In addition to the accommodations allowed in the
	 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. 				Common Fare Program, the FSA post the current special observance in the kitchen for all food service staff and detainee workers to see and follow.
	 Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 				
27.	The food service program addresses medical diets.				Medical diets are addressed and provided as needed.
	Satellite-feeding programs follow guidelines for proper sanitation.				

	FART 4 - 20. FOOD SERVICE	
This Detention in a sanitary	on Standard ensures that detainees are provided a nutritionally balanced diet that is prepared a and hygienic food service operation.	and presented

	ponents	Meets Standard	Does Not Meet Standard	N/A	Remarks
"safe" temperature(s) Standard on Food Serv	<i>v</i> ice for guidance.				Temperature logs are maintained for all meals and they were reviewed during the inspection.
	utritionally adequate portions.				
upon behavior.	ish or reward detainees based				
 Personal cleanline Sanitary technique serving food, and; The sanitary opera equipment. 	tion, care, and maintenance of				
complies with food safe	the food service department ty and sanitation requirements.	\boxtimes			Workers in the food service department were observed to comply with food safety and sanitation requirements.
procedures for the ac dietary personnel condu all food service area equipment, and food-pr					The facility has written procedures for the weekly inspections of all food service areas. Administrative, medial, and food service staff conduct weekly inspections. Documentation of these weekly inspections was reviewed.
 Reports of discrepancie Administrator or design corrective action is sche 	s are forwarded to the Facility nated department head and eduled and completed.	\boxtimes			
dishwashing machines a with the Detention Stand	enting temperatures of all after each meal, in accordance dard on Food Service.	\boxtimes			Dishwashing temperatures of all machines are checked and documented after each meal and the documentation is maintained.
refrigerator/ freezer tem with the Detention Stand					Results of every refrigerator/freezer temperature check are maintained. These checks are conducted several times daily.
conspicuously posted.	for each food service area is				The cleaning schedule for each food service area is posted and was observed during the inspection.
 Procedures include inshipments for damage infestation. 	specting all incoming food e, contamination, and pest				All incoming food shipments are inspected by the rations officer.

PART 4 – 20. FOOD SERVICE							
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
40. Storage areas are locked when not in use.	\boxtimes			Storage areas were observed to be locked during the inspection.			
41. Food service personnel conduct shakedowns along with detention staff.	\boxtimes			Food service personnel conduct shakedowns along with detention staff and the results are logged.			
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.				ICE officers participate in dining room supervision. The number of ICE officers in attendance at each meal service is recorded in a log.			
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes			The certified menus were reviewed during the inspection. Each menu is certified prior to being incorporated into the food service program.			
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.							
45. When required, only food service staff prepare the sack lunches for detainee transportation.	\boxtimes						
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	\boxtimes						
47. Staff comply with the ICE requirements for "food receipt and storage.	\boxtimes			Receipt and storage of goods comply with ICE requirements and are maintained by the rations supervisor.			
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	\boxtimes			Receipt and storage of goods comply with ICE requirements and are maintained by the rations supervisor.			
 Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings. 	\boxtimes			Housekeeping and storeroom/refrigerator areas were observed during the inspection. These areas comply with ICE requirements.			
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	\boxtimes			Detainees are allowed sufficient space and time to eat meals in a relatively relaxed and unregimented atmosphere.			

PART 4 – 20. FOOD SERVICE							
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.							
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.				Independent, external inspections are conducted monthly by U.S. Army personnel. These inspections are documented and the documentation was reviewed during the inspection.			
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.				Independent, external inspections are conducted monthly by U.S. Army personnel. These inspections are documented and the documentation was reviewed during the inspection.			
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.				Only those toxic and caustic materials required for the sanitary maintenance of the food service area are used. Supplies of these materials are maintained outside of the food service area behind two locks. Only the amounts necessary are allowed in the food service area and detainee workers do not have access to these materials in concentrated forms. Running inventories of the materials are maintained in the storage area.			
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.				Pest control services are provided by contract personnel on a monthly and as needed basis.			
FOOD S	ERVIC	E					
	andard	□ N/A		Repeat Finding			

The food service program is monitored monthly by William Beaumont Army Medical Center Environmental Health personnel. This level of inspection is more rigorous than required. During the last year the food service program was cited for 18 violations of food sanitation standards. Personal observations indicate the food service program operates in a sanitary, efficient, and effective manner.

(b)(6), (b)(7)(C) / October 14, 20

Reviewer's Signature / Date

	PART 4 – 21. HUNGER STRIKES								
	This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1.	When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.				If a detainee has refused food for 72 hours or missed four (4) meals he is referred to health care.				
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			The health administrator reports the hunger strike to the Assistant Field Office Director (AFOD).				
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.				Facility policy EPC-PBNDS-10- 21 and operating procedure LOP 8.14 require staff to respond immediately to a hunger strike				
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			The policy requires isolation either in the special management unit or in the isolation room in the health services unit short stay area.				
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				Detainees on a hunger strike may be housed in the special management unit or in a single cell in the health unit short stay area. Health care staff is authorized to make this housing placement.				
6.	Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.				Medical staff records the weight, the daily weight gain or loss, the intake and output, and the vital signs daily on the Hunger Strike Monitoring Form.				
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			A consent form (which is in addition to the one signed at intake) is obtained prior to treating a detainee on a hunger strike.				
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			Staff interviewed indicates that this is the practice. There had been no refusals so no completed forms were available to review.				
9.	Unless otherwise directed by the medical authority, staff delivers 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.				Three meals a day are delivered to the detainee on a hunger strike. Staff state that the meal trays are left in the room for at least 30 minutes after delivery.				

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	A/N	Remarks		
10. Staff maintain the hunger striker's supply of drinking water/other beverages.				All of the rooms in which a hunger striker can be housed have a sink with drinking water always available.		
11. During a hunger strike, staff remove all food items from the hunger striker's living area.				Policy requires that a detainee's store purchased food items are removed from his/her cell. No commissary food items are allowed to be purchased.		
12. Staff is directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			Staff uses the I-839 form to record the fluid and food consumption.		
13. The medical staff have written procedures for treating hunger strikers.	\boxtimes			Local operating procedure 8.14 provides the directions for treatment of hunger strikers.		
14. Staff documents all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	\boxtimes			The mental health and medical staff who treat the hunger striker record all information in the electronic medical record.		
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 receives training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.				The annual training syllabus for detention staff includes a course on Hunger Strikes. The employee training for health care staff includes an in-service course titled Managing Hunger Strikes. Both of these are required annually.		
PART 4 – 21. HU	INGER	STRIKES				
	andard	□ N/A	\	☐Repeat Finding		

The facility's policies and procedures are comprehensive and include all the requirements of this standard.

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

	PART 4 – 22. MEDICAL CARE					
and	s Detention Standard ensures that detainees have accest health education, so that their health care needs are n	ss to a c	continuum timely and	of hea	Ith care services, including prevention ent manner.	
-	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			The facility's health care program is accredited by the National Commission on Health Care (NCCHC), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the American Correctional Association (ACA).	
2.	The facility's in-processing procedures of arriving detainees include medical screening.				Each detainee is given an intake screening by a nurse prior to being placed in a housing location. The intake screening is competed generally within four (4) hours of the detainee's arrival at the facility. Intake screening is conducted 24 hours a day, 7 days per week. The screening includes medical, mental health, and dental questions. The medical records reviewed confirmed that screenings are conducted shortly after arrival at the facility. The screenings are recorded in the electronic health record.	
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.				Staffing consists of (7) (positions with) (7) (positions vacant. There areth) (7) (physician positions) (7) (physician positions) (7) (physician positions) (physician positioner positions are vacant. There are registered nurse positions and are filled. The health services administrator indicated that recruitment is ongoing and that temporary medical providers from other facilities are being utilized until the vacancies can be filled.	

	PART 4 – 22. MEDICAL CARE				
Th	s Detention Standard ensures that detainees have acced	ss to a	continuum	of hea	Ith care services, including prevention
an	d health education, so that their health care needs are n	net in a	timely and	d efficie	ent manner.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.				The detainee handbook and the Health Services Orientation Pamphlet both inform the detainee on how to access health services. Both documents are available in English and Spanish. Health care staff indicated that they always inform the detainee during intake on how to access health services and this was verified during the observation of an intake screening. Local Operating Procedure 8.1 requires this.
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.				Health care staff is present in the facility 24 hours a day, 7 days a week. The clinical director and health service administrator are on call 24 hours a day, 7 days a week.
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			Direct health care staff must have a 2 step TB test or a chest X-ray prior to employment and annually thereafter. Hepatitis B vaccine is offered to all employees at risk of exposure. The employee health care files do not reflect annual TB tests, but every health care staff person interviewed indicated they had a TB test within the past year.
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.				All health care is provided by trained and credentialed health care staff. Detainees do not perform any health care functions. Random employee files were reviewed and all contained up-to-date and appropriate licenses. There is a tickler file maintained to alert the administrative staff when each employee's license is due to be renewed.

