Condition of Confinement Inspection Worksheet

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



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

Intergovernmental Service Agreement (IGSA
ICE Service Processing Center (SPC)
ICE Contract Detention Facility (CDF)

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Name
Houston Contract Detention Facility
Address (Street and Name)
15850 Export Plaza Drive
City, State and Zip Code
Houston, Texas 77032
County
Harris
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility
Administrator)
(b)(6), (b)(7)(c) <i>Warden</i>
Name and title of Lead Compliance Inspector
(b)(6), (b)(7)(c)
Date[s] of Review
February 2-4, 2010
Type of Review
Headquarters Operational Special Assessment Other

Introduction and Overview to the G324A over 72 hour 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 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 what is looked at to know whether (or how well) what a facility is accomplishing contributes to 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 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 the facilities that house detainees for over 72 hours, while the G324B is for use with facilities that house detainees for under 72 hours.

The G324B is for use with facilities that house detainees under 72 hours and it does not contain as many requirements as the G324A on 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 the 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. 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 of each section of the G324A and G324B Detention Review Worksheets. Worksheets are in a uniform format with 5 columns with NDS purpose and scope cited at the top of the worksheet. Column 1 contains the NDS standard assessment component. Columns 2-4 are provided for the ratings assigned to each component that is assessed. While there is a column titled N/A or not applicable, the N/A rating should be used rarely and only when applicable. The remarks section is provided for reviewers to include details on each rating that may raise a question such as the "Does Not Meet Standard" or "N/A" ratings.

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

Outcome Measures Completion

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

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

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Section I SAFETY

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

PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. No Detainee or detainee groups exercise control or authority over other detainees.				Policy 14-4 addresses this component.	
2. Detainees are protected from:					
Personal abuse					
Corporal punishment		_	_		
Personal injury	\boxtimes				
• Disease					
Property damage					
Harassment from other detainees				Tania is addressed in the	
3. Staff is trained to identify signs of detainee unrest.What type of training and how often?	\bowtie			Topic is addressed in pre- service and annual in-service training.	
4. Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes				
5. There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes				
6. Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	\boxtimes				
7. All staff receives training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes				
8. The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	\boxtimes				
 9. The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 	\boxtimes				
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	\boxtimes				
11. Contingency Plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes				

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	V/N	Remarks
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies 	\boxtimes			Facility has a Memorandum of Understanding (MOU) with local law enforcement, Fire
Federal agencies				Department and other entities.
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			Drills are held quarterly with all involved agencies invited.
14. All staff receive copies of the Facility Hostage policy and procedures.	\boxtimes			
15. Staff is trained to(b)(7)(e)(b)(7)(e)Within 24 hours afterrelease, hostages are screened for medical andpsychological effects.	\boxtimes			
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	\boxtimes			
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	\boxtimes			
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.	\boxtimes			The facility maintains seven days worth of meals.
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			

PART 1 – 1. EME	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	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	\boxtimes			Policy 9-18 addresses this
Escapes				component.
Bomb Threats				
Adverse Weather				
Internal Searches				
Facility Evacuation				
Detainee Transportation System Plan				
Hostages (Internal)				
Civil Disturbances				
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	\boxtimes			
PART 1 – 1. EME	RGEN	CY PLANS	3	
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A		☐Repeat Finding

The HCDF has a comprehensive Emergency Plan and interviews with officers indicate they have been trained and are knowledgeable in this area. Quarterly drills are conducted.

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 facility has a system for storing, issuing, and maintaining inventories of hazardous materials.
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			Inventories were checked for flammable, toxic, and caustic substances stored in the maintenance area and the facility warehouse. Inventories matched quantities on hand for the chemicals stored.
 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. 	\boxtimes			
• The MSDSs and other information in the files are available to personnel managing the facility's safety program.				
 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			Personal protective equipment (PPE) is available and used in all areas where needed. Spills are reported as required.
5. The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			
 6. Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervises detainees using these substances. 	\boxtimes			Hazardous materials are controlled and issued to detainees by staff. Materials are diluted to a non-hazardous degree prior to issuing.
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			A sufficient number of Occupational Safety and Health Administration (OSHA) approved cabinets is available to accommodate proper storage.
8. Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			The areas that were visited and used for storage meet the requirements of the NEC.
9. All toxic and caustic materials stored in their original containers in a secure area.	\boxtimes			
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	\boxtimes			

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY				
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Staff directly supervise and account for products with methyl alcohol. Staff 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			All products that contain methyl alcohol are accounted for and utilized by staff only.
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			Staff receive the required OSHA training prior to using or handling flammable, toxic or caustic materials. This training is conducted during the initial orientation and on an annual basis. Detainees are trained by staff when assigned to work crews and documentation is maintained in the detainees' files.
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			Areas of the facility that were visited during this review met applicable codes.
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			The Safety Officer maintains fire and safety inspection reports. Work orders are submitted to the maintenance department when discrepancies are noted and corrective action information is filed electronically by the maintenance department.
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The facility has a fire prevention, control, and evacuation plan approved by the Warden.
 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			
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	\boxtimes			

PART 1 – 2. ENVIRONMEN	TAL HE	EALTH AN	ID SAI	FETY	
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	
19. A sanitation program covers barbering operations.	\boxtimes			The facility has a housekeeping policy that addresses barbering operations.	
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			The facility has two areas designated for barbering which meet all the requirements of this standard.	
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes				
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			Facility LOP 734 titled Biohazardous Waste Management specifies the procedures for disposal of used needles and sharp objects.	
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			Inventories of syringes and sharps are conducted daily by the shift nurse.	
 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.	\boxtimes				
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			The facility contracts with Stericycle to dispose 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			The facility contracts with Sprint Waste Services LP to dispose of refuse generated by the facility.	
 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			Orkin Pest Control provides the required services on a monthly basis.	
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			The City of Houston provides the facility with the required information on an annual basis, that is maintained on file by the Safety Officer.	

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
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	\boxtimes			Emergency generators are tested weekly, and tested under load on a quarterly basis. Repairs are performed by an outside contractor when needed.
32. The Facility appears clean and well maintained.	\boxtimes			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	\boxtimes			
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			Public Health Service (PHS) has a program and inspection process which meets this requirement.
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 HSA conducts weekly inspections of the medical facility.
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	\boxtimes			
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	\boxtimes			Policies and procedures are in place for this requirement and PHS maintains reports and inspections.
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 				
Meets Standard Does Not Meet S				Repeat Finding
	andar		•	

MSDS information for products stored in the maintenance department and warehouse were readily available, up to date, and accurate for the product. Items that were stored in the flammable cabinet in the maintenance area were checked and inventories were correct. There were no areas of concern noted.

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			
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			Copies of CDLs were in all officers' files.
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			
6. Officers use a checklist during every vehicle inspection.				
 Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 	\boxtimes			
7. Transporting officers:				
 Limit driving time to 10 hours in any 15 hour period when transporting detainees. 				
 Drive only after eight consecutive off-duty hours. 				
 Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. 	\boxtimes			Policy 9-18, Section O, addresses this component.
 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. 				
8.(b)(7)(c)fficers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.				
 When buses travel in tandem with detainees, there (b)(7)(gualified officers per vehicle. 	\boxtimes			
An (b)(7)(e) driver transports an empty vehicle.				
9. The transporting officer inspects the vehicle before the start of each detail.	\boxtimes			
10. Positive identification of all detainees being transported is confirmed.	\boxtimes			
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			A pat search is conducted.

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
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes			
13. All ICE uniformed officers wear their ICE issued ()(7)(e) in accordance with the ICE (b)(7)(e) policy when transporting detainees.			\boxtimes	Although the HCDF is a contract facility, officers do wea(b)(7)(e) (b)(7)(e)
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 	\boxtimes			
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			
 16. Officers ensure that no one contacts the detainees. (b)(7)(e)fficer 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.	\boxtimes			The facility provides sack lunches.
 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, 	\boxtimes			
dispensers are cleaned and sanitized on a fixed schedule.				
19. Vehicles have:	\boxtimes			
(b)(7)(e)				
20. The vehicles are clean and sanitary at all times.	\boxtimes			
21. Personal property of a detainee transferring to another facility:				
Is inventoried.	\boxtimes			
Is inspected.Accompanies the detainee.				

PART 1 – 3. TRANSPORTATION (BY LAND)

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Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Offic	е
in control of the detainee case.	

Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
22. The following contingencies are included in the written procedures for vehicle crews:							
Attack							
• Escape							
Hostage-taking							
Detainee sickness							
Detainee death							
Vehicle fire	\boxtimes						
Riot							
Traffic accident							
Mechanical problems							
Natural disasters							
Severe weather							
 Passenger list is not exclusively men or women or minors 							
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)				
🛛 Meets Standard 🛛 🗌 Does Not Meet St							

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

Review of policy, officer's files, maintenance records, and interviews of officers indicate this standard is being met. Inspection of a bus and a van found them to be clean and well-equipped.

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	V/N	Remarks		
1. Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	\boxtimes			The inspector reviewed the facility orientation video. All noted areas are addressed in the video and the Detainee Handbook.		
2. Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	\boxtimes			Medical screenings are performed by Medical Staff at the HCDF.		
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					
4. All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes					
5. Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	\boxtimes					
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					
7. 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.	\boxtimes					
10. Staff completes paperwork/forms for release as required.	\boxtimes					

PART 2 – 4. ADMISS	SION A	ND RELE	ASE			
This Detention Standard protects the community, detaineer orderly operations when detainees are admitted to or relea				contractors by ensuring secure and		
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
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 enters 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			This process was verified through interview with the Houston Field Office Supervisory Detention and Deportation Officer (SDDO).		
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. ADMISS	SION A	ND RELE	ASE			
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

The HCDF processes approximately 20,000 detainees per year and appears to do an excellent job of providing essential information to the detainee population while meeting the requirements of the standard.

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. Meets Standard Does Not Standard Meet MA Components Remarks 1. SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective \boxtimes classification system or similar system for classifying detainees. The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon Г

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arrival from the general population.			
• The first-line supervisor or designated classification specialist reviews every classification decision.			
3. The intake/processing officer reviews work-folders, A- files, etc., to identify and classify each new arrival.	\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		
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		
8. The classification process includes reassessment/ reclassification. The First Reassessment is to be			The inspector reviewed several
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		classification assessments and reassessments. All were completed within required timeframes.
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			reassessments. All were completed within required
 completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours. 9. The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the 			reassessments. All were completed within required
 completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours. 9. The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal. 10. Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days. 11. Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent. 	\boxtimes		reassessments. All were completed within required
 completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours. 9. The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal. 10. Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days. 11. Classification designations may be appealed to a higher authority such as the Facility Administrator or 			reassessments. All were completed within required

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	
13. 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				
PART 2 – 5. CLASSIFICATION SYSTEM					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

The HCDF classifies all detainees processed into the facility through use of an objective classification system using only factual data provided by the local ICE office. Detainees' housing and work assignments are based upon their classification level.

