Office of Detention and Removal Operations

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



U.S. Immigration and Customs Enforcement

MEMORANDUM FOR:

Katrina S. Kane Field Office Director Phoenix Field Office

MAY 2 8 2010

FROM:

Robert P. Helwig Assistant Director for Detention and Removal Management

Λ

SUBJECT:

Florence Detention Center Annual Review

The annual review of the Florence Detention Center conducted on May 4-6, 2010, in Florence, Arizona has been received. A final rating of <u>Meets Standards</u> has been assigned. No further action is required and this review is closed.

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

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

2) The next annual review will be scheduled on or before May 4, 2011.

Should you or your staff have any questions regarding this matter, please contact Gary Mead, Deputy Assistant Director, Detention Management Division at (202) 732-5958.

cc: Official File

| ICE:HQDRO | (b)(6), (b)(7)c | 04/18/2010 |
|-----------|-----------------|------------|
| | | (b)(7)(e) |

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

www.ice.gov

Condition of Confinement Inspection Worksheet

(This document must be attached to each G-324A Detention Review Form) This Form is to be used for Inspections of Facilities used over 72 Hours



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

5-11-09 update

| Intergovernmental Service Agreement (IGSA) |
|---|
| ICE Service Processing Center (SPC) |
| ICE Contract Detention Facility (CDF) |
| Name |
| Florence Detention Center |
| Address (Street and Name) |
| 3250 N. Pinal Parkway |
| City, State and Zip Code |
| Florence, Arizona 85232 |
| County |
| Pinal County |
| Name and Title of Chief Executive Officer (Warden/Superintendent/Facility |
| Administrator) |
| (b)(6), (b)(7)(c) Assistant Field Office Director |
| Name and Title of Lead Compliance Inspector |
| (b)(6), (b)(7)(c) |
| Date[s] of Review |
| May 4-6, 2010 |
| Type of Review |
| Headquarters Operational Special Assessment Other |

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

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

3 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

Table of Contents

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

Section I SAFETY

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

| PART 1 – 1. EMERGENCY PLANS | | | | | | |
|---|-------------------|------------------------------|-----|---|--|--|
| This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity. | | | | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| No Detainee or detainee groups exercise control or authority over other detainees. | | | | | | |
| 2. Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees | | | | This requirement is addressed in detail in the center's emergency plans on page two. | | |
| 3. Staff are trained to identify signs of detainee unrest. What type of training and how often? | | | | Staff receives initial training in detainee unrest identification and are updated and checked by supervisors daily. | | |
| Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator. | | | | Line staff provides daily information in this area. | | |
| There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans. | | | | The Supervisory Detention and Deportation Officer (SDDO) is responsible. | | |
| 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. | | | | | | |
| All staff receive training in the emergency plans during their orientation training as well as during their annual training. | | | | This requirement is met and verified by training records. | | |
| 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. | | | | | | |
| 9. The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions | | | | | | |
| 10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs. | | | | | | |
| 11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility. | | | | Plans are coordinated with local police and fire agencies. | | |

| PART 1 – 1. EMERGENCY PLANS | | | | | | |
|--|-------------------|------------------------------|-----|--|--|--|
| This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity. | | | | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies | \boxtimes | | | Telephone numbers for these agencies are in the emergency plan. | | |
| 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 | | | The facility conducts a coordinated exercise annually. | | |
| 14. All staff copies of the Facility Hostage policy and procedures. | \boxtimes | | | | | |
| 15. Staff is trained to (b)(7)(e) (b)(7)(e) Within 24 hours after release, hostages are screened for medical and psychological effects. | | | | Emergency plans clearly limit (b)(7)(e) | | |
| The facility maintains a list of translator services in the event one is needed during a hostage crisis. | \boxtimes | | | The center has contracted with Interpretalk to meet this standard. | | |
| 17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident. | \boxtimes | | | | | |
| The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees. | \boxtimes | | | A minimum of 15 days food supply is maintained. | | |
| 19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric). | \boxtimes | | | | | |
| 20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. | \boxtimes | | | A detailed work stoppage plan is available. | | |

| PART 1 – 1. EMERGENCY PLANS | | | | | |
|---|-------------------|------------------------------|------------|---|--|
| This Detention Standard ensures a safe environment for or plans to quickly and effectively respond to any emergency | | | | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks | |
| 21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances | | | | These contingencies are addressed in detail in the emergency plans and coordinated with locally affected agencies. They are understood and practiced by staff. | |
| 22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions. | \boxtimes | | | | |
| PART 1 – 1. EME | RGEN | CY PLANS | \$ | | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | ☐Repeat Finding | |

Emergency plans are detailed, logical and exercised annually.

(b)(6), (b)(7)(c) <u>/ 5-6-2010</u> 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. | | | | | | |
|--|-------------------|------------------------------|------------|--|--|--|
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 1. (MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials. | \boxtimes | | | The system for storing, issuing, and maintaining inventories of hazardous materials is thoroughly addressed in facility policy and staff training. | | |
| 2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility. | \boxtimes | | | All areas inspected storing toxic and caustics had constant inventories being maintained. | | |
| 3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. | X | | | | | |
| 4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official. | \boxtimes | | | | | |
| 5. The MSDS are readily accessible to staff and detainees in the work areas. | \boxtimes | | | MSDS were located in areas readily accessible to staff and detainees in the work areas. | | |
| 6. Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervises detainees using these substances. | \boxtimes | | | Detainees are not used in any capacity that would put them in contact with hazardous materials. | | |
| 7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations. | \boxtimes | | | | | |
| 8. Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements. | \boxtimes | | | | | |
| All toxic and caustic materials stored in their original containers in a secure area. | | | | Toxic and caustic materials are stored in their original containers in secure rooms. | | |
| 10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS. | \boxtimes | | | | | |

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

| 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 receives 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 | The facility does not use any products containing methyl alcohol. | | |
| 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 | | | Handling of toxic and caustics is covered thoroughly in facility policy 3.2.2, Safety and Emergency Procedures/Sanitation and Hygiene. | | |
| 13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA). | \boxtimes | | | The facility has staff that are trained and well versed in applicable codes, standards and regulations for the NFPA and OSHA. These staff assure facility compliance with the most current codes, standards and regulations. | | |
| 14. A technically qualified staff member conducts fire and safety inspections. | \boxtimes | | | | | |
| 15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken. | \boxtimes | | | | | |
| 16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan. | | | | The facility has a thorough fire prevention, control and evacuation plan and policy. Staff training on fire prevention is mandatory. | | |
| 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. | \boxtimes | | | The facility is compliant with all requirements of their fire prevention plan. In detainee living areas the evacuation routes are listed in English, Spanish, Arabic and Chinese. | | |
| 18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area. | | | | Facility quarterly fire drill reports were reviewed. They were compliant with the standard. | | |
| 19. A sanitation program covers barbering operations. | \boxtimes | | | | | |
| 20. The barbershop has the facilities and equipment necessary to meet sanitation requirements. | \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 | V/N | Remarks | | |
| 21. The sanitation standards are conspicuously posted in the barbershop. | \boxtimes | | | Sanitation requirements are posted in the barbershop area. | | |
| 22. Written procedures regulate the handling and disposal of used needles and other sharp objects. | | | | There are written procedures in place to regulate the handling and disposal of used needles and other sharp objects. | | |
| 23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly. | \boxtimes | | | | | |
| 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. | \boxtimes | | | | | |
| 25. Spill kits are readily available. | | | | Spill kits were readily available in the medical area. | | |
| 26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste. | \boxtimes | | | The facility has a contract with Biomedical Waste Solutions LLC for the disposal of infectious/bio- hazardous waste. | | |
| 27. Staff is 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 | | | | | |
| 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. | \boxtimes | | | The facility has a contract with University Termite and Pest Control. | | |
| 30. Drinking water and wastewater is routinely tested according to a fixed schedule. | \boxtimes | | | The facility water supply is routinely tested by the Arizona Department of Environmental Quality. | | |
| 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). | \boxtimes | | | Facility logs are maintained to show compliance with standard. | | |
| 32. The Facility appears clean and well maintained. | \boxtimes | | | The facility is very clean and well maintained. | | |

-FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| 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 substan | ces an | d equipmo | ent. | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | |
| 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. | \boxtimes | | | | |
| 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 | | | The Health Services Administrator assigns a designee to conduct inspections daily. | |
| 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. | | | | | |
| 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 | | | | |
| 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: | | | | | |
| American Correctional Association, Occupational Safety and Health Administration, | | | | The staff responsible for the oversight of health and safety | |
| Environmental Protection Agency, | \boxtimes | | | conditions at the facility are well | |
| Food and Drug Administration, | | | | versed in the recognized standards of safety and hygiene. | |
| • National Fire Protection Association's Life Safety Code, and | | | | | |
| National Center for Disease Control and Prevention. | | | | | |
| PART 1 – 2. ENVIRONMEN | TAL HE | EALTH AN | ID SA | FETY | |
| ☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding | | | | | |

The facility meets all standards for Environmental Health and Safety. All inspections mandated per standards and local policy is thoroughly documented. Deficiencies were noted and corrected in a timely manner. Fire exit routes in detainee living areas were visible and posted in English, Spanish, Arabic and Chinese. This was viewed as a best practice.

(b)(6), (b)(7)(c) / 5-6-2010 Reviewer's Signature / Date

> 13 <u>FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)</u> G-324A Detention Review Worksheet - Rev: 5/11/09

ICE 2012FOIA03030.025914

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 |
|----|--|-------------------|------------------------------|-----|--|
| 1. | Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance. | \boxtimes | | | Transportation officers interviewed 5-5-2010 were knowledgeable regarding motor vehicle laws and had been trained. |
| 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 | | | |
| 3. | Supervisors maintain records for each vehicle operated. | \boxtimes | | | |
| 4. | Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review. | \boxtimes | | | |
| 5. | Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review. | \boxtimes | | | Safety inspections are conducted daily and before trips. |
| 6. | Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. | | | | |
| | Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit. | | | | These guidelines are available at the transportation post and understood by transportation officers. |
| 8. | b)(7)(epfficers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. When buses travel in tandem with detainees, there areb)(7)(equalified officers per vehicle. (b)(7)(e) driver transports an empty vehicle. | \boxtimes | | | |

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 | ce |
|---|----|
| 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. | | | | Picture identification and detainee records are checked prior to transport. |
| 11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle. | | | | |
| 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) in accordance with the ICE (b)(7)(e) policy and/or applicable contract policy when transporting detainees. | | | | |
| 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. | | | | |
| 15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles. | | | | Restraints are utilized during transport. |
| Officers ensure that no one contacts the detainees. (b)(7)(e)officer remains in the vehicle at all times when detainees are present. | \boxtimes | | | |
| 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. | | | | |
| 18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. | | | | |

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-Of | fice |
|---|------|
| in control of the detainee case. | |

| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks |
|--|-------------------|------------------------------|------|---|
| 19. Vehicles have: • • • • (b)(7)(e) | × | | | Transport vehicles are properly equipped to effectively transport detainees. |
| 20. The vehicles are clean and sanitary at all times. | \square | | | |
| 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. | | | | |
| 22. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death Vehicle fire Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list is not exclusively men or women or minors | | | | Packets detailing these contingencies accompany transportation officers along with telephone numbers for help while transporting detainees. |
| PART 1 – 3. TRANSPO | ORTAT | ION (BY L | AND) | |
| 🖂 Meets Standard 🛛 🗌 Does Not Meet St | andard | I □ N/A | | Repeat Finding |

Remarks:

Transportation officers are well versed regarding their responsibilities; and vehicles are clean and well maintained.

(b)(7)(e) <u>5-6-2010</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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

Section II SECURITY

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

| | PART 2 – 4. ADMISSION AND RELEASE | | | | | | |
|----|---|-------------------|------------------------------|-----|--|--|--|
| | This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. | | | | | | |
| | 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. | \boxtimes | | | Detainees receive an orientation during the Intake processing period. The orientation film is also shown each morning in the living units. The film was professionally produced and addresses all of the topics required by the standard. | | |
| 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. | | | | Detainees are screened by medical personnel as part of the intake process. Medical personnel conduct x-rays on all newly admitted detainees to rule out tuberculosis. In addition to the medical screening, medical staff screens each detainee arriving at the facility, as they get off the bus, to triage those individuals, who may need immediate attention. | | |
| 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 | | | Detainees are not released to population until they are properly 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. | \boxtimes | | | Detainees are pat searched. When they are issued facility clothing, they are instructed to place their street clothing in a box; the clothing is searched, laundered if necessary and placed in their property. | | |
| 5. | Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval. | \boxtimes | | | Although the Search policy clearly addresses the issue of strip searches, by practice no detainees are strip searched at this facility. | | |

18 -FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

| PART 2 – 4. ADMIS | SION A | ND RELEA | ASE | |
|---|-------------------|------------------------------|-----|---|
| This Detention Standard protects the community, detainee orderly operations when detainees are admitted to or relea | | | | contractors by ensuring secure and |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks |
| 6. The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy. | \boxtimes | | | If contraband is confiscated a Report of Seized Contraband is completed and a copy is given to the detainee. Personal identity items and valuables are handled in accordance with PBNDS. |
| Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE. | \boxtimes | | | |
| 8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions. | \boxtimes | | | |
| 9. All releases are coordinated with ICE. | \square | | | |
| 10. Staff completes paperwork/forms for release as required. | \boxtimes | | | |
| 11. Each detainee receives a receipt for personal property secured by the facility. | \boxtimes | | | |
| 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 (b)(7)(e) (b)(7)(e) 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 | | | |
| PART 2 – 4. ADMIS | SION A | ND RELEA | ASE | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | Repeat Finding |

The Admission and Release procedures at this facility are consistent with the requirements of ICE PBNDS. The medical screening process is very effective. This inspector observed a detainee with medical issues who was quickly identified and prioritized to complete the admission process, at the request of the medical screener.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

| | PART 2 – 5. CLASSIFICATION SYSTEM | | | | | |
|--|--|-------------------|------------------------------|-----|--|--|
| This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data. | | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | |
| 1. | SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees. | \boxtimes | | | Facility policy 4.2.2 Classification Procedures describes in detail the classification system for this facility. | |
| 2. | The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. | \boxtimes | | | All new detainees are processed at the Florence Staging Facility, before they enter the ICE Florence Detention Center. Detainees are not released to population until they have been properly classified and the classification has been signed off by a supervisor. | |
| 3. | The intake/processing officer reviews work-folders, A- files, etc., to identify and classify each new arrival. | \boxtimes | | | | |
| 4. | Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification. | \boxtimes | | | | |
| 5. | Housing assignments are based on classification- level. | \boxtimes | | | Only Level 1 and Level 2 detainees are housed in this facility. Level 3 detainees are transferred to other facilities. | |
| 6. | A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations. | \boxtimes | | | | |
| 7. | Detainee work assignments are based upon classification designations. | \boxtimes | | | Level 1 and 2 detainees are allowed to work in this facility. Facility staff also screen criminal records for assaults before assigning detainees to certain locations. | |
| 8. | The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours. | \boxtimes | | | Facility policy 4.2.2 Classification Procedures requires that initial reassessment occurs within 60- 90 days; by practice detainees are reassessed at 30-, 60- and 90-day intervals. The review scheduled was verified by reviewing detainee folders. | |
| 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. | | | | The appeal process is explained in facility policy 4.2.2, Classification Procedures, and in the detainee handbook. | |

| PART 2 – 5. CLASS | IFICAT | ION SYST | EM | | |
|--|--|------------------------------|------------|---|--|
| contributes to orderly facility operations, by requiring a for | This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data. | | | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks | |
| Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days. | \boxtimes | | | | |
| Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent. | \boxtimes | | | | |
| 12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each. | \boxtimes | | | | |
| In SPCs and CDFs detainees are assigned color- coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification. | \boxtimes | | | Only Level 1 and low Level 2 detainees are held at this facility. Level 1 detainees are issued blue uniforms and Level 2 detainees are issued orange uniforms. | |
| PART 2 – 5. CLASS | IFICAT | ION SYST | EM | | |
| ⊠ Meets Standard 	□ Does Not Meet Standard 	□ N/A 	□ Repeat Finding | | | | | |

The facility Classification system is consistent with the ICE PBNDS.

(b)(6), (b)(7)(c) (5-6-2010 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 | |
| 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. | | | | A detailed contraband plan has been promulgated and is enforced by staff. | |
| Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution. | \boxtimes | | | | |
| Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property. | | | | A contraband control officer is assigned who assures the standard is met. | |
| Altered property is destroyed following documentation and using established procedures. | | | | | |
| Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority. | | | | Religious authority is regularly contacted with regard to detainees. | |
| Staff follow written procedures when destroying hard contraband that is illegal. | | | | | |
| 7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. | | | | Written policy is in place to permit the use of certain contraband for training. | |
| Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. | | | | contraband for training. | |
| Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband. | | | | | |
| Facilities with Canine Units only use them for contraband detection. | | | \boxtimes | Canines are not utilized in this facility for any purpose. This facility does not have a canine unit. | |
| PART 2 – 6. 0 | ONTR | ABAND | • | | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | Repeat Finding | |

The contraband policy in this facility is in compliance with ICE PBNDS. The few items confiscated are properly secured.