PART 4 – 22. MEDICAL CARE
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.

<u> </u>	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		
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	\boxtimes			The detainee handbook and the health services orientation pamphlet are both provided to the detainee upon admission and are available in English and Spanish.		
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.				All medical personnel have appropriate credentials. Review of employee files demonstrated that all the licenses were appropriate and current.		
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 	\boxtimes			All detainees receive an initial health screening conducted by a nurse. The screenings are accomplished within the 12 hour time frame. The screening, including the reading of the chest X-ray, is generally completed within 4 to 6 hours of arrival. In all health records reviewed the time of admission and the time of the screening was documented and all were well within the time frame.		
	(MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.				Telephone translation services are available 24 hours a day, 7 days a week. Additional ICE contracted interpreters are also available. An intake screening conducted entirely in Spanish was observed.		
	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.				The facility has 4 exam rooms, one of which contains three work stations. Staff indicated that at times more than one detainee may be in the room during intake or sick call. Staff indicated that any sensitive matter would be discussed in one of the private exam rooms. There are approved and funded plans for an expansion which will add more examination rooms.		
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				The medical facility is located within the secure perimeter and is accessed only with swipe cards		

	PART 4 – 22. MEDICAL CARE						
Th	s Detention Standard ensures that detainees have acced health education, so that their health care needs are n	ss to a c	continuum	of hea	Ith 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	N/A	Remarks		
	The medical facility entrance includes a holding/waiting room.	\boxtimes			The medical facility contains holding areas, one specifically designated for medical, one for dental, and one for female detainees.		
	The medical facility's holding/waiting room under the direct supervision of custodial staff.				The clinic area and the short stay bed area are both staffed by an officer 24 hours a day, seven days a week. These two officers can observe all detainees in the medical building.		
16.	a toilet and a drinking fountain.				There is a drinking fountain and a male and female bathroom in the waiting room.		
	 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. 				The facility uses an electronic medical record and scans all paper documents into the Electronic Medical Record. The medical record is password protected and the medical record room is locked. No medical documents are placed in any other detainee files.		
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.				The detainees sign the consent to treatment form during the intake screening process. Additional consent forms are obtained before special medical procedures or off-site treatments are performed. Detainees were observed signing the form during the intake screening.		
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			The I-813 form is used by the detainees to authorize release of their medical information. A detainee was observed being provided with the form to make a request.		

ANT T- ZZ. MILDICAL CARE	
This Detention Standard ensures that detainees have access to a continuum of health care service	ces, including prevention

and	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	N/A	Remarks		
	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				Staff indicates that they are given notice when detainees are to transfer or be released, although in some cases, it is short notice. Detainees are allowed to take their personal medication with them. Detainees being released are provided with either a 7 or 30 day supply of non- restricted medications.		
	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				The electronic medical record is not transferred, but all detainees are transferred with a copy of the transfer summary and copies of other documents as appropriate.		
	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."				The medical records are placed in a sealed envelope which is labeled and marked as confidential. The officer who takes the medical records for transfer also signs for the records.		
	Medical screening includes a Tuberculosis (TB) test.	\boxtimes			All detainees are given a chest X-ray to screen for Tuberculosis.		
	 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. 				All detainees receive a mental health screening conducted by a nurse prior to placement in a housing unit. Any detainee with a "red flag" or issue noted on the screening will be seen by a Licensed Social Worker on the same or next business day. The screenings were present in all the health records reviewed.		
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				A health care provider performs the entire screening and completes the screening form.		
•	(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.				All detainees are given a physical exam by a physician, midlevel provider, or specially trained registered nurse within 14 days of admission. Those with a chronic disease are seen within 24 hours of intake. All health records reviewed contained the completed health appraisals and physical exams.		

PART 4 -	- 22. MEI	DICAL	CARE

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	N/A	Remarks
	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				Health care staff visits each Special Management Unit (SMU) daily. Detainees in SMU submit sick call request slips to access health care. Medication is passed to the detainees by nurses in the special management unit. Detainees in SMU are taken to the medical clinic for sick call and other medical appointments.
	 Staff provides 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. 				Staff provides sick call request slips which are printed in English and Spanish to detainees who request them. The slips are placed by the detainee in the sick call box in the dining room. Health care staff collects the slips and triage them daily. Health records reviewed contained documentation of sick call appointments.
	(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.				The facility has a written plan in Local Operating Procedure (LOP) 8.10, to provide emergency medical care. Medical staff is on duty in the facility 24 hours a day, 7 days a week.
	The plan includes an on-call provider.	\boxtimes			The clinical director (a physician) and the health service administrator (a nurse practitioner) are both on call 24 hours a day, 7 days a week.
	The plan includes a list of telephone numbers for local ambulances and hospital services.				Staff in the housing units use the radio to contact health care staff in an emergency. Health care staff contacts the ambulance as needed. The numbers for the local ambulances are in the nursing area.
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				(b)(7)(Estaff accompanies all detainees taken off-site for emergency care. Health care administrators indicate that detention staff is always available to escort during an emergency situation.

PART 4 – 22. MEDICAL CARE
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.

anc	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		
33.	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.				Detention and health care staff are trained annually in health related emergencies, first aid, and Cardio Pulmonary Resuscitation (CPR). Training records reviewed for both detention and health care staff reflected this. The training officer maintains a spread sheet to ensure that all staff completes the training. The registered nurses and nurse practitioners have Advanced Cardiac Life Saving (ACLS) Certification. A mini ambulance transport vehicle is available which enables a medical response within four (4) minutes.		
34.	Where staff is used to distribute medication, a health care provider properly trains these officers.				All medications are distributed by medical staff.		
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				The facility has a registered pharmacist on staff and he oversees the storage and inventory of all medications.		
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. 				The facility has a policy, EPC-PBNDS-10-22, and 23 local operating procedures related to pharmacy operation or medication practices. These procedures address all the requirements of the component. The facility has a formulary approved by the clinical director. The pharmacist maintains a perpetual inventory of all controlled substances, syringes, and needles.		

PART	4_	22.	MEDICAL	CARE

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	A/N	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. 				All medications are either stored in the pharmacy or locked in a cart in the medication room. Both areas are within the secure perimeter, have solid walls from floor to ceiling, and the pharmacy has a solid core door with a lock which is accessible only by the pharmacist. The controlled substances are double locked in a cabinet in the locked pharmacy.
	 In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				The pharmacy has a locking pass- through window. The pharmacy is managed by a full-time registered pharmacist. Medications are only administered by licensed health care staff. The pharmacist passes the keep on person medication and the restricted medications are distributed by nurses during pill line.
	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.				All medications are distributed in accordance with written orders of a medical provider. Medications distributed on pill line are documented using the standard Medication Administration Record (MAR). Detainees who refuse medication are required to sign a refusal of treatment form and the forms are reviewed by the medical providers.
. 1	 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 is not on duty. 				The health care staff distribute all medications

	PART 4 – 22. MEDICAL CARE					
This	Detention Standard ensures that detainees have access	ss to a c	ontinuum	of hea	Ith care services, including prevention	
and	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	
	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.				Officers are not allowed to distribute any medication.	
	The Warden/Facility receives notification that a detainee that has special medical needs.				The health services administrator meets weekly with the Assistant Field Office Director and other key facility staff. Copies of the special needs form are provided to housing unit staff, the detainee, and other facility staff as needed.	
	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.				Detainees in need of expert or independent medical exams will be transferred to an inpatient setting where the exams can be performed.	
	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				The facility utilizes the Infection Control Manual from the ICE Health Services Corp (formerly the DIHS). This manual is very comprehensive and addresses all the requirements of the component. Communicable diseases are reported to the local public health department and there is coordination of treatment upon a detainee's release.	
á	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.				The facility has three negative pressure rooms which can be used for isolation. All detainees with a suspected or confirmed communicable disease are housed in these isolation rooms.	

PART	4	22	MEDICA	L CARE
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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	A/N	Remarks
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.	×			All new arrivals receive a chest X-ray as the primary screening method. Detainees who are not screened (refuse the X-ray) are not cleared for housing in general population and remain in isolation.
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.				The facility has three negative pressure rooms. If more rooms are needed or long term isolation is anticipated detainees are transferred to a facility with more negative pressure rooms.
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.				The facility has a process for sending detainees to off-site providers as ordered by the facility medical providers. There is an employee whose major duty is to arrange the off-site medical appointments including sending the necessary medical information to the off-site specialist. The transportation lieutenant oversees the arrangements for off-site medical appointments.
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.				Detainees that require close observation, convalescent or special needs care are housed in the facility's short stay unit in the medical building. Detainees are admitted and orders written for care by the facility medical providers, including the physicians, physician assistant, mental health practitioners, and nurse practitioners.