	PART 2 – 6. 0						
	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	V/N	Remarks		
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.	\boxtimes					
	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes					
3.	Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes					
4.	Altered property is destroyed following documentation and using established procedures.	\boxtimes					
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes					
6.	Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes					
7.	statutes) is retained and used for official use, e.g. training purposes.If yes, under specific circumstances and using	\boxtimes					
	 specified written procedures. Hard contraband is secured when not in use. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 						
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	\boxtimes					
9.	Facilities with Canine Units only use them for contraband detection.			\boxtimes	Facility does not have a canine unit.		
	PART 2 – 6. C	ONTR	ABAND				
	☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

Policy 9-6 addresses this standard.

PART 2 – 7. FACILITY SE						
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. 	\boxtimes					
 At leas(b)(7)(e) ale and (7)(e) male staff are on duty where both males and females are housed. 	\boxtimes					
 Comprehensive annual staffing analysis determines staffing needs and plans. 	\boxtimes			The most recent staffing analysis was accomplished on 10-14-09.		
Essential posts and positions are filled with qualified personnel.	\boxtimes					
5. Every Control Center officer receives specialized training.	\boxtimes					
Policy restricts staff access to the Control Center.	\boxtimes					
7. Detainees do not have access to the Control Center.	\boxtimes					
8. Communications are centralized in the Control Center.	\boxtimes					
9. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.						
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	\boxtimes					
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes					
12. Staff make watch calls every half-hour between 6 PM and 6 AM.	\boxtimes			Logs indicate this component is being met.		
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes					
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes					
15. All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			Visitation information is electronically recorded.		
16. The facility has a secure, color-coded visitor pass system.	\boxtimes					
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes					

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
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	\boxtimes					
Delivery date and time						
Date and time out						
Vehicle license number						
Name of employee responsible for the vehicle during the facility visit						
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes					
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes					
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes					
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes					
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes					
24. Housing area searches occur at irregular times.	\boxtimes					
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes					
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					
30. The SMU entrance has a sally port.	\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, 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		
32. The facility has a comprehensive security inspection policy. The policy specifies:						
Posts to be inspected						
Required inspection forms	\boxtimes					
Frequency of inspections						
Guidelines for checking security features						
Procedures for reporting weak spots, in-consistencies, and other areas needing improvement						
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes					
34. Documentation of security inspections is kept on file.	\boxtimes					
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	\boxtimes					
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes					
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes					
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes					
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes					
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					
FACILITY SECURI	ty ani		DL			
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A		Repeat Finding		

Security check logs were found to be complete and up to date. Policy 9-7 addresses security inspections.



PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			HCDF policy and procedures for property are consistent with this standard.
 Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only. 	\boxtimes			
3. Staff searches and itemizes 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)fficers are present during the processing of detainee funds and valuables during admissions processing to the facility.(b)(7)(e)fficers verify funds and valuables.	\boxtimes			b)(7)(e)fficers are present during the processing of detainees' property and both verify funds and valuables.
5. <u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?	\boxtimes			
6. Staff gives the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes			
7. Staff forwards an arriving detainee's medicine to the medical staff.	\boxtimes			
 Staff searches arriving detainees and their personal property for contraband. 	\boxtimes			Arriving detainees have their personal property searched for contraband.
9. Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes			
10. Staff follows written procedures when returning property to detainees.	\boxtimes			
11. CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	\boxtimes			
12. The facility attempts to notify an out-processed detainee that he/she left property in the facility.				
 By sending written notice to the detainee's last known address; via certified mail; 	\boxtimes			Policy states a reasonable effort shall be made to return forgotten
 The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 				property.
 Staff obtains a forwarding address from each detainee. 	\boxtimes			

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14. It is standard procedure $f(\phi)(7)(e)$ ficers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes			
15. Staff issues and maintains property receipts (G-589s) in numerical order.	\boxtimes			
16. Staff completes and distributes the G-589 in accordance with the ICE standard.	\boxtimes			
17. The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	\boxtimes			
18. Staff tags large valuables with both a G-589 and an I- 77.	\boxtimes			
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; Every property envelope is sealed. All sealed property envelopes are placed in the safe. 	\boxtimes			
 Large, valuable property is kept in the secured locked area. 				
21. Staff tags every baggage/facility container with an I- 77, completed in accordance with the ICE standard.	\boxtimes			
22. Staff secures every container used to store property with a tamper-proof numbered strap.	\boxtimes			
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 Detention Operations Supervisor, accompanied by a detention staff member conducts a comprehensive weekly audit.	\boxtimes			
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			
26. The facility positively identifies every detainee being released or transferred.	\boxtimes			
27. Staff routinely informs supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	\boxtimes			If there is a discrepancy, it is noted and reported to the chief of security.

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
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 places the original in the detainee's A-file, retaining a copy in the detainee's detention file.	\boxtimes			
PART 2 - 8. FUNDS AND PERSONAL PROPERTY				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard		1	☐Repeat Finding

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

Detainee funds and valuables are processed in accordance with policy with proper control and accountability measures in place.

(b)(6), (b)(7)(c) / 02-04-10 REVIEWER'S SIGNATURE / DATE

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

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		
 15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combo-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combo-units. 						
16. In SPCs designed after 1998 the hold rooms have floor drain(s).						
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					
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	\boxtimes			Policy indicates this will be done, although there have been no occurrences within the last year.		
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.			\boxtimes	The HCDF does not house minors.		
 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. 	\boxtimes			Computerized logs are maintained.		
 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 						
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes					
23. The maximum occupancy for the hold room will be posted.	\boxtimes					
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.						
25. Staff do not permit detainees to smoke in a hold room.	\boxtimes					

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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." 	\boxtimes				
 Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 					
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
🛛 Meets Standard 🛛 🗌 Does Not Meet St	⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding				

The HCDF does not hold juveniles. Interviews with officers working in the holding area indicated they are familiar with this standard and all applicable components are being met.

PART 2 - 10. KEY AND LOCK CONTROL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			
 The security officer, or equivalent, has responsibly for all administrative duties and responsibilities relating to keys, locks etc. 	\boxtimes			
3. The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			
4. The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			Inventories appear to be complete and up to date.
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			
Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			
7. The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			
 Only dead bolt or dead lock functions are used in detainee accessible areas. 	\boxtimes			
9. Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes			
10. The facility does not use grand master keying systems.	\boxtimes			
11. All worn or discarded keys and locks cut up and properly disposed of.				
12. Padlocks and/or chains are not used on cell doors.	\boxtimes			
 13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health 	\boxtimes			
 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. 	\boxtimes			The keyboard is located in the (b)(7)(e)
15. Procedures in place to ensure that key rings are:				
Identifiable	\boxtimes			
 Numbers of keys on the ring are cited? 				
 Keys cannot be removed from issued key rings 				
16. Emergency keys are available for all areas of the facility.	\boxtimes			
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.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
18. Authorization is necessary to issue any restricted key.	\boxtimes			Authorization must be given by a supervisor.	
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				
21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.					
Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.					
 When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. 					
• 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				
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	\boxtimes				
25. The splitting of key rings into separate rings is not authorized.	\boxtimes				
PART 2 – 10. KEY A	ND LO		ROL		
⊠ Meets Standard					

Policy 9-3 addresses this standard. Inventories and logs were found to be complete and up to 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	N/A	Remarks	
1. Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	\boxtimes			Ten counts are conducted daily.	
2. Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes				
3. There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes				
4. Formal counts in all units take place simultaneously.	\boxtimes				
5. Officers do not allow detainee participation in the count.	\boxtimes				
6. A face-to-photo count follows each unsuccessful recount.	\boxtimes				
7. Officers positively identify each detainee before counting him/her as present.	\boxtimes				
8. Written procedures cover informal and emergency counts.	\boxtimes			Policy 9-13 addresses this component.	
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			Policy 4-1 addresses this component.	
PART 2 – 11. POP	ULATIC		rs		
⊠ Meets Standard					

Facility conducts ten counts each day. A count was observed and found to be done in an orderly manner and in compliance with facility policy.

PART 2 – 12. POST ORDERS						
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. Every fixed post has a set of Post Orders.	\boxtimes					
2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	\boxtimes					
3. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes					
4. One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			The Quality Assurance Manager (QAM) is responsible for this component.		
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	\boxtimes					
6. The facility administrator authorizes all Post Order changes.	\boxtimes					
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.	\boxtimes					
9. Procedures keep Post Orders and logbooks secure from detainees at all times.	\boxtimes					
10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	\boxtimes					
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes					
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	\boxtimes					
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\boxtimes			Armed officers must qualify quarterly.		
 14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under durage, and 	\boxtimes					
 to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded. 						
15. Post Orders for armed posts provide instructions for escape attempts.	\boxtimes					
16. The Post Orders for housing units track the daily event schedule.	\boxtimes					
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	\boxtimes					

PART 2 – 12. POST ORDERS					
🖂 Meets Standard	Does Not Meet Standard	□ N/A	Repeat Finding		

Policy 9-10 addresses this standard. Inspector asked several officers for their post orders; all officers provided the orders, which were found to be current and complete.

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.	\boxtimes			Policy 9-5 (Searches of Detainees) and various locations provide written guidance.	
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.	\boxtimes				
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				
4. Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	\boxtimes			Policy 9-5 outlines procedures requiring staff to leave a searched housing area in its original order.	
5. Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes				
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.					
7. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	\boxtimes				
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.	
9. 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.					
10. Canines are not used in the presence of detainees					
PART 2 – 13. SEARC					
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Proper procedures are in order for searching detainees at this facility.

(b)(6), (b)(7)(c) / 02-04-10 REVIEWER'S SIGNATURE / DATE

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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.	\boxtimes			This program is defined in two policies: Corrections Corporation of America (CCA) 14-2, entitled Sexual Violence Prevention and Response; and HCDF 817, entitled Sexual Assault.
2. For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			ICE Contracting Officers Technical Representative (COTR) has reviewed and signed CCA Policy 14-2.
3. Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			A binder is maintained with monthly reports of all sexual assaults.
4. All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			Medical and custody staff receives training as new hires and annually thereafter.
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			The Detainee Handbook and a medical handout address sexual assault.
The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			Posters are displayed throughout the facility.
7. The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	X			The brochure is given to detainees at intake. It is also posted on bulletin boards in housing units, and dorm officers reinforce.
 Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly. 	\boxtimes			The intake assessment has three questions related to sexual assault. Custody officers use Form 14-2B, Sexual Violence Screening Tool.
9. All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			One incident has been reported and investigated.
10. All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.			\boxtimes	There were no allegations of staff on detainee sexual assault or abuse within the past year.
11. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	\boxtimes			Staff report a detainee alleging sexual assault, per DIHS Policy 8.3, is instructed not to wash or remove clothing and is immediately referred to local emergency room for treatment and specimen collection.

