*Office of Enforcement and Removal Operations* 

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



### U.S. Immigration and Customs Enforcement

MEMORANDUM FOR:	John Tsoukaris Field Office Director (Acting) Newark Field Office					
FROM:	Gary E. Mead Assistant Director for Detention Management					
SUBJECT:	Elizabeth Contract Detention Facility Annual Review					

The annual review of the Elizabeth Contract Detention Facility conducted on August 17-19, 2010, in Elizabeth, New Jersey 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 now initiate the following actions in accordance with the Detention Management Control Program (DMCP):

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include 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 August 19, 2011.

Should you or your staff have any questions regarding this matter, please contact (b)(6), (b)(7)(C) (Acting) Deputy Assistant Director, Detention Management Division, at (202) 7 2 (6), (b)(7)(C)

cc: Official File

ICE:HQERO (b)(6), (b)(7)(C) 10/13/2010 (b)(7)e

# **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

Intergovernmental Service Agreement (IGSA)
ICE Service Processing Center (SPC)
ICE Contract Detention Facility (CDF)
Name
Elizabeth Contract Detention Facility
Address (Street and Name)
625 Evans Street
City, State and Zip Code
Elizabeth, New Jersey 07201
County
Union
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility
Administrator)
(b)(6), (b)(7)(C) <b>Warden</b>
Name and title of Lead Compliance Inspector
(b)(6), (b)(7)(C) Lead Compliance Inspector
Date[s] of Review
August 17 - 19, 2010
Type of Review
Headquarters Operational Special Assessment Other

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

#### What is "Performance-Based"?

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

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

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

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

#### Worksheet Overview

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

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

Mandatory components in several of the standards have been indicated in the worksheets. Mandatory items are those which must be met in order for the facility to receive a "*Meets Standards*" rating for that standard. These mandatory components typically represent life safety issues. A "*Does Not Meet Standards*" on one of these components is very serious. Failing to meet one of the mandatory components means that the overall facility review rating will be "*Does Not Meet Standards*". The *Outcome Measures Worksheet* section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at the facility to be reviewed. Ideally, this information will be maintained on a continuous basis by the facility as part of a *key indicators* database to provide a perpetual record for monitoring facility performance. The Reviewer in Charge (RIC) will review facility outcome measures data and provide analysis of the data to

#### Worksheet Completion

describe facility performance and trends.

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

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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.

#### PART 1 SAFETY

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

#### PART 2 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 3 ORDER

19 Disciplinary System

#### PART 4 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 5 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 6 JUSTICE

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

#### PART 7 ADMINISTRATION & MANAGEMENT

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

**Performance-Based National Detention Standards** 

# **Section I SAFETY**

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

PART 1 – 1. EMERGENCY PLANS				
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. No Detainee or detainee groups exercise control or authority over other detainees.				
<ul> <li>2. Detainees are protected from:</li> <li>Personal abuse</li> <li>Corporal punishment</li> <li>Personal injury</li> <li>Disease</li> <li>Property damage</li> <li>Harassment from other detainees</li> </ul>				
<ul> <li>3. Staff is trained to identify signs of detainee unrest.</li> <li>What type of training and how often?</li> </ul>				Training is completed at least annually. The training was verified through officers training records.
4. Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Facility Administrator.				Information is shared during daily roll call briefings.
5. 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.				Reviews are conducted by the warden.
6. 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.				
7. All staff receives training in the emergency plans during their orientation training as well as during their annual training.				
8. The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	$\boxtimes$			A draft policy dated 07/02/10 which included alternate routes was presented to the review team during the inspection. It was approved on August 19, 2010, the last day of the review. The existing emergency plan did not include alternate routes.
<ul> <li>9. The plans address the following issues:</li> <li>Confidentiality</li> <li>Accountability (copies and storage locations)</li> <li>Annual review procedures and schedule</li> <li>Revisions</li> </ul>				

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
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.		$\boxtimes$		A draft policy which includes procedures for handling detainees with special needs was provided during the review. The draft meets the requirements of this component, but no approved plan was in place during the review period.
11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	$\boxtimes$			A list of 17 nearby businesses with names and phone numbers of each contact person was provided.
<ul> <li>12. The facility has cooperative contingency plans with applicable:</li> <li>Local law enforcement agencies</li> <li>State agencies</li> <li>Federal agencies</li> </ul>	$\boxtimes$			Levels of notification depend on the type of incident. Contact procedures were listed in facility policy. The phone list is current and was updated within the last 12 months.
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	$\boxtimes$			
14. All staff receives copies of the Facility Hostage policy and procedures.	$\boxtimes$			
15. Staff is trained       (b)(7)e         (b)(7)e       Within 24 hours after         release, hostages are screened for medical and         psychological effects.	$\boxtimes$			
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	$\boxtimes$			
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	$\boxtimes$			
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.	$\boxtimes$			
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	$\boxtimes$			Floor plans of all shut-off switches and shut-off valves were included in the policy.
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	$\boxtimes$			The written plans are only included in the administrative policy books which are limited to approved personnel.

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
21. (MANDATORY) Written procedures cover:				
Work/Food Strike				
• Fire				
Environmental Hazard				
Detainee Transportation System Emergency				
ICE-wide Lockdown				
Staff Work Stoppage				
Disturbances				The written procedures cover all the elements cited in the
Escapes				component.
Bomb Threats				•
Adverse Weather				
Internal Searches				
Facility Evacuation				
Detainee Transportation System Plan				
Hostages (Internal)				
Civil Disturbances				
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	$\boxtimes$			
PART 1 – 1. EME	RGENC	CY PLANS	5	
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding				

The written emergency plan procedures cover all the mandatory components.

On the last day of the inspection the warden informed the inspection team that an approved draft emergency plan which included all the required elements of the standard had been approved and would be implemented.

(b)(6), (b)(7)(C) August 19, 2010 Reviewer's Signature / Date

#### PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

substances and equipment.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. <b>(MANDATORY)</b> The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				The facility has a good system for the control, storage, issue, inventory, and maintenance of hazardous materials.
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.				Each storage area in the facility maintains a perpetual inventory of chemicals.
<ul> <li>3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are</li> </ul>	$\boxtimes$			
available to personnel managing the facility's safety program.				
<ul> <li>4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures:</li> <li>Wear personal protective equipment.</li> <li>Report hazards and spills to the designated official.</li> </ul>				
5. The MSDS are readily accessible to staff and detainees in the work areas.	$\boxtimes$			MSDS files are maintained in each area that stores chemicals.
<ul> <li>6. Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited.</li> <li>Detainees are trained.</li> <li>Staff always supervises detainees using these substances.</li> </ul>	$\boxtimes$			
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	$\boxtimes$			
8. Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	$\boxtimes$			
9. All toxic and caustic materials stored in their original containers in a secure area.	$\boxtimes$			
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	$\boxtimes$			

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY				
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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 utilized at this facility.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	$\boxtimes$			
13. <b>(MANDATORY)</b> The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	$\boxtimes$			The facility complies with the most current edition of the NFPA and OSHA standards, codes, and regulations.
14. A technically qualified staff member conducts fire and safety inspections.	$\boxtimes$			The safety manager has completed the OSHA compliance course.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	$\boxtimes$			
16. <b>(MANDATORY)</b> The facility has an approved fire prevention, control, and evacuation plan.	$\boxtimes$			The fire plan was approved by an Elizabeth Fire Department fire official on May 4, 2010.
<ul> <li>17. The plan requires:</li> <li>Monthly fire inspections.</li> <li>Fire protection equipment strategically located throughout the facility.</li> <li>Public posting of emergency plan with accessible building/room floor plans.</li> <li>Exit signs and directional arrows.</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>				
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				Fire drills are conducted quarterly throughout the facility.
19. A sanitation program covers barbering operations.	$\boxtimes$			
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.				
21. The sanitation standards are conspicuously posted in the barbershop.				
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$			Written procedures for the handling and disposal of needles and other sharp objects are notated in the Infection Control Manual.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY				
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.				
Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.				Inventories of safety and security items are conducted on each shift.
<ul> <li>24. Standard cleaning practices include:</li> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>				
25. Spill kits are readily available.	$\boxtimes$			
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	$\boxtimes$			Stericycle picks up and disposes infectious/bio- hazardous waste every eight weeks.
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	$\boxtimes$			
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	$\boxtimes$			
<ul> <li>29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventive spraying for indigenous insects.</li> </ul>				Western Pest Service provides preventative pest control at least twice a month or on an as needed basis.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	$\boxtimes$			The water is tested on an annual basis. The last testing was completed by Garden State Lab on February 5, 2010.
<ul> <li>31. Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>	$\boxtimes$			
32. The Facility appears clean and well maintained.	$\square$			
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.				A sanitation schedule includes cleaning of floors, windows, and general cleaning on all three shifts.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks	
35. The Health Services Administrator conducts medical-facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	$\boxtimes$				
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.	$\boxtimes$				
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 safety manager with assistance from the public safety nurse develops the environmental health program's policies, procedures, and guidelines.	
<ul> <li>38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:</li> <li>American Correctional Association,</li> <li>Occupational Safety and Health Administration,</li> <li>Environmental Protection Agency,</li> <li>Food and Drug Administration,</li> <li>National Fire Protection Association's Life Safety Code, and</li> <li>National Center for Disease Control and Prevention.</li> </ul>				ТТY	
PARI 1 – 2. ENVIRONMEN			DSA	·EIT	
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					

The facility complies with the requirements for the management of hazardous materials, fire prevention and control, and sanitation.

The facility has a barbershop for the males and a salon for the female detainees. Hair cuts are provided by a professional contract barber.

(b)(6), (b)(7)(C) / August 19, 2010 Reviewer's Signature / Date

#### 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	f the detainee case.

Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks
1. Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				A copy of all transportation officer drivers licenses are maintained by the human resource department.
2. Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.			$\boxtimes$	No commercial size vehicles are driven by staff.
3. Supervisors maintain records for each vehicle operated.	$\boxtimes$			Van service records are maintained by the safety manager.
4. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	$\boxtimes$			
5. Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.				
6. Officers use a checklist during every vehicle inspection.				
Officers report deficiencies affecting operability.	$\boxtimes$			
<ul> <li>Deficiencies are corrected before the vehicle goes back into service.</li> </ul>				
7. Transporting officers:				
<ul> <li>Limit driving time to 10 hours in any 15 hour period when transporting detainees.</li> </ul>				
Drive only after eight consecutive off-duty hours.				
<ul> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.</li> </ul>				Transports are usually limited to less than fifty miles.
<ul> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.</li> </ul>				
<ul> <li>During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area–exceeding the 10-hour limit.</li> </ul>				
8. (b)(7)(E) officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting				
detainees.			_	No CDL's are required as the
<ul> <li>When buses travel in tandem with detainees, there are)(7)(Equalified officers per vehicle.</li> </ul>			$\boxtimes$	facility does not utilize vehicles requiring a CDL for transport.
• (b)(7)e driver transports an empty				

# 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
9. The transporting officer inspects the vehicle before the start of each detail.	$\boxtimes$			
10. Positive identification of all detainees being transported is confirmed.	$\boxtimes$			
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	$\boxtimes$			
12. 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 (b)(7)e (b)(7)e	$\boxtimes$			
<ul> <li>14. The vehicle crew conducts a visual count once all passengers are on board and seated.</li> <li>Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.</li> </ul>	$\boxtimes$			
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	$\boxtimes$			
<ul> <li>16. Officers ensure that no one contacts the detainees.</li> <li>(b)(7)(#pfficer remains in the vehicle at all times when detainees are present.</li> </ul>	$\boxtimes$			
<ul><li>17. Meals are provided during long distance transfers.</li><li>The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.</li></ul>	$\boxtimes$			Facility policy 9-18 addresses this component.
<ul> <li>18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).</li> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies</li> </ul>	$\boxtimes$			
<ul> <li>Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule.</li> </ul>				
19. Vehicles have:				
• (b)(7)e	$\boxtimes$			(b)(7)e

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PART 1 – 3. TRANSPORTATION (BY LAND)							
This Detention Standard prevents harm to the general p							
properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane							
manner, under the supervision of trained and experienced		a la avalla d		hu the ICE Field Office on Out			
Standard NA: Check this box if all ICE Transport Office in control of the detainee case.	ation	s nandled	i oniy	by the ICE Field Office of Sub-			
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks			
Componente	Me tan	oes Me tan	z	Remarko			
	S	o s					
20. The vehicles are clean and sanitary at all times.	$\boxtimes$			Vehicles were clean at the time			
				of inspection.			
21. Personal property of a detainee transferring to another facility:							
Is inventoried.	$\boxtimes$						
Is inspected.							
Accompanies the detainee.							
22. The following contingencies are included in the written procedures for vehicle crews:							
Attack							
Escape							
Hostage-taking							
Detainee sickness				The current approved policy has			
				no contingency for detainee death; however, all of the other			
Detainee death		$\boxtimes$		elements cited in the component			
Vehicle fire		A		were included. A draft policy			
• Riot				has been submitted for approval			
Traffic accident				that contains all the required elements.			
Mechanical problems							
Natural disasters							
Severe weather							
<ul> <li>Passenger list is not exclusively men or women or minors</li> </ul>							
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)				
🛛 Meets Standard 🛛 🗌 Does Not Meet Sta	andard	□ N/A		☐Repeat Finding			

A draft transportation policy currently pending approval, will address all of the required elements of this standard.

(b)(7)e during the transport of detainees.

(b)(6), (b)(7)(C) / August 19, 2010 Reviewer's Signature / Date

# Section II SECURITY

- 4 Admission and Release
- **5** Classification System
- 6 Contraband
- 7 Facility Security and Control
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- **15 Special Management Units**
- **16 Staff-Detainee Communication**
- **17 Tool Control**
- **18 Use of Force and Restraints**

PART 2 – 4. ADMIS	SION A	ND RELE	ASE			
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.				A comprehensive orientation video is shown in the Orientation Unit of the facility. In addition, each detainee is provided a detainee handbook.		
2. Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	$\boxtimes$			Medical personnel conduct the initial medical screening upon a detainee's arrival.		
3. When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	$\boxtimes$			Newly admitted male detainees are housed in "F-Dorm" pending completion of the orientation and classification process. Female detainees are housed separately within the female unit until classified.		
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.						
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.				No strip searches are conducted at the facility based on staff reports.		
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.				Each detainee receives a receipt identifying any personal property secured at the facility.		
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.						
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$					

PART 2 – 4. ADMISSION AND RELEASE						
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. All releases are coordinated with ICE.	$\boxtimes$			All releases are coordinated with ICE personnel and the completed I - 203 forms were found in the detainee files.		
10. Staff complete paperwork/forms for release as required.	$\boxtimes$					
11. Each detainee receives a receipt for personal property secured by the facility.	$\boxtimes$			Copies of receipts are provided to each detainee.		
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	$\boxtimes$					
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	$\boxtimes$					
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	$\boxtimes$			Orientation material is provided primarily in English and Spanish. Detainee handbooks are also provided in Chinese, Creole and French. Each of the later handbooks was at least three years old.		
PART 2 – 4. ADMISS	SION A	ND RELE	ASE			
Meets Standard Does Not Meet Standard N/A Repeat Finding						

The admission and release process is conducted in a secure area of the facility which includes separation between genders.

Each detainee is subject to a pat-down search unless reasonable suspicion has been established that a more intrusive search should be conducted. Appropriate authorization is required prior to conducting a strip search. All detainees receive a handbook containing the facility rules upon admission.

(b)(6), (b)(7)(C) August 19, 2010 Reviewer's Signature / Date

ART 2 – 5. CLASSIFICATION SYSTEM						
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				All detainees are classified prior to their arrival at the facility by ICE personnel. In addition to the initial screening by ICE personnel, detainees are classified by facility personnel through the use of an Objective Classification Instrument.		
<ul><li>2. The facility classification system includes:</li><li>Classifying detainees upon arrival.</li></ul>						
<ul> <li>Separating individuals who cannot be classified upon arrival from the general population.</li> </ul>						
The first-line supervisor or designated classification specialist reviews every classification decision.						
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				On-site ICE personnel maintain the A-files which are used in part to complete the classification process.		
4. Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.				Staff reported they use only factual information to determine classification assignments.		
5. Housing assignments are based on classification- level.				All detainees assigned to the facility are classified as level one.		
6. A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.						
7. Detainee work assignments are based upon classification designations.	$\boxtimes$			All detainees assigned to the facility are classified as level one and considered eligible for work assignments.		
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.						
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.						

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#### **ART 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. Does Not Meet Meets Standard Standard MA Components Remarks 10. Classification appeals are resolved w/in 5 business The facility policy and handbook days. Detainees are notified of the outcome within 10 identify the classification appeal $\boxtimes$ $\square$ process including appropriate business days. response times. 11. Classification designations may be appealed to a higher authority such as the Facility Administrator or $\boxtimes$ $\square$ $\square$ equivalent. 12. The Detainee Handbook or equivalent for IGSAs The detainee classification $\boxtimes$ explains the classification levels, with the conditions and $\square$ $\square$ process is outlined in the restrictions applicable to each. detainee handbook. 13. In SPCs and CDFs detainees are assigned color-All detainees are classified as coded uniforms and IDs to reflect classification levels. $\boxtimes$ $\square$ $\square$ level one and assigned a single In IGSA's a similar system is utilized for each level of color-coded uniform. classification. PART 2 – 5. CLASSIFICATION SYSTEM ⊠ Meets Standard Does Not Meet Standard Repeat Finding

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

Every detainee admitted to the facility is classified based on an Objective Classification Instrument. Appropriate reassessments are completed during required time frames as evidenced by documentation included in detainee files. Male detainees not classified immediately are placed in F-Dorm pending completion of the orientation process.

Only level one detainees are housed at the facility.

Male detainees are housed in a separate section of the facility from females.

(b)(6), (b)(7)(C) / August 19, 2010 Reviewer's Signature / Date

PART 2 – 6. CONTRABAND					
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	
<ol> <li>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.</li> </ol>					
<ol> <li>Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.</li> </ol>	X				
<ol> <li>Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.</li> </ol>		$\boxtimes$		Current written procedures do not cover the return of property. A draft policy has been submitted to ICE personnel for approval that includes all the required elements of the component.	
4. Altered property is destroyed following documentation and using established procedures.	$\boxtimes$			Property is destroyed and the disposal is documented.	
5. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	$\boxtimes$			Religious personnel are notified whenever a confiscated contraband item is considered religious in nature.	
<ol> <li>Staff follow written procedures when destroying hard contraband that is illegal.</li> </ol>				Current written procedures do not cover appropriate protocol when destroying hard contraband. A draft policy has been submitted to ICE personnel for approval which includes all the required elements of the component.	
<ul> <li>7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes.</li> <li>If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.</li> <li>Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property.</li> </ul>				All hard contraband considered illegal is turned over to the Elizabeth Police Department.	
<ol> <li>Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.</li> </ol>				General contraband items are listed in the detainee handbook and ICE National Detainee Handbook. Detainees are notified in writing when an item is seized.	
<ol> <li>Facilities with Canine Units only use them for contraband detection.</li> </ol>			$\boxtimes$	The facility does not use canines.	
PART 2 – 6. CONTRABAND					

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Meets Standard 🛛 🗌 Does Not Meet Standard	🗌 N/A	Repeat Finding
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The current facility approved contraband policy does not include all the requirements of the standard. A draft policy which includes all the required elements is currently pending final approval.