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	N/A	Remarks	
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.				All female detainees are given a pregnancy test upon admission. Pregnant detainees are provided prenatal care by an outside specialist (an OB/GYN physician). The medical record of one pregnant detainee was reviewed and the detainee had been seen by the nurse practitioner on the day of intake, by the facility physician within five days, and had been taken off-site for an ultrasound and an appointment with the specialist.	
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				Detainees with chronic conditions are scheduled for periodic examinations and follow- up with the facility physician, physician assistant or nurse practitioner. The facility follows the National Commission on Correctional Health Care (NCCHC) guidelines in the provision of chronic care. The frequency of the follow-up appointments is determined by the degree of control of the chronic condition. The health records reviewed reflected thorough and timely chronic care follow-up.	
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.				The health administrator meets weekly with the facility administrator to discuss detainees with special needs. Detainees whose medical or mental health needs cannot be met at the facility are transferred to other facilities or to outside hospitals.	

	PART 4 – 22. MEDICAL CARE						
Thi and	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	N/A	Remarks		
53.	specified routine dental care provided under direction and supervision of a licensed dentist.				The full-time dentist recently resigned and will now provide part-time care on an interim basis along with a community dentist. These staff will provide emergency care. There is a full-time dental assistant who triages requests for dental care. Cleanings are provided to detainees who have been in the facility for one year or more.		
54.	problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.				Facility policy EPC-PBNDS-10-22 and several local operating procedures require all staff to refer any detainee exhibiting signs or symptoms on mental illness to the facility mental health staff or clinical director. Detainees are screened at intake for mental health issues and any detainee exhibiting or expressing mental health concerns is referred to the facility mental health staff which consists of two full-time licensed social workers. The mental health staff refers detainees in need of psychiatric care to the off-site providers at University Behavioral Health.		
	Crisis intervention services are available for detainees who experience acute mental health episodes.				Detainees exhibiting acute symptoms are sent off-site to University Behavioral Health. They remain off-site until they are stabilized.		
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.				Medical and mental health exams are conducted in the facility exams rooms. There is one exam room with three work stations, but exams and discussions of sensitive issues are conducted in private exam rooms. Female officers were observed providing escort to female detainees for all appointments.		

PART 4 – 22. MEDICAL CARE					
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	N/A	Remarks	
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.				Any detainee referred for mental health treatment receives a comprehensive evaluation by one of the facility's licensed social workers. Staff indicates that these always occur within 14 days and the health records reviewed supported this practice. If a more comprehensive evaluation or treatment by a psychiatrist is needed the detainee is referred off-site to a psychiatrist. These non-emergent evaluations by the psychiatrist do not always take place within 14 days.	
 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 				Policy and procedures indicate the facility does not utilize any form of medical or mental health restraints. Staff confirmed that this is the practice.	

PART 4 - 22. MEDICAL CARE	
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.	

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
59.	 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. 				The facility does not administer involuntary psychotropic medication. All detainees whose condition warrants involuntary treatment are sent to an outside mental health facility, University Behavioral Health, where they are housed until their condition stabilizes. Staff at the outside facility may pursue the involuntary treatment through the appropriate court proceeding if necessary. The detainee will not be returned to the facility if on involuntary medication.	
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.				The dentist position recently became vacant. Part-time coverage is being provided. Dental screenings are conducted by the trained nurses, nurse practitioners, or the physician. The screenings occur within 14 days.	
	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.				DIHS at ICE headquarters determines what equipment and supplies are to be in the emergency bags in the health care unit. The facility health service administrator concurs with the determination. The health care emergency bags are inventoried monthly and after every use. Documentation confirming the inventory was reviewed.	
	An automatic external defibrillator should be available for use at the facility.	×			There is an automatic external defibrillator in the medical building and one in the intake processing area.	
	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.				Staff indicate that the facility does not force treatment, but they were aware of the requirement to notify the proper ICE staff should the need arise.	

	PART 4 – 22. N		·		
Thi: and	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	N/A	Remarks
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.				The facility administrator and the health services administrator meet weekly. Other facility and health care staff attend the meeting as needed.
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.				Biohazard waste is stored in appropriately labeled containers in a locked area until it is collected by the licensed contract company. Stericycle picks up the material twice each month or more often if needed.
66.	(MANDATORY) The health authority will implement a system of internal review and quality assurance.				The facility has a full time quality assurance person who works with the health administrator to conduct numerous studies related to both the national performance improvement program for the Division of Immigration Health Services and issues of local concern.
	PART 4 – 22. M	EDICA	L CARE		
		ndard	□ N/A		☐Repeat Finding

The facility health care program is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Commission on Correctional Health Care (NCCHC), and the American Correctional Association (ACA). The medical program is very well run and the staff is very professional.

There is one exam room which contains three work stations and it is possible that there could be more than one detainee in the room during intake screening or sick call. Staff indicated that any sensitive information would be discussed in one of the private exam rooms. An expansion is approved and funded which will add more exam rooms.

(b)(6), (b)(7)(C) / October 14, 20
Reviewer's Signature / Date

PART 4 - 23. I	PERSONAL	HYGIENE
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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
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.				Facility policy EPC-PBNDS-10- 23 addresses issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The normal supply is maintained at 200% of the minimum required for the number of detainees in the facility.
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. 				Clothing issuance sheets were reviewed during the inspection and indicated that detainees are receiving the required clothing.
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.				Additional clothing is available for changing weather conditions and as is seasonally appropriate.
4.	towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions.				Issue sheets in detainee files indicate clean bedding, linens, and towels are issued as required.
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	\boxtimes			Personal hygiene items are issued and replenished as needed. Gender-specific items are available and detainees are not charged for these items.

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.

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	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. 				Personal inspection revealed that toilet facilities are clean, can be used 24 hours a day, and they		
	ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets.				meet the required minimum ratios.		
7.	Bathing facilities are:						
	• Clean				Dononal in an action in direct of		
	 Operable with temperatures between 100 and 120 degrees Fahrenheit. 				Personal inspection indicated bathing facilities are clean and the water temperatures are maintained at the appropriate levels.		
	ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.						
	ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.						
8.	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	\boxtimes					
9.	Detainees are provided clean clothing, linen and towels.						
	Socks and undergarments - daily.				Detainees are provided with		
	Outer garments - twice weekly.	\boxtimes			clean clothing, linen, and towels in compliance with the elements		
	Sheets - weekly.				of this component.		
	Towels - weekly.						
	Pillowcases - weekly.						
10.	Food service detainee volunteer workers are permitted to exchange outer garments daily.				Food service workers are provided clean outer garments daily.		
11.	Volunteer detainee workers are permitted to exchanges of outer garments more frequently.						
,	PART 4 – 23. PERSONAL HYGIENE						
	☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐Repeat Finding						

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

During the inspection, observation revealed personal hygiene of detainees is well maintained at the facility. The facility maintains and operates a very large good condition.

(b)(6), (b)(7)(C) / October 14, 2010

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

Reviewer's Signature / Date

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			The facility's suicide policy/program was reviewed and approved by the Assistant Field Office Director (the facility administrator) on October 4, 2010, and by the health service administrator on September 13, 2010.		
 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. 				The facility has several policies and local operating procedures, including local operating procedures (LOP) 15.14, 15.15, and 15.16, which address the screening, identification, housing, evaluation, and reporting of detainees who exhibit or verbalize signs or symptoms of suicide.		
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.				All new detention and medical staff receive suicide training during orientation and detention staff also receives annual training programs entitled "Signs of Suicide Risk and Precautions" and "Suicide Prevention and Intervention." Medical staff also receives the Suicide Prevention Training Program. A review of training records indicated that all staff attended these programs.		