Components	s ard			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			HCDF Policy 817 requires all appropriate local, state, or federal authorities be contacted.
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			HCDF Policy 817 requires the ICE officer in charge (OIC) and Warden to be notified immediately of any sexual assault occurring on the premises.
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes			The emergency room at the Northeast Medical Center would be used in the event of sexual assault.
15. All records associated with claims of sexual abuse or assault are maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	\boxtimes			A binder including tracking documents is maintained for all incidents.
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION				

This facility has had 2 reports of sexual abuse during the past year. Both complaints were alleged by the same detainee against the same detainee. The allegation did not meet the definition of sexual abuse; however, staff report since there was touching involved and the detainee was offended, the facility chose to investigate and is awaiting disposition. There have been no reports of staff on detainee sexual assault.

(b)(6), (b)(7)(c) / 02-04-10 REVIEWER'S SIGNATURE / DATE

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.

Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	V /N	Remarks		
1. Written policy and procedures are in place for special management units.	\boxtimes			Policy 10-100 addresses this standard.		
2. A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes					
3. 6. 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.						
4. (MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	\boxtimes			Detainees are cleared by medical staff before being housed in an SMU.		
5. There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	\boxtimes					
6. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes					
7. Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.						
8. Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes					
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	\boxtimes			Logs were observed as complete and up to date.		
 released. 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 						

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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: 	\boxtimes				
 Whether the detainee ate, showered, exercised, and took any medication, and 					
 Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. 					
 When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 					
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.					
13. 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.)					
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	\boxtimes				
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).					

	PART 2 – 15. SPECIAL MANAGEMENT UNITS				
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Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
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				
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them.					
In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I- 888).	\boxtimes				
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes				
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	\boxtimes				
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	\boxtimes				
23. Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes				
24. Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes				
25. Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	\boxtimes				
26. Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	\boxtimes				

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	\boxtimes				
28. In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	\boxtimes				
29. In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	\boxtimes				
30. Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes				
31. There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes				
32. Detainees in SMUs are allowed visits by members of the clergy, upon request, unless it is determined a visit presents a risk to safety, security, or orderly operations.	\boxtimes				
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	\boxtimes				
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.					
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				
36. 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				

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
38. Recreation for detainees in the SMU is separate from the general population.	\boxtimes			
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 are 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			
 41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator. 	X			
42. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.				
43. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	\boxtimes			
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	\boxtimes			

PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS	8
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	Remarks
45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible.				
A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.				
If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.	\boxtimes			
The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.				
(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)				
46. There are implemented written procedures for the regular review of all detainees in Administrative Segregation.				
A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used.				
If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I- 885.	\boxtimes			
When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.				
A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.				

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
47. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	\boxtimes				
48. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	X				
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.				The facility sends a list to ICE daily.	
51. When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	\boxtimes			The SDDO indicated this is done.	
52. A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single					
incident. 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	MANA	GEMENT	UNIT	6
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
54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility).				
The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation.				
When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.				
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.	\boxtimes			
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			UNITS	
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A	•	Repeat Finding

Policy 10-100 addresses this standard. Logs and files were reviewed and found complete and up to date. Detainees are cleared by health care personnel before being housed in SMU.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			Documentation of weekly announced and unannounced visits by ICE staff was reviewed.
 Scheduled visits are posted in ICE/DRO detainee housing areas. 	\boxtimes			Schedules were observed posted in detainee housing areas.
4. Visiting ICE staff observe and note current climate and conditions of confinement.	\boxtimes			
 ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees. 	\boxtimes			All housing units had forms available for detainee use.
6. The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes			
 A secure box is located in an accessible location for detainee's to place their Detainee Request Forms. 	\boxtimes			Secure boxes are maintained throughout the facility for depositing Detainee Request Forms.
Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			
9. ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes			All requests are logged into a computerized log, through which responses by ICE staff can be tracked.
10. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			
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.	\boxtimes			A review of housing area logbooks confirmed all documentation of telephone checks was completed daily.
PART 2 – 16. STAFF-DET				
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard			☐Repeat Finding

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

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	V/N	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 Chief of Security is responsible.
2. If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	\boxtimes			The warehouse is located outside security perimeter.
 (MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled. 	\boxtimes			
4. A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	\boxtimes			A metal chit is used.
 5. Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory 	\boxtimes			There is no electronics shop; all others have an inventory.
Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			
 7. The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	\boxtimes			
 8. The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 	\boxtimes			
 Department heads are responsible for implementing proper tool control procedures as described in the standard. 	\boxtimes			
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes			

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	V/N	Remarks	
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					
 Tools are stored on shadow boards in which the shadows resemble the tool. 					
Shadow boards have a white background.	\boxtimes				
Restricted tools are shadowed in red.					
Non-restricted tools are shadowed in black.					
 Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 					
12. Tools removed from service have their shadows removed from shadow boards.	\boxtimes				
13. Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\boxtimes				
14. Sterile packs are stored under lock and key.	\boxtimes				
15. Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			Tools are not issued to detainees.	
16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:					
 Verbal and written notification. 					
 Procedures for detainee access. 	\boxtimes				
 Necessary documentation/review for all incidents of 					
lost tools.					
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes				
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	\boxtimes				
verified prior to the contractor entering/departing the facility.					
19. Hoses longer than three feet in length are classified as a restricted tool.	\boxtimes				
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where			\boxtimes	Scissors are not utilized.	
they are used. PART 2-17. TO					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Tools are stored in a secure and orderly manner, with all inventories complete and up to date.

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			Policy 9-1 addresses this standard.
2. Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			
3. When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	\boxtimes			
4. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
 5. The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force. 	\boxtimes			
6. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique.	\boxtimes			
 Under staff supervision. 7. Staff members are trained in the performance of the Use-of-Force Team Technique. 	\boxtimes			
8. All use-of-force incidents are documented and reviewed.	\boxtimes			
9. All use of force incidents are properly documented and forwarded for review; immediate use of force documentation at a minimum shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	\boxtimes			
 10. Staff: Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the 	\boxtimes			
 detainee. 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.	\boxtimes			

PART 2 – 18. USE OF FORCE AND RESTRAINTS					
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).					
 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. 				Policy addresses four/five point	
Checking the detainee at least every 15 minutes.	\boxtimes			restraints; however, the Chief of	
Logging each check.				Security advised these restraints are not utilized at facility.	
 Repositioning detainee often enough to prevent soreness or stiffness. 				,	
 Medical evaluation of the restrained detainee twice per eight-hour shift. 					
When qualified medical staff is 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.	\square				
15. All detainee checks are logged.	\boxtimes				
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	\boxtimes				
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 review the detainee's medical file before use of a non-lethal weapon is authorized. 					
18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.					
19. If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.			\boxtimes	Intermediate weapons are not stored in the SMU.	
20. Special precautions are taken when restraining pregnant detainees.	\boxtimes			Policy 9-1, 7.a addresses this component.	
Medical personnel are consulted Description of the sector of th					
21. Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes				
22. Staff documents every use of force, including what type of restraints were used during the incident.	\boxtimes				

PART 2 – 18. USE OF FO	DRCE A	ND REST	RAIN	TS	
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	
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 	\boxtimes				
are certified in all devices approved for use.					
25. All staff authorized to use $(b)(7)(e)$ receive training not only in its use, but also in the $(b)(7)(e)$ of $(b)(7)(e)$ 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	The HCDF does not utilize canines.	
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 FORCE AND RESTRAINTS					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Policy 9-1 addresses this standard. Several reports were reviewed and found to be complete and indicated the standard is being met. (b)(7)(e) are not used at the HCDF.

Section III ORDER

19 Disciplinary System

PART 3 – 19. DISC	IPLINA	RY SYSTI	EM		
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. 	\boxtimes			Policy 10-100 addresses this standard.	
The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes				
Written rules prohibit staff from imposing or permitting the following sanctions:					
corporal punishment					
deviations from normal food service					
clothing deprivation				Policy 15-100 addresses this	
bedding deprivation	\boxtimes			component.	
denial of personal hygiene items					
loss of correspondence privileges					
deprivation of legal access and legal materials					
deprivation of physical exercise					
4. The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			The detainee handbook and video address this information. Rules are also posted in housing areas.	
5. The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:					
Rights and Responsibilities	\boxtimes			Posting is in English and	
Prohibited Acts				Spanish in housing areas.	
Disciplinary Severity Scale					
Sanctions					
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes				
7. Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes				
8. Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	\boxtimes				
9. An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes				

PART 3 – 19. DISCIPLINARY SYSTEM					
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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	\boxtimes				
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.	\boxtimes				
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.	\boxtimes				
PART 3 – 19. DISC	IPLINA	RY SYSTE	ЕМ		
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Policy 10-100 addresses this standard. Files were complete and in good order. Rules are provided in English and Spanish and are posted in housing areas.

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 food service supervisor and assistant are certified.	
2. The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes				
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				
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			Cabinets close with an approved locking device; however, no knives are kept in this facility.	
5. All knives not in a secure cutting room are physically secured to the workstation and staff directly supervise detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	\boxtimes				
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				
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 correctional staff.	
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.	\boxtimes				
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes				
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\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	
 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				
13. The Cook Foreman documents all training in individual detainee detention files.					
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.	\boxtimes				
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.	\boxtimes				
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	This facility has a satellite feeding program in place. There are no salad bars or serving lines in operation.	
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes				
(MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	\boxtimes			A nutritional analysis is on file for a 35-day menu cycle.	
18. A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	\boxtimes				
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes				
 20. The Cook Foreman has the authority to change menu items if necessary. 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				

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provides hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet 	\boxtimes					
items. 23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes					
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.						
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provide the FSA a schedule of the ceremonial meals for the following calendar year.	\boxtimes					
 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. 						
27. The food service program addresses medical diets.	\boxtimes					
28. Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes					
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes					

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	
30. All meals provided in nutritionally adequate portions.				Portions are based on the nutritional analysis and all portions are indicated on the master cycle menu.	
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes				
32. The food service staff instructs detainee volunteers on:					
 Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 					
33. Everyone working in the food service department complies with food safety and sanitation requirements.					
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.					
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.					
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	\boxtimes				
37. (MANDATORY) Staff documents the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	\boxtimes				
38. The cleaning schedule for each food service area is conspicuously posted.	\boxtimes				
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes				
40. Storage areas are locked when not in use.	\boxtimes				
41. Food service personnel conduct shakedowns along with detention staff.					
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	\boxtimes				
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.					
44. <u>In SPCs only:</u> the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	\boxtimes				

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
45. When required, only food service staff prepares the sack lunches for detainee transportation.	\boxtimes				
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	\boxtimes				
47. Staff complies 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 complies with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	\boxtimes				
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				
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.	\boxtimes				
Corrective action is taken on deficiencies, if any.					
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\boxtimes			If there is a discrepancy, it is noted and reported to upper level management.	
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.	\boxtimes				
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			This facility's food service area was exterminated 01-11-10 by the Orkin company.	
FOODS	SERVIC	E			
⊠ Meets Standard					

Food service is provided through contract with Canteen Correctional Services and the menus have been nutritionally analyzed by a certified registered dietician. The nutritional analysis indicates at least the minimum daily allowances and the detainees are provided with two hot meals and one cold meal per day. Medical diets are prescribed by medical staff and all detainees are served inside the housing units.