The facility operational practices effectively manage contraband.

(b)(6), (b)(7)(C) August 19, 2010 Reviewer's Signature / Date

PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.				The assistant warden visits the living units at least weekly and the visits are documented in the unit logbooks.	
2. At leas(b)(7)(Emale and b)(7)(Effemale staff are on duty where both males and females are housed.	$\boxtimes$			All shifts require male and female staff.	
3. Comprehensive annual staffing analysis determines staffing needs and plans.	$\boxtimes$				
4. Essential posts and positions are filled with qualified personnel.					
5. Every Control Center officer receives specialized training.					
6. Policy restricts staff access to the Control Center.	$\boxtimes$				
7. Detainees do not have access to the Control Center.					
8. Communications are centralized in the Control Center.				All communications are controlled through the central control unit including outside transport transmissions by (b)(7)e	
9. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.					
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	$\boxtimes$			The listing of all current employee names and contact numbers were being maintained by the human resource department and not by the control center. Upon completion of the inspection, staff indicated the listing was now being maintained in the control center.	
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	$\boxtimes$				
12. Staff make watch calls every half-hour between 6 PM and 6 AM.					
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.					

PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by					
ensuring that facility security is maintained and that event	s that p	ose a risk	of har	m are prevented.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
16. The facility has a secure, color-coded visitor pass system.	$\boxtimes$				
17. Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$				
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				Two logbooks are maintained.	
Company represented				One is maintained in central	
Vehicle contents	$\boxtimes$			control for detainee transports	
Delivery date and time				and one at the warehouse loading dock for deliveries.	
Date and time out				loading dock for deriveries.	
Vehicle license number					
Name of employee responsible for the vehicle during the facility visit					
19. Officers thoroughly search each vehicle entering and leaving the facility.	$\boxtimes$				
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$				
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.					
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	$\boxtimes$				
23. Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$			Written procedures are available for various types of searches.	
24. Housing area searches occur at irregular times.	$\boxtimes$				
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	$\boxtimes$			Correctional officer posts are located inside the living unit.	
26. There are post orders for every security officer post.	$\boxtimes$				
27. Detainee movement from one area to another area is controlled by staff.	$\boxtimes$			All detainee movement is by escort and controlled by security personnel.	
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.	$\boxtimes$				
30. The SMU entrance has a sallyport.	$\boxtimes$				

PART 2 – 7. FACILITY SECURITY AND CONTROL				
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.				
ensuring that facility security is maintained and that event	5 i i ai p			in are prevented.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	$\boxtimes$			Security staff and maintenance personnel confirm inspections occur. Repairs are only conducted when there are no detainees present in SMU.
<ul> <li>32. The facility has a comprehensive security inspection policy. The policy specifies:</li> <li>Posts to be inspected</li> <li>Required inspection forms</li> <li>Frequency of inspections</li> <li>Guidelines for checking security features</li> </ul>	$\boxtimes$			
• Procedures for reporting weak spots, in- consistencies, and other areas needing improvement				
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	$\boxtimes$			Security checks are documented in living unit logbooks.
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.	$\boxtimes$			
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	$\boxtimes$			
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	$\boxtimes$			
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				
<ul> <li>39. Daily procedures include:</li> <li>Perimeter alarm system tests.</li> <li>Physical checks of the perimeter fence.</li> <li>Documenting the results.</li> </ul>	$\boxtimes$			Documentation is maintained in the safety, security, and sanitation logs daily. There is no outside perimeter fence at the facility.
40. Visitation areas receive frequent, irregular inspections.				Searches are documented in the central control log.
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	$\boxtimes$			
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.			$\boxtimes$	There is no outside perimeter fence at the facility.
PART 2 – 7. FACILITY SE	CURIT	Y AND CO	ONTRO	DL
⊠ Meets Standard   □ Does Not Meet Sta	andard	□ N/A		□Repeat Finding

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The facility performs daily inspections of all required security areas.

(b)(6), (b)(7)(C)/ August 19, 2010 Reviewer's Signature / Date

#### PART 2 - 8. FUNDS AND PERSONAL PROPERTY

This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.

Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.				Detainee funds are placed in a locked vault for the business office to process. Other valuables are stored in another secured room.
2. Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.				Large valuables are stored in a different area than the small valuables. Valuables are secured and only accessible to supervisors.
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.				
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.				
5. <u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?	$\boxtimes$			
6. Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	$\boxtimes$			
7. Staff forward an arriving detainee's medicine to the medical staff.				Upon completion of intake processing the detainee and their medicines are taken to medical services for further evaluation.
8. Staff search arriving detainees and their personal property for contraband.	$\boxtimes$			
9. Property discrepancies are immediately reported to the Chief of Security or equivalent.				
10. Staff follow written procedures when returning property to detainees.				Facility policy Inmate/Resident Property provides guidance for the return of detainee property.
11. CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	$\boxtimes$			

## 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
<ul><li>12. The facility attempts to notify an out-processed detainee that he/she left property in the facility.</li><li>By sending written notice to the detainee's last</li></ul>				The facility attempts to contact the detainee using the contact
known address; via certified mail;	$\boxtimes$			information provided by the detainee during intake
<ul> <li>The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>				processing. If all attempts fail, the property is returned to ICE.
<ol> <li>Staff obtain a forwarding address from each detainee.</li> </ol>				
14. It is standard procedure for two officers to be present when removing/documenting the removal of funds from a detainee's possession.	$\boxtimes$			
15. Staff issue and maintain property receipts (G-589s) in numerical order.	$\boxtimes$			
16. Staff complete and distribute the G-589 in accordance with the ICE standard.	$\boxtimes$			
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.				The detainee's personal clothing is tagged and stored in a bag on a rack. Suitcases and other large property items are stored on shelves with matching G-589 and I-77 identification.
19. The supervisor verifies the accuracy of every G- 589.	$\boxtimes$			
<ul> <li>20. The supervisor ensures that:</li> <li>Detainee funds are, without exception, deposited into the cash box;</li> </ul>				
Every property envelope is sealed.	$\boxtimes$			
• All sealed property envelopes are placed in the safe.				
<ul> <li>Large, valuable property is kept in the secured locked area.</li> </ul>				
21. Staff tag every baggage/facility container with an I- 77, completed in accordance with the ICE standard.				
22. 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.             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.             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.             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.             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.					
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.					
24. <u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.			$\boxtimes$	This component only applies to an SPC. This facility is not required and does not have a Supervisory Immigration Enforcement Agent participating in a comprehensive weekly audit of property.	
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.				Audits of baggage and non- valuable property is conducted on a monthly basis.	
26. The facility positively identifies every detainee being released or transferred.					
27. Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	$\boxtimes$				
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.					
PART 2 - 8. FUNDS AND					
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

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

All property was tagged in compliance with the standard. A copy of the property information is placed in the detainee's A-file and logged into the computer. A report is generated that shows the numerical sequence of property stored.

(b)(6), (b)(7)(C) <u>August 19, 2010</u> Reviewer's Signature / Date

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES				
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The hold room is situated in a location within the secure perimeter.				Hold rooms are located within the secure perimeter.
2. The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.				The hold rooms are clean, in good repair, well ventilated, and the activating light switches are located outside the room.
3. The hold rooms contain sufficient seating for the number of detainees held.	$\boxtimes$			A secure bench is located in each holding room.
4. No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	$\boxtimes$			No make shift sleeping apparatuses are permitted in facility hold rooms.
5. Hold room walls and ceilings are escape and tamper resistant.	$\boxtimes$			
6. Detainees are not held in hold rooms for more than 12 hours.	$\boxtimes$			
7. Male and females detainees are segregated from each other at all times.	$\boxtimes$			Males and females are held separately.
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	$\boxtimes$			
9. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.			$\boxtimes$	Each hold room has a toilet.
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	$\boxtimes$			
<ol> <li>When the last detainee has been removed, the hold room is inspected for the following:</li> <li>Cleaning.</li> <li>Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.</li> </ol>				Staff report the holding rooms are inspected when the last detainee has been removed.
<ul> <li>12. (MANDATORY) There is a written evacuation plan.</li> <li>There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.</li> </ul>				There is a written evacuation plan. There is a designated officer assigned to remove detainees from the hold rooms in case of fire and/or building evacuation.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	$\boxtimes$			

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PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time on individual may be confined in a facility's 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	<b>V/N</b>	Remarks
<ul> <li>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).</li> <li>If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee.</li> </ul>				
<ol> <li>In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are:</li> <li>Compliant with the American Disabilities Act.</li> <li>Small hold rooms (1 to 14 detainees) have at least one combi-unit.</li> <li>Large hold rooms (15 to 49 detainees) are provided with at least two combi-units.</li> </ol>			$\boxtimes$	This component only applies to a SPC designed after 1998. The facility was constructed in 1994 and each hold room is equipped with stainless steel combination lavatory/toilet fixtures and modesty walls.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			$\boxtimes$	This component only applies to a SPC designed after 1998. The hold rooms do not have floor drains.
17. <u>In SPCs designed after 1998</u> , the door to the hold room swings outward and the door complies with the specifications outlined in the standard.			$\boxtimes$	This component only applies to a SPC designed after 1998. Each door swings outward.
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.				
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	$\boxtimes$			
<ul> <li>20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell.</li> <li>The log includes the required information specified in the standard.</li> </ul>				
<ul> <li>21. Officers provide a meal to any detainee detained in a hold room for more than six hours.</li> <li>Juveniles, babies and pregnant women have access to snacks, milk or juice.</li> <li>Meal are served to juveniles regardless of time in custody</li> </ul>				No documentation was provided to support that meals are provided to a detainee placed in a hold room for more than six hours. However, staff reported meals were provided during meal time.
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.				

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES				
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.				
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks
23. The maximum occupancy for the hold room will be posted.	$\boxtimes$			Each hold room contains the maximum occupancy level posted on the door.
24. 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.	$\boxtimes$			
26. Officers closely supervise hold rooms through direct supervision, to ensure:				
<ul> <li>Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and</li> </ul>				
<ul> <li>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."</li> </ul>		$\boxtimes$		No fifteen minute checks are conducted or documented.
<ul> <li>Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul>				
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES				
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding				

The facility maintains several hold rooms for the purpose of temporarily housing detainees while awaiting services or being processed. The hold rooms are secure rooms containing a security glass vision panel, appropriate seating for the designated occupancy level, proper lighting, ventilation, and toilet facilities.

Required fifteen minute checks are not consistently completed and meals provided to detainees held in hold rooms for more than six hours is not documented.

(b)(6), (b)(7)(C) / August 19, 2010 Reviewer's Signature / Date

PART 2 – 10. KEY AND LOCK CONTROL				
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.				
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks
<ol> <li>The security officer[s], or equivalent, has attended an approved locksmith training program.</li> </ol>	$\boxtimes$			The safety manager has completed 40 hours of training by Southern Folger.
2. The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	$\boxtimes$			
3. The security officer, or equivalent, provides training to all employees in key and lock control.	$\boxtimes$			
4. The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	$\boxtimes$			Monthly audits are conducted and were documented by the safety manager.
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			
6. Facility policies and procedures address the issue of compromised keys and locks.	$\boxtimes$			
<ol> <li>The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.</li> </ol>	$\boxtimes$			(b)(7)e
8. Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$			
9. Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	$\boxtimes$			No unauthorized locks were observed in the facility.
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.	$\boxtimes$			
<ul> <li>13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to</li> <li>Occupational Safety and Environmental Health Manual, Chapter 3</li> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>	$\boxtimes$			
14. The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	$\boxtimes$			

PART 2 – 10. KEY AND LOCK CONTROL				
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15. Procedures in place to ensure that key rings are:				All keys were engraved with a
<ul><li>Identifiable</li><li>Numbers of keys on the ring are cited?</li><li>Keys cannot be removed from issued key rings</li></ul>				metal chit identifying the key location and number of keys on the ring.
16. Emergency keys are available for all areas of the facility.				
17. The facility uses a key accountability system.	$\square$			
18. Authorization is necessary to issue any restricted key.	$\boxtimes$			
19. Individual gun lockers are provided.				Secure individual gun lockers
<ul> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public</li> </ul>		$\boxtimes$		exist at the facility $(b)(7)e$ which is accessible to the public.
access.				
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				
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.				
<ul> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> </ul>				
Detainees are not permitted to handle keys assigned to staff.				
22. Locks and locking devices are continually inspected, maintained, and inventoried.				Preventive maintenance was completed on locks in January and July of 2010. The maintenance was documented on work orders.
23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	$\boxtimes$			
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.				
25. The splitting of key rings into separate rings is not authorized.				
PART 2 – 10. KEY AND LOCK CONTROL				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		□Repeat Finding

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

All lock repairs, preventative maintenance and key cutting is completed by an outside locksmith.

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PART 2 – 11. POPULATION COUNTS					
This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.				Seven counts are conducted each day.	
2. Activities cease or are strictly controlled while a formal count is being conducted.	$\boxtimes$				
3. There is a system for counting each detainee, including those who are outside the housing unit.					
4. Formal counts in all units take place simultaneously.	$\boxtimes$				
5. Officers do not allow detainee participation in the count.	$\boxtimes$				
6. A face-to-photo count follows each unsuccessful recount.				Each living unit post order specifically requires an unsuccessful count to be followed with a face-to-photo recount.	
7. Officers positively identify each detainee before counting him/her as present.				An formal count was observed and the unit officer positively matched each detainee's wrist band to the detainee.	
8. Written procedures cover informal and emergency counts.	$\boxtimes$				
9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	$\boxtimes$			Counts are maintained in central control and in/out counts were accurately recorded in the logs.	
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.				Staff are appropriately trained.	
PART 2 – 11. POP	ULATIO	ON COUN	TS		
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding					

Living unit counts are conducted during shift change by the on-duty officer and the relieving officer to ensure all detainees are accounted for and present.

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PART 2 – 12. F	POST C	RDERS			
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. Every fixed post has a set of Post Orders.				Living units and several other posts were inspected and each had updated post orders.	
2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	$\boxtimes$			Master post orders are maintained in the required six- part folder format.	
3. 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 chief of security is assigned this responsibility by facility policy.	
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	$\boxtimes$				
6. The facility administrator authorizes all Post Order changes.				Facility policy states only the warden is allowed to make post order changes.	
7. The facility administrator has signed and dated the last page of every section.					
8. A Post Orders master file is available to all staff.	$\boxtimes$				
9. Procedures keep Post Orders and logbooks secure from detainees at all times.	$\boxtimes$				
10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	$\boxtimes$				
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	$\boxtimes$				
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	$\boxtimes$			Post order are signed by each employee working the post assignment.	
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.			$\boxtimes$	There are no armed posts at the facility.	
<ul> <li>14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:</li> <li>Any staff member who is taken hostage is considered to be under duress, and</li> <li>Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.</li> </ul>				There are no armed posts; however, the post orders for posts that control access to the facility are consistent with this component of the standard.	
15. Post Orders for armed posts provide instructions for escape attempts.			$\boxtimes$	There are no armed posts at the facility.	
16. The Post Orders for housing units track the daily event schedule.					

PART 2 – 12. F	PART 2 – 12. POST ORDERS			
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.				
Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.				
PART 2 – 12. POST ORDERS				
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding				

The assistant warden maintains copies of the post order reviews and revisions. Reviews and revisions were dated and documented within the last twelve months.

An armory for ICE officers exist at the front entrance of the building; however, it is maintained and controlled by ICE personnel.

(b)(6), (b)(7)(C<mark>/ August 19, 2010) Reviewer's Signature / Date</mark>

PART 2 – 13. SEARC	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		
<ol> <li>There are written policy and procedures governing searches of housing areas, work areas and of detainees.</li> </ol>				Written policies for searches are addressed in the detainee handbook, policy manual, and the post orders for the living units.		
<ol> <li>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.</li> </ol>						
<ol> <li>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.</li> </ol>	$\boxtimes$					
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.	$\boxtimes$			The search policy specifically indicates that the search areas are to be left as the areas were found.		
<ol> <li>Detainees are pat searched and screened by metal detectors routinely to control contraband.</li> </ol>				Detainees are pat searched when coming into and leaving the housing areas. Handheld metal detectors are used when entering and leaving the kitchen and recreation areas.		
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.	$\boxtimes$					
<ol> <li>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.</li> </ol>	$\boxtimes$			No body cavity searches have been conducted during the reporting period. The approval policy is consistent with this component.		
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						
<ol> <li>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.</li> </ol>	$\boxtimes$					
10. Canines are not used in the presence of detainees			$\boxtimes$	Canines are not used at the facility.		
PART 2 – 13. SEARCHES OF DETAINEES						

🖂 Meets Standard	Does Not Meet Standard	□ N/A	Repeat Finding
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Medical staff and facility administrators indicated a body cavity search has not been conducted in the last twelve months.

(b)(6), (b)(7)(C) <u>August 19, 2010</u> Reviewer's Signature / Date

#### 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. Meets Standard Does Not Meet Standard NA Components Remarks 1. The facility has a Sexual Abuse and Assault This facility has Policy and Procedure No: 14-2. Sexual Prevention and Intervention Program. Violence Prevention and $\boxtimes$ $\square$ $\square$ Response, and Local Operating Procedure No: J-55, Physical Abuse, that address this program 2. For SPCs and CDFs, the written policy and procedure has been approved by the Field Office $\boxtimes$ $\square$ $\square$ Director. 3. Tracking statistics and reports are readily available There was one reported case of for review by the inspectors. alleged sexual abuse in this facility five months prior to this review. The incident report was reviewed. An incident report is $\boxtimes$ maintained for tracking statistics as required by facility Policy and Procedure No: 14-2, Sexual Violence Prevention and Response. 4. All staff are trained, during orientation and in annual All staff are trained on sexual refresher training, in the prevention and intervention abuse and assault prevention areas required by the Detention Standard. and intervention during $\boxtimes$ $\square$ $\square$ orientation and annually thereafter as required by facility policy. 5. Detainees are informed about the program in facility Detainees are informed of the orientation and the detainee handbook (or equivalent). sexual abuse and prevention program through the detainee $\boxtimes$ handbook and Preventing Sexual Abuse & Misconduct brochure provided during intake screening. All housing units toured had the 6. The Sexual Assault Awareness Notice is posted on Sexual Assault Awareness all housing unit bulletin boards. Notice posted in areas $\boxtimes$ $\square$ accessible and visible to detainees in English and Spanish versions. 7. The Sexual Assault Awareness Information The Preventing Sexual Abuse & brochure is available for detainees. (Required in SPCs Misconduct brochure is provided to each detainee during the and CDFs.) $\boxtimes$ $\square$ $\square$ intake screening process. Reviewed a copy of this brochure given to each detainee.