(b)(6), (b)(7)(c) <u>5-6-2010</u> Reviewer's Signature / Date

22

- FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| 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 | | |
| The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly. | | | | Records and reports reveal that the facility administrator makes weekly visits to the detainee living quarters. | | |
| 2. At least one male and one female staff are on duty where both males and females are housed. | \boxtimes | | | | | |
| Comprehensive annual staffing analysis determines staffing needs and plans. | \boxtimes | | | | | |
| 4. Essential posts and positions are filled with qualified personnel. | \boxtimes | | | Qualified personnel fill essential posts. | | |
| Every Control Center officer receives specialized training. | \boxtimes | | | A training program qualifies these individuals followed by supervised on-the-job training. | | |
| 6. Policy restricts staff access to the Control Center. | \square | | | | | |
| 7. Detainees do not have access to the Control Center. | | | | Detainees never have access to Control Center. | | |
| 8. Communications are centralized in the Control Center. | \square | | | | | |
| Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center. | | | | (b)(7)(e) | | |
| 10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent). | \boxtimes | | | Form G-74 is maintained under lock and key. | | |
| 11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed. | \boxtimes | | | These lists are under lock and key. | | |
| 12. Staff make watch calls every half-hour between 6 PM and 6 AM. | \boxtimes | | | | | |
| 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. | | | | All individuals entering are checked. | | |
| 15. All visits officially recorded in a visitor logbook or electronically recorded. | \boxtimes | | | | | |
| 16. The facility has a secure, color-coded visitor pass system. | \boxtimes | | | | | |
| 17. Officers monitor all vehicular traffic entering and leaving the facility. | \boxtimes | | | Vehicles are checked with care as they enter and exit. | | |

| PART 2 – 7. FACILITY SECURITY AND CONTROL | | | | | | |
|---|-------------------|------------------------------|------------|--|--|--|
| This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented. | | | | | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks | | |
| 18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle during the facility visit | | | | All vehicles allowed to enter sensitive areas of the facility are properly logged. | | |
| 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. | \boxtimes | | | | | |
| 22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization. | | | | The facility is well secured by (b)(7)(e) | | |
| 23. Written procedures govern searches of detainee housing units and personal areas. | \boxtimes | | | | | |
| 24. Housing area searches occur at irregular times. | | | | Housing area searches occur randomly during the week or as needed. | | |
| 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 | | | Officers are in close proximity to detainees and readily available to resolve issues. | | |
| 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 | | | | | |
| 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 | | | Documentation was available to verify that standard is met. | | |
| 30. The SMU entrance has a sallyport. | \boxtimes | | | | | |
| 31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit. | \boxtimes | | | | | |

| PART 2 – 7. FACILITY SECURITY AND CONTROL | | | | |
|--|-------------------|------------------------------|------------|--|
| This Detention Standard protects the community, staff, cor that facility security is maintained and that events that pos | | | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks |
| 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement | | | | The facility security inspection plan covers the standard addressed. |
| Every officer is required to conduct a security check of his/her assigned area. The results are documented. | \boxtimes | | | |
| 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. | | | | |
| 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 | | | Records and reports within the facility revealed that these searches were conducted. |
| 38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift. | | | | Each post is required to inspect their area of responsibility during every shift. |
| 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. | | | | |
| 40. Visitation areas receive frequent, irregular inspections. | \boxtimes | | | |
| 41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility. | \boxtimes | | | |
| 42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks. | \boxtimes | | | This requirement is accomplished more frequently by both individuals. |
| FACILITY SECURI | ty ani | | DL | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | Repeat Finding |

This facility is exceptionally secure. It is well laid out with a lot of land to house the detainees and support functions. The facility is well lit with a secure fence with good visibility for control. Detainees generally are kept within an inner area which has room for recreational activities. Staff appear to be security conscious and strictly enforces rules.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> 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 | VIN | Remarks |
|--|-------------------|------------------------------|-------------|---|
| 1. Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only. | \boxtimes | | | Detainee funds and valuables are separated on their arrival to the facility in the detainee's presence. They were properly tagged and stored. |
| Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only. | \boxtimes | | | Large valuables were stored in a separate secured area in the property room. The room is accessible only to designated supervisor(s). |
| 3. Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator. | \boxtimes | | | |
| 4. (b)(7)(e)officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)(e)officers verify funds and valuables. | \boxtimes | | | As observed on two consecutive days, there wereb)(7)(e)fficers present at all times when detainees funds and valuables were being processed. |
| 5. <u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard? | | | \boxtimes | The facility being inspected is a SPC. |
| 6. Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container. | \boxtimes | | | |
| 7. Staff forward an arriving detainee's medicine to the medical staff. | \boxtimes | | | Medical personnel are present as detainees arrive in the facility. Part of their responsibility is checking for medications. |
| 8. Staff search arriving detainees and their personal property for contraband. | \boxtimes | | | |
| 9. Property discrepancies are immediately reported to the Chief of Security or equivalent. | \boxtimes | | | |
| 10. Staff follow written procedures when returning property to detainees. | | | | Property is returned to detainees in accordance with facility policy. Staff and detainee sign the property receipt when property is returned. |
| 11. CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard. | | | \boxtimes | The facility being inspected is an SPC. |

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 |
|--|-------------------|------------------------------|-----|--|
| 12. The facility attempts to notify an out-processed detainee that he/she left property in the facility. | | | | |
| • By sending written notice to the detainee's last known address; via certified mail; | \boxtimes | | | |
| • The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. | | | | |
| 13. Staff obtain a forwarding address from each detainee. | | | | Staff make every effort to obtain a forwarding address from each detainee when they arrive at the facility. It is not uncommon that the detainee will refuse to provide a forwarding address. |
| 14. It is standard procedure $fo(b)(7)(e^{p})$ fricers to be present when removing/documenting the removal of funds from a detainee's possession. | | | | (b)(7)(eofficers were present during the processing of detainee funds. |
| 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 | | | The logbook for recording the issuance of G-589's was checked, with all entries being compliant with the standard. |
| 18. Staff tag large valuables with both a G-589 and an I- 77. | | | | |
| 19. The supervisor verifies the accuracy of every G-589. | \boxtimes | | | |
| 20. The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; | | | | The supervisor was on hand as |
| Every property envelope is sealed. | \boxtimes | | | detainees were being processed to ensure compliance with the |
| • All sealed property envelopes are placed in the safe. | | | | standard. |
| Large, valuable property is kept in the secured locked area. | | | | |
| 21. Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard. | \boxtimes | | | |
| 22. Staff secure every container used to store property with a tamper-proof numbered strap. | \boxtimes | | | All property containers located in processing or the property room were secured with a tamper- proof numbered strap. |

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 | A/N | Remarks | |
|--|-------------------|------------------------------|-----|--|--|
| 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. | \boxtimes | | | | |
| 24. <u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit. | \boxtimes | | | The weekly audits are conducted and logged. | |
| 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. | \boxtimes | | | Quarterly audits are performed and logged in compliance with the standard. | |
| 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. | | | | | |
| 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 PERSONAL PROPERTY | | | | | |
| Meets Standard Does Not Meet Standard N/A Repeat Finding | | | | | |

Remarks:

The Florence Detention Center is an SPC that can process up to 30,000 detainees a year. During the inspection the processing of incoming detainees was observed numerous times. Funds and personal property were inventoried, logged and secured in accordance with the Funds and Personal Property standard.

(b)(6), (b)(7)(c) <u>/ 5-6-2010</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 |
| The hold room is situated in a loo secure perimeter. | cation within the | \boxtimes | | | Hold rooms are located within the secure perimeter. |
| The hold rooms are clean, in go ventilated, well lit, and all activating outside the room. | | \boxtimes | | | |
| The hold rooms contain sufficient number of detainees held. | seating for the | \boxtimes | | | Sufficient metal benches are available to accommodate detainees in hold rooms. |
| No bunks/cots/beds or other rela sleeping apparatuses are permitted in | | \boxtimes | | | There are no bunks or cots in hold rooms. |
| Hold room walls and ceilings are eseresistant. | cape and tamper | \boxtimes | | | |
| Detainees are not held in hold rooms hours. | for more than 12 | \boxtimes | | | Observations revealed no detainee held for more than 12 hours. |
| Male and females detainees are seach other at all times. | segregated from | \boxtimes | | | Total separation of male and female detainees is practiced in this facility. |
| Detainees are provided with basic p items such as water, soap, toilet pape feminine hygiene items, diapers and | er, cups for water, | \boxtimes | | | |
| If the hold room is not equipped with officer is posted within visual or audit detainees access to such on a regul | ole range to allow | \boxtimes | | | Access to toilet facilities is provided in a timely manner. |
| All detainees are given a pat d weapons or contraband before bein hold room. | | \boxtimes | | | |
| 11. When the last detainee has been reroom is inspected for the following: Cleaning. Evidence of tampering with door windows, grills, plumbing or electroported to the shift supervisor fraction or repair. | rs, locks, strical fixtures is | \boxtimes | | | |
| 12. (MANDATORY) There is a written e | vacuation plan. | | | | There is a detailed evacuation |
| There is a designated officer to refrom the hold rooms in case of fire evacuation, or other emergency. | e and/or building | \boxtimes | | | plan and an officer is charged with removing detainees from holding rooms. |
| An appropriate emergency ser immediately upon a determination emergency exists. | | \boxtimes | | | |

| PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES | | | | | |
|---|-------------------|------------------------------|-------------|--|--|
| This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours. | | | | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks | |
| 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. | \boxtimes | | | | |
| 15. <u>In SPCs designed after 1998</u> the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. | | | \boxtimes | This facility was designed before 1998. | |
| In SPCs designed after 1998 the hold rooms have floor drain(s). | | | \boxtimes | This facility was designed before 1998. | |
| 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 facility was designed before 1998. | |
| 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. | | | | No individuals falling in these categories are placed in hold rooms. | |
| 19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians. | \boxtimes | | | Minors are not housed in this facility. | |
| 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. | | | | | |
| 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody | | | | Meals are served in a timely manner and meet this standard. | |
| 22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security. | | | | | |
| 23. The maximum occupancy for the hold room will be posted. | \boxtimes | | | | |

| PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES | | | | | |
|---|-------------------|------------------------------|-----|---|--|
| This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours. | | | | | |
| Components | Meets Standard | Does Not Meet Standard | ¥/N | Remarks | |
| 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 | | | This is a smoke-free facility. | |
| 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. | | | | Hold rooms are checked every 15 minutes and a written record is kept at the post. | |
| PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES | | | | | |
| ☐ Meets Standard 	☐ Does Not Meet Standard 	☐ N/A 	☐ Repeat Finding | | | | | |

Hold rooms are monitored and supervised in compliance with the standard. No violations of regulations were noted and written records accurately reflected movement activity in hold rooms.

(b)(6), (b)(7)(c) <u>5-6-2010</u> 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. | | | | | |
| The security officer[s], or equivalent, has attended an approved locksmith training program. | | | | The key control officer has met this standard. | |
| The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc. | | | | A qualified key control officer provides this service. | |
| The security officer, or equivalent, provides training to all employees in key and lock control. | | | | Training to staff is provided by the key control officer. | |
| The security officer, or equivalent, maintains inventories of all keys, locks and locking devices. | | | | | |
| The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation. | | | | | |
| Facility policies and procedures address the issue o compromised keys and locks. | | | | | |
| The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity | | | | | |
| Only dead bolt or dead lock functions are used in detainee accessible areas. | \boxtimes | | | | |
| Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas | | | | Non-authorized locks are not used in the facility. | |
| The facility does not use grand master keying systems. | \boxtimes | | | | |
| All worn or discarded keys and locks cut up and properly disposed of. | | | | The key control officer accomplishes this to assure that these items cannot be reused. | |
| 12. Padlocks and/or chains are not used on cell doors. | \boxtimes | | | No padlocks were observed on cell doors. | |
| The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to | • | | | | |
| Occupational Safety and Environmental Health Manual, Chapter 3 | | | | | |
| National Fire Protection Association Life Safety Code 101. | | | | | |
| The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area. | | | | | |
| 15. Procedures in place to ensure that key rings are: | | | | These procedures are in place | |
| Identifiable Numbers of keys on the ring are cited? | \bowtie | | | and closely supervised by the key control officer and other | |
| Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings | | | | supervisory personnel. | |
| 16. Emergency keys are available for all areas of the | • | | | Emergency keys are maintained | |
| facility. | | | | in the (b)(7)(e) system located by the (b)(7)(e) (b)(7)(e) (b)(7)(e) | |
| 17. The facility uses a key accountability system. | \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. | | | | | |
| 18. Authorization is necessary to issue any restricted key. | \boxtimes | | | Supervisors retrieve restricted keys from The (b)(7)(e) system and authorize issuance to other staff. | |
| 19. Individual gun lockers are provided. | | | | | |
| They are located in an area that permits constant officer observation. | \boxtimes | | | | |
| In an area that does not allow detainee or public access. | | | | | |
| 20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily. | \boxtimes | | | The key control officer physically counts the keys 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. | \boxtimes | | | This policy is strictly enforced for all levels of staff. | |
| When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. | | | | | |
| Detainees are not permitted to handle keys assigned to staff. | | | | | |
| 22. Locks and locking devices are continually inspected, maintained, and inventoried. | \boxtimes | | | | |
| 23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer. | \boxtimes | | | A security officer is appointed and effectively oversees security matters. | |
| 24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring. | \boxtimes | | | | |
| 25. The splitting of key rings into separate rings is not authorized. | \boxtimes | | | | |
| PART 2 – 10. KEY AND LOCK CONTROL | | | | | |
| ☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding | | | | | |

The key control officer and security officer assure key and lock control is effective and enhances security within the facility.

(b)(6), (b)(7)(c) <u>6-5-2010</u> Reviewer's Signature / Date

| PART 2 – 11. POPULATION COUNTS | | | | | |
|--|-------------------|------------------------------|------------|--|--|
| This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability. | | | | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks | |
| 1. Staff conducts a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count. | \boxtimes | | | | |
| 2. Activities cease or are strictly controlled while a formal count is being conducted. | \boxtimes | | | The facility had no detainee movement during the formal count. | |
| There is a system for counting each detainee, including those who are outside the housing unit. | \boxtimes | | | This standard was tested during the formal count at 4 PM on 5/5/2010. The count came up one detainee short. A recount was initiated in accordance with facility policy. The missed detainee was located in the food service area and the count was successfully completed. | |
| 4. Formal counts in all units take place simultaneously. | \square | | | | |
| 5. Officers do not allow detainee participation in the count. | \boxtimes | | | | |
| 6. A face-to-photo count follows each unsuccessful recount. | \bowtie | | | This requirement is reflected in the facilities' written regulations. | |
| Officers positively identify each detainee before counting him/her as present. | \boxtimes | | | | |
| 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 | | | | |
| 10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder. | \boxtimes | | | | |
| PART 2 – 11. POPULATION COUNTS | | | | | |
| ☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding | | | | | |

Counts are well organized and all detainee movement stops. It took 40 minutes to achieve an accurate count on 5-5-2010. However, the facility followed their procedures and the standard was met.

(b)(6), (b)(7)(c) <u>5-6-2010</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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

| PART 2 – 12. POST ORDERS | | | | | | |
|---|-------------------|------------------------------|-----|--|--|--|
| This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post. | | | | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 1. Every fixed post has a set of Post Orders. | \square | | | | | |
| 2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format. | | | | A review of post orders revealed that they are in six-part folder format. | | |
| Each set contains the latest inserts (emergency memoranda, etc.) and revisions. | \boxtimes | | | | | |
| One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews. | \boxtimes | | | | | |
| Review, updating, and reissuing of Post Orders occurs regularly and at least annually. | | | | Facility policy requires that post orders be updated as needed or at least annually. Post orders checked during this review were current and complied with policy. | | |
| The facility administrator authorizes all Post Order changes. | \boxtimes | | | The facility administrator authorizes all post order changes and signs the last page of each section. | | |
| 7. The facility administrator has signed and dated the last page of every section. | \boxtimes | | | | | |
| 8. A Post Orders master file is available to all staff. | \square | | | | | |
| Procedures keep Post Orders and logbooks secure from detainees at all times. | | | | | | |
| 10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access. | \boxtimes | | | | | |
| 11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency. | \boxtimes | | | Supervisors at all levels participate to ensure that this standard is met. | | |
| 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. | | | | | | |
| Anyone assigned to an armed post qualifies with the post weapons before assuming post duty. | \boxtimes | | | Officers qualify several times per year to comply with this standard. | | |
| 14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: (b)(7)(e) 15. Post Orders for armed posts provide instructions for | | | | This requirement is clearly stated and is understood by staff. | | |
| escape attempts. | \boxtimes | | | | | |

36

| PART 2 – 12. POST ORDERS This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post. | | | | |
|--|-------------------|------------------------------|------------|---------|
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks |
| The Post Orders for housing units track the daily event schedule. | \boxtimes | | | |
| Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook. | \boxtimes | | | |
| ⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding | | | | |

Post orders are very detailed in this facility. They are read by officers and enforced by supervisors.