(b)(6), (b)(7)(c) / 02-04-10 REVIEWER'S SIGNATURE / DATE

PART 4 – 21. HUNGER STRIKES					
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.	\boxtimes			HCDF Policy 872, Hunger Strike Protocol, requires referral to medical staff if a hunger strike is suspected.	
2. Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			Standard Operating Procedure (SOP) 8.14 requires the health services administrator (HSA) to notify ICE of the situation.	
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Several policies address the handling of detainees on hunger strikes: DIHS Policy 8.14, Hunger Strike: SOP 8.14; and HCDF Policy 872.	
 Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. 	\boxtimes			HCDF Policy 872 states medical personnel will isolate the detainee in a single occupancy observation room.	
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			HCDF Policy 872 states medical personnel may place a detainee in a single occupancy room or SSU.	
6. Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			HCDF Policy 872 states medical personnel will monitor a hunger striking detainee daily including: weight; vital signs (twice daily); skin turgor; mucous membrane examination; complaints of weakness or dizziness; urine and blood tests; and psychological examination.	
7. The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			No treatment is provided without the detainee's consent unless the detainee's condition deteriorates so as to be life- threatening. In this case, a decision is made with ICE and the clinical director to seek a court order.	
 A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form. 	\boxtimes			DIHS 820 Refusal Form is signed by a detainee if he/she chooses to refuse treatment.	
9. Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	\boxtimes			Staff continues to offer food at regularly-scheduled meal times.	

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.					
	spi	rt to			
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
10. Staff maintains the hunger striker's supply of drinking water/other beverages.	\boxtimes			Drinking water and other beverages are available.	
11. During a hunger strike, staff removes all food items from the hunger striker's living area.	\boxtimes			HCDF Policy 872 requires all food to be removed from the cell and prohibits access to the commissary.	
12. Staff is directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			DIHS 839 Hunger Strike Monitoring Form is used to document vital signs, intake, and output.	
13. The medical staff has written procedures for treating hunger strikers.	\boxtimes			Several policies address the treatment of detainees on hunger strikes: DIHS Policy 8.14, Hunger Strike: SOP 8.14; and HCDF Policy 872.	
14. Staff documents all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	\boxtimes			A review of a hunger-striking detainee's medical record indicated frequent staff attempts to encourage eating.	
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	\boxtimes			Documentation of this training was present in training files of all medical staff reviewed.	
PART 4 – 21. HU	INGER	STRIKES			
⊠ Meets Standard					

There was one hunger-striking detainee at the facility in the past year. The subject refused food for 26 days before being transferred and eventually accepted intravenous fluids. All appropriate documentation and procedures were noted in the medical record.

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	
 The facility operates a health care facility in compliance with state and local laws and guidelines. 	\boxtimes			This facility's health care is operated by DIHS, and accredited by ACA, NCCHC and JCAHO.	
2. The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			Detainees are assessed by a Registered Nurse (RN) within eight hours of arriving at the facility.	
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 facility has nurses, mid-level practitioners, physicians, a dentist, a pharmacist, and qualified mental health personnel on staff. A review of the schedule shows the facility to be adequately staffed.	
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			The Detainee Handbook is available in both English and Spanish, and there is an additional hand-out specific to health care. In addition, the oral orientation references access to health services, and nurses at intake inform detainees about accessing health care.	
5. Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			Nurses are available on each housing unit on a daily basis and triage verbal medical requests immediately.	
 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 TB skin test or chest x-ray is required at pre-employment and annually thereafter. The hepatitis B vaccine is offered to all direct care staff.	
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 random review of employee personnel files revealed all credentialing and licensing is up to date.	
8. The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	\boxtimes			The Detainee Handbook is provided in either Spanish or English. A DIHS hand-out is also provided.	
9. In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and JCAHO.	\boxtimes			Complete personnel files are maintained on all staff.	

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 10. Immediately upon their 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			Detainees are usually screened within four hours and only by health care providers.	
11. (MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.				The facility has access to a telephone interpretation service, InterpreTALK.	
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			The health clinic is clean, spacious, and well-appointed.	
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 health clinic is in a separate restricted area within the secure perimeter.	
14. The medical facility entrance includes a holding/waiting room.	\boxtimes			There is a holding area, which includes benches, a drinking fountain, and access to restrooms.	
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			There are)(7)(e)stody officers assigned to the health clinic.	
16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			Drinking fountains are in the holding area. Restrooms are located just outside the holding room and inside the clinic area.	
 17. Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	\boxtimes			An electronic medical record by CaseTracker is maintained for each detainee.	
18. (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			DIHS-793 Medical Consent Form is signed and obtained from each detainee at intake.	
19. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			DIHS-003 is signed by detainees to authorize the release of medical records.	
20. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			ICE faxes or brings to Medical Records a list of detainees to be transferred.	

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
21. A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			A Medical Records Technician (MRT) prepares a transfer summary which is reviewed and signed by a nurse, mid-level practitioner, or physician (per HCDF Policy 1408).
22. Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A- number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			HCDF Policy 1408 requires forms to be placed in an envelope, labeled with a name and the A number, and marked "MEDICAL CONFIDENTIAL."
23. Medical screening includes a Tuberculosis (TB) test.	X			All incoming detainees get a chest x-ray if they have not had one within 90 days. This is read by the University of Maryland via teleradiology, with results obtained within four hours.
 24. All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			The DIHS Intake Assessment Form includes a number of questions and observations related to mental health.
25. The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			Staff report that I-794's are rarely utilized. DIHS-795-A Intake Screening is initiated on all incoming detainees.
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.				A review of electronic medical records confirmed a physical exam was conducted on detainees within 14 days of arrival at facility.
27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	\boxtimes			Nurses visit the SMU daily to check on all detainees, as documented in the unit log.
 28. Staff provides detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 		\boxtimes		Service request slips are not used. Detainees are instructed to bring medical requests verbally to visiting nurses daily. Triage is immediate. Translation service is engaged if necessary.
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.	\boxtimes			The facility has medical staff on duty 24 hours/day. Emergency care is provided by calling 911.

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	
30. The plan includes an on-call provider.	\boxtimes			Mid-level practitioners are on- call. This is noted on the schedule and bulletin boards.	
31. The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			HCDF Policy 822, Emergency Service, lists doctors and hospitals to be used.	
32. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			Staff report specific instructions have been provided for ambulance services. The facility also has an emergency plan for CCA regarding emergency transport.	
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.				Documentation was provided which showed no more than a two minute response time for actual and simulated emergencies.	
34. Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	No medication is distributed by custody staff.	
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				HCDF Policy 1100, Pharmacy Services, provides extensive oversight and guidance regarding pharmacy operations.	
 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 prescriptions 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. 	X			HCDF Policy 1100, Pharmacy Services, is a detailed document addressing all phases of pharmaceutical storage and distribution. The DIHS National Drug Formulary is used.	

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. 	\boxtimes			The pharmacy is located in a secure area within the health clinic. Access to the pharmacy is limited per Sec. 5 of HCDF Policy 1100. Access by detainees is specifically prohibited.
 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. 	X			There is a locking pass-through window in the pharmacy. HCDF Policy 1100 governs administration and accountability of medications.
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			A Medication Administration Record (MAR) is maintained for each detainee receiving medication.
 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 delivered by health care personnel.
41. The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			\boxtimes	Medication is not distributed by officers; only healthcare personnel.
42. The Warden/Facility receive notification that a detainee that has special medical needs.	\boxtimes			The Warden is notified of detainees with special medical needs on Form DIHS-819.

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
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			Off-site specialty care is pre- approved by ICE using the Treatment Authorization Request (TAR) system.
 44. (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 	\boxtimes			The DIHS Infection Control Manual includes all aspects of infection control including prevention, treatment, and reporting responsibilities. The manual did not reference media relations, but other documentation provided did address this area and noted that all media contact would be handled by ICE.
45. Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.				There are four negative pressure rooms for isolation of detainees with a communicable disease. Separate housing units can be used in the event of seasonal, H1N1, or avian influenza outbreaks.
46. All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.				All detainees arriving at the facility are given a chest x-ray within 12 hours of arrival. The x- ray results are transmitted from the University of Maryland to the facility within four hours. Detainees are questioned at intake with regard to TB symptoms and isolated if there is a positive response.
47. Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room, are referred to an appropriate off-site facility.	\boxtimes			There are 4 negative pressure rooms available for detainees exhibiting symptoms suggestive of TB or other communicable respiratory disease.

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	
48. A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			911 is used for emergency transport. A review of records showed response times within 15 minutes.	
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			A review of medical records indicates that medical care is planned and directed by appropriately-trained medical personnel.	
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			All female detainees are given a pregnancy test upon arrival. Pregnant detainees are: scheduled for prenatal visits with an obstetrician; provided special diets and extra snacks; and prescribed prenatal vitamins.	
51. (MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	\boxtimes			SOP 8.6, Chronic Care Clinics, describes care for detainees with chronic medical conditions. A follow-up assessment is performed no less than every 90 days by a nurse practitioner (NP), physician's assistant (PA), or physician with two-week refills by pharmacy.	
52. The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.	\boxtimes			DIHS-834, Medical/Psychiatric Alert Form, is used to inform Facility Administrator of detainee with special needs.	
53. Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			There is a full time dentist and dental assistant on staff.	
54. (MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	\boxtimes			There is a psychologist and licensed independent social worker (LISW) on staff full-time. There is a psychiatrist in the facility eight hours / week. There is a mental health professional on call at all times.	
55. Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			Qualified mental health professionals are on staff and on call. West Oaks Psychiatric Hospital is used for hospitalization.	

	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	V/N	Remarks	
56. Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			A same gender staff person, in addition to the health provider, is present any time clothing is removed for an examination.	
57. (MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	\boxtimes			Depending on severity, a mental health professional may be called immediately. A detainee is usually seen within 24 hours after referral. Emergency mental health care can be provided off site by West Oaks Psychiatric Hospital.	
 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. 	\boxtimes			SOP 15.16 (Medical Restraints, Therapeutic Seclusion and Emergency Psychotropic Medication) addresses the components of this standard, to include the documentation, debriefing, and training required.	
 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. 	\boxtimes			SOP 15.16 stipulates the documentation requirements for any type of restraints including chemical. HCDF Policy 1501, Forced Psychiatric Medication, requires monitoring for side effects.	

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	
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.				There is a full time dentist on staff. HCDF Policy, titled Availability and Type of Dental Treatment to be Provided, indicates all detainees receive a visual dental inspection within 14 days after arrival at the facility. This is delegated to other health care personnel who receive annual training.	
61. In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			HCDF Policy 1113, titled First Aid Kits, defines placement, contents, and use of first aid kit by non-medical staff.	
62. An automatic external defibrillator should be available for use at the facility.	\boxtimes			There are two automatic external defibrillators (AEDs) in the clinic: one in urgent care; and one in the emergency response bag.	
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			The only treatment that may be forced is for hunger strike or psychiatric treatment. Both require immediate notification of ICE.	
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			At this facility, there is a weekly administrative meeting in which the HSA participates.	
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	\boxtimes			The facility has a contract with Stericycle for the removal of biohazardous waste.	
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.				Performance Improvement is the system used.	
PART 4 – 22. N					
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard		1	☐Repeat Finding	

This facility has a well-staffed and spacious medical clinic area. Most professional staff is provided by the Public Health Service (PHS). There is a contract to provide Licensed Vocational Nurses (LVNs), MRTs, dental assistant, and pharmacy technician.