PART 2- 14. SEXUAL ABUSE AND ASSA						
This Detention Standard requires that facilities that hous abuse and assaults on detainees, provide prompt and						
abuse and assault, and control, discipline, and prosecute						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
8. Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	$\boxtimes$			Detainees are screened upon arrival for sexual assaultive and sexual victimization potential by completing the DIHS Intake Screening Form (DIHS Form 795-A), prior to housing assignment.		
9. All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	$\boxtimes$			There have been no incidents of detainee on detainee sexual abuse or assault reported in the past year.		
10. All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	$\boxtimes$			There was one reported alleged sexual abuse incident by staff on a detainee documented five (5) months prior to the review.		
11. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	$\boxtimes$					
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	X			A review of the alleged abusive sexual contact incident report indicated that staff conducted a thorough investigation, and gathered and maintained evidence.		
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	$\boxtimes$			The alleged sexual abuse was reported immediately and appropriate staff were promptly notified.		
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	X			This facility's Local Operating procedure No: J-55, Physical Abuse, requires that detainees indicating rape or sexual molestation will be taken to the contract hospital for evaluation, physical examination, and psychological counseling. This was confirmed by the health services administrator interviewed.		
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.				This facility's associate warden maintains all alleged sexual abuse or assault incident reports.		
SEXUAL ABUSE AND ASSAULT F	PREVE	NTION AN	D INT	ERVENTION		
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding						

The Elizabeth Contract Detention Facility has a Sexual Abuse and Assault Prevention and Intervention Program. All facility staff are trained on sexual abuse prevention and intervention as well as state and other applicable laws. There was one alleged staff on detainee abusive sexual contact reported five (5) months prior to this review. The incident was investigated and found unsubstantiated.

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### 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
1. Written policy and procedures are in place for special management units.	$\boxtimes$			
2. A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	$\boxtimes$			
3. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	$\boxtimes$			
4. <b>(MANDATORY)</b> Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	$\boxtimes$			This procedure is routinely carried out by medical staff. Medical records of the last two detainees placed in SMU were reviewed.
5. There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	$\boxtimes$			Written policies are contained in the post orders for the SMU.
6. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	$\boxtimes$			Advised by staff that no more than one person is housed in a cell at a time. Observation of housing units revealed on-going practice was consistent with reported policy.
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.	$\boxtimes$			This is documented in the segregation confinement logbook.
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.	X			

PART 2 – 15. SPECIAL	MANA	GEMENT	UNIT	S
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Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks
10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record:				
<ul> <li>The time and date of the visit, and</li> <li>Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</li> </ul>	$\boxtimes$			
<ul> <li>11. A Special Management Housing Unit Record is maintained on each detainee in an SMU:</li> <li>In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU.</li> <li>In CDFs and IGSA facilities form I-888 or a comparable form is used.</li> <li>In SPCs and CDFs:</li> <li>By the end of each shift, the special housing unit officer records:</li> <li>Whether the detainee ate, showered, exercised, and took any medication, and</li> <li>Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc.</li> <li>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</li> </ul>	$\boxtimes$			
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.				
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.				Property procedures are included in the SMU post order. Prohibited items are specifically listed.
<ul> <li>14. There are written policy and procedures concerning privileges detainees may have in each type of segregation.</li> <li>(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.)</li> </ul>	$\boxtimes$			

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	
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).				Detainees in administrative segregation are allowed additional time out of their cell in a separate area for watching TV. However, they are not allowed on work details.	
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).				All appropriate observations are documented in the SMU logbook.	
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	$\boxtimes$				
18. The facility administrator (or designee) visits each SMU daily.				A review of the SMU logbook reflects rounds are conducted by the shift commander.	
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	$\boxtimes$				
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.				A former SMU detainee stated he was provided regular meals as if he were in general population. Policy is consistent with practice.	
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.					
22. 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.	$\boxtimes$				
23. Detainees in an SMU may write and receive letters the same as the general population.					

PART 2 – 15. SPECIAL				
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
24. Detainees in an SMU ordinarily retain visiting privileges.	$\boxtimes$			
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.			$\boxtimes$	According to administrative staff, no visits were denied in the past year. No documentation was presented to indicate a visit was restricted or denied.
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.			$\boxtimes$	According to administrative staff, no visits were denied in the past year. No documentation was presented to indicate a visit was restricted or denied.
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	$\boxtimes$			A visit while in restraints is prohibited at this facility.
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.	$\boxtimes$			Detainees in protective custody or violent and disruptive detainees are immediately re- classified and transferred to another facility.
29. In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	$\boxtimes$			
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.	$\boxtimes$			
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	$\boxtimes$			
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	$\boxtimes$			

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their	$\boxtimes$				
personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.					
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	$\boxtimes$			All detainees are provided law library access. Schedules are posted in SMU.	
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.				The post order for SMU indicates the legal materials a detainee is allowed. Detainees are allowed to request legal materials which are delivered by staff.	
<ul> <li>37. Any denial of access to the law library is always:</li> <li>Supported by compelling security concerns,</li> <li>For the shortest period required for security, and</li> <li>Fully documented in the SMU housing logbook.</li> <li>ICE/DRO is notified every time law library access is denied.</li> </ul>	$\boxtimes$			Administrative staff report that the operational practice is consistent with the component requirements. However, no incidents of denial have occurred during the past year.	
38. Recreation for detainees in the SMU is separate from the general population.					
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)					
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.				Indoor and outdoor recreation is provided daily. Any refusals are documented.	

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
41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.				
Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation.				
When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.				
42. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	$\boxtimes$			
43. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	$\boxtimes$			
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU.				Detainees in administrative
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.				segregation and disciplinary segregation are allowed to use the phone on a daily basis.

PART 2 – 15. SPECIAL	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	<b>V/N</b>	Remarks	
45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible.					
A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.					
If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.	$\boxtimes$				
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.)					
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.	$\boxtimes$				
When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.					
A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.					

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	
47. 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.	$\boxtimes$				
48. 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.	$\boxtimes$			Appeals are allowed pursuant to facility policy.	
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.	$\boxtimes$			This is the standard practice according to facility administrative personnel. However, no detainee has been in segregation for more than 30 days at the facility.	
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.					
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.	$\boxtimes$				
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 incident.	$\boxtimes$			Two detainee files were reviewed and both files reflected compliance with this component.	
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.					

	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	
<ul> <li>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).</li> <li>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.</li> <li>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.</li> </ul>					
<ul> <li>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).</li> <li>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.</li> <li>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.</li> <li>All review documents are placed in the detainee's detention file.</li> </ul>	$\boxtimes$			All reviews are conducted according to ICE standards.	
PART 2 – 15. SPECIAL	MANA	GEMENT	UNIT	6	
🛛 Meets Standard 🛛 🗌 Does Not Meet Sta	andard	□ N/A		□Repeat Finding	

Detainees housed at this facility have level one classification and discipline and/or administrative segregation are rarely utilized.

According to staff any detainee requiring long-term administrative or disciplinary segregation are reclassified and transferred to another facility.

(b)(6), (b)(7)(C) August 19, 2010 Reviewer's Signature / Date

#### PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

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.				Documentation provided reflects weekly announced and unannounced visits occur on a regular basis.
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	$\boxtimes$			
3. Scheduled visits are posted in ICE/DRO detainee housing areas.	$\boxtimes$			A list of scheduled ICE visits is posted in the housing units.
4. Visiting ICE staff observe and note current climate and conditions of confinement.	$\boxtimes$			Documentation reviewed reflects current climatic conditions are noted.
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.	$\boxtimes$			
7. A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	$\boxtimes$			A secure mail box labeled ICE is located in each housing unit for detainees to submit written requests.
8. Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	$\boxtimes$			
9. ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.		$\boxtimes$		A review of the detainee request electronic and manual logbooks reflect a documented response is not consistently provided within 72 hours of receipt. Based on documentation provided approximately 70% of the detainee requests receive a response within 72 hours.
10. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.				Notification is provided 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.				OIG Hotline posters were observed in multiple locations throughout the facility.

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

ICE personnel are assigned to the facility on a daily basis. Scheduled and unscheduled detainee visits by ICE personnel are conducted on a routine basis.

ICE requests forms are available and designated mail boxes are provided in each housing unit for the submittal of request. ICE staff review and currently respond to approximately 70% of the written requests within 72 hours, based on documentation provided.

Appropriate procedures and detainee access policies are addressed in the detainee handbook.

(b)(6), (b)(7)(C) / August 19, 2010 Reviewer's Signature / Date

#### PART 2-17. TOOL CONTROL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. <b>(MANDATORY)</b> There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	$\boxtimes$			The safety manager is assigned this responsibility.
2. If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	$\boxtimes$			The warehouse is located inside the secure perimeter and has its own internal procedures.
3. (MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	$\boxtimes$			All tools are strictly controlled, including the secure storage, identification, authorization, and completion of perpetual inventories.
4. A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	$\boxtimes$			A plastic card with a photo of the employee in possession of the tool is placed on the board when only one tool is removed. Metal chits are utilized when multiple tools are removed.
<ul> <li>5. Tool inventories are required for:</li> <li>Facility Maintenance Department</li> <li>Medical Department</li> <li>Food Service Department</li> <li>Electronics Shop</li> <li>Recreation Department</li> <li>Armory</li> </ul>	$\boxtimes$			The facility has no electronics shop or armory and no tools are located in the recreation area. Inventories are available in all areas maintaining tools.
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	$\boxtimes$			
<ul> <li>7. The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>	$\boxtimes$			Inventories are completed daily. A monthly review is conducted by the safety manager.
<ul> <li>8. The facility has a tool classification system. Tools are classified according to:</li> <li>Restricted (dangerous/hazardous)</li> <li>Non Restricted (non-hazardous).</li> </ul>	$\boxtimes$			

PART 2-17. TOOL CONTROL This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9. Department heads are responsible for implementing proper tool control procedures as described in the standard.				
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	$\boxtimes$			All tools are appropriately marked.
<ol> <li>The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Tools are stored on shadow boards in which the shadows resemble the tool.</li> <li>Shadow boards have a white background.</li> <li>Restricted tools are shadowed in red.</li> <li>Non-restricted tools are shadowed in black.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.</li> </ol>				
12. Tools removed from service have their shadows removed from shadow boards.				
13. Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	$\boxtimes$			
14. Sterile packs are stored under lock and key.	$\square$			
15. Each facility has procedures for the issuance of tools to staff and detainees.				The facility has a comprehensive policy and procedure regarding the issuance of tools.
<ul> <li>16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:</li> <li>Verbal and written notification.</li> <li>Procedures for detainee access.</li> <li>Necessary documentation/review for all incidents of lost tools.</li> </ul>				
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	$\boxtimes$			The facility policy addresses the disposal of worn or broken 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.				
19. Hoses longer than three feet in length are classified as a restricted tool.	$\boxtimes$			

PART 2-17. TOOL CONTROL				
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.				
PART 2-17. TOOL CONTROL				
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding				

All tools are clearly marked and shadow boards are used in all locations used for the storage of tools.

(b)(6), (b)(7)(C) August 19, 2010 Reviewer's Signature / Date

#### PART 2 – 18. USE OF FORCE AND RESTRAINTS

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

	-	-		-
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. (MANDATORY) The facility has a Use of Force Policy.	$\boxtimes$			
2. Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	$\boxtimes$			Any trained employee is authorized to respond to an immediate Use of Force situation.
3. When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	$\boxtimes$			
4. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	$\boxtimes$			Use of force policy and pre/in- service courses teach this approach before resorting to the use of physical force.
<ul> <li>5. The facility subscribes to the prescribed Confrontation Avoidance Procedures.</li> <li>Ranking detention official, health professional, and others confer before every calculated use of force.</li> </ul>	$\boxtimes$			
<ul> <li>6. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique.</li> <li>Under staff supervision.</li> </ul>	$\boxtimes$			
7. Staff members are trained in the performance of the Use-of-Force Team Technique.	$\boxtimes$			Team technique/cell extraction technique procedures are taught in in-service and special operation response team training.
8. All use-of-force incidents are documented and reviewed.	$\boxtimes$			All use-of-force incidents are electronically filed and reviews are conducted with electronic signatures that are date and time stamped.
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.				

PART 2 – 18. USE OF FORCE AND RESTRAINTS				
This Detention Standard authorizes staff to use necessa resolve a situation have failed, and only for protection				
serious property damage, or to maintain the security and				
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks
10. Staff:				
<ul> <li>Does not use force as punishment.</li> <li>Attempts to gain the detainee's voluntary cooperation before resorting to force</li> </ul>				These requirements are clearly
<ul> <li>Uses only as much force as necessary to control the detainee.</li> </ul>				stated in the Use of Force policy.
<ul> <li>Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.</li> </ul>				
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.				Local operating procedures for Public Health Services address when medication may be utilized in restraint situations.
12. <b>(MANDATORY)</b> Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	$\boxtimes$			SORT members follow written procedures consistent with this component of the standard.
13. Standard procedures associated with using four/five point restraints include:				
Soft (nylon/leather) restraints.				
<ul> <li>Dressing the detainee appropriately for the temperature.</li> </ul>				During correctional officer pre- service these procedures are
A bed, mattress, and blanket/sheet.				addressed and Corrections
Checking the detainee at least every 15 minutes.	$\boxtimes$			Corporation of America policy also outlines these procedures.
<ul> <li>Logging each check.</li> <li>Repositioning detainee often enough to prevent soreness or stiffness.</li> </ul>				Four/five point restraints have not been used at the facility during this reporting period.
• Medical evaluation of the restrained detainee twice per eight-hour shift.				during this reporting period.
<ul> <li>When qualified medical staff are not immediately available, staff position the detainee "face-up."</li> </ul>				
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.				
15. All detainee checks are logged.	$\boxtimes$			
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.				

PART 2 – 18. USE OF FORCE AND RESTRAINTS				
This Detention Standard authorizes staff to use necessaresolve a situation have failed, and only for protection of serious property damage, or to maintain the security and other security and the security and th	of self,	detainees	, or ot	thers, for prevention of escape or
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>17. When the Facility Administrator authorizes use of non-lethal weapons:</li> <li>Medical staff are consulted before staff use pepper spray/non-lethal weapons.</li> <li>Medical staff reviews the detainee's medical file before use of a pep lethal weapon is authorized.</li> </ul>	$\boxtimes$			Command and medical staff confirmed that the operational practice at the facility is consistent with the component requirements.
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.				
19. If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.	$\boxtimes$			
<ul><li>20. Special precautions are taken when restraining pregnant detainees.</li><li>Medical personnel are consulted</li></ul>	$\boxtimes$			Procedures are included in the facility Use of Force policy. However, whenever a detainee is determined to be pregnant they are transferred to another facility.
21. Protective gear is worn when restraining detainees with open cuts or wounds.				The occupational exposure policy was updated in 2009 and the procedures have been implemented.
22. Staff document every use of force, including what type of restraints was used during the incident.	$\boxtimes$			
23. It is standard practice to review any use of force and the non-routine application of restraints.				
<ul> <li>24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.</li> <li>Specialized training is given to officers ensuring they are certified in all devices approved for use.</li> </ul>	$\boxtimes$			
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.				
26. The use of canines is restricted to contraband detection purposes only.			$\boxtimes$	No canines are used at this facility.
27. The officers are thoroughly trained in the use of soft and hard restraints.	$\boxtimes$			
28. <u>In SPCs</u> , the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	$\boxtimes$			Corrections Corporation of America has a form similar to the ICE Use of Force form.
PART 2 – 18. USE OF FC		ND REST	RAIN	TS
⊠ Meets Standard   □ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding
FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)				

Use of force incidents at this facility rarely occur according to staff interviewed. Documentation presented indicated a limited number of use of force incidents during the reporting period.

(b)(6), (b)(7)(C)/ August 19, 2010 Reviewer's Signature / Date

# Section III ORDER

**19 Disciplinary System** 

#### PART 3 - 19. DISCIPLINARY SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>The facility has a written disciplinary system using progressive levels of reviews and appeals.</li> </ol>	$\boxtimes$			The disciplinary system has several levels of review and the appeal process is clearly defined in policy.
<ol> <li>The facility rules state that disciplinary action shall not be capricious or retaliatory.</li> </ol>	$\boxtimes$			The detainee handbook and discipline policy indicate discipline shall not be retaliatory.
<ul> <li>Written rules prohibit staff from imposing or permitting the following sanctions:</li> <li>corporal punishment</li> </ul>				
<ul><li>deviations from normal food service</li><li>clothing deprivation</li></ul>	$\boxtimes$			The requirements are clearly addressed in facility policies and
<ul> <li>bedding deprivation</li> <li>denial of personal hygiene items</li> <li>loss of correspondence privileges</li> </ul>				presented during pre-service training.
<ul> <li>deprivation of legal access and legal materials</li> <li>deprivation of physical exercise</li> </ul>				
4. The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	$\boxtimes$			The disciplinary policy is articulated to detainees in the detainee handbook and detainee video.
<ul> <li>5. The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:</li> <li>Rights and Responsibilities</li> </ul>				The prohibited acts and disciplinary scale and sanctions were not conspicuously posted
<ul> <li>Prohibited Acts</li> <li>Disciplinary Severity Scale</li> <li>Sanctions</li> </ul>				in English and Spanish initially during the inspection. However, prior to the completion of the inspection they were posted in the living units.
6. When minor rule violations or prohibited acts occur, informal resolutions are encouraged.				Verbal and written reprimands are encouraged to resolve minor prohibited acts.
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.	$\boxtimes$			Stated in disciplinary policy and observed in two detainee files.

PART 3 – 19. DISCIPLINARY SYSTEM							
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.							
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks			
9. An intermediate disciplinary process is used to adjudicate minor infractions.	$\boxtimes$						
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:							
<ul> <li>Conducts hearings on all charges and allegations referred by the UDC</li> </ul>							
<ul> <li>Considers written reports, statements, physical evidence, and oral testimony</li> </ul>							
<ul> <li>Hears pleadings by detainee and staff representative</li> </ul>							
• Bases its findings on the preponderance of evidence							
<ul> <li>Imposes only authorized sanctions</li> </ul>							
11. A staff representative is available if requested for a detainee facing a disciplinary hearing							
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				Six circumstances are identified in the facility policy which allow for postponements and continuances.			
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	$\boxtimes$			For greatest severity offenses up to 60 days can be sanctioned for each offense. No detainee was in segregation during the time of review.			
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".							
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.							
PART 3 – 19. DISCIPLINARY SYSTEM							
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding							

The facility has very few disciplinary incidents as indicated by a review of the disciplinary files.

A review of several current detainee files revealed only two detainees involved in any disciplinary incidents.

(b)(6), (b)(7)(C) / August 19, 2010 Reviewer's Signature / Date

## **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					
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 has been certified by the ServSafe program. The FSA determines the responsibilities of the food service staff. The responsibilities of the cooks and cook foreman are in writing.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.				The assistant food service administrator provides coverage when the FSA is off duty.
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				
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				All knives are secured in a lockable knife cabinet when not in use. Knives and keys are inventoried on a perpetual basis consistent with the Tool Control standard.
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				
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.				
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.				
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.				Food service is provided by approved trained personnel. The FSA does monitor population count procedures in support of security personnel.