(b)(6), (b)(7)(c) / 5-6-2010 Reviewer's Signature / Date

| | PART 2 – 13. SEARCHES OF DETAINEES | | | | | | |
|----|--|-------------------|------------------------------|-----|---|--|--|
| | This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband. | | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 1. | There are written policy and procedures governing searches of housing areas, work areas and of detainees. | | | | Facility policy 3.1.18, entitled Searches, addresses this issue. | | |
| 2. | 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. | | | | | | |
| 3. | Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable. | \boxtimes | | | Facility policy 3.1.18 includes language that requires staff to avoid unnecessary force during a search. There is also language that addresses the need for privacy and the preservation of dignity, during the search process. | | |
| 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. | | | | Facility policy 3.1.18, entitled Searches, addresses this issue. | | |
| 5. | Detainees are pat searched and screened by metal detectors routinely to control contraband. | | | | | | |
| 6. | Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor. | | | | By policy a Detention Operation Supervisor or higher ranking individual must give permission to conduct a strip search, after reasonable suspicion has been established. By practice no strip searches are conducted at this facility. | | |
| 7. | Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person. | | | | There have been no instances of body cavity searches. Facility policy 3.1.18, entitled Searches does require that such searches must be approved by the AFOD and be conducted by a qualified medical professional. | | |
| 8. | "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures | \boxtimes | | | There are no dry cells at this facility. If reasonable belief exists that a detainee is concealing contraband, arrangements are made to transfer the individual to another facility to be held in a dry cell at that facility. | | |

| PART 2 – 13. SEARCHES OF DETAINEES | | | | | |
|---|---|------------------------------|------------|--|--|
| This Detention Standard protects detainees and staff an controlling, and properly disposing of contraband. | 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 | V/N | Remarks | |
| Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody. | \boxtimes | | | | |
| 10. Canines are not used in the presence of detainees | \boxtimes | | | Facility policy 3.1.18, entitled Canine Searches requires that canines remain on a leash and not be used in the presence of detainees. By practice, canines are not used in this facility. There are no canines assigned to the facility. | |
| PART 2 – 13. SEARCHES OF DETAINEES | | | | | |
| 🖂 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | ☐Repeat Finding | |

Facility policy 3.1.18 adequately addresses all elements required by the Search Standard.

(b)(6), (b)(7)(c) / 5-6-2010 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.

| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks |
|--|-------------------|------------------------------|-------------|---|
| 1. The facility has a Sexual Abuse and Assault Prevention and Intervention Program. | | | | Facility policy 3.1.10 titled Sexual Abuse and Assault Prevention and Intervention outlines the facility's program. |
| 2. For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director. | \boxtimes | | | The facility's policy was signed by the Field Office Director. |
| Tracking statistics and reports are readily available for review by the inspectors. | \boxtimes | | | There were no incidents requiring statistics or reports since the last inspection. |
| 4. All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard. | \boxtimes | | | Staff interviews and review of training records support that this component is met. |
| Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent). | \boxtimes | | | The detainee handbook covers this issue. All detainees interviewed verified that they were notified of this program during orientation. |
| The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards. | \boxtimes | | | This notice was present on the bulletin board in all housing units. |
| The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.) | \boxtimes | | | A copy of the information brochure that the facility uses was reviewed. |
| Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly. | | | | This is a facility policy requirement. All detainees interviewed related that they were asked questions regarding this issue. |
| 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 such incidents reported in the last year. |
| All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year. | | | \boxtimes | There have been no such incidents reported in the last year. |
| There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting. | | | | This is a policy requirement. There have been no reported incidents requiring intervention since February 2009. |
| 12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution. | \boxtimes | | | According to policy, if an assault were to be reported, a thorough investigation would be conducted. |
| 13. When there is an alleged or proven sexual assault, the required notifications are promptly made. | \boxtimes | | | This would occur if a report was received. |

| 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. | | | | |
|--|-------------------|------------------------------|-----|---|
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks |
| Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence. | \boxtimes | | | Victims would be referred to the local emergency room by health care personnel for collection of forensic evidence and emergency treatment. |
| 15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator. | \boxtimes | | | There are no such records to be tracked by the Sexual Assault Coordinator since the last inspection. |
| SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION | | | | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet Sta | andard | □ N/A | | ☐Repeat Finding |

Policy and procedures are in place to address all of the components of this detention standard.

(b)(6), (b)(7)(c) DO / Reviewer's Signature / Date DO / 5-6-2010

| | PART 2 – 15. SPECIAL MANAGEMENT UNITS | | | | | | |
|------------|--|-------------------|------------------------------|-----|--|--|--|
| seg Adr | 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. | | | | | | |
| 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. | | | | | | |
| 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. | (MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols. | | | | Health care personnel are immediately notified of a detainee being admitted to SMU and the detainee's health and records are 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. | | | | | | |
| 6. | The number of detainees confined to each cell or room does not exceed the capacity for which it was designed. | | | | One detainee per cell is the rule in this facility and is not compromised. | | |
| 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. | | | | | | |
| 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. | | | | Logs are in place and current. | | |

| 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 | |
| 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. | | | | | |
| 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. | | | | Detailed records are kept on all detainees housed in SMU. I-888 forms are properly completed. | |
| 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. | | | | | |
| There are written policy and procedures concerning the property detainees may retain in each type of segregation. | \boxtimes | | | | |
| 14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.) | \boxtimes | | | Administrative segregation units have the same privileges 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 | | |
| 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 provided opportunities to socialize. | | |
| Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal). | | | | | | |
| 17. The shift supervisor sees each segregated detainee daily, including weekends and holidays. | \boxtimes | | | | | |
| 18. The facility administrator (or designee) visits each SMU daily. | \boxtimes | | | The SMU is visited daily by designated supervisors. | | |
| 19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888). | | | | A health care provider visits the SMU at least once each day. | | |
| Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu. | \boxtimes | | | | | |
| 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. | \boxtimes | | | Detainees in these units have the opportunity to shower daily. | | |
| 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. | | | | | | |
| 23. Detainees in an SMU may write and receive letters the same as the general population. | \boxtimes | | | | | |
| 24. Detainees in an SMU ordinarily retain visiting privileges. | \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 | | |
| 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 | No evidence of visitation denial was observed or reported. | | |
| 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. | | | | This requirement is a matter of written policy in the facility. | | |
| 27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints. | \boxtimes | | | | | |
| 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 | | | | | |
| 29. In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit. | X | | | | | |
| 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. | | | | Clergy make regular visits to these units. | | |
| 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. | | | | | | |

45 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

| 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 | |
| 34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request. | \boxtimes | | | Detainees are afforded full access to law libraries. | |
| 35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations. | \boxtimes | | | | |
| Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances. | \boxtimes | | | | |
| 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. | \boxtimes | | | | |
| Recreation for detainees in the SMU is separate from the general population. | \boxtimes | | | SMU detainees have a designated recreation area. | |
| 39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.) | \boxtimes | | | | |
| 40. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire. | \boxtimes | | | Detainees in these units have their own recreation areas and utilize them. | |

| 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 | |
| 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 | \boxtimes | | | | |
| denied recreation privileges for more than 15 days. | | | | | |
| 44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order. | | | | Telephone service is not denied to detainees housed in this facility. | |

| | 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 | V/N | 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 | | | Records within the Administrative Segregation Unit reflect that these standards are closely followed in this facility. |
| | 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 | | | | | |
|---|-------------------|------------------------------|-----|---------|--|
| 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. | | | | | |
| 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. | | | | | |
| 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 | | | | |
| 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. | | | | | |
| 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 | X | | | | |
| incident. 53. After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population. | | | | | |

| | 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 | | |
| 54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). | | | | | | |
| The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. | \boxtimes | | | | | |
| 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. | | | | | | |
| 55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. | | | | | | |
| A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887). | | | | | | |
| At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised. | | | | | | |
| The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator. | | | | | | |
| All review documents are placed in the detainee's detention file. | | | | | | |
| PART 2 – 15. SPECIAL | MANA | GEMENT | UNITS | 6 | | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | Repeat Finding | | |
| | | | | | | |

This facility has small but effective special management units where detainee's privileges are not denied. The facility followed their regulations during this review.

(b)(6), (b)(7)(c) <u>5-6-2010</u> Reviewer's Signature / Date

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
|---|-------------------|------------------------------|-------------|---|--|--|
| The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur. | \boxtimes | | | Scheduled visits by ICE/DRO staff are posted in the units. Unscheduled visits are logged in the unit log book. | | |
| 2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees. | \boxtimes | | | | | |
| Scheduled visits are posted in ICE/DRO detainee housing areas. | \boxtimes | | | | | |
| Visiting ICE staff observes and note current climate and conditions of confinement. | | | \boxtimes | ICE staff are located at this facility. When staff identifies climate issues, they are recorded in the shift report by the SIA. | | |
| ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees. | \boxtimes | | | | | |
| The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence. | | | | All correspondence from detainees to ICE/DRO staff is handled in a manner consistent with the requirements for "Special Correspondence." | | |
| A secure box is located in an accessible location for detainee's to place their Detainee Request Forms. | \boxtimes | | | A secure box is located in each unit. ICE staff retrieves items from the secure boxes daily. | | |
| Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms, | \boxtimes | | | | | |
| ICE/DRO staff responds to a detainee request from a facility within 72 hours and document the response in a log. | \boxtimes | | | All detainee request forms are logged electronically to ensure that they are tracked. The log was reviewed and all responses were within the required time limits. | | |
| ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement. | \boxtimes | | | | | |
| 11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas. | \boxtimes | | | | | |
| 12. Daily telephone serviceability checks are documented in the housing unit logbook. | | | | | | |
| PART 2 – 16. STAFF-DETAINEE COMMUNICATION | | | | | | |

| 🛛 Meets Standard 🛛 🗌 Does Not Meet Standard | d ∏ N/A | Repeat Finding |
|---|---------|----------------|
|---|---------|----------------|

There is a high level of communication between detainees and ICE/DRO staff. Detainee Request Forms are available to detainees, and upon submission are tracked to ensure a timely response. Numerous detainee interviews indicated that staff was accessible in this facility.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

| | PART 2-17. TOOL CONTROL | | | | | | |
|-----|--|-------------------|------------------------------|-----|---|--|--|
| fac | This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies. | | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 1. | (MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability. | \boxtimes | | | The facility Director of Security is responsible for establishing procedures for accountability of tools. The Key Control Officer implements the program. | | |
| 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 facility warehouse is located within the secure perimeter; detainees have no access to this building. Tools are immediately picked up by the Tool Control Officer. | | |
| 3. | (MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled. | \bowtie | | | These items are strictly controlled in this facility. | | |
| 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 | | | This is effectively accomplished The tool room was secure, clean and well organized. Chits are taken in exchange for tools. | | |
| 5. | Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory | \boxtimes | | | | | |
| 6. | Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits. | | | | | | |
| 7. | The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. | | | | This facility has the policies in place for regular inventories and they are completed timely. | | |
| 8. | The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). | | | | | | |
| 9. | Department heads are responsible for implementing proper tool control procedures as described in the standard. | \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 | | | |
| 10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable. | \boxtimes | | | | | | |
| 11. The facility has an approved tool storage system. | | | | | | | |
| The system ensures that all stored tools are accountable. | | | | | | | |
| Tools are stored on shadow boards in which the shadows resemble the tool. | | | | This facility has a very organized | | | |
| Shadow boards have a white background. | \bowtie | | | tool room with proper storage | | | |
| Restricted tools are shadowed in red. | | | | and shadowing. | | | |
| Non-restricted tools are shadowed in black. | | | | | | | |
| Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. | | | | | | | |
| 12. Tools removed from service have their shadows removed from shadow boards. | \boxtimes | | | | | | |
| Tools not adaptable to a shadow board are stored in a locked drawer or cabinet. | \boxtimes | | | | | | |
| 14. Sterile packs are stored under lock and key. | \boxtimes | | | | | | |
| 15. Each facility has procedures for the issuance of tools to staff and detainees. | \boxtimes | | | | | | |
| 16. There are policies and procedures to address the issue of lost tools. The policy and procedures include: | | | | | | | |
| Verbal and written notification. | \boxtimes | | | | | | |
| Procedures for detainee access. | | | | | | | |
| Necessary documentation/review for all incidents of lost tools. | | | | | | | |
| 17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner. | | | | | | | |
| 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. | | | | Maintenance workers' tools are inventoried before and after work projects. | | | |
| Hoses longer than three feet in length are classified as a restricted tool. | \boxtimes | | | | | | |
| 20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used. | | | | | | | |
| PART 2-17. TOOL CONTROL | | | | | | | |

| 🖾 Meets Standard 🛛 🗌 Does Not Meet Standard | 🗌 N/A | Repeat Finding | |
|---|-------|----------------|--|
|---|-------|----------------|--|

Tools are properly stored, maintained and secured in this facility. No shortcomings relative to tool control were noted during this review.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

| | PART 2 – 18. USE OF FORCE AND RESTRAINTS | | | | | |
|---------|--|-------------------|------------------------------|-----|---|--|
| res | 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 | | | This facility follows the detailed facility policy 3.1.8, entitled Use of Force, which was updated in April 2010. | |
| 2. | Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction. | \boxtimes | | | The Use of Force policy has a section to address immediate action in exigent situations (page 2 Paragraph A). | |
| 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. | | | | | |
| 5. • | The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force. | \boxtimes | | | | |
| 6. | When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. Under staff supervision. | | | | | |
| 7. | Staff members are trained in the performance of the Use-of-Force Team Technique. | | | | Teams are trained to apply use of force in a gradual manner starting with the least amount required to stabilize the situation | |
| 8. | All use-of-force incidents are documented and reviewed. | | | | | |
| 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 F | | | | |
|---|-------------------|------------------------------|------------|--|
| 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 | V/N | Remarks |
| 10. Staff: | | | | |
| Does not use force as punishment. | | | | |
| Attempts to gain the detainee's voluntary | | | | Forma is not used as |
| cooperation before resorting to force | \boxtimes | | | Force is not used as punishment. This is understood |
| Uses only as much force as necessary to control the detainee. | | | | by staff in this facility. |
| Uses restraints only when other non- confrontational means, including verbal persuasion, have failed or are impractical. | | | | |
| 11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary. | | | | All medicines are provided by medical authority. |
| 12. (MANDATORY) Use-of-Force Teams follow written | | | | Section G of the Use of Force |
| procedures that attempt to prevent injury and exposure to communicable disease(s). | | | | policy, Use of Force Team Safeguards, addresses this issue. |
| Standard procedures associated with using four/five point restraints include: | | | | |
| Soft (nylon/leather) restraints. | | | | |
| Dressing the detainee appropriately for the temperature. | | | | |
| A bed, mattress, and blanket/sheet. | | | | |
| Checking the detainee at least every 15 minutes. | \square | | | |
| Logging each check. | | | | |
| Repositioning detainee often enough to prevent soreness or stiffness. | | | | |
| Medical evaluation of the restrained detainee twice per eight-hour shift. | | | | |
| When qualified medical staff are not immediately available, staff position the detainee "face-up." | | | | |
| 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. | | | | Medical personnel are contacted immediately after the detainee is under control. |

| PART 2 – 18. USE OF FC This Detention Standard authorizes staff to use necessa | | | | | | |
|--|-------------------|------------------------------|-------------|--|--|--|
| resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility. | | | | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 17. When the Facility Administrator authorizes use of non-lethal weapons: | | | | | | |
| Medical staff is consulted before staff use (b)(7)(e) (b)(7)(e) non-lethal weapons. | \boxtimes | | | | | |
| Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. | | | | | | |
| Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access. | \boxtimes | | | These weapons are stored away from detainee areas and are brought in only after authorization by the Assistant Field Office Director (AFOD). | | |
| If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools. | \boxtimes | | | | | |
| 20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted | \boxtimes | | | | | |
| 21. Protective gear is worn when restraining detainees with open cuts or wounds. | \boxtimes | | | Special reaction teams wear protective gear and receive training regarding communicable diseases. | | |
| 22. Staff documents every use of force, including what type of restraints was used during the incident. | \boxtimes | | | | | |
| 23. It is standard practice to review any use of force and the non-routine application of restraints. | \boxtimes | | | | | |
| 24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices approved for use. | \boxtimes | | | | | |
| 25. All staff authorized to use (b)(7)(e) receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record. | \boxtimes | | | | | |
| 26. The use of canines is restricted to contraband detection purposes only. | | | \boxtimes | Canines are currently not utilized in this facility. | | |
| 27. The officers are thoroughly trained in the use of soft and hard restraints. | \boxtimes | | | | | |
| 28. <u>In SPCs,</u> the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used. | \boxtimes | | | | | |
| PART 2 – 18. USE OF FC | | | | | | |
| ⊠ Meets Standard | andard | □ N/A | | ☐Repeat Finding | | |
| 58 | | | | | | |

The facility administrator has developed an in-depth and practical use-of-force and restraints policy that is understood by staff and works effectively in this environment.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date **Performance-Based National Detention Standards**

Section III ORDER

19 Disciplinary System

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

ICE 2012FOIA03030.025961

| PART 3 – 19. DISC | | | | | |
|---|-------------------|------------------------------|-----|--|--|
| 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 | |
| The facility has a written disciplinary system using progressive levels of reviews and appeals. | | | | Facility policy 3.3.1, entitled Detainee Discipline, effectively outlines expectations and sanctions relative detainee behavior. | |
| The facility rules state that disciplinary action shall not be capricious or retaliatory. | \boxtimes | | | Jurisprudence is utilized with regard to discipline in this facility. | |
| 3. Written rules prohibit staff from imposing or permitting the following sanctions: corporal punishment deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of legal access and legal materials deprivation of physical exercise | | | | Staff understands this standard and complies with its requirements. | |
| The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing. | | | | | |
| 5. The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions | \boxtimes | | | | |
| 6. When minor rule violations or prohibited acts occur, informal resolutions are encouraged. | | | | Informal resolutions are encouraged providing both parties agree and the violations are minor. | |
| Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor. | \boxtimes | | | | |
| Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end. | | | | | |

| 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 | V/N | Remarks | | |
| 9. An intermediate disciplinary process is used to adjudicate minor infractions. | \boxtimes | | | This process is utilized effectively in this facility. | | |
| 10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: | | | | | | |
| Conducts hearings on all charges and allegations referred by the UDC | | | | | | |
| Considers written reports, statements, physical evidence, and oral testimony | \boxtimes | | | | | |
| Hears pleadings by detainee and staff representative | | | | | | |
| Bases its findings on the preponderance of evidence | | | | | | |
| Imposes only authorized sanctions | | | | | | |
| 11. A staff representative is available if requested for a detainee facing a disciplinary hearing | | | | Staff representatives are available and utilized in this manner. | | |
| 12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented. | \boxtimes | | | | | |
| 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. | | | | The sixty day maximum punishment for a single infraction rule is followed in this facility. | | |
| 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. DISC | IPLINA | RY SYSTI | EM | | | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | ☐ Meets Standard 	☐ Does Not Meet Standard 	☐ N/A 	☐ Repeat Finding | | | | | |

The disciplinary system in this facility is functioning well as evidenced by orderly detainee behavior and relatively low occupancy rates in disciplinary segregation.