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
4.	Training prepares staff to:				
	 Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, 				
	 Demographic, cultural, and precipitating factors of suicidal behavior, 				
	 Responding to suicidal and depressed detainees, 				The social worker who delivers
	 Effective communication between correctional and health care personnel, 	\boxtimes			some of the training indicated that the training programs adequately address all the
	 Necessary referral procedures, 		i		elements of the component.
	 Housing observation and suicide-watch level procedures, 				'
	 Follow-up monitoring of detainees who have already attempted suicide, and 				
	Reporting and written documentation procedures.				·
5.	 A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. Screening does not occur later than one working day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 	\boxtimes			A nurse screens all detainees for suicidal potential during intake. The screening occurs with 12 hours and all screenings are performed by health care nurses.
	Vritten procedures contain when and how to refer at-risk detainees to medical staff and procedures are followed.				All detainees with any positive indicators for suicide risk during the intake screening are referred to the mental health staff. The mental health providers evaluate the detainees within one business day after receipt of the referral. This requirement is included in the procedures.
7.	Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.				Only the clinical director, mental health staff or a psychiatrist can remove detainees from suicide watch and return them to general population.
8.	The facility has a designated isolation room for evaluation and treatment.	\boxtimes			The designated isolation room is in the medical short stay area.
9.	The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			The room was inspected and there were no structures or objects in the room that could be used for suicide attempts.

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	A/A	Remarks		
10. Medical staff has approved the room for this purpose.	\boxtimes			The observation room is in the health services building and has been approved by the health authority.		
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.				Staff was observed documenting the status of a detainee on suicide observation, using the "Suicide Observation Checklist". The observation form indicated documentation of the detainee's status every 15 minutes.		
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.		, 🗀		All detainees on suicide watch are on direct observation at all times. Documentation of the detainee's status occurs every 15 minutes. A detainee on suicide watch was observed to have direct one on one observation. Health care staff are present in the short stay unit 24 hours a day, 7 days a week and suicide checks are documented in the electronic health record as required.		
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance				There is 24 hour medical staff at the facility.		
Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.				There was one suicide attempt during the past year and no completed suicides. The facility conducted a post review and the health record and facility Significant Incident Report were reviewed. The attempt did not result in serious injury to the detainee.		
PART 4 – 24. SUICIDE PREVE						
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

The facility has comprehensive procedures and training on suicide prevention. Staff was observed performing suicide observation and the practice exceeds the standard requirements. There was one suicide attempt at the facility since the last inspection. The records were reviewed and staff responded to the incident appropriately.

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

	PART 4 – 25. TERMINAL ILLNESS, A	WVAN	CE DIREC	TIVES	5, 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.									
in ar	☐ 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.	transferred to an appropriate off-site medical facility.	\boxtimes			Facility policy EPC-PBNDS-10- 25 "Terminal Illness, Advanced Directives and Death" states that terminally ill detainees will be transferred to off-site facilities. Staff confirmed that this is the practice.				
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. 				The policy requires the Assistant Field Office Director to notify the terminally ill detainee's next of kin and to explain the detainee's condition, location, visiting hours, and rules.				
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. 				Guidelines for Advanced Directives and Living Wills are found in ICE National Policy Chapter 2, the facility's policy on terminal illness, and advanced directives, and local operating procedure 2.6. Instructions for the detainees are in the guidebook. The guidelines all indicate that the detainee may have a private attorney prepare the document.				
4.	There is a policy addressing "Do Not Resuscitate Orders"				Facility policy EPC-PBNDS-10- 25 and ICE National Policy manual 2.62 addresses "Do Not Resuscitate Orders".				
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes			Policy requires maximum efforts, but facility staff indicated they have never had a Do Not Resuscitate order.				
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			The medical staff indicated they have never had a Do Not Resuscitate order. The policy requires the Clinical Director to notify the DIHS Medical Director.				
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Procedure EPC-PBNDS-10-25 addresses organ donation by detainees.				

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, 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		
 The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody. 				Procedures require that all detainee deaths be reported to the ICE Reporting and Operations Center within 24 hours.		
The facility has a policy and procedure to address the death of a detainee while in transport.				Policy directive EPC-PBNDS 10- 256a entitled "Detainee Transportation System- Emergency" contains instructions for handling a detainee death during transport.		
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 				The policy addresses disposition of remains. There has not been a death since the last inspection.		
 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 				The policy includes this requirement.		
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.				The policy requires the chaplain to receive the death certificate and ensure that a copy is placed in the detainee's A-File.		
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 	\boxtimes			The policy allows the FBI, coroner, or the clinical director to order an autopsy. The Assistant Field Office Director is responsible for arranging for an autopsy. Health care staff indicated they request an autopsy for all deaths.		
14. ICE staff follows established procedures to properly close the case of a deceased detainee.				Section H of the policy contains the requirements for case closure for deaths.		
PART 4 – 25. TERMINAL ILLNESS, A	DVANC	E DIRECT	rives,	AND DEATH		
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

There have been no deaths in the facility since the last inspection. The policy on terminal illness, advanced directives, and deaths is very complete and addresses all the components.

(b)(6), (b)(7)(C) / October 14, 2 Reviewer's Signature / Date

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	CORR	FCDC	MOEN	CE AND	OTHED 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.

		1.		T	The state of the s	
	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.				The correspondence rules are contained in the detainee handbook and all detainees receive a copy.	
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.				The handbooks are printed in Spanish, English and Portuguese.	
3.	hours or 1 business day after it is received and inspected.					
4.	one business day of its entering the internal mail system (excluding weekends and holidays).					
5.	priority, priority overnight, and certified mail delivered to the facility for a detainee.	\boxtimes			All items received through the mail or delivered to the facility are recorded in a log (form EPC-PBNDS-009).	
6.	Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes			All mail and packages received for detainees is opened in their presence.	
7.	Staff does not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes				
8.	Staff does not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			All mail is opened in the presence of detainees and is only inspected for contraband and not read.	
9.	Staff is prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.					
	Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.					
	Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.					

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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
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.				If a package or mail is rejected, staff returns the item to the sender with a form letter explaining why it was returned. The detainee also receives a copy of the letter.
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.				
Staff maintains a written record of every item removed from detainee mail.				A log is used to record all items removed from the mail. The detainee signs the log indicating acknowledgment of the removal.
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.				
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			All cash received via a letter/package is recorded in the log and the detainee signs the log indicating they received the cash. Detainees are not provided a copy of the log entry as they are allowed to maintain \$100 on their person. If the amount exceeds \$100 a receipt is issued to the detainee.
 Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files. 				The logs being maintained verified this was occurring.
 Staff provides the detainee a copy of his or her identity document(s) upon request. 				Certified copies of identity documents are issued to detainees upon request.
 Staff disposes of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband". 				
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.				
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.				Writing materials are given to the detainees at no cost.

PART 5 – 26. CORRESPON	NDENC	E AND OT	HER	MAIL
This Detention Standard ensures that detainees will be a representatives, government offices, and consular officials	ble to c	correspond tent with the	l with e safe	their families, the community, legal and orderly operation of the facility.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes			
24. Detainees have access to outside publications.	\boxtimes			
PART 5 – 26. CORRESPON	IDENC	E AND OT	HER	MAIL
	andard	□ N/A	\	Repeat Finding

The facility has (b)(7)(E) full-time staff who handles all incoming and outgoing mail and packages. Facility records are accurate and up-to-date.

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

	PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES							
U	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.							
F	☐ Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	case-by-case basis, trips to an immediate family member's: • Funeral • Deathbed				The facility had two cases for review regarding escorted trips. Both cases were appropriately denied due to the individuals not being immediate family members.			
2.	a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common-law spouse).				Facility policy EPC-PBNDS-10-27, Escorted Trips for Non-Medical Emergencies, dated 10-4-2010, documents that the facility recognizes a parent, brother, sister, child, and spouse as immediate family.			
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.			\boxtimes	The facility is a Service Processing Center.			
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.							
5.	Detainees who require overnight housing are placed in approved IGSA facilities.							
6.	Each escort detail includes at leas(t _{i)(7)(t} officers.	\boxtimes			The facility has had no escorts within the last 12 months, but would follow the policy of requiring the use of at least officers.			
7.	The detainee remains under constant, direct visual supervision of escorting staff.							
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	⊠			Facility policy EPC-PBNDS-10- 27, Escorted Trips for Non- Medical Emergencies, dated 10-4-2010, explains the procedures for officers to report unexpected situations to the originating facility.			

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			
 Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee. 	⊠			Facility policy EPC-PBNDS-10- 27, Escorted Trips for Non- Medical Emergencies, dated 10-4-2010, explains the procedures and provides officers with the discretion to increase or decrease minimum restraints.			
 Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason. 							
 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. 				The facility will advise the detainee that he is subject to search, urinalysis, and a breathalyzer upon returning from an escorted trip. The facility had no escorted trips within the last 12 months.			
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	\boxtimes			12 monas.			
14. The Field Office Director is the approving official for all non-medical escorted trips.	\boxtimes						
 15. Facility procedures comply with the following ICE Standards: Transportation (Land Transportation Restraints applied strictly in accordance with the Use of Force Standard. 							
PART 5 – 27. ESCORTED TRIPS FO	OR NO	N-MEDICA	T EW	ERGENCIES			
☑ Meets Standard ☐ Does Not Meet Sta	ndard	□ N/A		☐Repeat Finding			

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

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

The El Paso Service Processing Center meets the Escorted Trips for Non-Medical Emergencies Standard.