There have been no detainee deaths at the facility within the past year.

One of the things of which the staff was most proud was their ability to evacuate to Mississippi and continue necessary services in preparation for Hurricane Ike with only 12 hours notice.

(b)(6), (b)(7)(c) / 02-04-10 Reviewer's Signature / Date

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PART 4 – 23. PERSONAL HYGIENE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 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 	\boxtimes			HCDF Policy 12-102, titled Inmate Supply Issue and Maintenance, specifies procedures which meet this
 for the number of detainees. 2. All new detainees are issued clean, temperature- appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: 				component.
 One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. 	\boxtimes			All new detainees are issued the required items during intake.
One pair of underwear (daily change).One pair of facility-issued footwear.				
Additional clothing is available for changing weather conditions and as is seasonally appropriate.	\boxtimes			Clothing is available for changing weather conditions.
 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			These items are issued during initial intake processing, except for the mattress which remains in the housing unit.
 The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items. 	\boxtimes			Personal hygiene items are issued by the housing unit officer when requested by the detainee.
 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, in acceptable ratios, are available in all housing units 24 hours per day.

PART 4 – 23. PER	PART 4 – 23. PERSONAL HYGIENE				
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 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. 				Facilities are provided in acceptable ratios, and water temperatures are monitored by the maintenance department and maintained between 100- 120°.	
 Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene. 	\boxtimes			Adequate facilities and assistance is provided in the housing units for 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			This component is being met by the facility.	
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.	\boxtimes			Detainees are assigned to work in the food service department. Proper clothing is issued and exchanged daily or as needed.	
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	\boxtimes				
PART 4 – 23. PER			E		
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A		Repeat Finding	

(b)(6), (b)(7)(c)/ 02-04-10 Reviewer's Signature / Date

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
int au	The facility has a written suicide prevention and ervention program approved and signed by the health thority and Facility Administrator and reviewed annually.	\boxtimes			Local Operating Procedure 1505, titled Suicide Prevention, outlines the suicide prevention program.
tra	Every new staff member receives suicide-prevention ining. Suicide-prevention training occurs during the ployee orientation and annual training.	\boxtimes			DIHS Suicide Prevention Program, Attachment C, describes procedures for suicide prevention including training.
3.	Training prepares staff to:				
•	Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,				
•	Demographic, cultural, and precipitating factors of suicidal behavior,				
•	Responding to suicidal and depressed detainees,				
•	Effective communication between correctional and health care personnel,	\boxtimes			All staff receive training as new hires and annually thereafter in suicide prevention.
•	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.				
	A health-care provider or specially trained officer reens all detainees for suicide potential as part of the mission process.				All detainees are screened by
•	Screening does not occur later than one working day after the detainee's arrival.	\boxtimes			health care personnel to determine any history of mental
•	Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.				illness and suicidality.
ris	Written procedures contain when and how to refer at- k detainees to medical staff and procedures are owed.	\boxtimes			Local Operating Procedure 1505 states that detainees threatening suicide are considered emergencies and are to be placed in a secure environment.
su au	Written procedures include returning a previously cidal detainee to the general population, upon written thorization of the clinical director or appropriate health re professional.	\boxtimes			Local Operating Procedure 1505 states that release from suicide watch will only occur following an evaluation in person by the treating medical provider.

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	V/N	Remarks
7. The facility has a designated isolation room for evaluation and treatment.	\boxtimes			Suicidal detainees requiring constant observation are placed in a special cell in segregation unit.
8. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			No small items or dangerous structures are in designated rooms. Suicide blankets and gowns are available.
9. Medical staff has approved the room for this purpose.	\boxtimes			A memo from the Chief of Psychology to custody staff approves cells 114 and 115 for suicide watch.
10. Staff observes and documents the status of a suicide- watch detainee at least once every 15 minutes/constant observation.				Local Operating Procedure 1505, Suicide Prevention, requires the detention officer to document every 15 minutes and immediately notify medical staff of any changes.
PART 4 – 24. SUICIDE PREV	ENTIO	N AND INT	ERVE	NTION
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard		1	☐Repeat Finding

This facility has a PhD prepared psychologist on staff full time as well as a full time Licensed Independent Social Worker. A psychiatrist comes to the facility four hours twice a week. There is a Memorandum of Understanding with West Oaks Psychiatric Hospital, where psychiatrists are on staff.

(b)(6), (b)(7)(c) / 02-04-10 Reviewer's Signature / Date

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH

This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility. 	\boxtimes			HCDF Policy 205, titled Care for the Terminally III, provides for transfer if a higher level of care is required.
 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			Upon notification of a detainee's terminal illness, ICE makes decisions regarding notification of the next of kin and visitation.
 3. There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 	\boxtimes			HCDF Policy 205, titled Care for the Terminal III, states detainees will be informed of their right to Durable Power of Attorney and/or Advance Directive. DIHS Policy, Chapter 2, Medical Legal 2.6.1, permits a detainee to request an attorney to prepare documents.
4. There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			HCDF Policy 862 addresses Do Not Resuscitate (DNR) Orders.
 Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation. 	\boxtimes			HCDF Policy 862, DNR (Section III), specifically states any detainee with a DNR order is entitled to receive maximal therapeutic efforts short of resuscitation.
6. The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			HCDF Policy 862 requires the medical facility to notify their supervisory/Branch Chief of the name and basic circumstances of any detainee for whom a DNR order has been written.
7. The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			DIHS Policy, Chapter 2, Medical Legal Section 2.6.4, addresses organ donation.
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in service.	\boxtimes			HCDF Policy 834, titled Procedures Following the Death of a Detainee, details who is to be notified and when upon the death of a detainee.

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	A/A	Remarks
9. The facility has a policy and procedure to address the death of a detainee while in transport.				A memo from CCA administration to the HSA, dated 01-27-10, outlines procedures to be followed in the event of detainee death while in transport.
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			HCDF Policy 834 requires coordination with local law enforcement authorities and the Medical Examiner.
 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			ICE coordinates handling of remains consistent with ICE/Detention and Removal Office (DRO) standard, entitled Terminal Illness, Advance Directives, and Death.
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	\boxtimes			The ICE/DRO standard is followed.
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 	\boxtimes			According to HCDF Policy 834, once death has been pronounced by a physician, body removal and autopsy is done in accordance with Harris County Medical Examiner's Office and ICE OIC.
14. ICE staff follows established procedures to properly close the case of a deceased detainee.				ICE staff coordinate response to detainee death consistent with Harris County regulation and ICE/DRO standards.
PART 4 – 25. TERMINAL ILLNESS, A				
🛛 Meets Standard 🛛 🗋 Does Not Meet St	andard		•	Repeat Finding

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

There have been no deaths at this facility within the past year.

Section V ACTIVITIES

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

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	\boxtimes			Written rules are posted throughout the facility and addressed in the Detainee Handbook.	
2. The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			Information is posted in English and Spanish.	
3. Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes				
4. Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes				
5. Staff maintains a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	\boxtimes			Priority, overnight, and certified mail is entered into a computerized log in the mailroom. Printed copies are signed by the detainee and maintained in the mailroom when completed.	
6. Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes				
7. Staff does not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes				
8. Staff does not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes				
9. Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	\boxtimes				
10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes				
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	\boxtimes				
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes				

PART 5 – 26. CORRESPON						
	This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice. 	\boxtimes					
14. Staff maintains a written record of every item removed from detainee mail.	\boxtimes					
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes					
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	\boxtimes					
17. Original identity documents (for example, passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	\boxtimes					
18. Staff provides the detainee a copy of his or her identity document(s) upon request.	\boxtimes					
19. Staff disposes of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	\boxtimes					
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	\boxtimes			Pre-stamped envelopes are provided after verification of the detainee's indigent status.		
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.	\boxtimes					
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes					
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes					
24. Detainees have access to outside publications.	\boxtimes					
PART 5 – 26. CORRESPON	IDENC	E AND OT	HER			
🖂 Meets Standard 🛛 🗌 Does Not Meet St	⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Mailroom staff pick up mail daily from the post office and deliver to the housing units where it is opened in the presence of the detainee. All outgoing mail is processed in accordance with the standard. Postings are visible in the detainee housing areas as well as other areas throughout the facility.

(b)(6), (b)(7)(c) / 02-04-10 Reviewer's Signature / Date

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

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

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

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

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

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

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		
11. Escort officers ensure that detainees:						
 Conduct themselves in a manner that does not bring discredit to ICE/DRO. 						
 Do not violate federal, state, or local laws. 						
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 						
 Do not arrange to visit family or friends unless approved before the trip. 						
Make no unauthorized phone calls.						
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 						
12. The facility routinely subjects a detainee returning						
from an escorted trip to a search, urinalysis, breathalyzer, etc.?						
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.						
14. The Field Office Director is the approving official for all non-medical escorted trips.						
15. Facility procedures comply with the following ICE Standards:						
Transportation (Land Transportation						
 Restraints applied strictly in accordance with the Use of Force Standard. 						
PART 5 – 27. ESCORTED TRIPS FO	OR NO	N-MEDICA	L EM	ERGENCIES		
Meets Standard Does Not Meet St	☐ Meets Standard ☐ Does Not Meet Standard ⊠ N/A ☐ Repeat Finding					

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

Interview with the SDDO indicated escorted trips for non-medical emergencies are handled by ICE.

(b)(6), (b)(7)(c) / 02-04-10 Reviewer's Signature / Date

PART 5 – 28. MAR	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.					
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.					
3. It is standard practice to require a written request for permission to marry.	\boxtimes				
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes				
5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	\boxtimes				
6. When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes				
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	\boxtimes				
8. The detainee handbook explains the marriage request process.	\boxtimes				
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				
PART 5 – 28. MAR	RIAGE	REQUES	TS		
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard		1	☐Repeat Finding	

HCDF Policy 14-7 guides marriage requests at this facility; however, no such request has ever been made.