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	
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.				A daily hygiene check of detainees and staff is conducted and documented for each shift.	
<ol> <li>The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.</li> </ol>	$\boxtimes$				
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$			Documentation is maintained in the food service area and records division, verifying that the rules and procedures are covered with newly assigned volunteer workers.	
<ul> <li>12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates:</li> <li>Safe work practices and methods.</li> <li>Safety features of individual products/ pieces of equipment.</li> <li>Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>					
13. The Cook Foreman documents all training in individual detainee detention files.				Detainee files were reviewed and supported compliance with this component of the standard.	
14. 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.					
15. 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.				Detainees are served at least two and sometimes three hot meals each day. Feeding times are consistent with the standard.	
<ol> <li>For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.</li> </ol>				The facility does not use a cafeteria style food delivery operation.	

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
<ol> <li>The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.</li> </ol>	$\boxtimes$			
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 registered dietitian conducted a complete master nutritional analysis on February 22, 2010. A follow-up analysis is conducted periodically when required.
<ol> <li>The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.</li> </ol>				
<ul> <li>20. The Cook Foreman has the authority to change menu items if necessary.</li> <li>If yes, documenting each substitution, along with its justification, with copy to the FSA</li> </ul>	$\boxtimes$			Documentation is provided every time a substitution is provided identifying the date, food item substituted, replacement item, and reason for substitution. The cook foreman has the authority to change the scheduled item when needed.
21. All staff and volunteers know and adhere to written "food preparation" procedures.	$\boxtimes$			

PART 4 – 20. FOOD SERVICE				
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.				
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks
<ul> <li>22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main.</li> <li>Changes to the planned Common Fare menu can be made at the facility level.</li> <li>Hot entrees are offered three times a week.</li> <li>The Common Fare menus satisfy nutritional recommended daily allowances (RDAs).</li> <li>Staff routinely provide hot water for instant beverages and foods. <ul> <li>Common Fare meals are served with:</li> <li>Disposable plates and utensils.</li> <li>Reusable plates and utensils.</li> </ul> </li> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items.</li> </ul>				
<ol> <li>Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.</li> </ol>				
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.				Requests to participate in Common Fare meals are initially screened by the appropriate chaplain and approved by a supervisor.
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.				
<ul> <li>26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> <li>Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate.</li> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> <li>27. The food service program addresses medical</li> </ul>				There were 21 detainees on
diets.				a medical diet on the first day of the review.

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	Does Not Meet Standard	N/A	Remarks	
<ol> <li>Satellite-feeding programs follow guidelines for proper sanitation.</li> </ol>					
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.				Food items are served at appropriate "safe" temperatures as indicated by temperature checks and supportive documentation.	
<ol> <li>All meals provided in nutritionally adequate portions.</li> </ol>					
<ol> <li>Food is not used to punish or reward detainees based upon behavior.</li> </ol>	$\boxtimes$				
<ul> <li>32. The food service staff instruct detainee volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food, and;</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>					
<ol> <li>Everyone working in the food service department complies with food safety and sanitation requirements.</li> </ol>	$\boxtimes$				
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food- preparation areas.				Written procedures are in affect for weekly inspections. Safety and food service staff maintains files of each weekly inspection conducted.	
<ol> <li>Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.</li> </ol>					
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	$\boxtimes$			Temperature checks of the dishwashing machine were posted and current.	
<ol> <li>(MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.</li> </ol>				Log checks are maintained next to the refrigerators and freezers and staff records the temperatures after each check is made.	
<ol> <li>The cleaning schedule for each food service area is conspicuously posted.</li> </ol>					
<ol> <li>Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.</li> </ol>					

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.	$\square$			
41. Food service personnel conduct shakedowns along with detention staff.	$\boxtimes$			
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.			$\boxtimes$	The component only applies to a SPC. Meals are consumed in the living units and ICE personnel are not required to participate in dining room supervision.
<ol> <li>Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.</li> </ol>	$\boxtimes$			
44. <u>In SPCs only:</u> the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.			$\boxtimes$	The component applies only to a SPC. Cost estimates are established on a regular basis.
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.				An air curtain is used on the outside freezer.
47. Staff comply with the ICE requirements for "food receipt and storage.				
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.				
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.				
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.				Detainees eat their meals in the common area of the housing units. Trays are picked up after the last detainee finishes his/her meal.
<ul> <li>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.</li> <li>Corrective action is taken on deficiencies, if any.</li> </ul>				The New Jersey Department of Public Health completed an inspection on May 26, 2010, citing no major deficiencies.
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.				

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	
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.					
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 conducted every other week by a private vendor. Documentation presented reflects compliance.	
PART 4 – 20. FOOD SERVICE					
🛛 Meets Standard 🛛 🗌 Does Not Meet Sta	Meets Standard Does Not Meet Standard N/A Repeat Finding				

Satellite meals are provided to detainees in their living unit.

At least two hot meals certified by a registered dietitian are served each day.

Special diets for medical and/or religious purposes are prepared daily. The facility had a total of 35 detainees on some type of special diet on the first day of the review.

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	
<ol> <li>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.</li> </ol>	$\boxtimes$			Local Operating Procedure titled "Management of Hunger Strikes" requires that when a detainee indicates he or she is beginning a hunger strike or a detainee who refuses food for 72 hours, the Health Services Administrator, Clinical Director or designee are notified. The detainee will be brought to the Health Services Unit observation room for monitoring and evaluation after 72 hours without food/liquid. The health services administrator confirmed this standard practice.	
2. Facility immediately reports via the chain of command a hunger strike to ICE/DRO.				Local Operating Procedure titled "Management of Hunger Strikes" requires that the clinical director or designee will complete a Medical/Psyche Alert Form (DIHS 834) to notify the OIC, ICE Office on-site, and DIHS Headquarters of a detainee on hunger strike. This incident notification procedure was confirmed by the health services administrator and the ICE officer on-site.	
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	$\boxtimes$			Local Operating Procedure titled "Management of Hunger Strikes" provides detailed procedures to respond immediately to a detainee who has indicated a hunger strike or refused food for 72 hours, and the referring procedures to medical staff for evaluation and monitoring.	

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		
<ol> <li>Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.</li> </ol>				This facility's Policy & Procedures titled "Management of Hunger Strikes" requires that a detainee who is on hunger strike will be placed in isolation in the Health Services Unit observation room in order to monitor food intake and fluids. The health services administrator and warden were interviewed and confirmed this procedure.		
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	$\boxtimes$			Detainees who refuse food for 72 hours are referred to the medical staff who authorized the placement of the detainee in the Special Management Unit or the observation room in the Health Services Unit. This practice was confirmed by the health services administrator and warden.		
<ol> <li>Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.</li> </ol>	X			Local Operating Procedures titled "Management of Hunger Strikes" requires that medical staff will take and record vital signs including weight initially and at least daily thereafter, while the detainee is on a hunger strike. This procedure was confirmed by the health services administrator.		

PART 4 – 21. HUNGER STRIKES					
This Detention Standard protects detainees' health and we appropriate, treating any detainee who is on a hunger strike		y by monito	oring, o	counseling and, when	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
7. The facility medical authority obtains a hunger striker's consent before medical treatment.				This facility requires that informed consent is documented on a written form, utilizing the DIHS Medical Consent Form (DIHS-793) containing the detainee's signature and health services staff witness signature prior to provision of medical care, medical evaluations, diagnostic procedures, routine care and medical/dental treatments as deemed necessary, advisable or appropriate as required in Local Operating Procedure No: J-67 titled "Informed Consent". The intake screening medical staff obtain this medical informed consent form during intake screening upon a detainee's arrival at this facility.	
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, α <sub>b</sub> )(7)(E)staff/provider signatures indicating detainee refusal to sign form.				Local Operating Procedure No: J-68 titled "Refusal of Treatment Procedure" requires that detainees have the right to refuse in writing medical screening, medical treatment, medical procedures, and medications by completing the DIHS Refusal Form (DIHS Form 820). This form must be signed, dated, and the time indicated by the detainee and witnessed by a staff signature. If the detainee refuses to sign this form, the refusal must be witnessed byb)(7)(Bataff members by signing in the witness signature block.	
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.				Local Operating Procedure titled "Management of Hunger Strikes" requires that food service will provide three meals each day for the detainee unless otherwise directed by the clinical director and that regardless of the detainee's response to a verbally offered meal, staff will physically deliver each meal.	

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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
10. Staff maintains the hunger striker's supply of drinking water/other beverages.				Local Operating Procedure titled "Management of Hunger Strikes" requires that an adequate supply of drinking water will be made available at all times and staff shall offer other beverages to the detainee during a hunger strike. The Isolation room and observation room utilized for a hunger strike detainee has a continuous water supply.
11. During a hunger strike, staff removes all food items from the hunger striker's living area.				Local Operating Procedure titled "Management of Hunger Strikes" requires that staff shall remove from an observation room all food items not authorized by the medical provider. The detainee may not purchase commissary/vending machine food items while under hunger strike. This procedure was confirmed by the health services administrator.
12. Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	X			Local Operating Procedure titled "Management of Hunger Strikes" utilize the Hunger Strike Monitoring Form (DIHS 839) to document all food and water/liquids intake and the form is filed in the detainee's medical record.
13. The medical staff have written procedures for treating hunger strikers.				Local Operating Procedure titled "Management of Hunger Strikes" provides step- by- step procedures for medical staff to treat detainees reported for refusing to eat and/or drink for a period of 72 hours or on a declared hunger strike.

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
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.				Local Operating Procedure titled "Management of Hunger Strikes" requires that before medical treatment is administered against the detainee's will, staff must make every reasonable effort to convince the detainee to accept treatment voluntarily. Staff document their efforts in the detainee's 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 receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.				Facility security staff and medical staff receive hunger strike identification, notification, referral, evaluation, monitoring, and treatment of hunger strikes training during their orientation course and annually training thereafter. Reviewed the Local Operating Procedures on Management of Hunger Strikes and the Hunger Strike Training Lesson Plan. The health services administrator and warden confirmed this training.
PART 4 – 21. HU				
⊠ Meets Standard □ Does Not Meet St	andard	□ N/A		Repeat Finding

The Elizabeth Contract Detention Facility has established policies and procedures that contain the required provisions for the identification, notification, referring, monitoring, observation, management, and treatment of detainees engaging in a hunger strike. The facility staff receive training on hunger strikes during their orientation and annual refresher training programs. No detainees were currently on hunger strike during this review. This standard's rating was based on a review of established policies and procedures, observation, and interview with staff.

PART 4 – 22. MEDICAL CARE				
This Detention Standard ensures that detainees have prevention and health education, so that their health ca				
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 services unit is operated by the Division of Immigration Health Services (DIHS) and is currently accredited with the National Commission on Correction Health Care (NCCHC), Joint Commission Accreditation of Health Care Organization (JCAHO), and American Corrections Association (ACA). The health services unit operates under Federal and State Guidelines and Regulations of the New Jersey Department of Health. The facility's medical practitioners' medical licenses are valid and current.
2. The facility's in-processing procedures of arriving detainees include medical screening.				Local Operating Procedure No: J- 30 titled "Medical Intake Screening" requires that all detainees have an initial medical health screening performed by the health care staff using the DIHS Intake Screening Form (DIHS Form 795-A). All medical records reviewed showed completed Intake Health Screening forms by the nursing staff.
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.				Local Operating Procedure titled "Staffing Levels' provides a staffing plan developed and reviewed annually by the ICE Health Services Division. The plan provides care 7 days a week, 24 hours a day. Medical staffing includes the following full-time staff: clinical director, health services administrator, administrative assistant/medical record technician, pharmacist, physician assistant, 7 (Fegistered nurses, and a part-time staff psychiatrist and 7) (Fegistered nurses.

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	VIA	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.	$\boxtimes$			Detainees are informed on how to access health services during intake screening and through the detainee handbook in English, Spanish and in six other various languages. The medical unit has staff who can speak different languages, such as Creole, Tagalog and if needed through the contract Telephone International Languages Translation Line or through the ICE language translation program.			
5. Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	$\boxtimes$						
<ol> <li>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.</li> </ol>				The facility's health services unit is operated by Public Health Service personnel and civilian medical staff who provides direct care. All personnel are required to have tuberculosis tests completed prior to their job assignment. The staff are periodically offered hepatitis B vaccine series during their tour of duty in this facility.			
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.				The facility's health services staff are certified, licensed medical practitioners whose duties, job descriptions, are in compliance with state and federal requirements.			
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 facility provides each detainee a copy of the detainee handbook upon admission to the facility. The handbook provides instruction on how to access health care services. The handbook is in English, Spanish, and in 6 other languages. In the event another language is needed, the contract Telephone International Translator Line or an ICE language translator is requested.			

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		
9. In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	$\boxtimes$			The facility's medical personnel credentialing and verification complies with established standards by the NCCHC and JCAHO. Certificates and licenses of medical practitioners are current, valid, and on file.		
<ul> <li>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.</li> <li>When screening is performed by a detention officer, the facility maintains documentation of the officer's special training.</li> </ul>	$\boxtimes$			In this facility, all newly admitted detainees receive initial medical, dental, and mental health screening by nursing staff within 12 hours of arrival. This facility does not utilize detention officers or train officers to perform the above functions. This practice was confirmed by the health services administrator.		
11. (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.				The facility has medical staff who can speak different languages, such as Spanish, Creole, Tagalog and if needed, the contract Telephone International Languages Translation Line assistance is obtained or the ICE Language Translation Program is requested as required by Local Operating Procedures No: J-30 titled "Medical Intake Screening".		
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	$\boxtimes$			This facility has four (4) exam rooms, pharmacy room, nurses' station, negative pressure room, two (2) holding/waiting rooms, biohazard waste room, conference room, and three (3) administrative offices. The medical unit affords each detainee privacy when receiving health care.		
13. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	$\boxtimes$			This facility's health services unit is a restricted access area within the confines of the secure perimeter.		
14. The medical facility entrance includes a holding/waiting room.				This facility's health services unit entrance has two (2) holding/waiting rooms for detainees scheduled to be seen by medical staff.		

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	AIA	Remarks	
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.				This facility's health services unit holding/waiting rooms are controlled and supervised by a health services unit assigned officer when detainees are waiting for their scheduled appointments.	
16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	$\boxtimes$			One holding/waiting room does not have drinking water or a toilet. One holding/waiting room has a drinking fountain and no toilet. Detainees may have access to drinking water and a toilet located in front of the nurses' station upon request.	
<ul> <li>17. Medical records are kept apart from other files. They are: <ul> <li>Secured in a locked area within the medical unit.</li> <li>With physical access restricted to authorized medical staff.</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul> </li> </ul>				Local Operating Procedure No: J- 61 titled "Health Records/ Confidentiality and Security" requires the medical records office to be locked at all times when a medical records technician or staff member is not present. Health information and the health records are maintained separately from the confinement records in a secure area inside the medical unit. Access to health records and health information is controlled by the health authority with limited access by non-medical personnel or on a "need to know basis". This facility has its medical records electronically filed. According to the health services administrator, no medical record copies are made and filed in the detainee's other facility files.	

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		
18. (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	X			The facility's DIHS Medical Consent Form (DIHS - 793) is completed during the admission process prior to medical screening, medical examination, medical evaluations, diagnostic procedures, routine care and medical/dental treatment. Intake screening staff ensure that all detainees sign this DIHS Medical Consent Form as required in Local Operating Procedure No: J-67 titled "Informed Consent". All detainees' medical records reviewed has a signed and dated DIHS Medical Consent Form.		
19. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				The facility utilizes the DIHS Authorization for Release of Confidential Health Information Form (DIHS Form 003) for a detainee to sign for the release of confidential medical information to outside sources which requires a dated detainee's signature and which must be witnessed and confirmed by a staff signature.		
20. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				An interview with the health services administrator revealed that the medical staff is given enough advance notice (two days) to prepare transfer medical summary reports, or copies of medical records, and medications as necessary, prior to the release or transfer of a detainee.		
21. A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				Local Operating Procedures No: J- 61 & J-62 titled Transfer of Health Records" requires that when a detainee is transferred to another correctional facility, a completed medical summary form (DIHS-792) will be attached and transferred with the detainee.		

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	VIA	Remarks	
22. Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."				This facility requires that health information will be sealed for transport in a sealed envelope marked "Confidential Medical Information". This was confirmed by the registered nurse interviewed.	
23. Medical screening includes a Tuberculosis (TB) test.	$\boxtimes$			This facility's does not perform PPD test as part of the medical intake screening. However, all newly arrived detainees are chest X-rayed during intake screening. Medical records reviewed, revealed that all detainees admitted in this facility had chest X-ray performed during admission.	
<ul> <li>24. All detainees receive a mental-health screening upon arrival. It is conducted:</li> <li>By a health care provider or specially trained officer;</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>				All detainees received at this facility receive a mental-health screening upon admission by nursing staff. The DIHS Intake Screening Form (DIHS Form 795- A) is completed. The intake screening forms are completed prior to housing assignment. All medical records reviewed revealed completed mental health screening. This facility does not use or train detention officers to conduct detainee mental health screenings.	
25. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				Local Operating Procedure No: J- 42 titled "Continuity of Care" requires that the transfer screening is performed by qualified health care professionals on all intra-system transfers to provide continuity of care.	

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		
26. (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.				Local Operating Procedure No: J- 33 titled "Health Assessment and Physical Examination" requires that within 14 days after arrival, all detainees will have a complete health assessment and physical examination. The Health Assessment/Physical Examination Form (DIHS Form 795-B) is completed and electronically filed. Ten electronically filed medical records reviewed revealed that physical examinations were completed within 14 days of admission.		
27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				Local Operating Procedure No: J- 34, J-35 titled "Sick Call" requires that all detainees may access health care through sick call request forms available to all detainees including those detainees housed in segregation units. This procedure was confirmed by the health services administrator and warden.		
<ul> <li>28. Staff provide detainees with health- services (sick call) request slips daily, upon request.</li> <li>Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population.</li> <li>Service-request slips are delivered in a timely fashion to the health care provider.</li> </ul>				Local Operating Procedure No: J- 34, J-35 titled "Sick Call" requires that sick call forms be available to detainees from the unit officer upon request at any time. Sick Call Request Forms are available in Spanish, Portuguese, Arabic, French, Chinese, and Albanian languages. A number of detainees speak the Creole language. They are readily accommodated by a physician assistant who speaks that language. The completed sick call forms are then collected, triaged daily by the nursing staff, and detainees are referred to the physician immediately as deemed necessary. This procedure was confirmed by the health services administrator.		