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

PART 5 – 28. MARRIAGE REQUESTS						
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by- case basis. 				Marriage request are considered on a case-by-case basis by the AFOD of the facility.		
 The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented. 				The Field Office Director will review every marriage request rejected by the AFOD.		
 It is standard practice to require a written request for permission to marry. 				Detainees are required to submit written marriage request to the chaplain's office. Written request for detainees to marry were reviewed during the inspection.		
 The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent. 				The person whom the detainee is requesting to marry must submit a signed statement confirming their intent to marry. Copies of these signed statements were reviewed during the inspection.		
 The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative. 	\boxtimes			Copies of the AFOD's decision regarding the detainees request to marry are provided to the detainee and his/her legal representative if applicable.		
When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes			Detainees are notified in writing of the basis for a denial of a detainees request to marry.		
 The Facility Administrator provides the detainee with a place and time to make wedding arrangements. 	\boxtimes			Detainees are allowed to marry in the contact visitation area of the facility.		
 The detainee handbook explains the marriage request process. 				The marriage request process is outlined in the detainee handbook.		
 In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry. 	\boxtimes			The AFOD is the only official onsite who is authorized to approve a request for a detainee to marry.		
PART 5 – 28. MARI	RIAGE	REQUEST	S			
	ındard	□ N/A		☐Repeat Finding		
Pemarks: (Pecord significant facts observations other			(a)			

During the inspection several detainee request to marry were reviewed. The process is handled through the chaplain's office and the supporting documentation is maintained in that office. Final approval must be provided by the AFOD. Most requests to marry are granted. In the past 18 months one request was denied due to the detainee being convicted of spousal abuse in the past.

(b)(6), (b)(7)(C) / October 14, 2010

Reviewer's Signature / Date

	PART 5 - 29. RECREATION						
Th wit	is Detention Standard ensures that each detainee has a hin the constraints of safety, security, and good order.	ccess t	to recreation	onal ar	nd exercise programs and activities,		
	If outdoor recreation is offered check this box. Item	ns 19-2	7 should t	hen b	e marked "N/A".		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The Facility provides:						
	An indoor recreation program.				Outdoor and indoor recreation is provided at the facility.		
	 An outdoor recreation program. 				provided at the rading.		
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes			Program activities and offerings are tailored by the recreational specialist at the facility.		
3.	Regular maintenance keeps recreational facilities and equipment in good condition.						
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.				Detainee recreation workers are supervised by recreation specialist and Doyon correctional officers.		
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes			Recreation specialist develops the recreation programs offered in the SMU and for special-needs detainees.		
	Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes					
7.	Outside activities are restricted to limited-contact sports.	\boxtimes			Limited contact sports of volleyball, basketball and soccer are allowed.		
8.	Each detainee has the opportunity to participate in daily recreation.				Facility policy allows for all detainees to participate in daily recreation.		
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.				During longer summer days detainees are allowed 2 hours recreation outside of the housing unit. During the shorter daylight months of fall and winter detainees are allowed one and one-half hours of recreation outside of the housing unit.		
10.	Staff checks all items for damage and condition when equipment is returned.	\boxtimes					
11.	Staff conduct searches of recreation areas before and after use.				Recreation areas are searched before and after each use.		
12.	Recreation areas are under constant staff supervision.						
13.	Supervising staff are equipped with radios.						

PART 5 - 29. RECREATION						
This Detention Standard ensures that each detainee has a	access	lo recreation	onal ar	nd exercise programs and activities,		
within the constraints of safety, security, and good order. If outdoor recreation is offered check this box. Item	ns 19-2	7 should t	hen b	e marked "N/Δ"		
	1			o manoa sign .		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			Telephones are also available to detainees in several of the outside recreation areas and the outside recreation area of the SMU.		
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.				Recreation privileges may only be revoked by an Institutional Disciplinary Panel (IDP). A copy of the IDPs decision will be provided to the detainee pursuant to facility policy.		
 Special programs or religious activities are available to detainees. 	\boxtimes					
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				All volunteers complete an orientation program before entering a secure portion of the facility.		
 Visitors, relatives or friends of detainees are not allowed to serve as volunteers. 						
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	The facility has ample outside recreation activities limited only by inclement weather, which in this area is not a problem.		
20. If yes, written procedures ensure timely review of all eligible detainees.				The facility has ample outside recreation activities.		
 Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator. 				The facility has ample outside recreation activities.		
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.				The facility has ample outside recreation activities.		
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.				The facility has ample outside recreation activities.		
 Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer. 				The facility has ample outside recreation activities.		
 If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days. 			\boxtimes	The facility has ample outside recreation activities.		
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 has ample outside recreation activities.		

PART 5 - 29.	RECRE	ATION		
This Detention Standard ensures that each detainee has within the constraints of safety, security, and good order.	access	to recreation	nal a	nd exercise programs and activities,
☐ If outdoor recreation is offered check this box. Iter	ns 19-2	7 should t	hen b	e marked "N/A".
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 The detainee's legal representative is notified of the detainee's/Facility Administrator's decision. 				The facility has ample outside recreation activities.
PART 5 - 29.	RECRE	ATION		
☑ Meets Standard ☐ Does Not Meet St	andard	□ N/A	\	☐Repeat Finding
Remarks: (Record significant facts, observations, other	source	es used, e	tc.)	
The facility has an acceptable outside and inside recreation	program	n available	to all	detainees.
(b)(6), (b)(7)(C) / October 14, 20 Reviewer's Signature / Date (b)(6), (b)(7)(C)				

	PARIS	- 30. KELIG	BIOUS PRACTIC	ES		
at	detainee	s of different	religious heliefs	are provided	reasonable and	ī

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

	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks			
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.				The chaplain utilizes resources in the community to provide religious services in languages not readily available in the facility			
2.	Space is available for detainees to participate in religious services.				Space is made available for detainees to participate in religious services. The gym, cafeteria, and other areas of the facility are utilized as necessary.			
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.				Major holy days are observed. Observances of holy days are arranged through the chaplain.			
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						
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.				Religious items are allowed in the immediate possession of detainees and are barred only for items that would disrupt the orderly and secure operation of the facility.			
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			Volunteer's credentials are checked and verified by the chaplain's office. All volunteers are subjected to an NCIC review.			
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.				Members of faiths not represented by clergy may request to present their own services within consideration of facility security. These requests are submitted to the chaplain.			
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.							
	RELIGIOUS I			1 T				
		ındard	☐ N/A		Repeat Finding			

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

Religious services are provided in compliance with this standard.

(b)(6), (b)(7)(C) (October 14, 20)
Reviewer's Signature / Date

	FPHONE	

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			Telephones are on from 5 AM until 11 PM each day.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.				Information on telephone use is addressed in the detainee video orientation and in the handbook. All detainees receive a handbook.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.				
4.	Access rules, including updated telephone and consulate number, are posted in housing units.				All living units visited had the consulate numbers posted.
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.				The facility provides handbooks in Spanish, English, and Portuguese.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.				The largest housing unit houses 64 detainees and the unit had three (3) telephones.
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.				The midnight shift inspects all telephones and records their findings in their post logbook. All requests for repairs are forwarded to ICE staff for review and action.
8.	Telephones are located a reasonable distance from televisions.	\boxtimes			
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes			
	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.				A member of the ICE on-site compliance team has been designated to check the telephones weekly and communicate with the vendor to ensure repairs are being completed in a timely manner.
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.				ICE staff allows confidential calls to be made when requested.
13.	make non-collect (special access) calls.				
14.	Special Access calls are at no charge to the detainees.	\boxtimes			Special Access calls are allowed at no expense to the detainee.

PART 5 – 31. TELEPHONE ACCESS							
This Detention Standard ensures that detainees may maintain ties with their families and others in the community providing them reasonable and equitable access to telephone services.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
15.	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.				Special Access calls are allowed at this facility.		
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".						
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.				Although there have been no detainee request submitted, facility staff stated they would grant these request.		
18.	All telephone restrictions are documented.						
19.	The facility has a system for taking and delivering emergency detainee telephone messages.						
20.	Phone call messages are given to detainees as soon as possible.	\boxtimes					
	Detainees are allowed to return emergency phone calls as soon as possible.				Facility policy requires emergency messages to be received and delivered to detainees and a return call be allowed as soon as possible. Interviews with numerous staff indicated this was occurring. The logbook documenting these calls verified detainees are allowed to make emergency and special access calls to family and friends. The log indicated numerous calls have been made overseas.		
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	\boxtimes					
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes					
	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes					
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as the detainees in general population.						