(b)(6), (b)(7)(c) / 02-04-10 Reviewer's Signature / Date

	PART 5 - 29. RECREATION					
This Detention Standard ensures that each detainee has a	ccess t	o recreatio	nal an	d exercise programs and activities,		
within the constraints of safety, security, and good order.	me 20_1	07 should	then	he marked "N/A"		
	ts ard	Not it ard				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	St _	st, Do				
1. The Facility provides:						
An indoor recreation program.	\boxtimes					
An outdoor recreation program.						
2. A recreational specialist (for facilities with more than						
350 detainees) tailors the program activities and offerings	\bowtie			This facility houses more than		
to the detainee population.				350 detainees.		
3. Regular maintenance keeps recreational facilities and	\boxtimes					
equipment in good condition. 4. The recreational specialist or trained equivalent						
supervises detainee recreation workers.	\boxtimes					
5. The recreational specialist or trainee equivalent	\boxtimes					
oversees recreation programs for Special Management Unit and special-needs detainees.						
6. Dayrooms offer sedentary activities, e.g., board	\boxtimes			There are board games, cards,		
games, cards, television.				and television available.		
7. Outside activities are restricted to limited-contact sports.	\boxtimes					
8. Each detainee has the opportunity to participate in daily recreation.	\boxtimes					
9. Detainees have access to recreation activities outside	\boxtimes					
the housing units for at least one hour daily.						
10. Staff checks all items for damage and condition when equipment is returned.	\boxtimes					
]			
11. Staff conducts searches of recreation areas before and after use.	\boxtimes					
12. Recreation areas are under constant staff supervision.				Direct supervision and camera		
	\bowtie			surveillance monitor all		
	k a			recreation areas.		
13. Supervising staff is equipped with radios.	\boxtimes					
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes					
15. Detainees in disciplinary/administrative segregation						
receive a written explanation when a panel revokes his or her recreation privileges.	\boxtimes					
16. Special programs or religious activities are available to detainees.	\boxtimes					
17. All volunteers have completed an orientation program						
and are required to sign a waiver of liability before entering a secure portion of the facility where detainees are	\bowtie					
present.						

PART 5 - 29.	RECRE	ATION		
This Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.	ccess t	o recreatio	nal an	d exercise programs and activities,
igsqcitcet If outdoor recreation is offered check this box. Item	ms 20-2	27 should	then	be marked "N/A".
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			
20. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			\boxtimes	
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.			\boxtimes	
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			\boxtimes	
24. Staff notifies the detainee's legal representative of his or her decision to accept/decline a transfer.			\boxtimes	
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			\boxtimes	
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			\boxtimes	
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			\boxtimes	
PART 5 - 29.	RECRE	ATION		
⊠ Meets Standard				

Indoor and outdoor recreation schedules are posted and detainees are provided access to recreation one hour daily, seven days a week.

PART 5 – 30. RELIGIOUS PRACTICES					
This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.					
Components	Meets Standards	Does Not Meet Standards	V/N	Remarks	
1. Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	\boxtimes			All detainees are allowed the opportunity to engage in religious services.	
2. Space is available for detainees to participate in religious services.	\boxtimes				
3. The facility allows detainees to observe the major "holy days" of their religious faith.List any exceptions.	\boxtimes				
 4. The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. 	\boxtimes			Special meals, fasting requirements, and activity restrictions are accommodated.	
Facilitating religious services.Allowing activity restrictions.					
5. Each detainee is allowed religious items in his/her immediate possession, refer to the Funds and Personal Property Standard.	\boxtimes				
6. Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes				
7. Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes				
8. Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes				
RELIGIOUS	PRACT	ICES			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A	1	☐Repeat Finding	

Religious services are available to all detainees and the chaplain addresses special needs upon request.

(b)(6), (b)(7)(c) / 02-04-10 Reviewer's Signature / Date

PART 5 – 31. TELEPHONE ACCESS					
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			Telephone access hours are addressed in the Detainee Handbook and posted in the living areas.	
2. Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			At intake, detainees are made aware of the telephone policy via the orientation video and in the Detainee Handbook.	
3. Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes				
4. Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes				
5. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			Postings are in English and Spanish.	
6. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes				
7. Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes			Telephones are inspected each shift by facility staff, with results entered into the chronological logbook maintained in the housing unit, as well as on the daily shakedown log.	
8. Telephones are located a reasonable distance from televisions.	\boxtimes				
9. The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes				
10. The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes				
11. Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes				
12. A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes				
13. The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes				
14. Special Access calls are at no charge to the detainees.	\boxtimes				
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 the requirements of special access calls.	

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	
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				
18. All telephone restrictions are documented.	\boxtimes				
19. The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes				
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				
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes				
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			Posted notices are adjacent to all detainee phones and the telephone system also informs the detainee that calls are subject to monitoring.	
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.					
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	\boxtimes				
PART 5 – 31. TEL	EPHON	IE ACCES	S		
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A	1	☐Repeat Finding	

The HCDF ensures all telephones are operable and accessible to the detainee population on a daily basis. There is a system in place to take emergency telephone calls, deliver them to the detainee population, and permit detainees to return these calls in a timely manner.

(b)(6), (b)(7)(c) / 02-04-10 Reviewer's Signature / Date

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	PART 5 – 32	. VISIT/	ATION				
	This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	There is a written visitation procedure, schedule, and hours for general visitation.	\boxtimes			Policy #16-2 addresses visitation.		
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	\boxtimes					
3.	The visitation schedule and rules are available to the public.	\boxtimes			The visitation schedule and rules are posted and available to the public in the waiting area.		
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes					
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	\boxtimes					
6.	A general visitation log is maintained.	\boxtimes			The general visitation logbook was reviewed.		
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes					
8.	A visitor dress code is available to the public.	\boxtimes			The visitor dress code is posted in the visitor waiting area.		
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	Visits by minor children are allowed at the HCDF.		
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			\boxtimes	Visits by minor children are allowed at the HCDF.		
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes					
14.	Detainees in special housing are afforded visitation.	\boxtimes					
15.	Legal visitation is available seven (7) days a week, including holidays.	\boxtimes					
	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					
	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					

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	V/N	Remarks	
19. There are written procedures governing detainee searches.	\boxtimes				
20. Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	\boxtimes				
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes				
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes				
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	\boxtimes				
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	\boxtimes				
 Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval. 	\boxtimes				
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	. VISIT	ATION			
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					

Detainees have access to family and legal representatives through visitation at the facility. Detainees are made aware of visitation rules though postings and the Detainee Handbook.

PART 5 – 33. VOLUNTARY WORK PROGRAM

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a voluntary work program.	\boxtimes			Detainees at this facility have a voluntary work program in place, pursuant to Policy 19-100.
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes			
	At IGSAs detainees are never allowed to work outside the secure perimeter.	1]	
op	Cs and CDFs detainees classified as level 1 have the portunity to participate in special details outside the cure perimeter under direct supervision.	\boxtimes			
4.	Written procedures govern selection of detainees for the Voluntary Work Program.				
•	The same procedures apply for replacement workers as for "new" workers.	\boxtimes			
	Staff follows written procedures.				
	Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes			
6.	The facility complies with work-hour requirements for detainees, not exceeding:	Δ]	Work hour requirements for detainees do not exceed an
•	Eight hours a day.	\boxtimes			eight-hour day or a 40-hour week.
•	Forty hours a week.				WEEK.
	Detainee volunteers ordinarily work according to a fixed schedule.	\boxtimes			
8.	If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	\boxtimes			
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			
10.	The voluntary work program meets:				
•	OSHA standards				
•	NFPA standards	\boxtimes			
•	ACA standards				
11.	Medical staff screens and formally certifies detainee food service volunteers;				
•	Before the assignment begins	\boxtimes			
•	As a matter of written procedure				

PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAN	Λ
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.				
3 and move to next section.	_			
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				

HCDF Policy 19-100 clearly notes detainees have the opportunity to participate in the voluntary work program, are paid \$1 per day, and are permitted to work an eight-hour day/40-hour week.

Section VI JUSTICE

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

PART 6 - 34. DETAINEE HANDBOOK					
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook. 				Detainees receive a copy of the HCDF Detainee Handbook, as well as the National Detainee Handbook during the initial intake process.	
 The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility. 					
 A procedure for requesting interpretive services for essential communication has been developed. 	\boxtimes			Procedures for obtaining interpretive services are posted in the intake processing area and addressed in the handbook.	
 Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings. 				A video is televised in each housing unit.	
The handbook supplements the facility orientation video where one is provided.				The facility has a handbook and an orientation video.	
 The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees. 					
 There is an annual review of the handbook by a designated committee or staff member. 				The Quality Assurance Mamager is responsible for annual handbook review/ revision.	
 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. 				These topics are addressed on pages 5, 6, and 8 of the handbook.	
 The detainee handbook states in clear language basic detainee responsibilities. 	\boxtimes				
 The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process. 				Classification methods and the appeals process are addressed on page 6 of the handbook.	
11. The handbook states when a medical examination will be conducted.				Medical issues are addressed in both the ICE Detainee Handbook, as well as the HCDF handbook.	
 The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units. 					

PART 6 - 34. DET	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.	\boxtimes				
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	\boxtimes				
15. The handbook describes barber hours and hair cutting restrictions.				In addition to being addressed on page 15 of the handbook, barber hours are also posted in each housing area.	
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes				
17. The handbook addresses religious programming.	\boxtimes				
18. The handbook states times and procedures for commissary or vending machine usage. (where available)					
19. The handbook describes the detainee voluntary work program.	\boxtimes			The detainee voluntary work program is addressed in the handbook. Detainees work in several areas of the facility.	
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	\boxtimes			Information about the library location and hours is provided in the handbook.	
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	\boxtimes			This information is addressed in the handbook.	
22. The handbook/supplement provides local ICE contact information.	\boxtimes				
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				
25. The handbook describes the correspondence policy and procedures.	\boxtimes				

	PART 6 - 34. DETAINEE HANDBOOK					
ma pro	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	Remarks	
	The handbook describes the detainee disciplinary policy and procedures, including:	Ι	[[The handbook addresses the	
•	Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process.	\boxtimes			disciplinary policy.	
•	Summary of Disciplinary Process.					
27.	The grievance section of the handbook explains all steps in the grievance process – Including:					
•	Informal (if used) and formal grievance procedures;					
•	The appeals process;					
•	<u>In CDFs</u> procedures for filing an appeal of a grievance with ICE.	\boxtimes			All of the requirements of this component are addressed in the	
•	Staff/detainee availability to help during the grievance process.				handbook.	
•	Guarantee against staff retaliation for filing/pursuing a grievance.					
•	How to file a complaint about officer misconduct with the Department of Homeland Security.					
28.	The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes				
29.	The handbook describes the facility recreation policy including:					
•	Outdoor recreation hours.	\boxtimes				
•	Indoor recreation hours.					
	In dorm leisure activities. Rules for television viewing.					
	The handbook describes the detainee dress code				The detainee dress code, work	
	for daily living; and work assignments and the meaning of color-coded uniforms.	\boxtimes			assignments, and an explanation of the color-coded detainee uniforms are provided in the handbook.	
31.	The handbook specifies the rights and responsibilities of all detainees.	\boxtimes			Detainee rights and responsibilities are in the handbook.	
	Detainees are required to sign for the handbook to ensure accountability.	\boxtimes			A signed receipt form is maintained in the detainee file.	
33.	Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes			Videos are televised in the in-processing holding cells.	
PART 6 - 34. DETAINEE HANDBOOK						
Meets Standard Does Not Meet Standard N/A Repeat Finding						

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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.	\boxtimes			In addition to information in the detainee handbook, the grievance system procedures are also posted on bulletin boards in each housing unit.	
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	\boxtimes				
••• •••	The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 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					
5. •	or her concern known to a member of the staff. Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.	\boxtimes				
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			Time-sensitive grievance procedures are outlined in HCDF Policy # 14.5, as well as in the handbook.	
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			Staff receives training annually and the lesson plan for Grievances and Inmate Issues addresses this issue.	
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes			Staff receives training annually regarding this requirement.	