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	
29. (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.				Local Operating Procedure No: J- 36 titled "Urgent Care" provides 24 hour health care coverage and a written plan to ensure 24 hour emergency medical, mental health, and dental care is available to all detainees 7 days a week. The health services unit has 24 hour staff coverage, mainly staffed by a registered nurse after regular working hours. The physician, physician assistant, and contract psychiatrist are on call 24 hours a day, 7 days a week.	
30. The plan includes an on-call provider.				This facility's health services unit 24 hour coverage is mainly staffed by registered nurses. The physician, physician assistant, and the contract psychiatrist are on call 24 hours a day, 7 days a week.	
31. The plan includes a list of telephone numbers for local ambulances and hospital services.				The scheduled list of emergency on call numbers was reviewed. This emergency on call plan included a list of names and telephone numbers of medical services providers, hospital emergency numbers, and ambulance, which was posted in the health services unit. This is also addressed in Local Operating Procedure No: J-29 titled "Hospital and Specialized Ambulatory Care.	
32. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				Local Operating Procedure No: J- 36 titled "Urgent Care" requires that if emergency or routine transport of a detainee is necessary, the facility's tour commander will be notified for the mode of transportation. Correctional staff who are first aid/CPR/AED certified and trained in proper emergency transfer procedures will facilitate immediate movement of detainee while maintaining security and safety.	

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		
33. (MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	$\boxtimes$			All staff in this facility is certified in first aid, CPR, and AED annually. This training is required by Local Operating Procedures No: J-18 titled "CPR Certification" and No.: J-19 titled "Health Related Training For Detention Officers". Reviewed updated and current CPR certificates of all health care staff. Every area in the facility can be accessed in less than one minute. Training was confirmed by the health services administrator and warden.		
34. Where staff are used to distribute medication, a health care provider properly trains these officers.				Local Operating Procedure No: J- 26 titled "Pharmacy" Section VII. Administration of Pill Line Medications requires that all pill lines be conducted in the clinic by the pharmacist and nursing staff. This facility does not train nor use custody officers to distribute medications or conduct pill line. This was confirmed by the health services administrator and pharmacist.		
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				Local Operating Procedures No: J- 26 titled "Pharmacy" requires pharmaceuticals be stored in manner to maintain their integrity, stability, and efficacy. Additionally, they are to be inventoried, dispensed, and administered in a locked secured, medication room in accordance with the U.S. Public Health Standards. Access and control of medications are strictly limited to appropriate staff members as required in Local Operating Procedure.		

PART 4 – 22	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	
<ul> <li>36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: <ul> <li>A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.</li> <li>A method for obtaining medicines not on the formulary.</li> <li>Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed.</li> <li>Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications.</li> <li>Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.</li> </ul> </li> </ul>				Local Operating Procedure No: J- 26 titled "Pharmacy" provides specific procedures to follow in the management of pharmaceuticals which addresses each of the listed requirements of this component.	
<ul> <li>37. All pharmaceuticals are stored in a secure area with the following features: <ul> <li>A secure perimeter;</li> <li>Access limited to authorized medical staff (never detainees);</li> <li>Solid walls from floor to ceiling and a solid ceiling;</li> <li>A solid core entrance door with a high security lock (with no other access); and</li> <li>A secure medication storage area.</li> </ul> </li> </ul>				The facility's pharmaceuticals were observed to be stored in a secured pharmacy room in the Health Services Unit with solid walls from floor to ceiling and a solid ceiling with light fixtures, with a solid entrance door. The entrance door has a residential handle lock, not a high security lock. Access and control of medications are strictly restricted to appropriate staff members as required by Local Operating Procedure No: J-26 titled "Pharmacy".	

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		
<ul> <li>38. In SPCs and CDFs, the pharmacy has a locking pass-through window.</li> <li>Administration and management in accordance with state and federal law.</li> <li>Supervision by properly licensed personnel.</li> <li>Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent.</li> <li>Accountability for administering or distributing medications in a timely manner and according to physician orders.</li> </ul>		$\boxtimes$		The facility's pharmacy room has a non-operable locking pass-through window to administer and manage pill line medications. The medications are administered by the pharmacist or by the nursing staff using a medication cart inside the holding/waiting room with direct supervision by the assigned health services unit officer. Medications are dispensed by a licensed pharmacist, and supervised by the health services administrator as required by Local Operating Procedure No: J-26 titled "Pharmacy".		
39. Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.				Local Operating Procedure No: J- 26 titled "Pharmacy" requires that pill line medication administration is conducted by the nursing staff as determined by the clinical director. Medication administered is recorded on the Medication Administration Record (MAR).		
<ul> <li>40. Medication may not be delivered or administered by detainees.</li> <li>In facilities that are medically staffed 24 hours a day, the health care provider distributes medication.</li> <li>In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty.</li> </ul>				This facility is medically staffed by nursing staff 24 hours a day. Nursing staff administer medication as ordered by the physician as required by Local Operating Procedure No: J-26 titled "Pharmacy". No medication is delivered or administered by detainees in this facility.		
41. The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.	$\boxtimes$			This facility utilize a licensed, trained pharmacist and nursing staff to administer medications. No officer is trained or used to dispense medication.		

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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	
42. The Warden/Facility receives notification that a detainee that has special medical needs.	$\boxtimes$			Local Operating Procedure No: J- 42 titled "Continuity of Care" requires that during intake screening, the nursing staff review all transfer summary reports arriving with the detainee. A Special Needs Form (DIHS-819) is maintained in the medical record and sent to the ICE Officer-in- Charge and the facility custody Officer-in-Charge to communicate special detainee requirements due to medical conditions. Medical/Psychiatric Alert Form (DIHS -834) is utilized to communicate special detainee requirements.	
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.				Local Operating Procedure No: J- 42 titled "Continuity of Care" requires that referral to facilities in the healthcare network will be made when necessary medical treatment is beyond the scope of care available in this facility's health services unit. This was confirmed by the health services administrator and the clinical director.	
<ul> <li>44. (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: <ul> <li>Coordination with public health authorities;</li> <li>Ongoing education for staff and detainees;</li> <li>Control, treatment, and prevention strategies;</li> <li>Protection of individual confidentiality;</li> <li>Media relations;</li> <li>Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and</li> <li>Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations.</li> </ul> </li> </ul>				Local Operating Procedure titled "Infectious Disease Reporting" requires the contracted laboratory to notify the New Jersey State Department of Health of any reportable conditions. All communicable diseases in this facility are treated in accordance with the Infectious Disease Management Technical Reference Manual as required by Local Operating Procedure No: J-30 titled "Medical Intake Screening". This facility has a Health Promotion/Disease Prevention Program incorporated into each clinic visit to educate, control, treat, and prevent diseases.	

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	<b>V/N</b>	Remarks	
45. Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	$\boxtimes$			Detainees with a communicable disease are treated in accordance with the Infectious Disease Management Technical Reference Manual as required by Local Operating Procedure No: J-30 titled "Medical Intake Screening".	
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.				In this facility, all detainees receive chest X-ray as the primary screening method. Detainees not screened or having symptoms suggestive of TB and awaiting X- ray results, are housed separate from the general population in the negative pressure room in the health services unit. This was confirmed by the health services administrator.	
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.				In this facility, detainees with symptoms suggestive of positive TB are placed in the negative pressure room in the health services unit. This practice was confirmed by the health services administrator.	
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.				In this facility, during an emergency situation, the ambulance (EMS) is called or the Corrections Corporate of America (CCA) van is used.	
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.				Local Operating Procedure No: J- 49 titled "Chronic Care Patients" addresses procedures to provide care to detainees with chronic care conditions approved by the physician. This was confirmed by the clinical director.	

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have prevention and health education, so that their health ca				· · · · ·	
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.				Local Operating Procedure No: J- 53 titled Pregnancy Screening and Prenatal/Postnatal Care, J-53 and J-56 titled "Pregnancy Counseling" requires that all females entering the facility will be tested for pregnancy before being prescribed medications and before X-ray procedures are ordered. A Medical/Psyche Alert Form (DIHS- 834) will be completed on all detainees who are pregnant. The clinical director or designee assures that a referral is made for OB/GYN clinic evaluation. Counseling will be performed by the OB/GYN clinic staff and follow- up visits will be performed as prescribed by the clinical director or designee. Female medical records reviewed indicated all female detainees received pregnancy test upon admission.	
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				Local Operating Procedure No: J- 49 titled "Chronic Care Patients" provides that if a chronic health problem is discovered, a Chronic Disease Flow Sheet is initiated to monitor the course of therapy deemed appropriate by the clinical provider. Reviewed a list of detainees monitored in different Chronic Care Clinics. Interview with the clinical director confirmed this standard practice.	
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.				Based upon the assessment of newly arrived detainee, DIHS Form 819 is completed and maintained in the medical record and a copy is sent to the ICE Officer-in-Charge and custody staff to communicate the medical disposition of detainee requiring special consideration for housing, transfer, or transportation. Interview with the health services administrator confirmed this process.	

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	VIN	Remarks	
53. Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.				This facility does not have an on- site dentist. However, detainees requiring emergency and routine dental care are referred to the off- site contract dentist.	
54. (MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.					
55. Crisis intervention services are available for detainees who experience acute mental health episodes.	$\boxtimes$				
56. Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	$\boxtimes$			This facility has four examination rooms and several female medical staff. Medical and mental health interviews, examinations, and procedures are conducted maintaining the detainee's privacy and respect. Female detainees are provided female escorts for health care by a male health provider. This was confirmed by the health services administrator.	
57. (MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	$\boxtimes$			A comprehensive evaluation of a detainee referred for mental health treatment is completed by a contract psychiatrist. Evaluation is completed within 14 days as determined by a list of detainees evaluated by the psychiatrist.	

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	VIA	Remarks	
<ul> <li>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: <ul> <li>The conditions under which restraints may be applied;</li> <li>The types of restraints to be used;</li> <li>How a detainee in restraints is to be monitored;</li> <li>The length of time restraints are to be applied;</li> <li>Requirements for documentation, including efforts to use less restrictive alternatives; and</li> <li>After-incident review.</li> </ul> </li> <li>The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form.</li> </ul>				Local Operating Procedure titled (b)(7)e	

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
<ul> <li>59. (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: <ul> <li>Specify the duration of therapy;</li> <li>Obtain an order authorizing the administration of the drug from a Federal District Court.</li> <li>Document that less restrictive intervention options have been exercised without success;</li> <li>Detail how the medication is to be administered;</li> <li>Monitor the detainee for adverse reactions and side effects; and</li> <li>Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul> </li> </ul>				(b)(7)e
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.				Upon arrival, detainees have initial dental screening and within 14 days of admission detainees are provided a dental screening exam by the physician assistant or the physician as required in Local Operating Procedure No: J-32 and J-33 titled "Dental Treatment". Detainees with dental problems are referred to an outside contract dentist. All medical records reviewed indicated a dental screening examination completed within 14 days.

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		
61. In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.				Local Operating Procedure No: J- 16 and J-36 titled "First Aid Kit/Emergency Bag" requires that the first aid kit or emergency bag contents be determined by the clinical director and approved by the health services administrator and warden. The contents are reviewed by a staff nurse/ safety officer and the facility safety officer on a monthly basis. First Aid kits are located in common places (hallways, special housing unit, kitchen, break room, female units, administrative offices, transportation vans) tagged and accessible to staff. Reviewed the First Aid Kit Monthly inspection sheets.		
62. An automatic external defibrillator should be available for use at the facility.	$\boxtimes$			All staff in this facility are trained on the use of the automatic external defibrillator (AED). Observed that an AED is kept in the Health Services Unit Triage Room and in the on-site ICE office wall.		
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	$\boxtimes$			An interview with the health services administrator revealed that in the event a detainee refuses treatment, the ICE on-site office the ICE DIHS office will be immediately notified for disposition.		
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 health services administrator and other facility department supervisors meet with the warden weekly. Reviewed weekly meeting minutes filed in the health services administrator's office.		

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	NIA	Remarks	
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.				Local Operating Procedures No: J- 13 titled "Safety Management Program" and No: J-13, EC.1.5 titled "Hazardous Materials Management Plan", No: J-12, J- 13, EC, 1.5 titled "Biomedical Waste Management plan", and Local Operating Procedure No: J- 13, EC1.5 titled "Blood and Body Fluid/Hazardous Cleanup procedure" provides various program management in accordance with the applicable local, state and federal regulations. Biohazard waste materials are collected by Stericycle company. There is no dental department on-site and no dental equipment decontamination is required in this facility.	
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.       This facility has a Local Performance Improvement Committee to conduct internal and quality assurance reviews as required in the DIHS Health Services Performance Improvement Plan. A Local Performance Improvement Committee is required by Local Operating Procedure No: J-05 titled "Local Performance Improvement Committee and the clinical director is assigned as the chairperson. Reviewed the Performance Improvement Data file.         PART 4 – 22. MEDICAL CARE					
🛛 Meets Standard 🛛 🗌 Does Not Meet	Standa	ard 🗌	N/A	☐Repeat Finding	

The Elizabeth Contract Detention Facility's health services unit provides an environment that is appropriately staffed. Staffing provides 24 hour coverage. A written emergency 24 hour on- call plan is established to provide immediate/urgent/emergency medical services.

Medical, mental, and dental screening are performed by the nursing staff. A chest X-ray is performed immediately upon arrival and physical examinations including a dental screening examination are performed within 14 days.

All detainees have access to health care via a Sick Call Request Form, available in several languages from the Unit Officer and from the nursing staff who conducts daily unit rounds, including the Special Management Unit (SMU) detainees.

A number of detainees speak various languages such as the Creole language. These detainees are readily accommodated by the physician assistant who speaks this language or the Telephone Translation Line is utilized. Completed Sick Call Requests are picked up daily, triaged, and referred accordingly to the physician by the nursing staff. Medications are dispensed by a pharmacist.

The pharmacy room does not have high security lock installed and pill line pass through window of the pharmacy room is non-operable. Therefore, prepared medications are administered by the pharmacist or by the nursing staff from medication cart in the detainee holding/waiting room with direct supervision by the assigned health services unit officer.

Records of administration of medications are maintained in the Medical Administration Record (MAR).

All staff are trained on first aid, CPR and AED. A biohazard waste management plan is established which utilizes Stericycle company for biohazard waste disposal.

A Performance Improvement Committee is established to conduct internal and quality assurance program reviews.

PART 4 – 23. PERSONAL HYGIENE				
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.</li> <li>The supply of these items exceeds the minimum required for the number of detainees.</li> </ol>	$\boxtimes$			The procedures for issuance of clothing, bedding, towels, and hygiene items are specified in facility policy Sanitation and Hygiene.
<ol> <li>All new detainees are issued clean, temperature- appropriate, presentable clothing during in-processing. Detainees receive, at a minimum:</li> </ol>				All detainees are issued three
One uniform shirt and one pair of uniform pants or one jumpsuit.	$\bowtie$			uniforms, three pairs of socks, three underwear, one pair of shoes and one pair of shower
<ul><li>One pair of socks.</li><li>One pair of underwear (daily change).</li></ul>				shoes.
One pair of facility-issued footwear.				
3. Additional clothing is available for changing weather conditions and as is seasonally appropriate.	$\boxtimes$			
<ul> <li>4. New detainees are issued clean bedding, linens and towels, at a minimum: <ul> <li>One mattress</li> <li>One blanket</li> <li>Two sheets</li> <li>One pillow</li> <li>One pillowcase</li> <li>One towel</li> <li>Additional blankets, based on local weather conditions.</li> </ul> </li> <li>5. The facility provides and replenishes personal</li> </ul>				
hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.				
<ul> <li>6. Toilet facilities are:</li> <li>Clean</li> <li>Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas.</li> <li>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.</li> </ul>				The male housing units D, E, H, F, and G have four toilets each with a capacity of 44 detainees. The female housing units, J, K, L, and M have 1 toilet for a capacity of six detainees. The female housing unit N has 4 toilets for a capacity of 28 detainees. The ratio for toilet facilities meets the components requirements.
7. Bathing facilities are:	$\boxtimes$			Temperatures are maintained

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PART 4 – 23. PER	SONAL	. HYGIENI	E		
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	
<ul> <li>Clean</li> <li>Operable with temperatures between 100 and 120 degrees Fahrenheit.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.</li> <li>ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.</li> </ul>				between 106 - 110 degrees. The ratio for showers and wash basins per detainees meets the requirements.	
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	$\boxtimes$				
<ul> <li>9. Detainees are provided clean clothing, linen and towels.</li> <li>Socks and undergarments - daily.</li> <li>Outer garments - twice weekly.</li> <li>Sheets - weekly.</li> <li>Towels - weekly.</li> <li>Pillowcases - weekly.</li> </ul>				Socks and undergarments can be washed daily. Sheets, towels, and pillowcases can be washed twice a week.	
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.	$\boxtimes$				
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.					
PART 4 – 23. PER	SONAL	HYGIEN	E		
🛛 Meets Standard 🛛 🗌 Does Not Meet Sta	andard	□ N/A		Repeat Finding	

Three housing units were not in use during this review due to the population count.

Each of the pods has the capacity to house 20 detainees.

All detainees are provided sufficient personal hygiene items and opportunities for exchange while at the facility.

	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.						
po							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
int au	The facility has a written suicide prevention and ervention program approved and signed by the health thority and Facility Administrator and reviewed nually.	$\boxtimes$			The facility's medical staff and general staff/officers received suicide prevention training during their orientation program and annual refresher training course. Suicide Prevention Training is required of all staff in Policy & Procedure No: 9-19 titled "Suicide Prevention/Risk Reduction" and Local Operating Procedure No: J- 51 titled "Suicide Prevention". Reviewed the Staff Suicide Prevention Training Lesson Plan. The health services administrator was interviewed and confirmed the training.		
2. •	At a minimum, the Program shall include procedures to address: Intake screening and referral requirements;						
•	The identification and supervision of suicide-prone detainees;					Facility Policies and Procedure	
•	Staff training requirements;				No: 9-19 titled "Suicide		
•	The management and reporting of suicidal incidents, suicide watches, and deaths;				Prevention/Risk Reduction" and Local Operating Procedure No: J- 51 titled "Suicide Prevention",		
•	Provision of safe housing for suicidal detainees;	$\boxtimes$			Local Operating Procedure No: J-		
•	Debriefing of any suicides and suicide attempts by administrative, security, and health services staff;	_			51 titled "Suicide Prevention", and the Suicide Prevention Annual Training Lesson Plan was		
•	Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director <del>;</del>				reviewed and provided detailed procedures addressing these issues.		
•	Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and						
	itten procedures for the proper handling of detainees o exhibit suicidal behavior.						

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	
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	$\boxtimes$			The facility's medical staff and general staff/officers received suicide prevention training during their orientation program and annual refresher training course. Suicide Prevention Training is required of all staff in Policy & Procedure No: 9-19 titled "Suicide Prevention/Risk Reduction" and Local Operating Procedure No: J- 51 titled "Suicide Prevention". Reviewed the Staff Suicide Prevention Training Lesson Plan. The health services administrator confirmed this training.	
<ul> <li>4. Training prepares staff to:</li> <li>Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> </ul>				Facility Policies and Procedure No: 9-19 titled "Suicide Prevention/Risk Reduction", Local Operating Procedure No: J-51	
<ul> <li>Effective communication between correctional and health care personnel,</li> <li>Necessary referral procedures,</li> <li>Housing observation and suicide-watch level procedures,</li> <li>Follow-up monitoring of detainees who have already attempted suicide, and</li> <li>Reporting and written documentation procedures.</li> </ul>				titled "Suicide Prevention", and the Suicide Prevention Training Lesson Plan were reviewed and they provide detailed procedures for staff to respond in the event a suicide incident occurs.	