This Detention Standard ensures that detainees may main providing them reasonable and equitable access to telepho	itain tie one ser	s with thei vices.	r famil	ies and others in the community	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
26. When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.				A notice stating telephone conversations may be recorded is posted by all telephones.	
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	\boxtimes			A successful call was placed to the OIG hotline.	
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis				ICE staff conducts checks of the telephones when they visit the living areas, which occurs at least weekly.	
PART 5 – 31. TELE	PHON	E ACCES	S	<u> </u>	
	ndard	□ N/A		☐Repeat Finding	

The facility has telephones located in all living areas, in each recreation yard, and inside the law library. The appropriate contact numbers are provided at all telephone locations.

(b)(6), (b)(7)(C) October 14, 2 Reviewer's Signature / Dat

	PART 5 –	32. VISIT	TATION					
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			
hou	ere is a written visitation procedure, schedule, an urs for general visitation.							
por mir	e visitation hours are tailored to the detaine oulation and the demand for visitation. The nimum duration for a visit is 30 minutes.	e 🖂			A review of the visitation log indicated all visits conducted were in excess of 30 minutes. Numerous visits were 40-50 minutes in length. Staff indicated they allow "extra" time if they have the space.			
pub 	<u> </u>				The visitation rules and hours are posted outside of the visitation building.			
tne	e hours for all categories of visitation are posted in visitation waiting area.				The hours of operation and schedule of all visiting categories is posted inside the lobby of the visitation building.			
hou Spa facil		. 🖂			All postings are in Spanish and English.			
	eneral visitation log is maintained.	\boxtimes			A manual log is maintained.			
prop	ainees are permitted to retain authorized personal perty items specified in the standard.				Property is allowed to be brought to the detainees during visitation. Funds for detainees may also be accepted during visitation.			
	sitor dress code is available to the public.				The dress code is posted outside and inside the visitation building.			
stan	ors are searched and identified according to dard requirements.				All visitors and their belongings are searched via a metal detector and X-ray machine.			
with.								
11. At fa	acilities where there is no provision for visits by							

minors, ICE arranges for visits by children and

visitation. At a minimum, monthly visits are allowed.

detainee or SMU detainee, the denial is documented.

13. Anytime a visit is denied, to either a general population

14. Detainees in special housing are afforded visitation.

including holidays.

15. Legal visitation is available seven (7) days a week,

stepchildren, on request, within the first 30 days.

12. After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

facility.

days a week.

Minors are allowed to visit.

Minors are allowed to visit at this

Legal visits are allowed seven

Weet Weet Standard	ents of s	Remarks Legal visits occur from 8 AM - 9:30 PM, Monday - Friday and from 8 AM - 11 AM, Saturday - Sunday.
	WW	Remarks Legal visits occur from 8 AM - 9:30 PM, Monday - Friday and from 8 AM - 11 AM, Saturday -
		9:30 PM, Monday - Friday and from 8 AM - 11 AM, Saturday -
]		
]		The numbers of pro bono legal organizations is posted in numerous locations throughout the facility.
		
,		<u>.</u>
	<u>-</u>	
N/A		☐Repeat Finding
]]] d,	eto	

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This Detention Standard provides detainees opportuninumber of work opportunities available and within the legally required to do so, ICE/DRO affords working de (OSHA) protections.	ities to wor constraint tainees ba	k and ear s of safety sic Occup	n mone , secur pationa	ey while confined, subject to the ity, and good order. While not I Safety and Health Administration
☐ Check here if ICE detainees are not authorized tand move to next section.	to work at	the IGSA	facility	/. Mark NA on Form G-324A, page 3
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a voluntary work program.		+	1	
Detainee housekeeping meets acceptable levels neatness, cleanliness and sanitation standards.				All areas of the facility were observed and acceptable levels of neatness, cleanliness, and sanitary standards were being maintained.
 At IGSAs detainees are never allowed to work outs the secure perimeter. SPCs and CDFs detainees classified as level 1 had the opportunity to participate in special details outsi the secure perimeter under direct supervision. 	ave dide			Detainees classified as "Other Than Mexican Nationals" are allowed to work outside the secure perimeter under direct supervision of staff. Due to the close proximity of the facility to Mexico, Mexican Nationals are not allowed to work outside the secure perimeter of the facility.
 4. Written procedures govern selection of detainees the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 	ent 🛭			Written procedures are utilized in the selection of detainees for the Voluntary Work Program and the same process is used for replacement workers.
Where possible, physically and mentally challenged detainees participate in the program.				
 6. The facility complies with work-hour requirements f detainees, not exceeding: Eight hours a day. Forty hours a week. 				
 Detainee volunteers ordinarily work according to a fixe schedule. 				Detainee workers have a fixed work schedule.
If a detainee is removed from a work detail, staff place the written justification for the action in the detainee detention file.	ce e's 🖂			
 Staff, in accordance with written procedure, ensure that detainee volunteers understand the responsibilities as workers before they join the wor program. 	eir			Staff thoroughly explains the responsibilities of the work program to detainees before they are assigned to the work program.
 10. The voluntary work program meets: OSHA standards NFPA standards ACA standards 				

PART 5 – 33. VOLUNT. This Detention Standard provides detainees opportunities to number of work opportunities available and within the consilegally required to do so, ICE/DRO affords working detained (OSHA) protections.	o work traints es bas	and earn r of safety, s ic Occupat	noney ecurit ional \$	while confined, subject to the y, and good order. While not Safety and Health Administration
Check here if ICE detainees are not authorized to we and move to next section.	ork at ti	ne IGSA fa	cility.	Mark NA on Form G-324A, page
Components	Meets Standard	Does Not Meet Standard	A/A	Remarks
 11. Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 				Pursuant to written procedures medical staff screens all detainee food service workers.
 Detainees receive safety equipment/ training sufficient for the assignment 				Detainees are trained sufficiently for their assignments and provided appropriate safety equipment.
 Proper procedure is followed when an ICE detainee is injured on the job. 	\boxtimes			
PART 5 – 33. VOLUNTA	RY W	ORK PRO	GRAN	Л
	andard	□ N/A		☐Repeat Finding
emarks: (Record significant facts, observations, other	source	es used, e	tc.)	

appropriately supervised.

(b)(6), (b)(7)(C) October 14, 2
Reviewer's Signature / Date

Performance-Based National Detention Standards

Section VI JUSTICE

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

PART 6 -	34.	DETAINEE	HANDE	300K

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	\boxtimes			The detainee handbooks for the facility were reviewed during the inspection.
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes			The handbooks are available in English and Spanish.
3.	A procedure for requesting interpretive services for essential communication has been developed.				Interpretive services are available if needed.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			
5.	The handbook supplements the facility orientation video where one is provided.	\boxtimes			
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			The local handbook has been revised. Revisions to the handbook are posted in the housing units for all detainees use.
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			The handbook was reviewed and consequently revised in the past year.
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. 				The elements of this component are addresses in the handbook as required.
9.	The detainee handbook states in clear language basic detainee responsibilities.				The handbook addresses this component.
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.				The handbook addresses this component.
	The handbook states when a medical examination will be conducted.				The handbook addresses this component.
	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.				The handbook addresses this component.

PART 6 - 34. DETAINEE HAND	ROO	DRO	HANDE	DETAINE	- 34	RT 6	P
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This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.				The handbook addresses this component.
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.				Recent revisions to the handbook properly address how and when razors may be obtained and that detainees may access razors prior to court appearances.
 The handbook describes barber hours and hair cutting restrictions. 				The handbook addresses this component.
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			The handbook addresses this component.
17. The handbook addresses religious programming.				The handbook addresses this component.
18. The handbook states times and procedures for commissary or vending machine usage. (where available)				The handbook addresses this component.
19. The handbook describes the detainee voluntary work program.				The handbook addresses this component.
 The handbook describes the library location and hours of operation and law library procedures and schedules. 	\boxtimes			The handbook addresses this component.
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.				The handbook addresses this component.
22. The handbook/supplement provides local ICE contact information.				The handbook addresses this component.
23. The handbook describes the facility contraband policy.				The handbook addresses this component.
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			The handbook addresses this component.
25. The handbook describes the correspondence policy and procedures.	\boxtimes			The handbook addresses this component.

PART 6 - 34	DETAINEE	HANDBOOK
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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.