(b)(6), (b)(7)(c) / 5-6-2010 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. | \boxtimes | | | | | |
| | The Cook Foreman is on duty on days when the FSA is off duty and vice versa. | \boxtimes | | | The FSA assures the work schedule has the Cook Foreman on duty during his absence and vice versa. | | |
| 3. | The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard | \boxtimes | | | Detainee-related issues are addressed to food service employees during their basic training. They are also trained in the specifics 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 | | | \boxtimes | The facility uses no knives in their food preparation. All food items are purchased in pre-cut portions. | | |
| 5. | All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils | | | \boxtimes | No knives are used in food preparation. | | |
| 6. | Special procedures (when necessary) govern the handling of food items that pose a security threat. | \boxtimes | | | | | |
| 7. | Operating procedures include daily searches (shakedowns) of detainee work areas. | \boxtimes | | | Daily searches of the dietary department are conducted and logged. | | |
| 8. | The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures. | \boxtimes | | | Counts are performed by the security staff assigned to the dietary department. | | |
| 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. | | | | Detainees working in food service are monitored daily for health and cleanliness. The monitoring is documented on a daily log sheet. | | |

| 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 | | | |
| 10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date. | \boxtimes | | | Detainee-volunteer job descriptions are reviewed whenever a detainee is being assigned to the food service area. | | | |
| The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department. | \boxtimes | | | | | | |
| 12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. | \boxtimes | | | Detainees are given an orientation/training session before beginning work in the food service area. | | | |
| 13. The Cook Foreman documents all training in individual detainee detention files. | \boxtimes | | | Training provided to detainees is documented in a file kept in the FSA's office as well as the detainee detention file. | | | |
| 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. | X | | | Detainees are paid in accordance with the "Voluntary Work Program" standard. Pay is received daily in the detainee's respective housing unit. | | | |
| 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. | | | | | | | |
| For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line. | \boxtimes | | | There was a "sneeze guard" present on the salad bar in the detainee dining area. | | | |
| 17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals. | \boxtimes | | | The 35-day menu cycle used at the facility was reviewed. | | | |
| 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. | | | | The 2009 nutritional analysis was signed by a registered dietitian. The 2010 analysis was recently completed but not available for review. | | | |
| The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes. | \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 | N/A | Remarks | | |
| 20. The Cook Foreman has the authority to change menu items if necessary. | \boxtimes | | | | | |
| If yes, documenting each substitution, along with its justification, with copy to the FSA | | | | | | |
| 21. All staff and volunteers know and adhere to written "food preparation" procedures. | \boxtimes | | | | | |
| 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. | | | | | | |
| Changes to the planned Common Fare menu can be made at the facility level. | | | | | | |
| Hot entrees are offered three times a week. | | | | | | |
| The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). | \boxtimes | | | | | |
| Staff routinely provides hot water for instant beverages and foods. | | | | | | |
| Common Fare meals are served with: | | | | | | |
| Disposable plates and utensils. | | | | | | |
| Reusable plates and utensils. | | | | | | |
| Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. | | | | | | |
| 23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA. | | | | | | |
| 24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program. | \boxtimes | | | The FSA refers detainees in violation of the Common Fare Program to a supervisor for removal. | | |
| 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. | | | | | | |

66 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

| 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 | |
| 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. | \boxtimes | | | Menus and scheduled feeding times were reviewed for the various religious groups in the facility. All were compliant with the standard. | |
| 27. The food service program addresses medical diets. | \boxtimes | | | | |
| 28. Satellite-feeding programs follow guidelines for proper sanitation. | \boxtimes | | | The detainees making the satellite-feeding trays were directly supervised by a food service worker. | |
| 29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance. | \boxtimes | | | Temperatures are checked and logged on a daily log sheet. | |
| 30. All meals provided in nutritionally adequate portions. | \boxtimes | | | | |
| 31. Food is not used to punish or reward detainees based upon behavior. | | | | | |
| 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. | \boxtimes | | | | |
| 33. Everyone working in the food service department complies with food safety and sanitation requirements. | \boxtimes | | | All food service workers and detainees working in the food service area wore hats or hairnets. Detainees with beards had face coverings. Detainees were dressed in clean white kitchen uniforms. | |
| 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. | | | | Facility policy 4.3.1, entitled Food Service, mandates these inspections. A thorough inspection is conducted weekly by the medical department. | |
| 35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed. | \boxtimes | | | A weekly inspection sheet was reviewed with a noted discrepancy. Corrective action was completed. | |

| 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 | V/N | Remarks | | |
| 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. | | | | Temperatures of the dishwashing machines were taken after each meal and documented on the meal preparation worksheet. | | |
| 37. (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service. | \boxtimes | | | Temperatures of the refrigerator/freezer are checked and logged daily on the Meal Preparation Work Sheet. Refrigerator and freezer temperatures were within range mandated in the Food Service standard. | | |
| The cleaning schedule for each food service area is conspicuously posted. | \boxtimes | | | | | |
| 39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation. | \boxtimes | | | | | |
| 40. Storage areas are locked when not in use. | \boxtimes | | | The storage area had to be unlocked to enable an inspection of its contents. | | |
| 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. | | | | While observing a meal being served, there was an ICE officer present in the dining room. | | |
| 43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program. | \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. | | | | The FSA submits monthly cost estimates for all meals served at the facility. | | |
| 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. | | | | | | |
| 47. Staff comply with the ICE requirements for "food receipt and storage. | \boxtimes | | | | | |
| 48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems. | \boxtimes | | | | | |
| 49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings. | | | | | | |

| PART 4 – 20. FOOD SERVICE | | | | | | |
|---|-------------------|------------------------------|------------|---|--|--|
| This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation. | ed a nuti | ritionally ba | lance | d diet that is prepared and presented | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks | | |
| 50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere. | \boxtimes | | | Observation of a lunch meal showed detainees had adequate time to eat their meal. Detainees interviewed were very satisfied with the food at the facility. | | |
| 51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any. | | | | An external source conducts an annual inspection to ensure that the food service facilities and equipment meet governmental health and safety codes. The report is forwarded to the Supervisory Detention and Deportation Officer (SDDO) for review and any corrective action required is implemented. | | |
| 52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator. | \boxtimes | | | | | |
| 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. | X | | | | | |
| 54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator. | | | | Pest control is provided by University Termite & Pest Control Inc. | | |
| FOOD S | ERVIC | E | | | | |
| Meets Standard Does Not Meet Standard N/A Repeat Finding | | | | | | |

The facility's food service department is compliant with all components of the Food Service standard. The food service area was clean. Toxic and caustics were stored in a secure room and accurate inventories were maintained. Detainee workers' health and cleanliness was monitored closely and logged daily.

Detainees interviewed throughout the facility had positive comments on the quality of food served.

(b)(6), (b)(7)(c) <u>5-6-2010</u> Reviewer's Signature / Date

PART 4 – 21. HUNGER STRIKES

This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.

| uea | ating any detainee who is on a hunger strike. | | | | |
|-----|---|-------------------|------------------------------|-----|--|
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks |
| | 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. | | | | Facility policy 4.5.3 titled Hunger Strike, requires referral to the medical department after 72 hours or nine missed meals. |
| | Facility immediately reports via the chain of command a hunger strike to ICE/DRO. | \boxtimes | | | |
| | The facility has established procedures to ensure staff respond immediately to a hunger strike. | \boxtimes | | | A hunger striking ICE detainee is moved to a segregation cell where he can be closely monitored. The medical department has a monitoring protocol which is started once the patient has not eaten for 72 hours. |
| 4. | Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. | \boxtimes | | | Facility policy requires that a hunger striking detainee be moved to a single cell. |
| | Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room. | \boxtimes | | | Facility policy allows medical staff to move a hunger striking detainee to the local hospital if necessary. |
| 6. | Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours. | | | | Facility policy requires that vital signs are recorded at least once every 24 hours. Many times they are recorded on each shift (every 12 hours). |
| 7. | The facility medical authority obtains a hunger striker's consent before medical treatment. | \boxtimes | | | Consent (at least verbal consent) is obtained before treating a hunger striker. |
| | A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form. | | | | Facility policy requires the use of Refusal of Treatment forms when medical treatment is refused. Refusal forms are used when a hunger striker refuses monitoring also. |
| | Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers. | \boxtimes | | | Hunger strikers have three meals a day delivered to them. |
| | Staff maintain the hunger striker's supply of drinking water/other beverages. | \boxtimes | | | Water is shut off to the cell of a hunger striker. Custody staff maintains a constant supply of water and monitors water intake by the hunger striker. |
| | During a hunger strike, staff remove all food items from the hunger striker's living area. | \boxtimes | | | Food items are never allowed in the housing units at this facility. |

| 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 |
| Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent. | \boxtimes | | | Custody staff records all fluid and food intake on the Hunger Strike Monitoring Form. |
| The medical staff have written procedures for treating hunger strikers. | \boxtimes | | | Medical staff have a written protocol for monitoring a hunger striker. Treatment of a hunger striker is based on the individual patient needs. |
| 14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks. | \boxtimes | | | Medical staff document all treatment attempts in the progress notes section of the 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 policy requires hunger strike policy training at orientation and annually thereafter. Staff interviews support that they receive the required training. |
| PART 4 – 21. HU | NGER | STRIKES | | |
| 🖂 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | ☐Repeat Finding |

The facility's hunger strike policy meets the requirements of this detention standard. Staff generally notify health care after a detainee has missed two meals. Health care staff then begin to talk with the detainee. Custody staff frequently move a detainee who is not eating to a cell in segregation for the purpose of close monitoring of oral intake. Medical monitoring begins after 72 hours or nine missed meals. Medical staff has usually convinced the detainee to begin eating prior to the 72 hour point. There have been no official hunger strikers who have not eaten for 72 hours in the last year at this facility.

(b)(6), (b)(7)(c) <u>DO / 5-6-2010</u> Reviewer's Signature / Date

| | 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 | |
| 1. | The facility operates a health care facility in compliance with state and local laws and guidelines. | \boxtimes | | | This facility is currently accredited by ACA, JCAHO, and NCCHC. | |
| 2. | The facility's in-processing procedures of arriving detainees include medical screening. | \boxtimes | | | All ICE detainees arriving at this facility receive a medical screening by 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. | \boxtimes | | | The health services unit has a staffing plan that is reviewed annually and has sufficient positions to perform their mission. At the time of the inspection there was b)(7)(e) pharmacist vacancy. | |
| 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 | | | Interviews with ICE detainees support that this occurs. The detainee handbook and the orientation film contain information regarding how to access medical care. | |
| 5. | Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services. | | | | Facility policy 4.5.3 requires that all ICE detainees have access to and receive 24-hour emergency medical, dental and mental health services. | |
| 6. | New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series. | \boxtimes | | | A review of personnel records of custody and health care staff reveal that all staff with direct contact with ICE detainees have been tested for TB and have been offered Hepatitis B vaccination. | |
| 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. | \boxtimes | | | A review of eight randomly selected health care employees' credentialing files revealed that all were properly licensed and/or certified and were credentialed to perform tasks within their scope of practice. | |
| 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). | | | | Each ICE detainee receives a detainee handbook during the booking process. The handbook is available in English and Spanish. All ICE detainees interviewed received a handbook they could read. | |

| 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 | Does Not Meet Standard | V/N | Remarks | | |
| 9. In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission. | | | | A review of credentialing files revealed that all employees files reviewed were in compliance with the NCCHC standard. | | |
| 10. Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. | \boxtimes | | | This facility RN does an initial medical screening at the gate as ICE detainees enter the facility. Those detainees with any medical issues are flagged for priority full medical screening which is done within 6-12 hours of arrival. Detainees who have a suspected communicable disease on the initial screen are isolated until their full medical screen. | | |
| 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. | | | | Health care employees have the availability of an interpretation language service over the telephone 24 hours per day, if needed. When this service is used there is documentation of its use in the medical record. | | |
| 12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care. | \boxtimes | | | The medical clinic is small but affords detainees privacy when receiving health care. According to the HSA, a new larger clinic is in the planning stages. All exam rooms presently in use are sufficiently equipped and have sinks for hand washing. | | |
| 13. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter. | \boxtimes | | | The medical clinic is located within the secure perimeter of the facility having its own restricted access area. | | |
| 14. The medical facility entrance includes a holding/waiting room. | \boxtimes | | | There are two holding areas in the medical clinic each holding up to ten detainees. Area 1 is for detainees waiting to be seen. Area 2 is for detainees who have already been seen and are awaiting an escort back to their units. | | |
| 15. The medical facility's holding/waiting room under the direct supervision of custodial staff. | | | | Custody staff is in constant direct supervision of both waiting areas when observed. | | |
| 16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain. | \boxtimes | | | Each waiting area contained a toilet and a drinking fountain. | | |

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| 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 | |
| 17. Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit With physical access restricted to authorized medical staff. Procedurally, no copies made and placed ir detainee files. | | | | Medical records are stored in a locked room on open shelves. Access to this room is restricted to medical records staff and the nursing staff. Keys to the room are on key rings signed out of the facility's (b)(7)(e) system. Medical records staff is not aware of any medical records being placed in detainee files. | |
| (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered. | | | | Twenty randomly pulled records were reviewed. All records contained a consent form reflecting the same date as the medical screening. | |
| Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources. | | | | According to medical records staff, this form is utilized. None of the charts reviewed had this form present. | |
| 20. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee. | | | | The HSA feels that they usually get sufficient notice, but the medical director would prefer more time prior to removal. | |
| 21. A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary. | | | | According to medical records personnel, all detainees leaving the facility are accompanied by a transfer summary form. | |
| Medical records are placed in a sealed envelope o other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL. | | | | Medical transfer forms are placed in a sealed manila envelope. | |
| 23. Medical screening includes a Tuberculosis (TB) test | | | | All ICE detainees entering this facility are screened by a chest X-ray which is read by tele- radiology with a report received within 4 hours. | |
| 24. All detainees receive a mental-health screening upor arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit | | | | All ICE detainees receive a mental health screening by a trained RN within 12 hours of arrival and prior to being assigned to a housing unit. | |
| The facility health care provider promptly reviews all I 794s (or equivalent) to identify detainees needing medical attention. | | | | The medical director reviews all medical screenings to identify detainees needing medical attention. | |

| 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 | V/N | 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. | | | | All 20 randomly pulled medical records reviewed had a physical assessment conducted by a mid-level provider within 7 days of arrival. | | |
| 27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population. | | | | The process for access to medical care is the same for all units in this facility. Detainees who request health care in the morning are seen the same day no matter where they are housed. | | |
| 28. Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. | \boxtimes | | | Sick call slips are available from the detention officers in all units. The general population units place completed slips into a locked box in the dining area. Detainees in segregation units give their completed forms to the officers who place them in an envelope marked health care. Sick call slips are collected each morning and given to health care staff about 8:00-9:00 am. Detainees requesting care are generally scheduled for nurse sick call that same day. This process occurs 365 days per year. | | |
| 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. | | | | The written plan provides for 24- hour emergency health care. Nursing staff are on site 24/7. | | |
| 30. The plan includes an on-call provider. | | | | The Medical Director, Chief Psychologist, and the Physician's Assistants provide on-call services for medical, dental, and mental health. | | |
| 31. The plan includes a list of telephone numbers for local ambulances and hospital services. | | | | The telephone numbers of local hospitals and ambulance services are included in the plan. | | |
| 32. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety. | \boxtimes | | | This is addressed in the plan. | | |

-FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| PART 4 – 22. MEDICAL CARE | | | | | |
|--|-------------------|------------------------------|-------------|---|--|
| This Detention Standard ensures that detainees have a prevention and health education, so that their health care | | | | | |
| 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 are trained to respond to health-related situations within four minutes. Staff interviews supported a less than four minute response time. | |
| 34. Where staff are used to distribute medication, a health care provider properly trains these officers. | | | \boxtimes | Only trained and credentialed medical staff distribute or administer medication. Detention officers in housing units do have Tylenol which detainees may take for minor ailments. Detainee use is documented by the officer. | |
| 35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security. | \boxtimes | | | Prescription medications are ordered in bulk and stored on open shelves in a locked secure pharmacy. Non-prescription (over the counter) medication is also ordered in bulk and stored in the pharmacy. All pharmaceuticals are ordered, inventoried and dispensed by pharmacy staff. | |
| 36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. | | | | A detailed formulary is available for use by all medical staff. Off- formulary drugs are available by completing DIHS Form 067. All narcotics, needles, syringes, scalpels, and suture removal kits are counted twice a day at shift changes. All pharmaceuticals are ordered from McKesson Pharmaceuticals. The facility has a contract with Guaranteed Return Company for the pickup and disposal of medications. | |

| 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 | | |
| 37. All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. | | | | All pharmaceuticals are stored in the pharmacy in accordance with the requirements of this detention standard. Adjacent to the pharmacy is another room where pill line is conducted. This room is also secure and serves as a storage room for medical supplies and durable medical equipment. All access to the pharmacy is by individual access codes which are recorded electronically and provide a printout of all access activity. | | |
| 38. In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. | | | | The pharmacy meets all of these components of the detention standard. | | |
| 39. Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained. | \boxtimes | | | All nurse administered medication is recorded on patient-specific Medication Administration Records. Keep- on-person medications distributed by the nurses is documented on a sheet placed in the medical record. Detention officers log detainee use of Tylenol on a log sheet which is maintained in the pharmacy. | | |
| 40. Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. | | | | All medication is dispensed or administered by licensed and credentialed nurses. | | |

| | PART 4 – 22. MEDICAL CARE | | | | | |
|---|--|-------------------|------------------------------|-------------|---|--|
| | Detention Standard ensures that detainees have a ntion and health education, so that their health care | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | |
| giv ar sy | he facility maintains documentation of the training ven any officer required to distribute medication, nd the officer has available for reference the training /llabus or other guide or protocol provided by the ealth authority. | | | \boxtimes | Detention officers do not distribute medication at this facility. | |
| | he Warden/Facility receives notification that a etainee that has special medical needs. | \boxtimes | | | A written special needs form is used for this purpose. | |
| sta | rocedures are in place, consistent with the detention andard, for examinations by independent medical ervice providers and experts. | | | | According to the HSA, ICE officials are responsible for coordinating these types of exams. | |
| pli ar ec (w (w fe • • • • | MANDATORY) Each facility has a written plan (or ans) that address the management of infectious nd communicable diseases, including prevention, ducation, identification, surveillance, immunization when applicable), treatment, follow-up, isolation when indicated), and reporting to local, state, and ederal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. | \boxtimes | | | The Infection Control Plan is a nation-wide plan developed by DIHS. The plan contains all elements required by the standard. The Infection Control Officer is responsible for implementation of the plan at this facility. | |
| ar | etainees diagnosed with a communicable disease re isolated according to local medical operating rocedures. | \boxtimes | | | Detainees with signs of communicable diseases are placed in medical isolation until deemed to be non-infectious. | |
| wi (C sc Pf D th | Il new arrivals receive TB screening in accordance ith guidelines of the Centers for Disease Control CDC). Unless a chest x-ray is the primary screening nethod, the PPD (mantoux method) is the primary creening method. (For a detainee on whom the PD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from ne general population. | \boxtimes | | | All arriving detainees are screened for TB with a chest X- ray. | |
| pla pr fa | etainees with symptoms suggestive of TB are aced in a negative pressure isolation room and romptly evaluated for TB disease. Detainees at icilities with no negative pressure isolation room are iferred to an appropriate off-site facility. | \boxtimes | | | This facility has five negative pressure rooms. Additional negative pressure rooms are available locally if needed. | |

| | PART 4 – 22. MEDICAL CARE | | | | | |
|-----|---|-------------------|------------------------------|-----|--|--|
| | Detention Standard ensures that detainees have a vention and health education, so that their health care | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | |
| 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. | | | | According to the HSA, transportation services to local off site medical appointments are adequate. Medical appointments do not have to be rescheduled due to transportation. | |
| 49. | Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel. | \boxtimes | | | Detainees that need close medical supervision or are chronically ill have a treatment plan which is outlined in the P portion of the medical providers SOAP note in the progress notes section of the medical record. | |
| 50. | (MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up. | \boxtimes | | | This facility offers pregnancy testing during intake screening. Female detainees are then transported to Central Arizona Detention Center for housing. | |
| 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 | | | | Chronic care clinics are conducted for the common chronic illnesses. The facility has adopted NCCHC Chronic Care Guidelines. | |
| 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. | | | | When a detainee has special medical or mental health needs, they are relayed to other appropriate staff in a multidisciplinary meeting conducted each morning. In addition, such needs generally are written on a special needs form generated by health care. | |
| 53. | Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist. | | | | This facility has a full-time dentist. Detainees who have been at this facility for a year are eligible for routine dental care including teeth cleaning. All detainees are eligible for emergency dental care. | |

79

| PART 4 – 22. | MEDICA | LCARE | | | | |
|---|---|------------------------------|----|---|--|--|
| | 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 | VN | Remarks | | |
| 54. (MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined. | | | | Detainees with mental health problems may be referred to the psychologist based on the mental health screening, by medical providers or occasionally by custody staff. All detainees referred to the psychologist are evaluated within two days of the referral. A significant percentage is seen on the date of the referral. Detainees requiring psychotropic medication are followed at least every three weeks by the psychologist. Psychotropic medications are ordered by the Clinical Director as the facility does not have psychiatric coverage. | | |
| 55. Crisis intervention services are available for detainees who experience acute mental health episodes. | | | | Crisis intervention services are available and are provided by the facility psychologist. | | |
| 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. | | | | All medical and mental health contacts are provided in settings that respect a detainee's privacy. This facility screens in female detainees but does not house female detainees. | | |
| 57. (MANDATORY) Any detainee referred for menta health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral. | | | | All detainees referred for mental health evaluation and/or treatment receive a comprehensive evaluation by the facility psychologist the same or next business day. | | |

80 — FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)—

| 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 | | | |
| 58. (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. | | | | The Clinical Director and the psychologist both stated that policy allows the use of clinically ordered restraints, but they have never been used. Less restrictive modalities such as seclusion are used. The nurses interviewed recalled the use of restraints on a patient, but these were for security purposes and were ordered by custody staff. | | | |
| 59. (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. | | | | The Clinical Director and psychologist indicated that involuntary administration of psychotropic medication can be done only once by order of the Clinical Director. The psychologist monitors the patient closely after being administered. Any detainee that would require subsequent involuntary administration would be transferred to an in-patient setting in the community. | | | |
| 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. | | | | Initial dental screening is performed by trained nurses at the time of the intake medical screening (within 12 hours of arrival). | | | |
| 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. | | | | Standardized First Aid kits were found in the control area of each housing pod and at other sites in the facility. All housing officers interviewed were familiar with the location of a first aid kit. | | | |

| 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 | | |
| 62. An automatic external defibrillator should be available for use at the facility. | \boxtimes | | | An AED is located in the medical clinic and is transported to the site of emergencies by health care staff. AEDs are also located at other sites throughout the facility. | | |
| 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 | | | When a detainee refuses care that could result in an adverse outcome, ICE is notified. | | |
| 64. In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate. | \boxtimes | | | The HSA and the facility administrator meet on a weekly basis to discuss medical issues. | | |
| 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. | | | | Biohazardous waste is managed in accordance with sound medical practices within the facility. Removal of biohazardous waste from the facility is done by Bio-Medical Waste Solutions. Medical uses all disposable instruments. Dental equipment is decontaminated according to generally accepted dental standards. | | |
| 66. (MANDATORY) The health authority will implement a system of internal review and quality assurance. | | | | A Process Improvement Plan is in place. Record reviews are done quarterly. The plan's governing board which includes the HSA and the Clinical Director pick topics of relevance for the facility to study. Both process and outcome studies were completed in the last year. | | |
| PART 4 – 22. N | | | | | | |
| ☑ Meets Standard 	☐ Does Not Meet Standard 	☐ N/A 	☐ Repeat Finding | | | | | | |

The facility health care services are located in three separate locations within the facility. A screening medical unit is located in close proximity to the booking area which is separated from the rest of the facility. Detainees arriving at the reception area are met at the gate by a nurse that does a preliminary medical screening looking for infectious disease and detainees with medical issues. Detainees are then booked. Complete medical screenings are then done based on priorities set during the preliminary medical screen. Complete medical screening including a chest X-ray is completed within 6-12 hours of arrival. Detainees are then assigned to one of four facilities in the area that houses detainees. Detainees assigned to housing units at this facility have a physical assessment completed usually within seven days by a mid-level provider.

Access to health care is prompt according to records reviewed and detainees interviewed. Access is usually within one to two business days of a request for all disciplines. Detainees are generally satisfied with the care they receive. Custody and health care personnel work well together and express respect for each other. Emergency responses are quick based on staff and detainee interviews.

Nursing staff is on site 24 hours per day. A mid-level medical provider is available 7 days per week. The mid-level providers rotate, being on call with the Clinical Director available for consultation. The facility's medical unit is staffed with (7) abysicians, an HSA(\mathfrak{p})(7)(F) TE mid-level providers \mathfrak{p})(7)(F) TE clerical staff, a pharmacy tech, and a psychologist. At the time of the inspection there was \mathfrak{p})(7)(approximation of the inspection of the inspection there was \mathfrak{p})(7)(approximation of the inspection of the inspe

Twenty detainee charts were randomly pulled and reviewed. All received timely screenings and health assessments. Detainees with chronic illnesses are seen in chronic care clinics and the continuity of care seems good. The facility meets all of the components of this standard and exceeds several of them.

(b)(6), (b)(7)(c) DO <u>/ 5-6-2010</u> Reviewer's Signature / Date

| | PART 4 – 23. PERSONAL HYGIENE | | | | | | |
|-----|---|-------------------|------------------------------|-----|--|--|--|
| the | This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items. | | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 1. | There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees. | \boxtimes | | | Facility policy 4.4.4 titled Issuance and Exchange of Clothing, Bedding, Linens, Towels, and Personal Hygiene Items specifies the procedures for issuance and exchange of these items. The facility maintains an adequate supply of all of these items at all times. | | |
| 2. | All new detainees are issued clean, temperature- appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. | \boxtimes | | | Interviews with custody staff and ICE detainees support that policy is actual facility practice. The LCI observed new detainees being processed, and they all received appropriate clothing items. | | |
| 3. | Additional clothing is available for changing weather conditions and as is seasonally appropriate. | \boxtimes | | | Additional clothing is available but due to the location of the facility is almost never needed. | | |
| 4. | New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions. | \boxtimes | | | Bedding, linens, and towels are issued during initial intake processing. The pillow and mattress are issued by the housing unit staff. The LCI observed the processing of new detainees and they were issued the bedding, linen, and towels required by this standard. | | |
| 5. | The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items. | | | | Personal hygiene items are issued by housing unit officers and exchanged upon detainee request. Detainees are never charged for these items. | | |

| PART 4 – 23. PERSONAL HYGIENE | | | | |
|--|-------------------|------------------------------|-------------|--|
| This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items. | | | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks |
| 6. Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that 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. | \boxtimes | | | Toilet facilities were clean and in repair. Based on the stated capacity of the housing units, all units exceed the requirements of 4-ALDF-4B-08. During the review, the stated capacities of the housing units were not exceeded. Detainees have free access to toilet facilities in the housing units at all times. |
| 7. Bathing facilities are: Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees. | \boxtimes | | | Water temperatures are checked daily. Records reviewed found temperatures to be in the required zone. |
| 8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene. | | | \boxtimes | This facility does not house detainees with disabilities. |
| 9. Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. | \boxtimes | | | Interviews with custody staff and ICE detainees support that this component is met. |
| 10. Food service detainee volunteer workers are permitted to exchange outer garments daily. | \boxtimes | | | Detainees who are assigned to work in food service are permitted to exchange outer garments daily. |
| 11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently. | \boxtimes | | | Detainees who are voluntarily assigned a work detail are permitted to exchange outer garments as needed. |
| PART 4 – 23. PER | SONA | L HYGIEN | E | |
| 🛛 Meets Standard 🛛 🗋 Does Not Meet St | andard | □ N/A | | ☐Repeat Finding |

Facility policy meets all of the components of this standard. Interviews with custody staff and ICE detainees support that facility written policy is reflected in actual daily practice. All detainees observed during the inspection were well groomed and dressed in clean weather appropriate clothing. The facility is in compliance with all of the components of this detention standard.

(b)(6), (b)(7)(c) DO <u>/ 5-6-2010</u> Reviewer's Signature / Date

> 86 — FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

| PART 4 – 24. SUICIDE PREVI | | | | | |
|--|-------------------|------------------------------|-----|--|--|
| This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment. | | | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | |
| The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually. | \boxtimes | | | Facility policy 4.5.7 titled Suicide Prevention and Intervention, describes the facility's suicide prevention program. | |
| At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. | \boxtimes | | | The facility's suicide prevention program covers all of the elements required here. | |
| Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training. | \boxtimes | | | A review of both custody staff and medical staff training records reveal both orientation and annual suicide-prevention training was received. | |
| Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Effective communication between correctional and health care personnel, | \boxtimes | | | The suicide prevention training module was reviewed and all of these issues are covered in the training and post training test. | |
| Necessary referral procedures, Housing observation and suicide-watch level procedures, Follow-up monitoring of detainees who have already attempted suicide, and Reporting and written documentation procedures. | | | | | |

-FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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 |
|--|-------------------|------------------------------|-----|---|
| 5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. Screening does not occur later than one working day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. | S | | | All detainees are screened for suicide potential by the booking officer. Suicide potential is then also covered during the mental health screening done by health care staff within 12 hours of arrival. |
| Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed. | | | | The facility's Suicide Prevention Program does cover referral of at-risk detainees to medical staff. Staff interviews support that referral procedures are followed. |
| Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional. | | | | The Clinical Director and the psychologist may return a suicidal detainee to general population. Detainees are not released on weekends when these individuals are not on site. |
| The facility has a designated isolation room for evaluation and treatment. | | | | The facility has 13 isolation rooms in segregation that are used for one-on-one observation of detainees on suicide watch. |
| The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt. | | | | All of the rooms used for suicide watch have barred walls that could be used as a structure to attach a noose. This is certainly mitigated by the fact that all suicidal detainees are under constant one-on-one observation. |
| 10. Medical staff have approved the room for this purpose. | | | | The Clinical Director has approved the rooms used for suicide watch. |
| 11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation. | | | | Custody staff interviews support this practice. Three charts of detainees who were on suicide watch in the last year were reviewed. Observations of detainee activity were documented every 15 minutes. Supervisory review of documentation was also documented. |

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

| 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. | \boxtimes | | | All detainees on suicide watch are on constant one on one observation by a custody staff member. | |
| 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 is an SPC with 24- hour medical staff. | |
| 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. | \boxtimes | | | Facility policy requires a mortality review and critical incident debriefing. This facility has not had a completed suicide in the last 5 years. | |
| PART 4 – 24. SUICIDE PREVI | ENTION | AND INT | ERVE | NTION | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | ☐Repeat Finding | |

All staff is trained and knows how to identify and intervene when a detainee becomes suicidal. Policies and procedures are in place to identify and manage suicidal detainees. Medical personnel also receive additional training from the psychologist. Suicide watch documentation was reviewed and found to be complete. There have been no completed suicides at this facility since the last inspection. The facility is in compliance with this detention standard.

(b)(6), (b)(7)(c) <u>DO / 5-6-2010</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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 | V/N | Remarks |
|----|---|-------------------|------------------------------|------------|---|
| 1. | Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility. | \boxtimes | | | This facility normally does not house unstable, chronically ill or terminal detainees. A detainee who becomes seriously ill while housed here can be placed in a community hospital. |
| 2. | The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location. | \boxtimes | | | The HSA and ICE officials meet daily to discuss detainees with medical issues and notifications are made by ICE. |
| 3. | There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. | X | | | The facility uses the Life Care Planning Packet approved by the Arizona Attorney General. |
| 4. | There is a policy addressing "Do Not Resuscitate Orders" | \boxtimes | | | Facility policy 4.5.11 titled Detainee Death, Terminal Illness and Advanced Directives, addresses DNR orders. |
| 5. | Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation. | \boxtimes | | | Interviews with the medical providers support that a DNR order would not limit medical care in any way other than resuscitation. |
| 6. | The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative. | \boxtimes | | | In the case of a DNR order, the proper notifications would be made. DNR orders are rarely written at this facility. |
| 7. | The facility has written procedures to address the issues of organ donation by detainees. | \boxtimes | | | The facility policy covers the issue of organ donation. |
| 8. | officials, deceased family members and consulates, when a detainee dies while in custody. | \boxtimes | | | The facility policy covers notifications in case of a detainee death. |
| 9. | The facility has a policy and procedure to address the death of a detainee while in transport. | \boxtimes | | | The facility policy references DIHS/ICE policy on the death of a detainee while in transport. |

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 | V/N | Remarks |
| At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. | \boxtimes | | | Facility policy addresses disposal of detainee remains as detailed in the detention standard. |
| 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. | \boxtimes | | | Facility policy addresses this component. |
| An original or certified copy of a detainee's death certificate is placed in the subject's A-File. | \boxtimes | | | Facility policy addresses this component. |
| 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. | | | | Facility policy addresses this component. |
| 14. ICE staff follow established procedures to properly close the case of a deceased detainee. | X | | | According to ICE staff, the cases of deceased detainees are closed according to established procedures. There have been no detainee deaths at this facility in over 5 years. |
| PART 4 – 25. TERMINAL ILLNESS, A | | | TIVES | S, AND DEATH |
| 🖂 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | Repeat Finding |

Remarks

The facility has policy and procedures in place to address terminal illness, advanced directives and detainee death. Detainees are advised of the availability of advanced directives and DNR orders during orientation. There have been no detainee deaths since the last inspection.