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		
<ul> <li>5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</li> <li>Screening does not occur later than one working day after the detainee's arrival.</li> <li>Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.</li> </ul>				This facility's Policy & Procedures No: 9-19 titled "Suicide Prevention/Risk Reduction" requires all health care staff and correctional staff be trained in all aspects of suicide prevention, including the knowledge that a detainee is susceptible to becoming suicidal upon admission to the facility. The nursing staff performs and completes mental intake screening immediately upon detainee's arrival which includes observations of signs and symptoms to suggest potential risk of suicide, past suicide attempts, suicidal behavior, verbal threats, and other signs to suggest potential suicidal risk. All medical records reviewed showed completed Division of Immigration Health Services Intake Screening Form (DIHS Form 795-A) completed by the nursing staff.		
6. Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.	X			Facility Policy & Procedure No: 9- 19 titled "Suicide Prevention/Risk Reduction" provides detailed procedures on when and how to refer a detainee identified as potentially suicidal to the medical staff and mental health staff. This procedure was confirmed by the health services administrator.		
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.				This facility follows the DIHS National Policy regarding Termination of Suicide Watch/Constant Observation. Local Operating Procedure No: J- 51 titled "Suicide Prevention" requires that upon receipt of medical clearance from a qualified psychiatric practitioner by the clinical director, the detainee will be accepted back to this facility's general population with a Correction Corporations of America Watch Form.		

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION				
This Detention Standard protects detainees' health and w potential signs and situations of risk and to intervene with				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8. The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			This facility has designated suicide observation rooms in the segregation unit and in the health services observation room. These designated suicide rooms were confirmed by the facility's warden and the health services administrator
9. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				Facility Policy & Procedure No: 9- 19 titled "Suicide Prevention/Risk Reduction" requires that the designated suicide watch rooms should be as suicide resistant as possible, free of protrusions, and provide full visibility to staff. Personal belongings, objects, and clothing that could be used in a suicidal attempt are removed. The designated suicide rooms in the segregation unit were observed to have a door with a glass window, steel toilet and steel sink mounted on the wall, and the health services unit observation room has glass window in the door, steel sink and toilet mounted on the wall, and a rolling bed and rolling cabinet.
10. Medical staff have approved the room for this purpose.				Policy & Procedure No: 9-19 titled "Suicide Prevention/Risk Reduction" requires that the designated suicide watch observation rooms be approved by the medical or mental staff.
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.	$\boxtimes$			Policy & Procedure No: 9-19 titled "Suicide Prevention/Risk Reduction" and Local Operating Procedure No: J-51 titled "Suicide Prevention" requires that detainees who are suicidal will be continuously observed with documentation of at least fifteen minutes checks on a suicide watch monitoring form (13-63A). There has been no detainees on suicide watch to review for compliance.

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	
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.				Local Operating Procedure No: J- 51 titled "Suicide Prevention" provides monitoring level documentation as directed by the clinical director or psychiatrist.	
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	$\boxtimes$			This facility has 24 hour medical staff coverage with the clinical director and the contract psychiatrist on-call 24-hours. Any detainee identified as suicidal is reported to the ICE office.	
14. 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.				Local Operating Procedure No: J- 51 titled "Suicide Prevention" requires that suicide or serious suicide attempts are reported on a Medical/Drug Incident Report form (DIHS QMD-010) and a critical incident debriefing is conducted by the clinical director.	
PART 4 – 24. SUICIDE PREV	ENTIO	N AND IN	TERV	ENTION	
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding					

Elizabeth Contract Detention Facility's medical and general staff is trained to observe, recognize, identify, intervene, refer, house, and monitor detainees who demonstrate potential suicide risk. Training is provided during new employee orientation training and annual refresher training course. Policies and procedures are established outlining the signs and symptoms, and the documentation required for detainees placed in a medically approved designated suicide watch room. A suicidal detainee is placed on a constant visual one-to-one observation and/or continual 15 minute documentation on the suicide watch monitoring form.

Staff interviewed confirmed the training and responded appropriately regarding procedures for placing detainees on suicide watch. Currently, there is no ICE detainee on suicide watch.

## 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
1. Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	$\boxtimes$			Local Operating Procedure No: J- 30 titled "Medical Intake Screening" requires that when a chronically ill or terminally ill detainee who needs medical care beyond the scope of care available at this facility, will be transferred to an outside medical facility for medical care deemed necessary. This process was confirmed by the health services administrator and clinical director.
<ul> <li>2. The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition.</li> <li>The detainee's location.</li> <li>The visiting hours and rules at that location.</li> </ul>				The facility's DIHS Public Health Service staff follows the DIHS National Standard Guidelines and Local Operating Procedure No: J- 30 titled "Medical Intake Screening" and J-09, J-10 which require that the medical staff notifies the DIHS Medical Director and the ICE Chief of Field Operations of a detainee's medical condition. Notification of next-of- kin, hospital location, and visitation regulations will be made by ICE staff.
<ul> <li>3. There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives.</li> <li>These guidelines include instructions for detainees who wish to have a living will.</li> <li>These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense.</li> </ul>				The facility's DIHS Public Health Service staff follows the DIHS National Standard Guidelines Chapter 2, No: 2.6.1 Living Wills and Advanced Directives and the INS Detention Standard on Terminal Illness, Advance Directives, and Death which address these elements. The guidelines indicate the use of the State Advanced Directive form for implementing Living Wills and Advanced Directives and provides instructions for detainees who wish to have a Living Will, other than the one DIHS provides, or who wish to appoint another individual or attorney to prepare or make advance decisions for him or her.

## 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.

 $\boxtimes$  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
4. There is a policy addressing "Do Not Resuscitate Orders"				The facility's DIHS Public Health Service staff follows the DIHS National Standard Guidelines, Chapter 2, No: 2.6.2 Obtaining Do Not Resuscitate Order (DNR) in DIHS Medical Facilities and the INS Detention Standard on Terminal Illness, Advance Directives, and Death which address this component. There is no infirmary or in-patient care provided in this facility and no Local Institution Supplement (Local Operating Procedure) is required as stated in the National DIHS Standard Policy to have specific procedures and guidelines pertaining to DNR orders.
5. Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				The facility's DIHS Public Health Service staff follows the DIHS National Standard Guidelines, Chapter 2, No: 2.6.2.2 Related Medical Care and INS Detention which requires that any detainee with a "Do Not Resuscitate" order in the medical record is entitled to receive maximal therapeutic efforts short of resuscitation.
6. The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				The facility's DIHS Public Health Service staff follows the DIHS National Standard Guidelines, Chapter 2, No: 2.6.2.1 Notification which requires that the facility notify the ICE Supervisor/Associate Director of the name and basic circumstances of any detainee for whom a "Do Not Resuscitate" order has been written in the medical record. The Associate Director will notify the Office of the Director. The ICE Officer on-site/DIHS is immediately notified by the health services administrator.

## 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	<b>N/A</b>	Remarks	
7. The facility has written procedures to address the issues of organ donation by detainees.	$\boxtimes$			This facility's DIHS Public Health Service staff follows the DIHS National Policy Guidelines, Chapter 2, No: 2.6.4 Organ Donation. An interview with the health services administrator revealed that the ICE DIHS office will be notified of detainee wishing to have organ donation, who retains the authority in regards to this issue.	
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.				The facility's DIHS Public Health Service staff follows the DIHS National Standard Guidelines and Local Operating Procedure No: J- 09, J-10 titled "Notification of Next of Kin" which requires that the ICE Officer-in- Charge be notified in writing of a detainee's death and the ICE Officer-in-Charge will notify the detainee's next-of-kin. There has been no detainee death in this facility for the last 12 months.	
9. The facility has a policy and procedure to address the death of a detainee while in transport.		$\boxtimes$		This facility does not have local policy and procedure to address death of a detainee while in transport. However, during this review a draft policy and procedure addressing death of a detainee in transport was provided for review.	
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				The facility's DIHS Public Health Service staff follows the DIHS National Standard Guidelines Local Operating Procedure No: J- 09, J-10 titled "Notification of Next of Kin" which requires that the ICE Officer-in- Charge be notified in writing of a detainee's death. The ICE Officer-in-Charge is responsible for making arrangements for the disposal of the remains. This was confirmed by the health services administrator.	

#### 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.

$\boxtimes$ Check this box if the facility does not accept ICE d in the appropriate box for this portion of the workshee and related notifications.		

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.</li> <li>If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified.</li> </ul>	$\boxtimes$			The facility's health services administrator will notify the on-site ICE Officer-in-Charge who retains the authority for this administrative decision as required in the DIHS National Standard Guidelines.
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	$\boxtimes$			There have been no ICE detainee deaths in this facility during the past year. However, in the event there s a detainee death, the facility's health services administrator obtains the detainee's death certificate. The ICE Officer in-Charge is responsible for filing the original or certified copy of the detainee's death certificates in the detainee's A-file as required in the DIHS National Standard Guidelines.
<ul> <li>13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;</li> <li>Performance of an autopsy.</li> <li>Person(s) to perform the autopsy.</li> <li>Obtaining State approved death certificates.</li> <li>Local transportation of the body.</li> </ul>	$\boxtimes$			There have been no ICE detainee deaths in this facility during the past year. However, the facility's health services administrator will notify the on-site ICE Officer-in- Charge, who retains the authority to contact the local coroner, request an autopsy, dispose of the remains, and obtain a death certificate, to be filed in the detainee's closed medical records as required in the DIHS National Standard Guidelines.
14. ICE staff follow established procedures to properly close the case of a deceased detainee.			CTIVE	There have been no ICE detainee deaths at this facility during the last twelve months to review for compliance. However, the health services administrator and the ICE Officer on-site confirmed that procedures will be followed in the event a detainee's death occurs, to close the case of a deceased detainee as required in the DIHS National Standard Guidelines. <b>S, AND DEATH</b>
Meets Standard Does Not Meet S				□Repeat Finding

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The Elizabeth Contract Detention Facility houses detainees for over 72 hours. Terminally ill or chronically ill detainees requiring medical care beyond this facility's scope of medical services are immediately transported to an appropriate off-site location where necessary care is provided. There have been no deaths of ICE detainees in this facility during the past year to review for compliance.

The DIHS National Standard is followed to include instructions for detainees wishing to formulate Advanced Directives/Living Will, Do Not Resuscitate Order, Organ Donation, opportunity to appoint health care proxy and private attorney.

This facility does not have policy and procedure established to address a detainee's death while in transit with this facility's correctional officers.

# **Section V ACTIVITIES**

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

#### PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	$\boxtimes$			The rules for correspondence and mail are documented in the detainee handbook.
<ol> <li>The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.</li> </ol>	$\boxtimes$			The facility provides key information primarily in English and Spanish.
3. Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	$\boxtimes$			Mail is received and distributed five days per week.
4. Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	$\boxtimes$			
5. Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	$\boxtimes$			
6. Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	$\boxtimes$			All incoming mail is inspected for contraband in the presence of the detainee. The mail is not read and it is only inspected for contraband by the delivering employee as authorized by the facility administrator.
7. Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	$\boxtimes$			
8. Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	$\boxtimes$			
9. Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	$\boxtimes$			
10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	$\boxtimes$			

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	$\boxtimes$			Correspondence clearly addressed to a politician or to the media is not read or copied based on current operating practice and procedure.	
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	$\boxtimes$			The facility policy is consistent with the component.	
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	$\boxtimes$				
14. Staff maintain a written record of every item removed from detainee mail.	$\boxtimes$			Operational procedure at the facility is to maintain a written record of every item removed from a detainee's mail. No noted incidents were reported during this inspection period.	
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	$\boxtimes$				
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	$\boxtimes$				
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	$\boxtimes$			ICE personnel are on-site 24 hours a day, 7 days a week, and are provided identity documents received in the mail immediately.	
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	$\boxtimes$				
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	$\boxtimes$				
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	$\boxtimes$				
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.	$\boxtimes$				

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$			Writing paper, envelopes, and pencils are provided in the housing units at no cost to the detainees.	
23. SMU detainees have the same correspondence privileges as general population.	$\boxtimes$				
24. Detainees have access to outside publications.	$\boxtimes$			Detainees may request access to outside publications.	
PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					

The facility provides five-day delivery and pick-up service for incoming and outgoing mail.

Indigent detainees are allowed to mail unlimited items when necessary at no cost.

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

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:</li> <li>Funeral</li> <li>Deathbed</li> </ol>				
2. The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common-law spouse).				
3. The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
4. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.				
5. Detainees who require overnight housing are placed in approved IGSA facilities.				
6. Each escort detail includes at leas(b)(7)(cofficers.				
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.				
9. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.				
10. Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.				

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

This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>Escort officers ensure that detainees:</li> <li>Conduct themselves in a manner that does not bring discredit to ICE/DRO.</li> <li>Do not violate federal, state, or local laws.</li> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants.</li> <li>Do not arrange to visit family or friends unless approved before the trip.</li> <li>Make no unauthorized phone calls.</li> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.</li> </ol>				
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.				
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
14. The Field Office Director is the approving official for all non-medical escorted trips.				
<ul> <li>15. Facility procedures comply with the following ICE Standards:</li> <li>Transportation (Land Transportation</li> <li>Restraints applied strictly in accordance with the Use of Force Standard.</li> </ul>				ERGENCIES
☐ Meets Standard ☐ Does Not Meet S				☐Repeat Finding

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

No escorted trips for non-medical emergencies have been approved during the reporting period.

If a request for an escorted non-medical emergency trip was received, only ICE Field Office staff would be involved in the authorization process.

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
1. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	$\boxtimes$			
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	$\boxtimes$			The Field Office Director approves or denies all marriage requests.
3. It is standard practice to require a written request for permission to marry.	$\boxtimes$			
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	$\boxtimes$			
5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	$\boxtimes$			
6. 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.	$\boxtimes$			
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	$\boxtimes$			
8. The detainee handbook explains the marriage request process.	$\boxtimes$			The ICE National Detainee Handbook addresses the marriage process and is provided to each detainee.
9. <u>In SPCs</u> the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.			$\boxtimes$	This facility is not required to have the ranking ICE official on-site to approve marriage requests. Approvals are conducted at the ICE Field Office.
PART 5 – 28. MARRI	AGE R	EQUESTS	5	
🛛 Meets Standard 🛛 🗋 Does Not Meet St	andard	□ N/A		Repeat Finding

Marriages are conducted in the facility's visiting room. Decorations and pictures of the wedding are provided to the detainee. There was one marriage ceremony performed at this facility during the past year.

	PART 5 - 29. RECREATION			
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.				
☑ If outdoor recreation is offered check this box. Ite			then	be marked "N/A".
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The Facility provides:				
An indoor recreation program.	$\boxtimes$			
An outdoor recreation program.				
2. A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.			$\boxtimes$	This facility does not house more than 350 detainees and does not have a recreational specialist.
3. Regular maintenance keeps recreational facilities and equipment in good condition.	$\boxtimes$			
4. The recreational specialist or trained equivalent supervises detainee recreation workers.			$\boxtimes$	There are no detainee workers in recreation.
5. The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	$\boxtimes$			
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	$\boxtimes$			The dayrooms offer games and puzzles for sedentary activities.
7. Outside activities are restricted to limited-contact sports.	$\boxtimes$			
8. Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$			
9. Detainees have access to recreation activities outside the housing units for at least one hour daily.	$\boxtimes$			
10. Staff check all items for damage and condition when equipment is returned.	$\boxtimes$			
11. Staff conduct searches of recreation areas before and after use.				
12. Recreation areas are under constant staff supervision.				
13. Supervising staff are equipped with radios.	$\boxtimes$			
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	$\boxtimes$			Detainees in SMU are provided recreation for one hour a day, seven days a week.
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	$\boxtimes$			
16. Special programs or religious activities are available to detainees.	$\boxtimes$			Tournaments are held for volleyball and table tennis.

PART 5 - 29. RE	ECREA	TION		
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. ⊠ If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	$\boxtimes$			
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	$\boxtimes$			
19. If yes, written procedures ensure timely review of all eligible detainees.			$\boxtimes$	Outdoor recreation is available at the facility.
20. If the facility has no outside recreation, are detainees considered for transfer after six months?			$\boxtimes$	Outdoor recreation is available at the facility.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			$\boxtimes$	Outdoor recreation is available at the facility.
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.			$\boxtimes$	Outdoor recreation is available at the facility.
<ol> <li>The detainee's written decision for or against an offered transfer documented in his or her A-file.</li> </ol>			$\boxtimes$	Outdoor recreation is available at the facility.
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			$\boxtimes$	Outdoor recreation is available at the facility.
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			$\boxtimes$	Outdoor recreation is available at the facility.
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.			$\boxtimes$	Outdoor recreation is available at the facility.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			$\boxtimes$	Outdoor recreation is available at the facility.
PART 5 - 29. RE	CREA	TION		
🛛 Meets Standard 🛛 🗌 Does Not Meet Sta	andard	□ N/A		□Repeat Finding

This facility offers indoor and outdoor recreation to detainees. The indoor recreation area provides television, game table, ping pong, play station, and exercise bikes. The outdoor recreation area consists of an open-air ceiling secured by fencing fabric, surrounded by four walls. The ceiling provides both natural air-flow and light. During the review the detainees were using the outdoor area for volleyball and jogging.

PART 5 – 30. RELIGIOUS PRACTICES						
This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.						
Components	Meets Standards	Does Not Meet Standards	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.	$\boxtimes$			Religious services are provided in Chinese, English, Spanish, and Sri-Lanke languages.		
2. Space is available for detainees to participate in religious services.	$\boxtimes$					
<ul> <li>3. The facility allows detainees to observe the major "holy days" of their religious faith.</li> <li>List any exceptions.</li> </ul>				This facility observes the, Martin Luther King, Chinese New Year, Ash Wednesday, St. Patrick's Day, Passover, Good Friday, Cinco de Mayo, Ramadan, Thanksgiving, Chanukah, and Christmas holidays.		
<ul> <li>4. The facility accommodates recognized holy-day observances by:</li> <li>Providing special meals, consistent with dietary restrictions.</li> <li>Honoring fasting requirements.</li> <li>Facilitating religious services.</li> <li>Allowing activity restrictions.</li> </ul>	X					
5. Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	$\boxtimes$					
6. Volunteer's credentials are checked and verified before allowing participation in detainee programs.	$\boxtimes$			ICE completes all clearances and approvals for volunteers.		
7. Members of faiths not represented by clergy may request to present their own services within security allowances.	$\boxtimes$					
8. Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	$\boxtimes$			Clergy go to the Special Management Unit to enable detainees to participate in religious practices.		
RELIGIOUS	PRACT	ICES				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

Religious services are conducted for Hindu-Sikh, Episcopal, Buddhist, Chinese, Islamic, Catholic, Protestant, and Sri-Lankan faiths.