26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. Summary of Disciplinary Process. Informal (if used) and formal grievance procedures; Informal (if used) and formal grievance procedures; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance procedures. Guarantee against staff retailation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. The handbook describes the medical sick call procedures for general population and segregation. The handbook describes the facility recreation policy including: Outdoor recreation hours. In door recreation hours. In dom leisure activities. Rules for television viewing. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. The handbook specifies the rights and responsibilities of all detaineess. Characteristics are provided to illiterate detainees either or ally or via audio/video tapes in a language they can understand.	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 28. The handbook describes the medical sick call procedures for general population and segregation. 99. The handbook describes the facility recreation policy including: Outdoor recreation hours. In dorn recreation hours. In dorn leisure activities. Rules for television viewing. 30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. The handbook addresses this component The handbook addresses this component	 policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 				I -
procedures for general population and segregation. 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. Rules for television viewing. 30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. 31. The handbook specifies the rights and responsibilities of all detainees. 32. Detainees are required to sign for the handbook to ensure accountability. 33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand. PART 6 - 34. DETAINEE HANDBOOK	 steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 				
including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. 31. The handbook specifies the rights and responsibilities of all detainees. 32. Detainees are required to sign for the handbook to ensure accountability. 33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand. PART 6 - 34. DETAINEE HANDBOOK	procedures for general population and segregation.	\boxtimes			
daily living; and work assignments and the meaning of color-coded uniforms. 31. The handbook specifies the rights and responsibilities of all detainees. 32. Detainees are required to sign for the handbook to ensure accountability. 33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand. PART 6 - 34. DETAINEE HANDBOOK	 including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. 				
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ensure accountability. 33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand. PART 6 - 34. DETAINEE HANDBOOK		\boxtimes			
detainees either orally or via audio/video tapes in a language they can understand. PART 6 - 34. DETAINEE HANDBOOK		\boxtimes			
	detainees either orally or via audio/video tapes in a language they can understand.				
Meets Standard			IANDBOO		☐Repeat Finding

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

The local detainee handbook has been revised in the last year. The revisions addressed the areas of the handbook that were determined to be deficient during last year's inspection (2009). The revisions have been posted in the housing areas of the facility to allow all detainees access.

(b)(6), (b)(7)(C) / October 14, 2 Reviewer's Signature / Date

Th	PART 6 – 35. GRIEVANCE SYSTEM This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which						
the	by may file formal grievances and receive timely response	36S.	y are treat	eu iaii	ly by providing a procedure by which		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Detainees are informed about the facility's informal and formal grievance system.				Detainees are informed upon admission of the informal and formal grievance system.		
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).						
3.	 The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filling/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 				The steps for the grievance system are provided in the detainee handbook.		
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					
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 grievance system allows detainee's access to the facility's grievance committee. Detainees may seek help from other detainees or staff when preparing a grievance and are assisted if they are illiterate, disabled or non-English speaking.		
	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			Emergency grievances are defined and staff is trained in the proper procedures for handling them.		
	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			Emergency grievances are defined and staff is trained in the proper procedures for handling them.		
	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.						

PART 6 – 35. GR						
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	\boxtimes			A Detainee Grievance Log is maintained. The grievance log is in the process of being migrated to an automated log.		
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.				Only one detainee was determined to be filing nuisance grievances in the last year.		
 Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE. 	\boxtimes			A grievance which alleges officer misconduct is immediately forwarded to the grievance coordinator for appropriate processing.		
 Informal resolution of a written grievance is documented in the detainee's Detention File. 	\boxtimes					
13. Staff complies 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.						
 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 				Detainees are allowed to file appeals to the facility's ICE administrator. The procedures for processing detainee appeals of grievances are in writing.		
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	\boxtimes			The detainee has five days from the date of the informal grievance response to file an appeal.		
PART 6 – 35. GRIEVANCE SYSTEM						
Remarks: (Record significant facts, observations, other sources used, etc.) The facility grievance system is wo documentation is maintained regarding detainee grievances. (b)(6), (b)(7)(C) / October 14, 201 (b)(6), (b)(7)(C)						
Reviewer's Signature / Date						

	PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL							
Th	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility provides a designated law library for detainee use.	X			A stand-alone building is used for the general and law libraries.			
2.	 The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library. 	\boxtimes			Attachment A is posted in the law library and all of the publications required may be found in each computer assigned in this area via the LexisNexis electronic library.			
3.	If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both.				There were six (6) computers available with Lexis/Nexis programmed into each. Additionally, the library had three (3) typewriters, a photocopier, and sufficient supplies.			
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	\boxtimes			The library was well ventilated, well lit, and could seat at least 30 individuals comfortably.			
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	\boxtimes						
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	\boxtimes			Detainees are allowed to save their legal research work to a CD ROM.			
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.							
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	\boxtimes						
9.	There is a designated ICE or facility employees who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	\boxtimes			There is (b)(7)(E) ull-time IT staff assigned to this facility. These staff routinely service the computers and install the latest software as it is received.			
10.	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	\boxtimes			Logs indicate detainees are receiving at least five (5) hours a week of law library access.			

PART 6 – 36. LAW LIBRAR	IES AN	D LEGAL	MATE	RIAL		
This Detention Standard protects detainees' rights by ensu	ring the	ir access t	o cour	ts, counsel, and legal materials.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.				All requests for materials not found in the library are forwarded to ICE staff. Copies of court decisions are accommodated within 3-5 days.		
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes			A detainee is assigned to the law library to assist other detainees in their research.		
13. Staff ensures 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					
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					
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.				All detainees housed in Administrative and Disciplinary Segregation is allowed access to the law library.		
16. All denials of access to the law library fully documented.	\boxtimes					
17. Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes					
 Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties. 						
 Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. 	\boxtimes					
PART 6 – 36. LAW LIBRAR	IES ANI	D LEGAL	MATE	RIAL		
☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A	,	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) The law library is very clean (b)(6), (b)(7)(C) October 14, Reviewer's Signature / Dat (b)(6), (b)(7)(C)						

	PART 6 - 37. LEGAL RIGHT								
Th pe	This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.								
,	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
	☐ Check here if No Group Presentations were cond Acceptable overall and continue of	ducted on with	within the next port	past ion of	12 months. Mark Standard as worksheet.				
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.								
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.								
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.				This is addressed in policy 10-37 and is followed by staff.				
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.				Posters are placed on all living area bulletin boards.				
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.				-				
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.								
	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	\boxtimes			This is addressed in policy. Detainees in segregation may review pre-approved recorded presentations.				
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.	\boxtimes							
	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	\boxtimes							
	Staff permits presenters to distribute ICE/DRO-approved materials.								
	The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff is present but do not monitor conversations with legal providers.	\boxtimes							

PART 6 - 37. LEGAL RIGHT	S GRO	IP PRESE	-ΝΤΔ1	TIONS			
This Detention Standard protects detainees' rights by enpersons and organizations for the purpose of informing the	suring t	heir acces	s to in	formation presented by authorized			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
☐ Check here if No Group Presentations were con-	ducted on with	within the next port	past ion of	12 months. Mark Standard as worksheet.			
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			This is addressed in policy.			
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.							
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 	\boxtimes						
15. The facility maintains equipment for viewing approved electronically formatted presentations.	\boxtimes						
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS							
	andard	Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

A Legal Orientation Program (Know Your Legal Rights) presentation is conducted by the Diocesan Migrant & Refugee Services, Inc. every Monday, Wednesday, and Friday from 9 AM - 11 AM for all detainees. Presentations are conducted in Spanish, English, and other languages can be accommodated. Topics addressed are; Court Procedure, Bond, Legal Remedies, Voluntary Departure, and Deportation/Removal.

(b)(6), (b)(7)(C) / October 14, 2 Reviewer's Signature / Date

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		
- 66: -: 4	 · ,	-

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
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.				
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.				All documentation generated for the detainee is placed in their individual detention file located in the admission and release area.
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 				Numerous files were reviewed and all required documents were found in the files.
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.				All detainee files are located in the admission and release area which is staffed 24 hours a day, 7 days a week.
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.				
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	\boxtimes			
8.	Appropriate staff has access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.				
9.	Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			
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.				Policy requires all information to be protected and any release of information to conform to the Privacy Act and open records requirements. Copies of a detainee's authorization to release information are maintained in the detention file.

PART 7 – 38. DI	TENTI	ON FILES					
This Detention Standard contributes to efficient and responsional booked into a facility for more than 24 hours a file of all significant standard contributes to efficient and responsible to the contributes to the contributes to efficient and responsible to the contributes to the contribute to the contributes	nsible fa	cility mana	ageme	ent by maintaining for each detainee ut that person.			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files. 							
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	×						
 The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File. 							
 Archived files are purged after six years by shredding or burning. 	\boxtimes						
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.							
PART 7 – 38. DETENTION FILES							
	andard	□ N/A		☐Repeat Finding			
Remarks: (Record significant facts, observations, other sources used, etc.)							