(b)(6), (b)(7)(c) <u>DO / 5-6-2010</u> Reviewer's Signature / Date

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**

92 — FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

| PART 5 – 26. CORRESPONDENCE AND OTHER MAIL | | | | |
|--|-------------------|------------------------------|-----|---|
| This Detention Standard ensures that detainees will be a representatives, government offices, and consular officials | | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks |
| 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. | | | | Facility policy 5.4.1, Detainee Correspondence and Mail, addresses these issues. The rules for correspondence are posted in the units and included in the detainee handbook. |
| 2. The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees. | \boxtimes | | | |
| Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected. | \boxtimes | | | All mail is distributed on the same day it is received and inspected. |
| Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays). | \boxtimes | | | |
| Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee. | | | | Priority mail is logged in the mail room and again when it is actually delivered to detainees in the units. |
| 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 mail is opened in the presence of the detainees. Prior to delivery to the detainees all mail is passed through an x-ray machine to check for contraband |
| Staff do not read incoming general correspondence without the Facility Administrator's prior approval. | | | | Facility policy addresses this issue; however staff reported that there have been no instances when mail was actually read. |
| Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present. | | | | All mail "Special" or otherwise is inspected in the presence of the detainees. |
| Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present. | | | | |
| 10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity. | \boxtimes | | | |
| 11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied. | \boxtimes | | | |

| PART 5 – 26. CORRESPON | PART 5 – 26. CORRESPONDENCE AND OTHER MAIL | | | | | |
|--|--|------------------------------|-----|--|--|--|
| This Detention Standard ensures that detainees will be a representatives, government offices, and consular officials | | | | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee. | | | | Facility policy 5.4.1, Detainee Correspondence and Mail, states that notification will be made to detainee and addressee when mail is rejected; but currently, the facility returns such mail to sender with no written facility-generated notification. Prior to the departure of the inspection team, a notification form was developed, a post order was revised, and a log was established to address this issue. | | |
| The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice. | | | | Facility policy 5.4.1, Detainee Correspondence and Mail, does not address the issue of censorship or rejection of outgoing mail. By practice all outgoing mail is sent out uninspected, and no such mail is censored or rejected. | | |
| 14. Staff maintain a written record of every item removed from detainee mail. | \boxtimes | | | There is a facility contraband officer who maintains a log of all contraband items including those items removed from the mail. The log was reviewed and it was current. | | |
| 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 | | | Form G-589 is filled out when cash or valuables are removed from incoming mail. The amount of cash is credited to the detainees' account. | | |
| 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 | | | | | |
| 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 | | | | | |

| 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 | V/N | Remarks | |
| 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 | Stamps are not available for sale at this facility. All mail is free for detainees. | |
| The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees. | | | | | |
| 23. SMU detainees have the same correspondence privileges as general population. | | | | | |
| 24. Detainees have access to outside publications. | \square | | | | |
| PART 5 – 26. CORRESPON | PART 5 – 26. CORRESPONDENCE AND OTHER MAIL | | | | |
| ☐ Meets Standard 	☐ Does Not Meet Standard 	☐ N/A | | | | | |

Correspondence and mail practices at this facility are consistent with the ICE PBNDS.

(b)(6), (b)(7)(c) <u>(5-6-2010</u> Reviewer's Signature / Date

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 |
|----|--|-------------------|------------------------------|-----|--|
| 1. | The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral | \boxtimes | | | These trips are at the discretion of the Field Office Director. |
| | Deathbed | | | | |
| 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. | \boxtimes | | | |
| 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)(opfficers. | \boxtimes | | | Officers are briefed in detail regarding proper conduct during the escorted trip. |
| 7. | The detainee remains under constant, direct visual supervision of escorting staff. | \boxtimes | | | Escort officers are required to keep the detainee under constant supervision. |
| | 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. | \boxtimes | | | |
| | Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee. | \boxtimes | | | |
| 10 | . Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason. | \boxtimes | | | Written facility policy precludes the acceptance of any gifts by escort officers for any reason. |

| PART 5 – 27. ESCORTED TRIPS F | OR NO | N-MEDICA | AL EM | ERGENCIES | |
|--|-------------------|------------------------------|------------|-----------------------------------|--|
| 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 Field Office or Sub-Office in control of the detainee ca | | ency Esco | orted | Trips are handled only by the ICE | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks | |
| 11. Escort officers ensure that detainees: | | | | | |
| Conduct themselves in a manner that does not bring discredit to ICE/DRO. | | | | | |
| Do not violate federal, state, or local laws. | | | | | |
| Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. | \boxtimes | | | | |
| Do not arrange to visit family or friends unless approved before the trip. | | | | | |
| Make no unauthorized phone calls. | | | | | |
| Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. | | | | | |
| 12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc. | \boxtimes | | | | |
| 13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules. | \boxtimes | | | | |
| 14. The Field Office Director is the approving official for all non-medical escorted trips. | \boxtimes | | | | |
| 15. Facility procedures comply with the following ICE Standards: | | | | Use of force standard allows for | |
| Transportation (Land Transportation | \boxtimes | | | removal of restraints from | |
| Restraints applied strictly in accordance with the Use of Force Standard. | | | | detainees at certain times. | |
| PART 5 – 27. ESCORTED TRIPS F | OR NO | N-MEDIC/ | AL EM | ERGENCIES | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | Repeat Finding | |

This function is carried out with security as the prime consideration but considers each situation in regards to restraints.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

-FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| 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 | | | The Detention Operations Supervisor (DOS) is responsible for considering detainee marriage requests. | |
| 2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented. | \boxtimes | | | | |
| 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 | | | The facility contacts the intended spouse for confirmation of the marital intent. | |
| 5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative. | | | | The DOS provides a written copy of his or her decision to the detainee. | |
| 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 | | | The DOS provides the detainee with a place and time to make wedding arrangements. | |
| 8. The detainee handbook explains the marriage request process. | \boxtimes | | | | |
| 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 | | | The facility-approving ICE official is the DOS. | |
| PART 5 – 28. MAR | | | | Demest Findling | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet Sta | andard | □ N/A | | Repeat Finding | |

The approving ICE official responsible for approving/disapproving is the Detention Operation Supervisor.

(b)(6), (b)(7)(c) <u>5-6-2010</u> Reviewer's Signature / Date

> 98 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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

| PART 5 - 29. RECREATION | | | | | | | |
|--|-------------------|------------------------------|-----|--|--|--|--|
| This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, | | | | | | | |
| within the constraints of safety, security, and good order. ⊠ If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A". | | | | | | | |
| | | | | | | | |
| Components | Meets Standard | Does Not Meet Standard | ∢ | Remarks | | | |
| Components | Meets Standar | Me | N/A | Reindiks | | | |
| | ő | 0 0 | | | | | |
| 1. The Facility provides: | | | | Detainees receive at least three | | | |
| An indoor recreation program. | | | | hours of outdoor recreation per day. | | | |
| 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. | | | | | | | |
| 3. Regular maintenance keeps recreational facilities and equipment in good condition. | | | | Equipment is checked daily by the recreational specialist. | | | |
| 4. The recreational specialist or trained equivalent supervises detainee recreation workers. | | | | Detainee workers have | | | |
| supervises detainee recreation workers. | \boxtimes | | | orientation before beginning work in the recreation | | | |
| | | | | department. | | | |
| 5. The recreational specialist or trainee equivalent oversees recreation programs for Special Management | | | | The recreational specialist goes to the SMU daily to provide | | | |
| Unit and special-needs detainees. | | | | reading materials etc. to the detainees housed there. | | | |
| 6. Dayrooms offer sedentary activities, e.g., board | | | | Board games are readily | | | |
| games, cards, television. | | | | available in the dayrooms. | | | |
| | | | | Table game pieces are replaced monthly by the recreational | | | |
| | | | | specialist. | | | |
| 7. Outside activities are restricted to limited-contact sports. | | | | | | | |
| 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 | | | Detainees have access to outside recreation activities for a | | | |
| the nousing units for at least one nour daily. | | | | minimum of three hours per day. | | | |
| 10. Staff check all items for damage and condition when equipment is returned. | \boxtimes | | | | | | |
| 11. Staff conduct searches of recreation areas before and | | | | Daily searches of recreation | | | |
| after use. | | | | areas are conducted by the recreational specialist and security staff. | | | |
| 12. Recreation areas are under constant staff supervision. | \boxtimes | | | | | | |
| 13. Supervising staff are equipped with radios. | \square | | | | | | |
| 14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week. | \boxtimes | | | Detainees in the SMU receive at least one hour of outdoor recreation time per day. | | | |

| PART 5 - 29. RECREATION | | | | | | |
|--|-------------------|------------------------------|-------------|--|--|--|
| This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, | | | | | | |
| within the constraints of safety, security, and good order. If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A". | | | | | | |
| | | | | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| Componente | Me | Doe: Mc | z | Kennarko | | |
| 45 Detainees in dissiplines /s desiriet station | •• | | | | | |
| 15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges. | | | | | | |
| 16. Special programs or religious activities are available to detainees. | | | | The recreational specialist | | |
| | | | | schedules special programs for the detainees. During this inspection there was a soccer tournament between detainee housing units. | | |
| 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 | Visitors, relatives or friends are not allowed to serve as volunteers. | | |
| 20. If the facility has no outside recreation, are detainees considered for transfer after six months? | | | \boxtimes | The facility has outside recreation available daily for detainees. | | |
| 21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator. | | | | The facility has outside recreation available daily for detainees. | | |
| 22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no. | | | \boxtimes | The facility has outside recreation available daily for detainees. | | |
| 23. The detainee's written decision for or against an offered transfer documented in his or her A-file. | | | \boxtimes | The facility has outside recreation available daily for detainees. | | |
| 24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer. | | | \boxtimes | The facility has outside recreation available daily for detainees. | | |
| 25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days. | | | \boxtimes | The facility has outside recreation available daily for detainees. | | |
| 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. | | | | The facility has outside recreation available daily for detainees. | | |
| 27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision. | | | | The facility has outside recreation available daily for detainees. | | |

| PART 5 - 29. RECREATION | | | | |
|-------------------------|------------------------|-------|-----------------|--|
| 🛛 Meets Standard | Does Not Meet Standard | □ N/A | ☐Repeat Finding | |

The facility has a better-than-adequate outdoor recreation area. There were numerous detainees present in the recreation yard throughout the inspection. Inmates interviewed were happy with the recreational opportunities afforded to them.

(b)(6), (b)(7)(c) <u>5-6-2010</u> Reviewer's Signature / Date

| 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 § § | PART 5 – 30. RELIGIOUS PRACTICES | | | | | |
|--|---|--------------------|-------------------------------|-----|--|--|
| 1. Detainees are allowed to engage in religious services. Religious services are readily available in English and Spanisi available in English and thetame english available in English | | | | | | |
| When available, these services are provided in major languages spoken within the facility. Image: Provide and Preduity available in English and Spanish | Components | Meets Standards | Does Not Meet Standards | N/A | Remarks | |
| religious services. Image: Construct of the detainee dining room. There is adequate space for detainee participation. 3. The facility allows detainees to observe the major "holy days" of their religious faith. Image: Construct of the detainee dining room. There is adequate space for detainee participation. 4. The facility accommodates recognized holy-day observances by: Image: Construct of the detainee dining room. There is adequate space for detainee dining room. There is adequate space for detainee participation. • List any exceptions. Image: Construct of the detainee dining room. There is adequate space for detainee participation. • List any exceptions. Image: Construct of the detainee dining room. There is adequate space for detainee participation. • Providing special meals, consistent with dietary restrictions. Image: Construct of the detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard. Image: Construct of the detainee programs. 6. Volunteer's credentials are checked and verified before allowing participation in detainee programs. Image: Construct of the facility. 7. Members of faiths not represented by olergy may participate in religious practices unless otherwise documented for the safety and security of the facility. Image: Construct of the detainees in the SMU at least five times a week. 8. Detainees in the Special Management Unit may participate in religious practices in the SMU at least five times a week. Image: Construct of the calibity. | When available, these services are provided in major | \boxtimes | | | Religious services are readily available in English and Spanish. | |
| "holy days" of their religious faith. Image: Construct of their religious faith. • List any exceptions. Image: Construct of their religious faith. 4. The facility accommodates recognized holy-day observances by: Image: Construct of their religious special meals, consistent with dietary restrictions. • Honoring fasting requirements. Image: Construct of their religious services. • Allowing activity restrictions. Image: Construct of the facility of the facility restrictions. 5. Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard. Image: Construct of the facility for the facility. 7. Members of faiths not represented by clergy may request to present their own services within security allowances. Image: Construct of the facility. 8. Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility. Image: Construct of the safety and security of the facility. RELIGIOUS PRACTICES Image: Construct of the safety and security of the facility. Image: Construct of the safety and security of the facility. | | \boxtimes | | | the detainee dining room. There is adequate space for detainee | |
| observances by: Providing special meals, consistent with dietary restrictions. Image: Special meals, consistent with dietary restrictions. • Honoring fasting requirements. Facilitating religious services. Image: Special meals for the various religious holy-day observances. • Allowing activity restrictions. Image: Special meals for the various religious holy-day observances. 5. Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard. Image: Special meals are checked and verified before allowing participation in detainee programs. Image: Special meals are checked and verified before allowing participation in detainee programs. Image: Special meals are checked and verified before allowing participation in detainee programs. Image: Special meals are checked and verified before allowing participation in detainee programs. Image: Special meals are checked and verified before allowing participate in religious practices within security allowances. Image: Special meals are checked and verified before allowing participate in religious practices within security allowances. Image: Special meals are checked and verified before allowing participate in religious practices within security and security of the facility. Image: Special meals are checked and verified allowances. Image: Special meals are checked and verified before allowing participate in religious practices within security and security of the facility. Image: Special meals are checked and verified allowances. Image: Special meals are checked and verified before allowing participate in religious practices if approved bethe security | "holy days" of their religious faith. | \boxtimes | | | | |
| immediate possession; refer to the Funds and Personal Property Standard. Image: Comparison of the Funds and Personal Property St | observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. | \boxtimes | | | meals for the various religious | |
| before allowing participation in detainee programs. Image: Construction of the second sec | immediate possession; refer to the Funds and Personal | \boxtimes | | | | |
| request to present their own services within security allowances. Image: Comparison of the security allowances of the security of the security of the facility. Image: Comparison of the security | | \boxtimes | | | orientation before entering the | |
| participate in religious practices unless otherwise documented for the safety and security of the facility. | request to present their own services within security | \boxtimes | | | | |
| | participate in religious practices unless otherwise | \boxtimes | | | religious practices if approved by the security office. The chaplain visits the detainees in the SMU | |
| Meets Standard Does Not Meet Standard N/A Repeat Finding | RELIGIOUS | PRACT | FICES | - | | |
| | 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | Repeat Finding | |

The facility is compliant with the Religious Practices Standard.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

- FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)-

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

| 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 | |
| | allowed to access to telephones during ility waking hours, including access to | | | | Telephones are operational during all waking hours. | |
| | ce, detainees are made aware of the one access policy. | \boxtimes | | | The facility orientation film, the handbook, and postings in the unit explain the telephone access issues. | |
| Notification exp in the Detainee | laining the facilities telephone policy is Handbook. | \boxtimes | | | | |
| | including updated telephone and ber, are posted in housing units. | \boxtimes | | | | |
| information to c | tes a reasonable effort to provide key letainees in languages spoken by any on of the facility's population. | | | | Telephone information is posted in the units in four languages: English, Spanish, Arabic, and Chinese. | |
| | e provided at a minimum ratio of one 25 detainees in the facility population. | \boxtimes | | | | |
| | e inspected daily by facility staff to y are in good working order. | | | | | |
| 8. Telephones are televisions. | e located a reasonable distance from | | | | Televisions are located a significant distance from the telephones; however, the volume of the TVs was loud in the unit. The facility has purchased headphones to be used with the TVs, which will be mandatory in the near future. | |
| | ministration promptly reports out-of- es to the facility's telephone service | | | | | |
| and takes appr | ninistration monitors repair progress opriate measures to ensure that the s are begun and completed timely. | \boxtimes | | | The Compliance Unit monitors the progress of required telephone repairs. | |
| 11. Detainees are privacy for lega | afforded a reasonable degree of I phone calls. | \boxtimes | | | | |
| | ists to assist a detainee who is having a confidential call. | \boxtimes | | | | |
| make non-colle | vides the detainees with the ability to ect (special access) calls. | | | | | |
| 14. Special Acces detainees. | s calls are at no charge to the | \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 meets 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". | \boxtimes | | | | |
| 17. | Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility. | \boxtimes | | | Facility policy 5.4.3, Detainee Telephone Access, has a provision to allow detainees to speak with immediate family members confined in other facilities. | |
| 18. | All telephone restrictions are documented. | | | \boxtimes | There are no restrictions placed on telephone by detainees at this facility. | |
| 19. | The facility has a system for taking and delivering emergency detainee telephone messages. | | | | The facility has a dedicated message line that is checked three times per day. The handbook and the orientation film provide guidance for detainees on how to access this line. | |
| 20. | Phone call messages are given to detainees as soon as possible. | \boxtimes | | | | |
| 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. | \boxtimes | | | | |
| 23. | Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials. | \boxtimes | | | | |
| 24. | Detainees in disciplinary segregation are allowed phone calls for family emergencies. | \boxtimes | | | | |
| | Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population. | | | | Detainees in administrative segregation and protective custody have daily access to telephone calls. | |
| 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. | \boxtimes | | | Appropriate notices are posted over each telephone in the units. Special Access calls are not monitored. | |

| 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 | V/N | Remarks |
| The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable. | \boxtimes | | | A call to the OIG on the detainee telephone system was successfully placed. |
| 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 | | | The telephones are checked daily in the units by security staff and documented in the unit log. Weekly documentation is prepared by the Compliance Unit. |
| PART 5 – 31. TELEPHONE ACCESS | | | | |
| ⊠ Meets Standard | | | | |