PART 5 – 31. TELEPHONE ACCESS					
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.					
Components	Meets 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.				Detainee telephone access is routinely available from 6:00 AM to 11:00 PM each day.	
2. Upon admittance, detainees are made aware of the facility's telephone access policy.				The detainee handbook and orientation video addresses the telephone access policy.	
3. Notification explaining the facilities telephone policy is in the Detainee Handbook.	$\boxtimes$			The telephone policy is documented in the detainee handbook on page 3.	
4. Access rules, including updated telephone and consulate number, are posted in housing units.	$\boxtimes$			Consulate telephone numbers are posted in the housing units.	
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.				Key information is provided in English and Spanish.	
6. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	$\boxtimes$			An appropriate number of telephones were observed available in the facility consistent with the standard. Detainee telephones were located in the dayrooms of each housing unit.	
7. Telephones are inspected daily by facility staff to ensure that they are in good working order.		$\boxtimes$		Telephones are not inspected daily by facility staff as reported by security staff assigned to the housing unit.	
8. Telephones are located a reasonable distance from televisions.	$\boxtimes$			Detainee telephones are located in the housing unit day room. Telephones are not located directly by the television.	
<ol> <li>The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.</li> </ol>					
10. The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	$\boxtimes$				
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.				Detainees having difficulty making a confidential telephone call may contact appropriate staff.	
13. The facility provides the detainees with the ability to make non-collect (special access) calls.	$\boxtimes$				
14. Special Access calls are at no charge to the detainees.	$\boxtimes$				

PART 5 – 31. TELEPHONE ACCESS							
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
15. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			$\boxtimes$	The facility is able to meet this requirement.			
16. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".				No restrictions are placed on detainees attempting to contact attorneys or legal service providers.			
17. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	$\boxtimes$						
18. All telephone restrictions are documented.	$\boxtimes$						
19. The facility has a system for taking and delivering emergency detainee telephone messages.				The facility shift supervisors may accept emergency telephone calls and if determined appropriate deliver telephone messages.			
20. Phone call messages are given to detainees as soon as possible.				Emergency telephone messages are provided to the detainee as soon as possible.			
21. Detainees are allowed to return emergency phone calls as soon as possible.	$\boxtimes$						
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				Detainees in disciplinary segregation are allowed telephone calls relating to their immigration case and legal matters.			
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.							
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.							
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.				Detainees assigned to administrative segregation have access to the telephone on a daily basis.			
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 notification that telephone calls may be monitored is posted near detainee telephones and addressed in both detainee handbooks.			
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.				The telephone number was programmed into the detainee telephone system and found to be operational.			

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PART 5 – 31. TELEPHONE ACCESS This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.					
Combouents Meets Standard Meet Standard N/A N/A				Remarks	
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	$\boxtimes$			Documentation is maintained on the serviceability of facility telephones.	
PART 5 – 31. TELEPHONE ACCESS					
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding					

An appropriate number of detainee telephones are accessible in each housing area.

Detainees are provided access to a telephone in a manner consistent with the standard. Personal telephone calls are available to the general population every day and legal telephone calls, pro bono calls and emergency calls are available as needed.

#### PART 5 – 32. VISITATION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>There is a written visitation procedure, schedule, and hours for general visitation.</li> </ol>				The written schedule is available in the lobby of the facility, in the detainee handbook, and on the facility Website.
2. The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				General visitation hours are Monday through Friday 5:00 PM to 10:00 PM and Saturdays, Sundays, and Federal Holidays, 9:00 AM to 5:00 PM.
3. The visitation schedule and rules are available to the public.				The visitation schedule and rules are available to the public via the facility Website and in the lobby of the facility.
4. The hours for all categories of visitation are posted in the visitation waiting area.				
5. A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	$\boxtimes$			
6. A general visitation log is maintained.	$\boxtimes$			
7. Detainees are permitted to retain authorized personal property items specified in the standard.				
8. A visitor dress code is available to the public.	$\boxtimes$			The visitor dress code is in writing and available in the lobby of the facility and on the facility Website.
<ol> <li>Visitors are searched and identified according to standard requirements.</li> </ol>				All visitors are subject to search, an inspection of their personnel belongings, and a metal scan search.
10. The requirement on visitation by minors is complied with.	$\boxtimes$			
<ol> <li>At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.</li> </ol>			$\boxtimes$	Minors are allowed to visit when accompanied by an approved adult.
12. After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			$\boxtimes$	Minors are allowed to visit when accompanied by an approved adult.
13. Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.				
14. Detainees in special housing are afforded visitation.	$\boxtimes$			
	-	-	-	

PART 5 – 32. VISITATION							
This Detention Standard ensures that detainees will be all							
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			
<ol> <li>Legal visitation is available seven (7) days a week, including holidays.</li> </ol>				Attorneys are authorized to visit seven days per week from 6:00 AM to 10:00 PM.			
16. On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	$\boxtimes$						
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	$\boxtimes$						
<ol> <li>Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.</li> </ol>				Private consultation/visiting rooms equipped with security glass glazing are available at the facility.			
19. There are written procedures governing detainee searches.	$\boxtimes$						
20. Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	$\boxtimes$						
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.				Legal visitors must provide proper identification prior to being admitted.			
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	$\boxtimes$						
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	$\boxtimes$						
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	$\boxtimes$			Visiting hours, existing visiting schedule, and the rules and regulations are described in the facility's detainee handbook.			
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.							
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.				Facility policy requires former detainees requesting to visit be referred to the facility administrator or ICE Field Office.			
PART 5 – 32. VISITATION							

#### 🖂 Meets Standard 🛛 Does Not Meet Standard 🖳 N/A 🔅 Repeat Finding

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

All family social visits are conducted through a non-contact format. General non-contact visits may last up to one hour and are available seven days per week.

General contact visits are allowed on Thursday, on a rotational schedule based on housing unit.

Consular, legal, and clergy visits are allowed seven days per week. Prior approval to obtain special visiting arrangements is strongly encouraged.

#### PART 5 – 33. VOLUNTARY WORK PROGRAM

This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

### Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a voluntary work program.	$\boxtimes$			
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	$\boxtimes$			
SP the	At IGSAs detainees are never allowed to work outside the secure perimeter. Cs and CDFs detainees classified as level 1 have opportunity to participate in special details outside secure perimeter under direct supervision.				Any work that needs to be performed outside the facility is done by staff. Detainees are not allowed to work outside the secure perimeter.
4. •	Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures.	$\boxtimes$			Detainees complete a Detainee Voluntary Work Statement requesting to participate in the Voluntary Work program.
5.	Where possible, physically and mentally challenged detainees participate in the program.	$\boxtimes$			
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.	$\boxtimes$			
7.	Detainee volunteers ordinarily work according to a fixed schedule.	$\boxtimes$			
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	$\boxtimes$			During the past year one detainee was removed from his job assignment because of an incident report. A copy of the report was placed in the detainee's file.
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	$\boxtimes$			
10.	The voluntary work program meets:				
•	OSHA standards NFPA standards	$\boxtimes$			
•	ACA standards				
	Medical staff screen and formally certifies detainee food service volunteers;	$\boxtimes$			
•	Before the assignment begins As a matter of written procedure				

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PART 5 – 33. VOLUNTA	RY WC	ORK PROC	GRAM		
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.					
☐ Check here if ICE detainees are not authorized to page 3 and move to next section.	work a	t the IGSA	facil	ity. Mark NA on Form G-324A,	
Components Standard Standard NA					
12. Detainees receive safety equipment/ training sufficient for the assignment				The department supervisor provides training and the detainee signs a form indicating training completion.	
<ol> <li>Proper procedure is followed when an ICE detainee is injured on the job.</li> </ol>	$\boxtimes$				
PART 5 – 33. VOLUNTARY WORK PROGRAM					
⊠ Meets Standard   □ Does Not Meet Sta	andard	□ N/A		□Repeat Finding	

Voluntary work programs are utilized in food service, facility sanitation, laundry, and the warehouse areas.

# **Section VI JUSTICE**

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

PART 6 - 34. DETAINEE HANDBOOK								
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.								
	Components	Meets Standard	Does Not Meet Standard	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.				The facility has an updated detainee handbook prepared in English and Spanish. Each detainee is provided a detainee handbook upon their arrival.			
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.							
3.	A procedure for requesting interpretive services for essential communication has been developed.				The facility has an operational language line available in the admission area. Procedures are available for requesting interpretive services.			
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.							
5.	The handbook supplements the facility orientation video where one is provided.				An orientation video is provided to all new arrivals.			
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.							
7.	There is an annual review of the handbook by a designated committee or staff member.							
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.							
9.	How to access care. The detainee handbook states in clear language basic detainee responsibilities.				The detainee handbook is a comprehensive document that addresses basic detainee responsibilities.			
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.							
11.	The handbook states when a medical examination will be conducted.	$\boxtimes$			The facility handbook addresses when medical examinations will be conducted on pages 6 and 7.			

PART 6 - 34. DETAINEE HANDBOOK							
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	$\boxtimes$						
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	$\boxtimes$			The facility handbook addresses when official count times are conducted on page 13.			
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.	$\boxtimes$						
15. The handbook describes barber hours and hair cutting restrictions.	$\boxtimes$			On page 9 of the detainee handbook the barber schedule and rules are documented.			
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.							
17. The handbook addresses religious programming.	$\boxtimes$						
18. The handbook states times and procedures for commissary or vending machine usage. (where available)				Commissary procedures are documented in the detainee handbook. Detainees are allowed commissary one day per week.			
19. The handbook describes the detainee voluntary work program.				Procedures are addressed in the detainee handbook on page 8.			
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	$\boxtimes$						
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.							
22. The handbook/supplement provides local ICE contact information.							
23. The handbook describes the facility contraband policy.				The facility contraband policy is addressed in the detainee handbook on page 18.			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	$\boxtimes$			Visiting hours and procedures are addressed in the detainee handbook on page 10.			

	PART 6 - 34. DETAINEE HANDBOOK						
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.							
	Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
	The handbook describes the correspondence policy and procedures.	$\boxtimes$					
	The handbook describes the detainee disciplinary policy and procedures, including:						
•	Prohibited acts and severity scale sanctions.	$\boxtimes$					
	Time limits in the Disciplinary Process. Summary of Disciplinary Process.						
27.	The grievance section of the handbook explains all steps in the grievance process – Including:						
•	Informal (if used) and formal grievance procedures;						
•	The appeals process;						
•	<u>In CDFs</u> procedures for filing an appeal of a grievance with ICE.	$\boxtimes$			The steps explaining the grievance process are		
•	Staff/detainee availability to help during the grievance process.				documented on pages 14 and 15.		
•	Guarantee against staff retaliation for filing/pursuing a grievance.						
•	How to file a complaint about officer misconduct with the Department of Homeland Security.						
	The handbook describes the medical sick call procedures for general population and segregation.	$\boxtimes$					
29.	The handbook describes the facility recreation policy including:						
•	Outdoor recreation hours.	$\boxtimes$					
•	Indoor recreation hours.						
•	In dorm leisure activities.						
•	Rules for television viewing. The handbook describes the detainee dress code				The ICE National Dataines		
30.	for daily living; and work assignments and the meaning of color-coded uniforms.	$\boxtimes$			The ICE National Detainee Handbook describes the detainee dress code, meaning of color- coded uniforms, and work assignment clothing requirements.		
31.	The handbook specifies the rights and responsibilities of all detainees.				On page 2 of the ICE National Detainee Handbook the rights and responsibilities are addressed.		
32.	Detainees are required to sign for the handbook to ensure accountability.				Detainees are required to sign for the handbook and the form containing the signature is placed in the detainee's file.		

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 6 - 34. DETAINEE HANDBOOK					
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.					
Combouents Standard Does Not Standard N/A N/A Standard St					
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	$\boxtimes$				
PART 6 - 34. DETAINEE HANDBOOK					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

The detainee handbook is issued and documented as received by each detainee upon their arrival to the facility.

The facility detainee handbook is prepared primarily in English and Spanish. Supplements were included in the handbook which provides updated information. The handbook is reviewed on an annual basis.

The ICE National Detainee Handbook is also available to each detainee in either English or Spanish.

PART 6 – 35. GRIEVANCE SYSTEM						
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
and forn	es are informed about the facility's informal nal grievance system.					
new arri equivale	,	$\boxtimes$			Detainees sign for the receipt of the ICE National and facility's handbook.	
steps in Informal The app Staff/det grievand	vance section of the handbook explains all the grievance process – Including: and formal grievance procedures; eals process and step-by-step procedures; ainee availability to help during the e process ee against staff retaliation for filing/pursuing	$\boxtimes$				
How to f     the Departure	ile a complaint about officer misconduct with artment of Justice. ile an emergency grievance.					
resolution the detail	procedures provide for the informal n of oral grievances (Not mandatory). If yes, inee has up to five days within which to s or her concern known to a member of the				Written procedures for the informal resolution of oral grievances are notated in the detainee handbook and facility policy, Inmate/Resident/Student Grievance Procedures.	
(or equive) • Detaine	s receive special assistance when	$\boxtimes$			Detainees may seek assistance from staff or other detainees in the processing of a grievance. A language telephone line is also available for anyone who requires assistance.	
	has written procedures for identifying and a time-sensitive emergency grievance.	$\boxtimes$			The facility's policy identifies the handling of time-sensitive emergency grievances.	
emerger expeditir	nember of the staff knows how to identify ncy grievances, including the procedures for ng them.				Instructions on how to handle emergency grievances is provided to staff during pre- orientation and annual training.	
	all not harass, discipline, punish or otherwise against a detainee who files a complaint or e.	$\boxtimes$				

PART 6 – 35. GRIEVANCE SYSTEM					
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure					
by which they may file formal grievances and receive time	iy resp I	onses.			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
9. Procedures include maintaining a Detainee Grievance Log.					
<ul> <li>If not, an alternative acceptable record keeping system is maintained.</li> </ul>	$\boxtimes$				
"Nuisance complains" are identified in the records.					
• For quality control purposes, staff document nuisance complaints received but not filed.					
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	$\boxtimes$				
<ol> <li>Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.</li> </ol>				A copy of a grievance involving officer misconduct is provided to ICE.	
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	$\boxtimes$				
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.					
<ul> <li>14. <u>In SPCs and CDFs</u>, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.</li> <li>In all facilities written procedures cover detainee</li> </ul>					
appeals and are included in the detainee handbook 15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.				Detainees have five days after an incident to file a grievance.	
PART 6 – 35. GRIE	VANCI	SYSTEM	1		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

The grievance committee consists of the safety manager, unit manager, and an ICE official. Grievances regarding health care is submitted to the medical department and all other grievances are handled by the grievance officer.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL						
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.						
<ul> <li>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.</li> <li>In lieu of/or in addition to the physical law library,</li> </ul>	$\boxtimes$			The law library contains appropriate physical law library and electronic law		
ICE detainees have access to the Lexus Nexus electronic law library.				library materials.		
<ol> <li>If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient:</li> </ol>				LexisNexis CD service is available in the law library as well as operable computers,		
Operable computers and printers, in sufficient numbers in order to provide access		$\bowtie$				printers, and appropriate supplies.
<ul><li>Photocopiers, and</li><li>Supplies for both.</li></ul>						
<ol> <li>The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.</li> </ol>				The occupancy rating of the law library is eight (8). Sufficient space, lighting, and chairs are available in the law library.		
5. The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.				The law library is equipped with computers, two typewriters, and appropriate supplies.		
<ol> <li>Detainees are provided with the means to save legal work in a private electronic format for future use.</li> </ol>	$\boxtimes$			Detainee legal work is downloaded into a private electronic format when required and placed in secure storage within the law library by the staff assigned.		
<ol> <li>The facility subscribes to updating services where applicable and legal materials requiring updates are current.</li> </ol>	X					
<ol> <li>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.</li> </ol>						
<ol> <li>There is a designated ICE or facility employee 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.</li> </ol>				A facility employee is assigned to the law library and is responsible for maintaining legal supplies and materials in a manner consistent with the standard.		

PART 6 – 36. LAW LIBRARIE	es and	) LEGAL I	MATE	RIAL		
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		
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.	$\boxtimes$			The facility maintains a law library and provides an established schedule of a minimum of five hours per week for each detainee. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority when demand for library use is high.		
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.	$\boxtimes$					
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	$\boxtimes$					
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	$\boxtimes$					
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.				Detainees housed in Administrative and Disciplinary Segregation is provided access to the law library unless unusual security concerns are reported.		
16. All denials of access to the law library fully documented.	$\boxtimes$			No denials were reported by staff.		
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	$\boxtimes$			No law library access denials were reported by staff.		
<ol> <li>Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.</li> </ol>	$\boxtimes$					
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	$\boxtimes$			Free envelopes and stamps are available to mail legal materials for indigent detainees.		

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
🖂 Meets Standard	Does Not Meet Standard	□ N/A	Repeat Finding		

The facility maintains a separate law library properly equipped with typewriters, printers, and computers containing operational LexisNexis software.

The law library is open five days a week from 8:30 AM to 3:30 PM. Every detainee has access one hour per day, five days per week.

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks	
Check here if No Group Presentations were cond Acceptable overall and continue of					
<ol> <li>The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.</li> </ol>				The facility has an established written policy that provides for the review and consideration of group presentations.	
<ol> <li>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.</li> </ol>					
<ol> <li>The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.</li> </ol>					
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	X			Announcements are posted in the housing units.	
<ol> <li>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.</li> </ol>	$\boxtimes$			A presentation by Human Rights First from New York City or Catholic Charities is routinely available three days per week. Individual and group presentations are reported to be available.	
<ol> <li>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.</li> </ol>	$\boxtimes$			Sufficient space is available in the visiting area to routinely conduct interviews or presentations.	
7. Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	$\boxtimes$				
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.	$\boxtimes$				
9. Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	$\boxtimes$			Representatives are routinely present three days per week.	
10. Staff permit presenters to distribute ICE/DRO- approved materials.	$\boxtimes$				
11. 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 are present but do not monitor conversations with legal providers.	$\boxtimes$			Small group presentations and meetings are allowed after they have been approved by the appropriate staff.	

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Check here if No Group Presentations were cond Acceptable overall and continue o						
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.	$\boxtimes$			Staff reported there have been no privileges suspended during the past 12 months.		
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	$\boxtimes$			A video displaying legal rights information is played routinely at the facility.		
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request						
15. The facility maintains equipment for viewing approved electronically formatted presentations.						
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding						

Representatives from Human Rights First of New York City and Catholic Charities routinely provide individual and group presentations two to three times each week at the facility. A list of all new detainees arriving at the facility is forwarded to the volunteer pro bono representatives each week.