All detainee detention files reviewed were in order, accurate, and contained the appropriate forms.

(b)(6), (b)(7)(C) / October 14, 20 Reviewer's Signature / Date

	PART 7 - 39. NEWS MEDIA							
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.								
	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks			
1.	The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.				There have been no requests by reporters, news media representatives, academics or any other entity to conduct an interview during this reporting period.			
2.	All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.				If approved, policy 10-39 (News Media Interviews and Tours) requires that the detainee must sign a consent form indicating their willingness to participate in the interview. The signed consent form is placed in the detainee's A-File.			
	The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.	\boxtimes			Although such requests have not been made in the last twelve (12) months, the facility policy requires the FOD to consult with the ICE Headquarters, Deputy Assistant Director.			
4.	Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.							
5.	 All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press 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. 				Although there have been no request which warranted a press pool be conducted during this rating period, the facility policy requires that all of the requirements of this component be met.			
PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS								
	☐ Meets Standard ☐ Does Not Meet Sta	□ N/A		☐Repeat Finding				

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

There have been no media requests for detainee interviews during this rating period. The facility policy addresses all of the requirements of this standard.

(b)(6), (b)(7)(C) (October 14, 2)
Reviewer's Signature / Date

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			
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	\boxtimes			Documentation for orientation, initial training, and annual training of all staff was reviewed. All training appears appropriate and meets the requirements of this component.			
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 leas(b)(7)(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-fortrainers course.				The facility's training officer has completed the Federal Law Enforcement Training course.			
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.				Doyon-Akal JV Security Services (Doyon) provides training to their security officers assigned at the facility which meets the ICE requirements. ICE employees at the facility are trained in compliance with ICE standards.			
5.	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or	\boxtimes			Records of all formal training are maintained as required.			

Electronic systems.

PART 7	40	STAFF	TP/	MINIC

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 6. Each new employee, contractor, and voluntee provided an orientation prior to assuming duties. We tailored specifically for staff, contractors, volunteers, the orientation programs include, a minimum: Working conditions Cultural diversity/understanding staff & detained 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 awaren Personnel policies Program overview Orientation and training on detainee handbook adetainee rights. Requirement of special-needs detainees. National Detention Standards 	/hile and at a sees			The curriculum for new employees, contractors and volunteers was reviewed. It meets the requirements of this component.

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	A/N	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 training curriculum for staff that has minimum contact with detainees was reviewed. It meets the requirements of this component.	

'		PARI / - 40	. SIATE IF	CAINING			
andard ensure	s that staff.	contractors	and volunte	eers are con	netent in the	air assigned	duties h

This Detention Sta requiring that they receive initial and ongoing refresher training.

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

	PART 7 – 40. STAFF TRAINING					
Th	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by					
100	uiring that they receive initial and ongoing refresher train	ning.			·	
	Components	Meets Standard	Does Not Meet Standard	A/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				The training curriculum for full-	
	Occupational exposure	\boxtimes		П	time health care staff was reviewed. It meets the	
	Personal protective equipment			Ш	requirements of this component.	
	Bio-hazardous waste disposal					
	 Overview of the detention operations. 					
	National Detention Standards.					
	Medical grievance procedures and protocol.					
	Requirement for special needs detainees.					
	Code of Ethics				·	
	Drug free workplace					
	 Hostage situations and staff conduct if taken hostage. 					

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

			1	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 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 	⊗	a s		Training for security personnel is provided by Doyon, the security services contractor. The training curriculum encompasses all of the required areas of this component.
 Counseling techniques Sexual abuse/assault awareness National Detention Standards. 11. Situation Response Teams (SRTs) receive: Specialized training before undertaking their 				Situation Response Team members receive additional
assignments. 12. Facility management and supervisory staff receive: • Management and Supervisory training				situational specific training prior to being assigned to the team.
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.				ICE and Doyan security staff authorized to use firearms receive additional training in the use, safety, care, and constraints on the use of firearms, prior to being assigned to an armed post.

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	
 (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually. 				ICE and Doyon security staff must qualify with their firearm quarterly.	
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.				ICE personnel are trained in the use of chemical agents and the treatment of individuals exposed to chemical agents. Doyon security personnel do not carry nor are they allowed using chemical agents.	
 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. 				This training is provided at the facility and documentation of the training is maintained. The documentation of the training was reviewed during the inspection.	
17. New staff is 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.					
 18. All staff is 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. 				This training is provided at the facility and documentation of the training is maintained. The documentation of the training was reviewed during the inspection.	

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
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.				
 20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary resuscitation (CPR). Obtaining emergency medical assistance through the facility plan and its required procedures. Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. The facility's established plan and procedures for 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. 				This training is provided at the facility and documentation of the training is maintained. The documentation of the training was reviewed during the inspection.
 21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: Understanding that sexual abuse or assault is never an acceptable consequence of detention. Recognizing housing or other situations where sexual abuse or assault may occur. Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				This training is provided at the facility and documentation of the training is maintained. The documentation of the training was reviewed during the inspection.

PART 7 – 40. STAFF TRAINING							
This Detention Standard ensures that staff, contractors, ar requiring that they receive initial and ongoing refresher train	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			
 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 importation and intervention. 							
 impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, 				This training is provided at the facility and documentation of the training is maintained. The documentation of the training was reviewed during the inspection.			
 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. 				·			
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.				This training is provided at the facility and documentation of the training is maintained. The documentation of the training was reviewed during the inspection.			
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.				This training is provided at the facility and documentation of the training is maintained. The documentation of the training was reviewed during the inspection.			

PART 7 – 40. S				
This Detention Standard ensures that staff, contractors, are requiring that they receive initial and ongoing refresher training	nd volur ining.	nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 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 				This training is provided at the facility and documentation of the training is maintained. The
 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. 				documentation of the training was reviewed during the inspection.
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.				Staff reports this program is not available at this facility.
PART 7 – 40. ST	AFF TI	RAINING		
	ndard	□ N/A		Repeat Finding
he training of ICE and Doyon staff is highly organized and wheet the requirements of this (b)(6), (b)(7)(C) / October 14, seviewer's Signature / Date			-	urriculums for the training sessions

1	PART	7	- 41.	TRANS	FER	OF D	ET/	AIN	VEES

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer. The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 	\boxtimes			A review of numerous release files was conducted. None of the files reviewed contained form G-28 as the detainees were not represented by legal counsel. However, staff interviewed stated these notifications were being made if required.
2.	Notification includes the reason for the transfer and the location of the new facility,				·
	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				This is addressed in policy.
	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.				
	 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 				Interviews with transfer and release staff confirm this is occurring.
	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			Detainees are provided with a copy of the transfer notification form.
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			Form G-391 was reviewed. This facility uses different variations of the G-391 depending on the type of vehicle being used.
8.	 For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of prescription medications. 				Medical staff is notified of all persons being transferred. Medical staff approves and coordinates the transfers with ICE staff and the appropriate paperwork for transfer is completed well in advance of the transport. At least seven (7) days of medications are issued at the time of transfer.

PART 7 - 41. TRANS							
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential. 							
 For medical transfers, transporting officers receive instructions regarding medical issues. 							
 Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location. 				All property and funds are given to the detainee during the transfer. The valuables are maintained by transfer staff.			
Transfer and documentary procedures outlined in Section C and D are followed.							
 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. 				Detainees are given one (1) free completed phone call upon arrival.			
 Meals are provided when transfers occur during normally schedule meal times. 				Box lunches are provided by the kitchen for all detainees being transferred.			
 An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office. 	\boxtimes						
16. 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 OF	DETAINE	ES				
	ndard	□ N/A		☐Repeat Finding			
Remarks: (Record significant facts, observations, other sources used, etc.) All of the documentation related to the transfer of a detainee was accurate and in good order. The facility policy meets all of the requirements of this standard. (b)(6), (b)(7)(C) / October 14 Reviewer's Signature / D (b)(6), (b)(7)(C)							

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



MEMORANDUM FOR:

Adrian Macias

NOV 5 2010

Field Office Director

El Paso Field Office

FROM:

Gary E. Mead

Assistant Director, Detention Management

SUBJECT:

El Paso Service Processing Center Annual Review

The annual review of the El Paso Service Processing Center conducted on October 12-14, 2010, in El Paso, Texas has been received. A final rating of <u>Meets Standards</u> has been assigned. No further action is required and this review is closed.

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

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before October 14, 2011.

Should you or your staff have any questions regarding this matter, please contact (b)(6), (b)(7)(C) (Acting) Deputy Assistant Director, Detention Division at (202) 730(6), (b)(7)(C)

cc: Official File

ICE:HQERO: (b)(6), (b)(7)(C) 10/29/2010

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