Telephone access for detainees is consistent with the PBNDS. There were no complaints voiced by detainees regarding telephone access. The facility has a dedicated message line to receive emergency messages.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

| | PART 5 – 32. VISITATION | | | | | | |
|-----|--|-------------------|------------------------------|-------------|--|--|--|
| | This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order. | | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 1. | There is a written visitation procedure, schedule, and hours for general visitation. | | | | | | |
| 2. | The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes. | | | | The facility makes every effort to accommodate the demand for visits. There is a plan to expand the visiting area. None of the detainees interviewed expressed any complaints or issues about the visiting conditions at this facility. | | |
| 3. | The visitation schedule and rules are available to the public. | \boxtimes | | | | | |
| 4. | The hours for all categories of visitation are posted in the visitation waiting area. | | | | Visitation information is posted at the entrance to the facility in the visiting room and is also provided in the detainee handbook. | | |
| 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 | | | A separate log is maintained at the entrance processing point to log visits. | | |
| 7. | Detainees are permitted to retain authorized personal property items specified in the standard. | | | | | | |
| | A visitor dress code is available to the public. | \boxtimes | | | | | |
| 9. | Visitors are searched and identified according to standard requirements. | \boxtimes | | | | | |
| 10. | The requirement on visitation by minors is complied with. | \boxtimes | | | | | |
| 11. | At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days. | | | \boxtimes | Minors are allowed to visit at this facility. | | |
| | After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed. | | | | Minors are allowed to visit at this facility. | | |
| | Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented. | \boxtimes | | | | | |
| | Detainees in special housing are afforded visitation. | \boxtimes | | | | | |
| 15. | Legal visitation is available seven (7) days a week, including holidays. | \boxtimes | | | | | |

106 -FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)-

| 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 | | |
| 16. On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays. | \boxtimes | | | Legal visits are allowed to continue during the entire visiting period between 8:00 am and 4:30 pm. | | |
| 17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal. | \boxtimes | | | | | |
| 18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents. | \boxtimes | | | | | |
| 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. | | | | Legal representatives must pass through a metal detector. Their belongings are visually inspected to ascertain the presence of contraband. | | |
| 21. Per the Standard, prior to each visit, legal service providers and assistants are identified. | \boxtimes | | | | | |
| 22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas. | \boxtimes | | | The list of pro bono attorneys is posted in the housing units. The list is also provided to detainees during the admission process and posted in the Law Library. | | |
| 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 | | | NGOs are required to request a visit/tour of the facility. | | |
| 25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval. | \boxtimes | | | Upon approval by the facility administrator, law enforcement officers are provided with a private location to conduct interviews. | | |
| 26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office. | \boxtimes | | | | | |
| PART 5 – 32 | | | | | | |
| ☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding | | | | | | |

There is not a high volume of visits at this facility. There are plans to expand the current visiting space, because it is also used as the waiting area for those detainees awaiting court hearings.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

> 108 — FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| 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 | VIN | Remarks | | | |
| The facility has a voluntary work program. | \boxtimes | | | | | | |
| Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards. | \boxtimes | | | The detainees housing units were very clean and orderly. | | | |
| At IGSAs detainees are never allowed to work outside the secure perimeter. | | | | The facility had level 1 detainees | | | |
| SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision. | | | | working outside the secure perimeter. | | | |
| Written procedures govern selection of detainees for the Voluntary Work Program. | | | | | | | |
| The same procedures apply for replacement workers as for "new" workers. | \boxtimes | | | | | | |
| Staff follow written procedures. | | | | | | | |
| Where possible, physically and mentally challenged detainees participate in the program. | \boxtimes | | | No detainees are excluded from the voluntary work program. | | | |
| The facility complies with work-hour requirements for detainees, not exceeding: | \boxtimes | | | | | | |
| Eight hours a day. | | | | | | | |
| Forty hours a week. | | | | | | | |
| Detainee volunteers ordinarily work according to a fixed schedule. | | | | | | | |
| If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file. | | | | | | | |
| Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program. | | | | Detainees receive orientation before beginning any work assignment. | | | |
| 10. The voluntary work program meets: | | | | | | | |
| OSHA standards | \boxtimes | | | | | | |
| NFPA standards | | | | | | | |
| ACA standards | | | | | | | |
| Medical staff screen and formally certifies detainee food service volunteers; | | | | The FSA receives an approval from the medical department | | | |
| Before the assignment begins | \boxtimes | | | before a detainee is permitted to begin work in the food service | | | |
| As a matter of written procedure | | | | area. The approval form is maintained in the detainees' file in the FSA's office. | | | |

| 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. | | | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | |
| Detainees receive safety equipment/ training sufficient for the assignment | \boxtimes | | | | |
| Proper procedure is followed when an ICE detainee is injured on the job. | \boxtimes | | | | |
| PART 5 – 33. VOLUNTARY WORK PROGRAM | | | | | |
| ⊠ Meets Standard 	□ Does Not Meet Standard 	□ N/A 	□ Repeat Finding | | | | | |

The facility's Volunteer Work Program meets all standards. Detainee workers are trained before beginning a work assignment. Medical clearance is required for any detainee assigned to the food service area. Detainees are paid in accordance with the standard at \$1.00 per day. Pay is distributed to the detainees in their respective housing unit every evening.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

Section VI JUSTICE

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

| Tł | 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 | | | |
| | The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook. | \boxtimes | | | Each detainee receives a local handbook and the ICE National Detainee Handbook when they are processed into the facility. Detainees are required to sign to show verification of receipt. | | | |
| 2. | The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility. | \boxtimes | | | The detainee handbook provided contains both an English and Spanish version. | | | |
| 3. | A procedure for requesting interpretive services for essential communication has been developed. | \boxtimes | | | | | | |
| 4. | Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings. | \boxtimes | | | The facility shows all detainees an orientation video. The video is available in English and Spanish. | | | |
| 5. | The handbook supplements the facility orientation video where one is provided. | \boxtimes | | | | | | |
| 6. | The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees. | \boxtimes | | | The handbook is updated yearly. Revisions are placed on detainee housing unit bulletin boards. Staff is informed by memo. | | | |
| 7. | There is an annual review of the handbook by a designated committee or staff member. | \boxtimes | | | | | | |
| 8. | The detainee handbook address the following issues: Personal Items permitted to be retained by the | | | | | | | |
| • | detainee. Initial issue of clothes, bedding and personal hygiene items. | | | | | | | |
| • | How to access care. | | | | | | | |
| 9. | The detainee handbook states in clear language basic detainee responsibilities. | \boxtimes | | | Detainee responsibilities are clearly stated in the handbook. | | | |
| | 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 | | | | | | |
| 12 | The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units. | | | | The handbook clearly describes the facility housing units, activities and special management unit. | | | |

112

-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.

| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks |
|--|-------------------|------------------------------|-----|--|
| 13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices. | | | | |
| 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. | | | | The handbook is very clear in describing procedures for obtaining razors. |
| The handbook describes barber hours and hair cutting restrictions. | \boxtimes | | | |
| 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) | \boxtimes | | | The facility has vending machines in the dayrooms for detainee use. |
| 19. The handbook describes the detainee voluntary work program. | \boxtimes | | | |
| 20. The handbook describes the library location and hours of operation and law library procedures and schedules. | | | | The handbook describes the law library procedures and schedules. It does not mention the location of the library. |
| 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. | | | | The facility provides local ICE contact information on a supplement to the handbook. |
| 23. The handbook describes the facility contraband policy. | \boxtimes | | | |
| 24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations. | \boxtimes | | | Facility visiting policy is clearly described in the handbook. |
| 25. The handbook describes the correspondence policy and procedures. | | | | |
| 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. | | | | The facility policy on discipline is thoroughly explained in the handbook. |

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. Meets Standard Does Not Meet Standard MA Components Remarks 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; In CDFs procedures for filing an appeal of a The handbook clearly explains ٠ grievance with ICE. \times the entire grievance procedure \square to detainees. Staff/detainee availability to help during the ٠ grievance process. Guarantee against staff retaliation for filing/pursuing ٠ a grievance. How to file a complaint about officer misconduct with • the Department of Homeland Security. 28. The handbook describes the medical sick call \times \square procedures for general population and segregation. 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. \boxtimes Indoor recreation hours. ٠ In dorm leisure activities. • Rules for television viewing. • 30. The handbook describes the detainee dress code \bowtie for daily living; and work assignments and the meaning of color-coded uniforms. 31. The handbook specifies the rights and \boxtimes \square \square responsibilities of all detainees. 32. Detainees are required to sign for the handbook to Detainees sign for the handbook ensure accountability. \boxtimes \square \Box as they are processed into the facility. 33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a \boxtimes \square \square language they can understand. PART 6 - 34. DETAINEE HANDBOOK Meets Standard Does Not Meet Standard Repeat Finding

The detainee handbook provided contains both English and Spanish versions. The handbook is clearly written and easily understood. Detainees should have no difficulty understanding the rules, regulations and services provided at the facility if they read their handbook.

(b)(6), (b)(7)(c) / 5-6-2010 Reviewer's Signature / Date

> 115 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

ICE 2012FOIA03030.026016

| 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 | | | | | | | | |
| 1. | Detainees are informed about the facility's informal and formal grievance system. | | | | | | | | | | | | |
| 2. | The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent). | \boxtimes | | | Detainees receive handbooks when they are processed into the facility. | | | | | | | | |
| 3. | The grievance section of the handbook explains all steps in the grievance process – Including: | | | | | | | | | | | | |
| • | Informal and formal grievance procedures; | | | | | | | | | | | | |
| • | The appeals process and step-by-step procedures; | | | | | | | | | | | | |
| • | Staff/detainee availability to help during the grievance process | | | | | | | | | | | | The handbook clearly explains the grievance process. |
| • | Guarantee against staff retaliation for filing/pursuing a grievance. | | | | | | | | | | | | |
| • | How to file a complaint about officer misconduct with the Department of Justice. | | | | | | | | | | | | |
| • | How to file an emergency grievance. | | | | | | | | | | | | |
| 4. | Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff. | \boxtimes | | | | | | | | | | | |
| 5. | Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. | | | | T he second s | | | | | | | | |
| • | Detainees may seek help from other detainees or facility staff when preparing a grievance. | \boxtimes | | | The grievance procedure provides the necessary help for detainees requiring assistance. | | | | | | | | |
| • | Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary. | | | | | | | | | | | | |
| 6 . | Facility has written procedures for identifying and handling a time-sensitive emergency grievance. | \boxtimes | | | | | | | | | | | |
| 7. | Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them. | \boxtimes | | | Staff is trained on the handling of emergency grievances. | | | | | | | | |
| 8. | Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance. | \boxtimes | | | | | | | | | | | |
| 9. • • | Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. | \boxtimes | | | The facility has a grievance officer that maintains the Detainee Grievance Log. The facility does not identify "nuisance complaints" as all grievances are handled and documented the same. | | | | | | | | |

| PART 6 – 35. GRI | | | | |
|---|-------------------|------------------------------|---------|--|
| This Detention Standard protects detainees' rights and ens they may file formal grievances and receive timely respon | | ey are treat | ed fair | ly by providing a procedure by which |
| | 503. | | | |
| Components | Meets Standard | Does Not Meet Standard | N/A | Remarks |
| 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. | X | | | The facility handles all grievances the same. Staff do not consider any grievances as nuisance complaints. |
| 11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, 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. | \boxtimes | | | Staff interviewed were aware that any officer misconduct allegation was to be reported immediately to a supervisor. |
| 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. | \boxtimes | | | |
| In all facilities written procedures cover detainee 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. | \boxtimes | | | The detainee has five days to file a formal grievance. |
| PART 6 – 35. GRI | EVANC | E SYSTE | M | |
| ⊠ Meets Standard □ Does Not Meet St | andard | □ N/A | | ☐Repeat Finding |

The facility grievance policy is in compliance with ICE PBNDS. The grievance procedure is clearly explained to the detainees in the detainee handbook.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

| 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. | \boxtimes | | | | | |
| 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. | \boxtimes | | | The law library contains all the items required by the PBNDS. | | |
| | In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library. | |] | | The Lexis Nexis system was updated on 4-2-2010. | | |
| 3. | If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: | | | | | | |
| | • Operable computers and printers, in sufficient numbers in order to provide access | \boxtimes | | | | | |
| | Photocopiers, andSupplies for both. | | | | | | |
| 4. | The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas. | \boxtimes | | | | | |
| 5. | The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees. | \boxtimes | | | | | |
| 6. | Detainees are provided with the means to save legal work in a private electronic format for future use. | \boxtimes | | | Law library computers are equipped with a 3 1/2 inch A- drive. Detainees are allowed to save their material to these discs. None of the ICE computers are equipped with this same type of drive, which eliminates any security concerns. | | |
| 7. | The facility subscribes to updating services where applicable and legal materials requiring updates are current. | \boxtimes | | | Lexis Nexis is updated on a quarterly basis. | | |
| 8. | Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion. | \boxtimes | | | There is a binder of published legal materials located in the law library which is submitted by outside organizations. The Florence Immigration Refuge and Rights Program regularly submit material to the law library. | | |
| 9. | 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. | \boxtimes | | | An Immigration Enforcement Agent (IEA) is assigned to oversee all issues related to the law library. | | |

| 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 | |
| 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 | | | | |
| 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 | | | There is an ICE employee assigned to respond to detainee requests for items which may not be included in the law library collection. | |
| 12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security. | \boxtimes | | | Both detainees must submit a request to be allowed access to the law library at the same time. | |
| 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. | \boxtimes | | | Administrative segregation detainees have dedicated time slots on the law library schedule. | |
| 16. All denials of access to the law library fully documented. | | | \boxtimes | There are no documented cases of denial of access to the law library. There are adequate time slots available on the schedule for all detainees at the facility. | |
| 17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials. | | | \boxtimes | Arrangements are made to provide access to the law library for all detainees at this facility. | |
| Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties. | \boxtimes | | | | |
| 19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. | \boxtimes | | | | |
| PART 6 – 36. LAW LIBRAR | IES AN | D LEGAL | MATE | RIAL | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | ☐Repeat Finding | |

The Law Library is a comfortable, well-equipped space which meets the requirements of the ICE PBNDS. There are sufficient time slots to accommodate all detainees in the law library.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

> 120 — FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) — G-324A Detention Review Worksheet - Rev: 5/11/09

ICE 2012FOIA03030.026021

| 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 cone Acceptable overall and continue | | | | | | |
| The Field Office is responsive to requests by attorneys and accredited representatives for group presentations. | | | | The Florence Immigration Refuge and Rights Program meet with detainees on a regular basis in the facility. The organization is afforded storage space in the facility for their supplies. Notices are permanently displayed in the units identifying times and locations for their meetings. | | |
| 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. | | | | | | |
| The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative. | \boxtimes | | | | | |
| 4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible. | | | | Since the program is regularly presented, there is a permanent posting in the housing units. | | |
| 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. | | | \boxtimes | No detainee is denied access to these presentations. | | |
| 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. | \boxtimes | | | | | |
| 7. Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented. | \boxtimes | | | Detainees in segregation are allowed to attend presentations. | | |
| 8. Interpreters are admitted when necessary to assist attorneys and other legal representatives. | \boxtimes | | | | | |
| Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session. | | | | | | |
| 10. Staff permit presenters to distribute ICE/DRO- approved materials. | \boxtimes | | | | | |

121 - FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Review Worksheet - Rev: 5/11/09

| PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS | | | | | | |
|---|---|------------------------------|-------------|--|--|--|
| This Detention Standard protects detainees' rights by ensights persons and organizations for the purpose of informing the | | | | | | |
| | | .o | allorr | | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks | | |
| Check here if No Group Presentations were conc Acceptable overall and continue of | | | | | | |
| 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 | | | The Florence Immigration Refuge and Rights Program also represent detainees at ICE court proceedings. | | |
| 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 | There are no documented instances of group presenters having their privileges suspended. | | |
| The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations. | \boxtimes | | | A legal rights video is shown daily in all housing units. | | |
| A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request | \boxtimes | | | | | |
| 15. The facility maintains equipment for viewing approved electronically formatted presentations. | \boxtimes | | | | | |
| PART 6 - 37. LEGAL RIGHTS | S GRO | UP PRESE | | TIONS | | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet Sta | ⊠ Meets Standard 	□ Does Not Meet Standard 	□ N/A 	□ Repeat Finding | | | | | |

The Florence Immigration Refuge and Rights Program meets regularly with all detainees who want information to include those in segregation status. The program also represents detainees during their ICE hearings. In the Law Library there is a section dedicated to legal rights material provided by this Program. During the inspection, activity by program members in the visiting room was observed on all three days.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

> 122 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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

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 | | | |
| 1. | A Detention File is created for every new arrival whose stay will exceed 24 hours. | | | | | | | |
| 2. | The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process. | \boxtimes | | | | | | |
| 3. | The detainee's Detention File also contains documents generated during the detainee's custody. Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of currents | X | | | A review of existing detention files revealed that they contain the appropriate documents. | | | |
| 4. | same The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors. | \boxtimes | | | | | | |
| 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 | | | Inactive files were reviewed and contained appropriate documentation. | | | |
| 6. | The officer closing the Detention File makes a notation that the file is complete and ready to be archived. | \boxtimes | | | Files are closed out with appropriate documentation. | | | |
| 7. | Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office. | \boxtimes | | | | | | |
| 8. | Appropriate staff 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 | | | Files are maintained in an area that is staffed 24 hours per day. A log is kept and is up-to-date. | | | |
| 9. | Electronic record-keeping systems and data are protected from unauthorized access. | \boxtimes | | | | | | |
| 10 | Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File. | \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 | | | | | | |

| 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 | V/N | Remarks | |
| 12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work. | \boxtimes | | | | |
| 13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File. | \boxtimes | | | | |
| 14. Archived files are purged after six years by shredding or burning. | \boxtimes | | | | |
| 15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months. | \boxtimes | | | There are several IGSAs in the area that house ICE detainees. The detention files and A-files for those individuals held in other faculties are maintained in this facility. | |
| PART 7 – 38. DETENTION FILES | | | | | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | ☐Repeat Finding | |

The detention files at this facility are well maintained and up to date. All practices regarding the handling and maintenance of detention files is consistent with the ICE PBNDS.