PART 6 – 35. GRIEVANCE SYSTEM					
This Detention Standard protects detainees' rights and ensitively may file formal grievances and receive timely respon		ey are treat	ed fair	ly by providing a procedure by which	
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff documents nuisance complaints received but not filed. 				The grievance log was reviewed during the inspection.	
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.				HCDF policy identifies the facility administrator as the authorizing official.	
11. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes				
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	\boxtimes				
13. Staff complies with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	\boxtimes			The grievance officer indicated staff reporting of misconduct is addressed during annual training.	
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				
PART 6 – 35. GRIEVANCE SYSTEM					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Through records review and grievance officer interview, it was determined the HCDF complies with all aspects of this standard. Grievances were processed, investigated, and resolved within the time limits.

(b)(6), (b)(7)(c)/ 0<u>2-04-10</u> Reviewer's Signature / Date

	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
Th	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility provides a designated law library for detainee use.	\boxtimes			The facility has two law libraries, one for male detainees and another for female detainees.	
	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			ICE detainees have access to LexisNexis and legal materials	
•	In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexis Nexis electronic law library.				as outlined in the standard.	
3.	If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient:				Each library has computers and	
•	Operable computers and printers, in sufficient numbers in order to provide access	\boxtimes			printers available for detainee use.	
•	Photocopiers, and					
•	Supplies for both.					
	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			Detainees may save legal work on CD's that are maintained in the law library.	
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	\boxtimes				
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 have been no requests submitted.	
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			There is a designated ICE employee who works with facility employees assigned to the law libraries.	
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			Although detainees may request materials, there have been no such requests in the past year.	

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ens	uring th	eir access	to cou	urts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes				
 Staff ensures that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help. 	\boxtimes				
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes				
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes				
16. All denials of access to the law library fully documented.	\boxtimes			There have been no denials of access.	
17. Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			There have been no denials of access.	
 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 LIBRARIES AND LEGAL MATERIAL					
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					

The HCDF maintains two law libraries, one for male detainees and another for females. Both are equipped to accommodate the detainee population housed at the facility.

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	V/N	Remarks			
Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.							
 The Field Office is responsive to requests by attorneys and accredited representatives for group presentations. 	\boxtimes			Although no new requests have been submitted in the past year, there is a previously approved group that provides ongoing services to detainees who are docketed for hearings.			
 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. 	\boxtimes						
 The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative. 	\boxtimes						
 Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible. 	\boxtimes			Per Houston Contract Facility staff, postings are placed in areas of the facility when received. The group that services the facility also meets individually and in larger groups.			
 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			There have been no denials.			
 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						
 Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented. 	\boxtimes			There have been no requests received from detainees in segregation for consideration.			
 Interpreters are admitted when necessary to assist attorneys and other legal representatives. 	\boxtimes						
 Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session. 	\boxtimes						
 Staff permits presenters to distribute ICE/DRO- approved materials. 	\boxtimes						
 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						

PART 6 - 37. LEGAL RIGHT	s gro	UP PRESE		FIONS	
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	V/N	Remarks	
Check here if No Group Presentations were cond Acceptable overall and continue of					
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	\boxtimes			Policy addresses privilege denials; however, there have been none within the past year.	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	\boxtimes				
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 	\boxtimes				
15. The facility maintains equipment for viewing approved electronically formatted presentations.	\boxtimes				
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

The facility has one group that services the detainee population. They visit the facility and provide individual and group services about legal rights to detainees who are docketed for hearings.

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	V/N	Remarks		
 A Detention File is created for every new arrival whose stay will exceed 24 hours. 	\boxtimes					
 The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process. 	\boxtimes					
 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 	\boxtimes					
 Grievances, complaints, and the disposition(s) of 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			Detention files are maintained in a locked file cabinet in a secure office of the receiving area. Only the classification office staff has routine access.		
5. The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	\boxtimes					
The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes					
 Staff makes copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office. 	\boxtimes					
 Appropriate staff has access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department. 	\boxtimes					
 Electronic record-keeping systems and data are protected from unauthorized access. 	\boxtimes			All electronic recordkeeping systems are password protected.		
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					
 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. DE	TENTI	ON 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			
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	\boxtimes						
 The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File. 	\boxtimes						
 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	This facility is not an IGSA.			
PART 7 – 38. DETENTION FILES							
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

Detention files are created and maintained on all detainees who are processed into the facility in accordance with the standard.

(b)(6), (b)(7)(c) / 02-04-10 REVIEWER'S SIGNATURE / DATE

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	V/N	Remarks		
report acade Stand If so, v and w	past year, have there been any interviews by ers, other news media representatives, mics and others not covered by the Detention ard on Visitation ? were they permitted only by special arrangement <i>v</i> ith approval of the respective ICE/DRO Field			\boxtimes	There have been no interviews by reporters or other news media at the facility.		
2. If ther News in the	Director? e have been any personal interviews, was the Interview Authorization form (or equivalent) filed detainee's A-file with a copy in the facility's tion File?			\boxtimes	There have been no personal interviews conducted at the facility.		
of a co the Fi	any interview with a detainee who was the center ontroversy, or special interest, or high profile, did eld Office Director consult with Headquarters e deciding to allow the interview?			\boxtimes	There have been no interviews at the facility.		
photo that w If so, releas	e past year, have any media representatives graphed or recorded any detainee in any way ould individually identify him or her? did the media representatives obtain a signed the from the detainee that is retained in the ee's A-file?			\boxtimes	There have been no detainees photographed or recorded by any media representative at the facility.		
so, w follow • A pres Direct volum • Did	past year, have there been any press pools? If ere the procedures in the Detention Standard ed? as pool may be established when the Field Office or and facility administrator determine that the e of interview requests warrants such action. the facility administrator notify all media sentatives with pending or requested, tours, or			\boxtimes	There have been no press pools requesting, or being provided,		
visits notice press Direct • Was made	that, effective immediately and until further , all media representatives must comply with the pool guidelines established by the Field Office				access to the facility.		
	PART 7 - 39. NEWS MEDIA	INTER	VIEWS AI		OURS		
	Meets Standard Does Not Meet St	andard	N/A		Repeat Finding		

The facility has not had any media requests in the past year.

(b)(6), (b)(7)(c) / 02-04-10 Reviewer's Signature / Date

	PART 7 – 40. STAFF TRAINING							
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	X						
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes						
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	\boxtimes			The facility has a training manager who completed an instructor course; and is responsible for the training program.			
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes			The training plan is reviewed and approved by the Warden. The 2010 plan has been completed and approved.			
5. • •	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems.	\boxtimes			Training records are maintained in individual training folders, as well as electronically.			

	PART 7 – 40. ST	FAFF 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	NIA	Remarks		
6.	Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:				Reviewed lesson plans; all requirements of this component are being met.		
•	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	\boxtimes					
	Keys and Locks						
	Overview of the criminal justice system						
•	Tour of the facility						
•	Facility goals and objectives						
•	Facility organization						
•	Staff rules and regulations						
•	Sexual harassment/sexual misconduct awareness						
•	Personnel policies						
•	Program overview						
•	Orientation and training on detainee handbook and detainee rights.						
•	Requirement of special-needs detainees.						
•	National Detention Standards						

PART 7 – 40. S	PART 7 – 40. STAFF TRAINING						
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. 				Clerical/support staff receive 40 hours of training which includes the topics listed in this component.			

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
 8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: Security procedures and regulations Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of suicide risk and hunger strike Suicide precautions Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/First aid Counseling techniques Sexual harassment/sexual misconduct awareness. National Detention Standards. 				Training is provided during the initial orientation and on an annual basis.	

	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		
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:				Training in these areas, as well as health care at the facility, is provided by PHS.		
•	The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations						
•	Key control; appropriate conduct with detainees						
•	Responsibilities and rights of employees						
•	Standard precautions						
•	Occupational exposure	\boxtimes					
•	Personal protective equipment						
•	Bio-hazardous waste disposal						
•	Overview of the detention operations.						
•	National Detention Standards.						
•	Medical grievance procedures and protocol.						
•	Requirement for special needs detainees.						
•	Code of Ethics						
•	Drug free workplace						
•	Hostage situations and staff conduct if taken hostage.						

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			
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques National Detention Standards. 	\boxtimes			Security personnel receive 160 hours of initial training and 40 hours annually thereafter. The facility utilizes a contractor for food service, and those staff receive 40 hours of training.			
 11. (b)(7)e receive: Specialized training before undertaking their assignments. 	\boxtimes			(b)(7)e ^r eceive 48 hours of training through an academy in Muskogee, OK prior to assignment.			
12. Facility management and supervisory staff receive:Management and Supervisory training	\boxtimes			Managers and supervisors receive 24 hours of front line leadership training, as well as 40 hours on-the-job training (OJT).			
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 required to utilize firearms are trained prior to being assigned to armed posts.			
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	\boxtimes			Authorized staff must qualify on a quarterly basis.			

	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		
15.	(MANDATORY) Personnel authorized to use (b)(7)(e) (b)(7)(e) (b)(7)(e) before being assigned to a post involving their possible use.	\boxtimes			Training is provided to designated staff prior to utilizing (b)(7)(e)		
• • •	All staff receive 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 is required to acknowledge in writing that they have reviewed and understand the facility's drug- free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			Staff sign Form 3-15B, titled Drug and Alcohol Program Acknowledgement, and copies are maintained in the individual's training folder.		
• • •	All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities.	\boxtimes					
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.				A random review of several staff files revealed all had signed copies of the acknowledgement.		

	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		
20.	 (MANDATORY) All staff in frequent contact with detainees are trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary resuscitation (CPR). Obtaining emergency medical assistance through the facility plan and its required procedures. Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 				Staff are trained annually regarding these issues by the training manager and medical department staff.		
21. • •	All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: Understanding that sexual abuse or assault is never an acceptable consequence of detention. Recognizing housing or other situations where sexual abuse or assault may occur. Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.				Staff are trained annually and receive instruction regarding the Prison Rape Elimination Act (PREA).		

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include:				Staff are trained annually and receive a reference card they are to carry, which addresses requirements of this component.
 Identifying the warning signs and symptoms of impending suicidal behavior, 				
 Demographic, cultural, and precipitating factors of suicidal behavior, 				
Responding to suicidal and depressed detainees,	\boxtimes			
Communication between correctional and health care personnel,				
Referral procedures,				
Housing observation and suicide-watch level procedures, and				
Follow-up monitoring of detainees who have attempted suicide.				
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	\boxtimes			
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	\boxtimes			
25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:				
The requirements of this Detention Standard				
The use of force continuum				
Communication techniques				
Cultural diversity	\bowtie			
Dealing with the mentally ill				
Confrontation-avoidance techniques				
Approved methods of self-defense				
 Force cell-move techniques Communicable diseases, particularly precautions to be 				
taken for use of force				
Application of restraints (progressive and hard)Reporting procedures.				