### Section VII ADMINISTRATION & MANAGEMENT

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

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>A Detention File is created for every new arrival whose stay will exceed 24 hours.</li> </ol>	$\boxtimes$				
2. The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$			Detention files contain the original documentation and forms generated during the admission process.	
<ol> <li>The detainee's Detention File also contains documents generated during the detainee's custody.</li> <li>Special requests</li> <li>Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay</li> <li>Disciplinary forms/Segregation forms</li> <li>Grievances, complaints, and the disposition(s) of same</li> </ol>					
<ol> <li>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.</li> </ol>				All detention files are maintained in a secure control area located in the administrative area of the facility.	
5. The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	$\boxtimes$			Detention files of detainees at the facility are secured in separate cabinets from the detention files of detainees that have been released from the facility. Appropriate release documentation is placed in the release files upon receipt.	
<ol> <li>The officer closing the Detention File makes a notation that the file is complete and ready to be archived.</li> </ol>				Each closed detention file is clearly stamped on the cover of the file indicating the file has been closed.	
<ol> <li>Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.</li> </ol>	$\boxtimes$				
8. Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	$\boxtimes$				
<ol> <li>Electronic record-keeping systems and data are protected from unauthorized access.</li> </ol>				Electronic record-keeping is secured and protected by user passwords.	

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks	
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	$\boxtimes$				
11. Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	$\boxtimes$				
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	$\boxtimes$			Appropriate equipment and supplies are available and appeared to be in good operating condition.	
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.					
14. Archived files are purged after six years by shredding or burning.				Archived files are not currently purged after six years. Current operational practice is to store archived ICE files indefinitely.	
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					
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Detainee files are secured and maintained in an organized manner in the administrative office area of the facility.

Access to the detainee files is restricted to authorized staff only.

Each detainee arriving at the facility has a detention file established.

Active detainee files are maintained in secure cabinets separate from the release files.

	PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS						
	This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.						
	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks		
ir re b	The ICE/DRO Field Office Director approved all nterviews by reporters, other news media epresentatives, academics and others not covered by the Detention Standard on Visitation.	$\boxtimes$					
a	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 acility's Detention File.	$\boxtimes$			There have not been any approved personal news media interviews during the past year. If an interview would occur the appropriate documentation would be placed in the detainee's A-file.		
v	The Field Office Director consulted with leadquarters before deciding to allow an interview vith a detainee who was the center of a controversy, or special interest, or high profile case.	$\boxtimes$					
tl v	Signed released forms are obtained and retained in he detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.	$\boxtimes$					
p ● A C tl a	Il 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.				There have been no press pools during the past year. Press pools		
r e n p C	All media representatives with pending or equested, tours, or visits were notified that, effective immediately and until further notice, all nedia representatives must comply with the press bool guidelines established by the Field Office Director.				would not be coordinated at the local level. They would be handled by Public Affairs at ICE Headquarters.		
n	All material generated from such a press pool is nade available to all news media, without right of irst publication or broadcast. PART 7 - 39. NEWS MEDIA		RVIEWS A		OURS		
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding							

ICE staff state there has been no media request regarding detainees during the past year. Any media request would be approved and cleared through the Public Affairs Officer, Field Office Director, and ICE Headquarters.

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	<b>V/N</b>	Remarks		
<ol> <li>The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.</li> </ol>	$\boxtimes$					
2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	$\boxtimes$					
3. At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.				The training manager completed the 40-hour Training-for-Trainers course.		
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	$\boxtimes$			The training plan was approved by the warden and training manager on December 15, 2009.		
<ul> <li>5. An accurate and complete record is maintained of all formal training activities in:</li> <li>Individual training folders,</li> <li>Other training records systems, and/or</li> <li>Electronic systems.</li> </ul>	$\boxtimes$					

	PART 7 – 40. ST	AFF TI	RAINING			
	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 volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions					
•	Cultural diversity/understanding staff & detainees					
•	Code of ethics					
•	Personnel policy manual					
•	Employees' rights and responsibilities					
•	Drug-free Workplace					
•	Health-related emergencies					
•	Signs of Suicide risk and precautions					
•	Suicide prevention and intervention					
•	Hunger strikes	$\boxtimes$				
•	Use of Force					
•	Keys and Locks					
•	Overview of the criminal justice system					
•	Tour of the facility					
•	Facility goals and objectives					
•	Facility organization					
•	Staff rules and regulations					
•	Sexual harassment/sexual misconduct awareness					
•	Personnel policies					
•	Program overview					
•	Orientation and training on detainee handbook and detainee rights.					
•	Requirement of special-needs detainees.					
•	National Detention Standards					

PART 7 – 40. ST	AFF T	RAINING				
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		
<ul> <li>7. Clerical/support employees who have minimal detainee contact receive a minimum of:</li> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility goals and objectives</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>National Detention Standards.</li> </ul>				A review of the orientation training plan includes all of the topics required for clerical/support employees.		
<ul><li>Key and Lock Control.</li><li>Suicide risk and prevention.</li></ul>						

	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	
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	$\boxtimes$				
•	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.					

PART 7 – 40. S	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		
<ol> <li>Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes:</li> </ol>						
• The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations						
Key control; appropriate conduct with detainees				The Health Service Department		
Responsibilities and rights of employees				conducts their own training		
<ul><li>Standard precautions</li><li>Occupational exposure</li></ul>				through self-study courses and		
Personal protective equipment	$\bowtie$			in-service training during pre- orientation and annual training.		
Bio-hazardous waste disposal				Additional specialized training		
Overview of the detention operations.				is provided to health care staff throughout the year.		
National Detention Standards.				, in the second s		
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. ST						
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		
<ul> <li>10. Security personnel (including contractors) will receive training on the following subjects, at a minimum:</li> <li>Security procedures and regulations</li> <li>Supervision of detainees</li> <li>Searches of detainees, housing units, and work areas</li> <li>Signs of suicide risk, precaution, prevention and intervention.</li> <li>Code of Ethics</li> <li>Health-related emergencies</li> <li>Drug-free workplace</li> <li>Suicide precautions</li> <li>Self-defense techniques</li> <li>Use-of-force regulations and tactics</li> <li>Report writing</li> <li>Detainee rules and regulations</li> <li>Key control</li> <li>Rights and responsibilities of detainees</li> <li>Safety procedures</li> <li>Interpersonal relations</li> <li>Social/cultural lifestyles of the detainee population</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Communication skills</li> <li>Cardiopulmonary resuscitation (CPR)/first aid</li> </ul>				The pre-service orientation lesson plan includes all items of this component as part of the training.		
<ul> <li>Counseling techniques</li> <li>Sexual abuse/assault awareness</li> <li>National Detention Standards.</li> </ul>						
<ul> <li>11. Situation Response Teams (SRTs) receive:</li> <li>Specialized training before undertaking their assignments.</li> </ul>	$\boxtimes$			Staff is not allowed to undertake assignments as a special response member until training is completed.		
<ul><li>12. Facility management and supervisory staff receive:</li><li>Management and Supervisory training</li></ul>				Management and supervisors receive Frontline Leadership Training.		
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.			$\boxtimes$	Firearms are not utilized at this facility. Staff is not authorized to use firearms.		

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	
14. <b>(MANDATORY)</b> All personnel authorized to use firearms demonstrate competency in their use at least annually.			$\boxtimes$	Firearms are not utilized at this facility. Staff is not authorized to use firearms.	
15. (MANDATORY) Personnel authorized to use (b)(7)e	$\boxtimes$			(b)(7)e	
<ol> <li>All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are:</li> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using illegal drugs.</li> <li>Possessing illegal drugs except in the authorized performance of official duties.</li> <li>Procedures to be used to ensure compliance.</li> <li>Opportunities available for treatment and/or counseling for drug abuse.</li> <li>Penalties for violation of the policy.</li> </ol>	X				
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug-free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.					
<ul> <li>18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are:</li> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using their official positions to secure privileges for themselves or others.</li> <li>Engaging in activities that constitute a conflict of interest.</li> <li>Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family.</li> <li>Acceptable behavior in the areas of campaigning, lobbying or political activities.</li> </ul>					

	PART 7 – 40. STAFF TRAINING				
	s Detention Standard ensures that staff, contractors, a uiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	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.				Signed acknowledgements that staff have reviewed and understand facility work rules, ethics, regulations, condition of employment are maintained the individual staff member's file located in the Human Resource Department.
	(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).				Staff who are American Red Cross Instructor certified
•	Obtaining emergency medical assistance through the facility plan and its required procedures.				provide classes on CPR.
	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.				
	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.	$\boxtimes$			
	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.				

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	
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:					
<ul> <li>Identifying the warning signs and symptoms of impending suicidal behavior,</li> </ul>					
<ul> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> </ul>				Suicide prevention training with a review of the facility's policy	
Responding to suicidal and depressed detainees,	$\bowtie$			on suicide prevention and risk	
Communication between correctional and health care personnel,				reduction is conducted.	
Referral procedures,					
<ul> <li>Housing observation and suicide-watch level procedures, and</li> </ul>					
<ul> <li>Follow-up monitoring of detainees who have attempted suicide.</li> </ul>					
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.					
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.					
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	$\bowtie$				
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					
<ul> <li>Application of restraints (progressive and hard)</li> <li>Reporting procedures.</li> </ul>					

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 tra	ining.			
Components Standard Standard NA Standard Meets Not Does Not Standard Standa				
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.				An ACA self study course is offered for staff to achieve certification in various correctional program areas.
PART 7 – 40. STAFF TRAINING				
⊠ Meets Standard   □ Does Not Meet Sta	andard	□ N/A		□Repeat Finding

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

Firearms are not utilized at this facility. In addition to (b)(7)e training provided during pre-orientation and annual training, the facility's (b)(7)e vendor also provides training on product use, storage, and disposal.

(b)(6), (b)(7)(C) / August 19, 2010 Reviewer's Signature / Date

	PART 7 - 41. TRANSFER OF DETAINEES						
res	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.						
2.	Notification includes the reason for the transfer and the location of the new facility,				Notification is provided to the detainee and includes the reason for the transfer and the destination.		
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	$\boxtimes$					
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	$\boxtimes$					
5.	Facility policy mandates that:						
•	Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility.	$\boxtimes$			The detainee is notified of the transfer while placed in the holding room awaiting		
•	The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.				transport.		
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			A completed detainee notification is provided.		
	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	$\boxtimes$					
8.	For medical transfers:						
•	The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.				Personnel from the Division of		
•	Medical transfers are coordinated through the local ICE/DRO office.				Immigration Health Services (DIHS) are assigned to the facility and are directly involved		
•	A medical transfer summary is completed and accompanies the detainee.				in the approval of medical transfers.		
•	Detainee is issued a minimum of 7 days worth of prescription medications.						
9.	Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.	$\boxtimes$					

PART 7 - 41. TRANS	FER OF	DETAIN	EES		
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	
10. For medical transfers, transporting officers receive instructions regarding medical issues.				Staff is notified in writing by e- mail, the telephone or in person regarding any specific instructions concerning the detainee.	
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.					
12. Transfer and documentary procedures outlined in Section C and D are followed.					
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.				Detainees are allowed to make a telephone call upon their arrival at the new location.	
14. Meals are provided when transfers occur during normally schedule meal times.	$\boxtimes$				
15. 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		EES		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		□Repeat Finding	

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

Transfers of detainees at the facility are completed in a manner consistent with the standard. Staff reported that very few transfers out of the facility occur. Approximately two detainees have been transferred out of the facility during the review period as reported by staff. Detainees are generally deported or released from the facility.

(b)(6), (b)(7)(C) / August 19, 2010 Reviewer's Signature / Date

## A. Type of Facility Reviewed

	ICE Service Processing Center
$\boxtimes$	ICE Contract Detention Facility

**ICE Intergovernmental Service Agreement** 

#### **B.** Current Inspection

Type of Inspection		
☐ Field Office  ☐ HQ Inspection		
Date[s] of Facility Review		
August 17–19, 2010		

#### C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review		
September 1-3, 2009		
Previous Rating		
Superior Good Acceptable Deficient At-Risk		

## D. Name and Location of Facility

Name		
Elizabeth Contract Detention Facility		
Address (Street and Name)		
625 Evans Street		
City, State and Zip Code		
Elizabeth, New Jersey 07201		
County		
Union		
Name and Title of Facility Administrator		
(Warden/OIC/Superintendent)		
(b)(6), (b)(7)(C) Warden		
Telephone # (Include Area Code)		
908-6576), (b)(7)(C)		
Field Office / Sub-Office (List Office with oversight		
responsibilities)		
Newark Field Office		
Distance from Field Office		
6 Miles		

## E. ICE Information

	Name of Inspector (Last Name, Title and Duty Station)
(b)(	6), (b)(7) (cead Compliance Inspector / MGT of America, Inc.
) (	Name of Team Member / Title / Duty Location

- (b) (6), (b)(7)(C)I Security / MGT of America, Inc.
   Name of Team Member / Title / Duty Location
   (b)(6), (b)(7)(G)I Safety & Food Service / MGT of America, Inc.
   Name of Team Member / Title / Duty Location
- (b)(6), (b)(7)(OCI Health Services / MGT of America, Inc.
  - Name of Team Member / Title / Duty Location

# F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA	
ODT-5-C-0010	7/2005	
Basic Rates per Man-Day 159.21		
Other Charges: (If None, Indicate N/A) N/A		

Estimated Man-days Per Year 80,000-100,000

# G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA 1/08, NCCHC 7/07, JCAHO 4/2009
Check box if facility has no accreditation[s]

## H. Problems / Complaints (Copies must be attached)

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

#### I. Facility History

Date Built			
January 1994			
Date Last Remodeled or Upgraded			
1996			
Date New Construction / Bedspace Added			
N/A			
Future Construction Planned			
🗌 Yes 🔀 No Date:			
Current Bed space	Future Bed space (# New Beds only)		
326 Number: N/A Date: N/A			

#### J. Total Facility Population

Total Facility Intake for previous 12 months	
3378	
Total ICE Mandays for Previous 12 months	
83343	

## K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	275	N/A	N/A
Adult Female	51	N/A	N/A

#### L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	275	275	275
Adult Female	51	51	51
Facility holds Juveniles Offenders 16 and older as Adults			

#### M. Average Daily Population

	ICE	USMS	Other
Adult Male	205	0	0
Adult Female	26	0	0

## N. Facility Staffing Level

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

## Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	0	0	0	0
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Assault:	Types (Sexual Physical, etc.)	0	0	0	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		N/A	N/A	N/A	N/A
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
-	Actual	0	0	0	0
Grievances:	# Received	4	0	0	12
	# Resolved in favor of Offender/Detainee	1	0	0	1
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	20	14	7	11
	# Psychiatric Cases referred for Outside Care	103	80	87	97

<sup>&</sup>lt;sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

I

<sup>&</sup>lt;sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

<sup>&</sup>lt;sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>&</sup>lt;sup>4</sup> 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.

1. Meets Standards         2. Does Not Meet Standards         3. Repeat Finding         4. Not Applicable         1         2         3         4           PART         1 SAFETY         I         I         I         I         2         3         4           PART         1 SAFETY         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I <thi< th="">         I         I</thi<>		DHS/ICE Detention Standards Review Summary Report				
1       Emergency Plans       Image of the set of	<b>1</b> . I	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1 2 3 4			
2       Environmental Health and Safety       Image: constraint (By Land)       Image: constraint (By Land)         3       Transportation (By Land)       Image: constraint (By Land)       Image: constraint (By Land)         4       Admission and Release       Image: constraint (By Land)       Image: constraint (By Land)         5       Classification System       Image: constraint (By Land)       Image: constraint (By Land)         6       Contraband       Image: constraint (By Land)       Image: constraint (By Land)       Image: constraint (By Land)         7       Facility Security and Control       Image: constraint (By Land)       Image: constraint (By Land)       Image: constraint (By Land)         9       Hold Rooms in Detention Facilities       Image: constraint (By Land)       Image: constraint (By Land)       Image: constraint (By Land)         10       Key and Lock Control       Image: constraint (By Land)       Image: c						
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PART 4 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 5 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 6 JUSTICE         34       Detainee Handbook         35       Grievance System         36       Law Libraries and Legal Material         37       Legal Rights Group Presentations         PART 7 ADMINISTRATION & MANAGEMENT         38       Detention Files         39       News Media Interviews and Tours         40       Staff Training						
20       Food Service       Image: Strikes       Image: Strikes         21       Hunger Strikes       Image: Strikes       Image: Strikes         22       Medical Care       Image: Strikes       Image: Strikes         23       Personal Hygiene       Image: Strikes       Image: Strikes         24       Suicide Prevention and Intervention       Image: Strikes       Image: Strikes         25       Terminal Illness, Advance Directives, and Death       Image: Strikes       Image: Strikes         26       Correspondence and Other Mail       Image: Strikes       Image: Strikes       Image: Strikes         26       Correspondence and Other Mail       Image: Strikes       Image: Strikes       Image: Strikes         27       Escorted Trips for Non-Medical Emergencies       Image: Strikes       Image: Strikes       Image: Strikes         28       Marriage Requests       Image: Strikes       Image: Strikes       Image: Strikes       Image: Strikes       Image: Strikes         29       Recreation       Image: Strikes       Image: Strikes       Image: Strikes       Image: Strikes         30       Religious Practices       Image: Strikes       Image: Strikes       Image: Strikes       Image: Strikes         33       Voluntary Work Program       Image: Strikes						
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29       Recreation       Image: Constraint of the system       Image: Constraint of the system         30       Religious Practices       Image: Constraint of the system       Image: Constraint of the system         31       Telephone Access       Image: Constraint of the system       Image: Constraint of the system         32       Visitation       Image: Constraint of the system       Image: Constraint of the system       Image: Constraint of the system         33       Voluntary Work Program       Image: Constraint of the system       Image: Constraint of the system       Image: Constraint of the system         34       Detainee Handbook       Image: Constraint of the system       Image: Constraint of the system       Image: Constraint of the system         34       Detainee Handbook       Image: Constraint of the system       Image: Constraint of the system       Image: Constraint of the system         34       Detainee Handbook       Image: Constraint of the system       Image: Constraint of the system       Image: Constraint of the system         35       Grievance System       Image: Constraint of the system       Image: Constraint of the system       Image: Constraint of the system         36       Law Libraries and Legal Material       Image: Constraint of the system       Image: Constraint of the system       Image: Constraint of the system         37       Legal Rights Group Pre						
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PART 7 ADMINISTRATION & MANAGEMENT       Image: Staff Training         38       Detention Files       Image: Staff Training         39       News Media Interviews and Tours       Image: Staff Training         40       Staff Training       Image: Staff Training						
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40 Staff Training 🛛 🖓 🖓						

## 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.	August 19, 2010

Team Members		
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	
(b)(6), (b)(7)(C) CI - Security, MGT of America, Inc. Print Name, Title, & Duty Location	(b)(6), (b)(7)(C) CI - Health Services, MGT of America, Inc. Print Name, Title, & Duty Location	
(b)(6), (b)(7)(C) CI - Environmental Health and Safety & Food Service , MGT of America, Inc.		
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	
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**Recommended Rating:** 

# ⊠ Meets Standards □ Does Not Meet Standards

Comments:

The facility is operated through a contract with Corrections Corporation of America (CCA).

The detainee population count on the second day of the review was 238. There were 205 males and 33 females.

All individuals housed at the facility are ICE detainees classified as level one (Minimum).

The facility staff reported that no detainee deaths had occurred during the review period.

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