(b)(6), (b)(7)(c) <u>(5-6-2010</u> Reviewer's Signature / Date

| PART 7 - 39. NEWS MEDIA | 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 | | |
| The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation. | | | | Facility policy 1.1.9, News Media Interviews/ Public Access, requires that members of the media submit a written request 48 hours in advance to request a personal interview with a detainee. The FOD is the approving authority for these interviews. | | |
| All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File. | X | | | | | |
| The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case. | \boxtimes | | | There is a procedure in place; however, to date there has been no need to implement. | | |
| 4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her. | | | | | | |
| 5. All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. | X | | | | | |
| PART 7 - 39. NEWS MEDIA | | VIEWS AI | | DURS | | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet S | andard | □ N/A | | Repeat Finding | | |
| | | | | | | |

The procedures and practice to accommodate news media interviews and tours is consistent with the ICE PBNDS.

(b)(6), (b)(7)(c) <u>75-6-2010</u> Reviewer's Signature / Date

126

-FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| | PART 7 – 40. STAFF TRAINING | | | | | | |
|---------|---|-------------------|------------------------------|-----|--|--|--|
| | This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training. | | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| 1. | The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers. | | | | | | |
| 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 | | | The facility has four blocks of training; each block of training is consistent with the duties of the respective employee. | | |
| 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 facility has a training coordinator that is responsible for staff development and training. | | |
| 4. | Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator. | \boxtimes | | | | | |
| 5. • | An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or | \boxtimes | | | Training records are maintained by the training coordinator using a computer program. | | |
| | Electronic systems. | | | | | | |

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

| 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 | | | |
| 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. | | | | Clerical/support employees receive trainng in all subjects required by the standard. | | | |

| | PART 7 – 40. S1 | TAFF T | RAINING | | | | | |
|---|---|-------------------|------------------------------|-----|---|--|--|--|
| | This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by | | | | | | | |
| requir | requiring that they receive initial and ongoing refresher training. | | | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | VIN | Remarks | | | |
| coccat coccat | rofessional and support employees (including ontractors) who have regular or daily detainee ontact will receive training on the following subjects, it a minimum: ecurity procedures and regulations ode of Ethics ealth-related emergencies rug-free workplace upervision of detainees igns of suicide risk and hunger strike uicide precautions se-of-force regulations and tactics eport writing etainee rules and regulations ey control ights and responsibilities of detainees afety procedures mergency plan and procedures terpersonal relations ocial/cultural lifestyles of the detainee population ultural diversity/understanding staff & detainees ommunication skills ardiopulmonary resuscitation (CPR)/First aid ounseling techniques exual harassment/sexual misconduct awareness. ational Detention Standards. | \boxtimes | | | Professional and support employees who have regular detainee contact receive training in all subjects required by the standard. | | | |

| 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 | V/N | Remarks | | | |
| 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: | | | | | | | |
| • The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations | | | | | | | |
| Key control; appropriate conduct with detainees | | | | | | | |
| Responsibilities and rights of employees | | | | | | | |
| Standard precautions | | | | Health care employees receive | | | |
| Occupational exposure | \boxtimes | | | at least 40 hours of formal orientation covering all subjects | | | |
| Personal protective equipment | | | | required by the standard. | | | |
| Bio-hazardous waste disposal | | | | | | | |
| Overview of the detention operations. | | | | | | | |
| National Detention Standards. | | | | | | | |
| Medical grievance procedures and protocol. | | | | | | | |
| Requirement for special needs detainees. | | | | | | | |
| Code of Ethics | | | | | | | |
| Drug free workplace | | | | | | | |
| • Hostage situations and staff conduct if taken hostage. | | | | | | | |

| | PART 7 – 40. STAFF TRAINING | | | | | | |
|-----|---|-------------------|------------------------------|-----|--|--|--|
| | This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training. | | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | N/A | Remarks | | |
| | Security personnel (including contractors) will receive training on the following subjects, at a minimum: | | | | | | |
| • | Security procedures and regulations | | | | | | |
| • | Supervision of detainees | | | | | | |
| • | Searches of detainees, housing units, and work areas | | | | | | |
| • | Signs of suicide risk, precaution, prevention and intervention. | | | | | | |
| • | Code of Ethics | | | | | | |
| • | Health-related emergencies | | | | | | |
| • | Drug-free workplace | | | | | | |
| • | Suicide precautions | | | | | | |
| • | Self-defense techniques | | | | | | |
| • | Use-of-force regulations and tactics | | | | Security personnel receive | | |
| • | Report writing | \boxtimes | | | training on all subjects required | | |
| • | Detainee rules and regulations | | | | by the standard. | | |
| • | Key control | | | | | | |
| • | Rights and responsibilities of detainees | | | | | | |
| • | Safety procedures | | | | | | |
| • | Emergency plans and procedures | | | | | | |
| • | Interpersonal relations | | | | | | |
| • | Social/cultural lifestyles of the detainee population | | | | | | |
| • | Cultural diversity/understanding staff & detainees | | | | | | |
| • | Communication skills | | | | | | |
| • | Cardiopulmonary resuscitation (CPR)/first aid | | | | | | |
| • | Counseling techniques | | | | | | |
| • | Sexual abuse/assault awareness | | | | | | |
| • | National Detention Standards. | | | | | | |
| | Situation Response Teams (SRTs) receive: | | | | | | |
| • | Specialized training before undertaking their assignments. | \boxtimes | | | | | |
| 12. | Facility management and supervisory staff receive: | \boxtimes | | | | | |
| • | Management and Supervisory 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 | | | All staff authorized to use firearms receive training before being assigned to a post involving their possible use. | | |
| 14. | (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually. | \boxtimes | | | The facility mandates personnel authorized to use firearms qualify quarterly. | | |

| 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 | V/N | Remarks | | |
| 15. (MANDATORY) Personnel authorized to use (b)(7)(e) (b)(7)(e) receive training in the use of (b)(7)(e) and in the treatment of individuals exposed to a (b)(7)(e) before being assigned to a post involving their possible use. | | | | Staff authorized to use(b)(7)(e)(b)(7)(e)receive training in theiruse and in the treatment ofindividuals exposed to a(b)(7)(e)The facilitymaintains a list of trained staff. | | |
| All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. | \boxtimes | | | | | |
| 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. | | | | Staff acknowledges reviewing the drug-free workplace program by initialing and signing the training document. This signed document is maintained by the training coordinator. | | |
| All staff is trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. | X | | | Staff initial and sign when annual training is completed. Copies are maintained by the training coordinator. | | |
| 19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file. | | | | Staff initial and sign when their training is completed. Copies are maintained by the training coordinator. | | |

133 — FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)— G-324A Detention Review Worksheet - Rev: 5/11/09

| PART 7 – 40. S | TAFF 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 | | |
| 20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. | | | | | | |
| Administering first aid and cardiopulmonary resuscitation (CPR). | | | | Staff receive 40 hours of training annually. Included in this training are health-related emergencies, CPR and first aid. | | |
| Obtaining emergency medical assistance through the facility plan and its required procedures. Recognizing signs and symptoms of mental illness, | | | | | | |
| suicide risk, retardation, and chemical dependency. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. | | | | | | |
| 21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: | | | | | | |
| • Understanding that sexual abuse or assault is never an acceptable consequence of detention. | | | | Sexual abuse and assault | | |
| Recognizing housing or other situations where sexual abuse or assault may occur. | \boxtimes | | | awareness are included in the facilities' annual training | | |
| Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. | | | | curriculum. | | |
| 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. | | | | | | | |
| Tequ | | | | | | | | |
| | Components | Meets Standard | Does Not Meet Standard | VIN | Remarks | | | |
| | (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: | | | | | | | |
| | dentifying the warning signs and symptoms of mpending suicidal behavior, | | | | Signs of suicide risk, suicide | | | |
| | Demographic, cultural, and precipitating factors of suicidal behavior, | | | | precautions, prevention and intervention are included in the facilities' annual training | | | |
| • | Responding to suicidal and depressed detainees, | \boxtimes | | | curriculum. Staff acknowledges | | | |
| | Communication between correctional and health care personnel, | | | | receiving training by their signature, which is kept on file | | | |
| • | Referral procedures, | | | | by the training coordinator. | | | |
| | Housing observation and suicide-watch level procedures, and | | | | | | | |
| | Follow-up monitoring of detainees who have attempted suicide. | | | | | | | |
| | All staff are trained during orientation and annually to | | | | | | | |
| | recognize the signs of a hunger strike and on the procedures for referral for medical assessment. | \boxtimes | | | | | | |
| | 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. | \boxtimes | | | | | | |
| | 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 nclude: | | | | | | | |
| | The requirements of this Detention Standard | | | | | | | |
| | The use of force continuum | | | | | | | |
| | Communication techniques | | | | Staff receives 40 hours training annually. The training includes | | | |
| | Cultural diversity | \boxtimes | | | all subjects required by the | | | |
| | Dealing with the mentally ill Confrontation-avoidance techniques | | | | standard. | | | |
| | Approved methods of self-defense | | | | | | | |
| | Force cell-move techniques | | | | | | | |
| • | Communicable diseases, particularly precautions to be taken for use of force | | | | | | | |
| • | Application of restraints (progressive and hard) Reporting procedures. | | | | | | | |

| PART 7 – 40. S | TAFF 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 | V/N | Remarks | |
| 26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave. | \boxtimes | | | | |
| PART 7 – 40. STAFF TRAINING | | | | | |
| 🛛 Meets Standard 🛛 🗌 Does Not Meet St | andard | □ N/A | | Repeat Finding | |

The facility has a comprehensive training program. The training offered to employees includes all subject material required by the standard.

(b)(6), (b)(7)(c) / <u>5-6-2010</u> Reviewer's Signature / Date

| Th | PART 7 - 41. TRANSFER OF DETAINEES This Detention Standard ensures that transfers of detainees from one facility to another are professionally and | | | | | | | |
|-----|---|-------------------|------------------------------|-----|---|--|--|--|
| res | 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 | \boxtimes | | | When a detainee is transferred, the Deportation Officer is required to make the notification to the legal counsel of record. | | | |
| 2. | noted within ENFORCE. Notification includes the reason for the transfer and | \boxtimes | | | | | | |
| 3. | the location of the new facility, The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved. | | | | | | | |
| 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. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. | \boxtimes | | | Facility policy 3.1.12, Detainee Transfers, addresses this issue. | | | |
| 6. | The detainee is provided with a completed Detainee Transfer Notification Form. | | | | Copies of completed transfer notification forms were viewed in archived files. | | | |
| 7. | Form G-391 or equivalent authorizing the removal of a detainee from a facility is used. | | | | | | | |
| 8. | For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of prescription medications. | | | | | | | |
| 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. TRANSFER OF DETAINEES | | | | | |
|--|-------------------|------------------------------|------------|---|--|
| This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property. | | | | | |
| Components | Meets Standard | Does Not Meet Standard | V/N | Remarks | |
| For medical transfers, transporting officers receive instructions regarding medical issues. | \boxtimes | | | Staff were interviewed and indicated that they were appropriately briefed regarding special issues associated with medical transfers. | |
| 11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location. | \boxtimes | | | | |
| 12. Transfer and documentary procedures outlined in Section C and D are followed. | \boxtimes | | | | |
| 13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival. | \boxtimes | | | | |
| 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 O | F DETAIN | EES | | |
| ☐ Meets Standard 	☐ Does Not Meet Standard 	☐ N/A 	☐ Repeat Finding | | | | | |

The process to transfer detainees is consistent with the ICE PBNDS.

(b)(6), (b)(7)(c) <u>5-6-2010</u> Reviewer's Signature / Date

A. Type of Facility Reviewed

| \square | ICE Service Processing Center |
|-----------|---|
| | ICE Contract Detention Facility |
| | ICE Intergovernmental Service Agreement |

B. Current Inspection

| Type of Inspection |
|----------------------------|
| Field Office HQ Inspection |
| Date[s] of Facility Review |
| 05/04-06/10 |
| |

C. Previous/Most Recent Facility Review

| Date[s] of Last Facility Review |
|---|
| 05/05/09-05/07/09 |
| Previous Rating |
| Meets Standards Does Not Meet Standards |

D. Name and Location of Facility

| Name | | | |
|---|--|--|--|
| Florence Detention Center | | | |
| Address (Street and Name) | | | |
| 3250 N. Pinal Parkway | | | |
| City, State and Zip Code | | | |
| Florence Az, 85132 | | | |
| County | | | |
| Pinal | | | |
| Name and Title of Facility Administrator | | | |
| (Warden/OIC/Superintendent) | | | |
| (b)(6), (b)(7)(c) | | | |
| Telephone # (Include Area Code) | | | |
| 520- &6) &6), (b)(7)(c) | | | |
| Field Office / Sub-Office (List Office with oversight | | | |
| responsibilities) | | | |
| Phoenix | | | |
| Distance from Field Office | | | |
| 60 Miles | | | |

E. ICE Information

| | Name of Inspector (Last Name, Title and Duty Station) |
|------|---|
| (| b)(6), (b)(7)(c)LCI / MGT of America, Inc. |
| | Name of Team Member / Title / Duty Location |
| | (b)(6), (b)(7)(c) CI-Medical / MGT of America, Inc. |
| | Name of Team Member / Title / Duty Location |
| (b)(| 6), (b)(7)GJ-Security / MGT of America, Inc. |
| | |

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

F. CDF/IGSA Information Only

| Contract Number | Date of Contract or IGSA | | |
|--|--------------------------|--|--|
| N/A | N/A | | |
| Basic Rates per Man-Day | | | |
| N/A | | | |
| Other Charges: (If None, Indicate N/A) | | | |
| N/A; ; ; | | | |

Estimated Man-days Per Year N/A

G. Accreditation Certificates

| List all State or National Accreditation[s] received: |
|---|
| ACA, NCCHC, and JCAHC |
| 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 | | |
|--|-----------------------|--|
| 1961 | | |
| Date Last Remodeled or Upgraded | | |
| November 2001 | | |
| Date New Construction / Bedspace Added | | |
| 250 Beds added in 1990 | | |
| Future Construction Planned | | |
| Yes No Date: N/A | | |
| Current Bedspace Future Bedspace (# New Beds only) | | |
| 392 | Number: N/A Date: N/A | |

J. Total Facility Population

| Total Facility Intake for previous 12 months |
|--|
| 17055 |
| Total ICE Mandays for Previous 12 months |
| 131593 |
| |

K. Classification Level (ICE SPCs and CDFs Only)

| | L-1 | L-2 | L-3 |
|--------------|-----|-----|-----|
| Adult Male | 324 | 43 | 1 |
| Adult Female | 0 | 0 | 0 |

L. Facility Capacity

| | Rated | Operational | Emergency | |
|---|-------|-------------|-----------|--|
| Adult Male | 392 | 392 | 392 | |
| Adult Female | 0 0 0 | | | |
| Facility holds Juveniles Offenders 16 and older as Adults | | | | |

M. Average Daily Population

| | ICE | USMS | Other |
|--------------|-----|------|-------|
| Adult Male | 361 | 0 | 0 |
| Adult Female | 0 | 0 | |

N. Facility Staffing Level

| Security: | Support: |
|--------------------------|-------------------------|
| ICEb)(7)(e Asse(b)(7)(e) | IC(b)(7)(& Ass(t)(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 ² , Physical, etc.) | 0 | Physical | Physical | 0 |
| Offenders on Offenders ¹ | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 2 | 8 | 0 |
| Assault: | Types (Sexual Physical, etc.) | 0 | Physical | Physical | Physical |
| Detainee on Staff | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 3 | 5 | 2 |
| Number of Forced Moves, incl. Forced Cell moves ³ | | 0 | 0 | 0 | 0 |
| Disturbances ⁴ | | 0 | 0 | 0 | 0 |
| Number of Times Chemical Agents Used | | 0 | 0 | 0 | 0 |
| Number of Times Special Reaction Team Deployed/Used | | 0 | 0 | 0 | 0 |
| # Times Four/Five Point | Number/Reason (M=Medical, V=Violent Behavior, O=Other) | 0 | 0 | 0 | 0 |
| Restraints applied/used | Type (C=Chair, B=Bed, BB=Board, O=Other) | 0 | 0 | 0 | 0 |
| Number of Times Canines Used in Facility | | | | | |
| Offender / Detainee Medical Referrals as a result of injuries sustained. | | 0 | 0 | 0 | 0 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 29 | 40 | 40 | 16 |
| | # Resolved in favor of Offender/Detainee | 3 | 7 | 3 | 0 |
| 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 | 98 | 100 | 88 | 128 |
| | # Psychiatric Cases referred for Outside Care | 0 | 1 | 1 | 1 |

¹ Any attempted physical contact or physical contact that involves two or more offenders

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

³ Routine transportation of detainees/offenders is not considered "forced"

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

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

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 | 5/6/2010 |

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

Recommended Rating:



Meets Standards Does Not Meet Standards

Comments:

Since the last inspection there have not been any significant incidents, deaths, suicides, or escapes. (b)(7)(e) are not used at this facility.