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			
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	\boxtimes			The facility has a training committee to review and approve requested training. In interviews with several staff all indicated the facility encourages continued education.			
PART 7 – 40. STAFF TRAINING							
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A	1	☐Repeat Finding			

There is a training department and manager responsible for all areas of staff training. Several training records were reviewed and all contained the required information. Annual training for staff is conducted in a classroom setting and electronically. Lesson plans were reviewed to ensure all areas of this standard were addressed.

(b)(6), (b)(7)(c) / 02-04-10 REVIEWER'S SIGNATURE / DATE

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	N/A	Remarks
 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer. 	\boxtimes			All aspects of this component are in place per an interview with ICE staff assigned to the HCDF
 The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 				site.
 Notification includes the reason for the transfer and the location of the new facility, 	\boxtimes			
 The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved. 				
 The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer. 				
 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			Per HCDF Policy 9-18, titled Transportation Policy, the handling of detainees and the notification process is fully outlined.
6. The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			
 Form G-391 or equivalent authorizing the removal of a detainee from a facility is used. 	\boxtimes			
 8. For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. 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. 	\boxtimes			Although there have not been any medical transfers from the facility in the past year, policy clearly states how these requirements will be addressed.
 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. 				

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			Although there have not been any medical transfers from the facility in the past year, policy addresses the requirement of this component.
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.				
14. Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			
 An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office. 	\boxtimes			
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				

Detainees are notified in writing by the HCDF and sign a form acknowledging receipt of transfer notification.

(b)(6), (b)(7)(c) / 02-04-10 Reviewer's Signature / Date

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:	Kenneth L. Landgrebe Field Office Director Houston Field Office
FROM:	Robert P. Helwig Assistant Director for Management

SUBJECT: Houston Contract Detention Facility Annual Review

The annual review of the Houston Contract Detention Facility conducted on February 2-4, 2010, in Houston, Texas has been received. A final rating of <u>Meets Standards</u> has been assigned. No further action is required and this review is closed.

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

- The Field Office Director, 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 January 26, 2011.

The Field Office is responsible for assisting the Contract Detention Facility (CDF) to respond to the Immigration and Customs Enforcement findings when assistance is requested. Notification to the facility shall include information that this assistance is available.

Should you or your staff have any questions regarding this matter, please contact Gary Mead, Deputy Assistant Director, Detention Management Division at (202) 7626, (b)(7)(c)

cc: Official File

ICE:HQDRO (b)(6), (b)(7)c 02/24/2010

(b)(7)(e)

A. Type of Facility Reviewed

	ICE Service Processing Center
\boxtimes	ICE Contract Detention Facility
	ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
Field Office HQ Inspection
Date[s] of Facility Review
February 2-4, 2010

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
February 3-5, 2009
Previous Rating
Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

~
Name
Houston Contract Detention Facility
Address (Street and Name)
15850 Export Plaza Drive
City, State and Zip Code
Houston, Texas 77032
County
Harris
Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
(b)(6), (b)(7)(c)Warden
Telephone # (Include Area Code)
281 (b)(7)(c)
Field Office / Sub-Office (List Office with oversight
responsibilities)
Houston, Texas
Distance from Field Office
8 Miles

E. ICE Information

	Name of Inspector (Last Name, Title and Duty Station)
(b)	6), (b)(7) K GI / MGT

- (b) (6), (b)(7) (CI-Security / MGT
- Name of Team Member / Title / Duty Location
- (b)(6), (b)(7)(6)I-Medical Care / MGT Name of Team Member / Title / Duty Location
- (b)(6), (b)(7)(3)Food Service / MGT Name of Team Member / Title / Duty Location
 (b)(6), (b)(7)(GJ-Environmental Health and Safety / MGT

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA	
HSCEDM-09-D-00007	April 1, 2009	
Basic Rates per Man-Day		
\$97.06		
Other Charges: (If None, Indicate N/A)		
(b)(4) S (b)(4) (b)(7)e		

Estimated Man-days Per Year 273,750

G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA; NCCHC; and JCAHO
Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

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

I. Facility History

Date Built			
April 1984	April 1984		
Date Last Remodeled	Date Last Remodeled or Upgraded		
July 2005			
Date New Construction / Bedspace Added			
N/A			
Future Construction Planned			
☐ Yes ⊠ No Date:			
Current Bedspace	Future Bedspace (# New Beds only)		
1000	Number: Date:		

J. Total Facility Population

Total Facility Intake for previous 12 months
Jan - Dec, 2009 20,883
Total ICE Mandays for Previous 12 months
314,109

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	524	183	101
Adult Female	76	14	7

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	892	892	0
Adult Female	108	108	0
Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	754.2	0	0
Adult Female	100.2	0	0

N. Facility Staffing Level

Security:	Support:
(b)(7)(e)	(b)(7)(e)

SIGNIFICANT INCIDENT SUMMARY WORKSHEET

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	9-P	7-P	10 - P	6-P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	9	7	10	6
Assault:	Types (Sexual Physical, etc.)	2-P	0	1-P	1-P
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	2	0	1	1
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		1	3	1	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	11	11	4	4
	# Resolved in favor of Offender/Detainee	1	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	1-A	1-A	2-A
	Number	0	1	1	2
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	45	53	71	71
	# Psychiatric Cases referred for Outside Care	0	0	3	2

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

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

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

	DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT				
1. 1	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
	RT 1 SAFETY				
1	Emergency Plans				
2	Environmental Health and Safety	\boxtimes			
3	Transportation (By Land)	\boxtimes			
PA	RT 2 SECURITY				
4	Admission and Release	\boxtimes			
5	Classification System	\boxtimes			
6	Contraband	\boxtimes			
7	Facility Security and Control	\boxtimes			
8	Funds and Personal Property	\boxtimes			
9	Hold Rooms in Detention Facilities	\boxtimes			
10	Key and Lock Control	\boxtimes			
11	Population Counts	\boxtimes			
12	Post Orders	\boxtimes			
13	Searches of Detainees	\boxtimes			
14	Sexual Abuse and Assault Prevention and Intervention	\boxtimes			
15	Special Management Units	\boxtimes			
16	Staff-Detainee Communication	\boxtimes			
17	Tool Control	\boxtimes			
18		\boxtimes			
PA	RT 3 ORDER				
19	Disciplinary System	\boxtimes			
	RT 4 CARE				
20	Food Service	\boxtimes			
21	· · · · · · · · · · · · · · · · · · ·	\boxtimes			
22	Medical Care	\boxtimes			
23		\boxtimes			
24	Suicide Prevention and Intervention				
	Terminal Illness, Advance Directives, and Death				
	RT 5 ACTIVITIES				
	Correspondence and Other Mail				
27	Escorted Trips for Non-Medical Emergencies				
28					
29					
30					\mid
31					
	Visitation				
	Voluntary Work Program				
	RT 6 JUSTICE Detainee Handbook	\boxtimes			
	Grievance System				┝──┤
	Law Libraries and Legal Material				\vdash
30					├
	RT 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files				
39					\boxtimes
40	Staff Training				
40	Transfer of Detainees				

LCI REVIEW ASSURANCE STATEMENT

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

LEAD COMPLIANCE INSPECTOR	
Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(c)	
Title & Duty Location	Date
LCI, MGT	February 4, 2010

TEAM MEMBERS		
Print Name, Title, & Duty Location		
(b)(6), (b)(7)(c) CI-Medical Care, MGT Print Name, Title, & Duty Location		
b)(6), (b)(7)(c)CI-Environmental Health and Safety, MGT		

Recommended Rating:	🔀 Meets Standards
	Does Not Meet Standards

Comments:

Although there were no suicides or deaths at this facility in the past year, there were four suicide attempts (two by the same detainee):

(b)(6), (b)(7)(c)

- The detainee was admitted to the facility 04-04-09. Although a history of depression was discovered during intake screening, the detainee expressed no suicidal ideation. He was placed on anti-depressants the same day. A psychiatric evaluation was completed on 04-06-09, followed by numerous visits by health care personnel, to include a psychiatrist. Many medication adjustments and changes were made; however, the detainee continued to deny suicidality.
- On 07-01-09, the detainee stated he had taken an overdose of ibuprofen and tried to cut his arm with a plastic fork. He was taken to Northeast Hospital ER and upon return placed on suicide watch. On 07-08-09, he was transferred to West Oaks Psychiatric Hospital to stabilize a regimen for depression. On 07-16-09, he returned to the facility on suicide watch. On 07-20-09, he was placed in the Short Stay Unit (SSU), and later returned to general population housing when he seemed to have improved. On 08-05-09, the detainee again reported taking 20 pills and was transferred to West Oaks Psychiatric Hospital. On 08-28-09, he was returned to the facility's SSU, where he remained until 09-16-09, when he was deported with medication.

(b)(6), (b)(7)(c)

• The detainee was admitted to the facility on 11-06-09. Intake screening revealed a history of auditory hallucinations, and immediate mental health and physician referral was made. He was seen by a psychiatrist on 11-10-09, and given a physical exam on 11-13-09, which yielded no indication of suicidality. On 11-16-09, he was found in his cell with a bed sheet around his neck. He was non-responsive; however, a pulse and respiration present. An ambulance arrived within 14 minutes and the detainee was transferred to West Oaks Psychiatric Hospital, where he remained until 12-15-09. He was returned to the facility's SSU, where he remains due to difficulty in establishing medical regime and unpredictability. He is seen weekly by psychiatrist.

(b)(6), (b)(7)(c)

• The detainee was admitted to the facility on 11-06-09, and intake screening reveals a history of depression. On 11-15-09, detainee had suicidal gesture by tying bed sheet around his neck and pulling on it with his hand. There was no injury; however, detainee was placed on suicide watch. On 11-17-09 detainee was found naked on the floor of his cell, in a pool of urine and smearing feces on his face and hands. He was transferred to West Oaks Psychiatric Hospital. On 11-27-09 the detainee was returned to the facility and placed in the SSU. On 12-08-09 the detainee was deported with medications.

There was one hunger-striking detainee in the past year:

(b)(6), (b)(7)(c)

• Detai(be(6), (b)((x)) a admitted to the facility on 04-28-09. At time of intake, the detainee indicated he had been on hunger strike since 03-17-09 and refused food; however, was drinking. The detainee received a mental health evaluation and was placed in the SSU with daily assessment and monitoring, as required by policy. On 04-30-09, the detainee consented to intravenous therapy. Medical record documents continued encouragement by staff to eat and drink. Detainee remained in SSU until 05-12-09, at which time he was transferred to Columbia Care in South Carolina.

(b)(7)(e) re not used at this facility.

MANAGEMENT REVIEW

REVIEW AUTHORITY

The signature below constitutes review of this report and acceptance by the Review Authority. **The Facility and FOD have 30 days from receipt of this report to respond to all findings and recommendations.**

HQDRO MANAGEMENT REVIEW: (Print Name)	Signature
Title	Date

Final Rating:

Meets Standards
Does Not Meet Standards

Comments: