stimated Man-days Per Year:

0,000

A. Type of Facility Reviewed	<u> </u>						
ICE Service Processin	ng Center	G. Accreditation					
ICE Contract Detenti	on Facility	List all State or National Accreditation[s] received:					
🔯   ICE Intergovernment	tal Service Agreement	Maryland Commission on Correctional Standards					
		Check box if	facility has no	accreditation[s]			
B. Current Inspection		II Doubless / C	S	Camias manak ba	atto ah ad)		
Type of Inspection		H. Problems / C					
Field Office HQ Inspec	ction	The Facility is un					
Date[s] of Facility Review		Court Order		Class Action Ord	er		
August 9-11, 2011		The Facility has S					
		Major Litigati		Life/Safety Issue	8		
C. Previous/Most Recent Fac	cility Review	☐ Check if Non	ie.	<u> </u>			
Date[s] of Last Facility Review							
September 14-16, 2010		I. Facility Hist	tory				
Previous Rating		Date Built					
Superior Good Acce	eptable  Deficient  At-Risk	1983	***				
D. Name and Location of Fa	cility	Date Last Remod	leled or Upgra	nded			
Name				A J J a J			
Howard County Detention Cent	er	Date New Constr	ruction / Bed s	space Added			
Address (Street and Name)		Future Construct	ion Planned				
7301 Waterloo Road		☐ Yes ⊠ No					
City, State and Zip Code		Current Bed space		Bed space (# Ne	w Beds only)		
Jessup, Maryland 20794		463		er: 0 Date:	2000 0111))		
County		405	Tvamov	n. o Bute.			
Howard		J. Total Facili	ty Population	•			
Name and Title of Chief Executive	Officer (Warden/OIC/Supt.)	Total Facility Int					
(b)(6) (b)(7)(c) Director		3,713	ake for previo	us 12 months			
Telephone # (Include Area Code)		Total ICE Man-d	ave for Pravio	us 12 months			
410-3(b)(6) (b)(7)(c)	11 11 11 11 11 11	17,114	ays for 1 fevil	ous 12 months			
Field Office / Sub-Office (List Offi	ce with oversight responsibilities)	1/,114		<del></del>			
Baltimore, Maryland		V Classification	m I amal (IC	E CDCs and CD	Ea Only)		
Distance from Field Office		K. Classificatio		Level (ICE SPCs and CDFs Only)			
15 miles		111261	L-	L-2	L-3		
TOTAL COLUMN		Adult Male			· ·		
E. ICE Information	15 (0.1)	Adult Female					
Name of LCI (Last Name, Title	e and Duty Station)						
(6) (b)(7)(L)CI / MGT of America							
Name of Team Member / Title		L. Facility Cap	acity				
b)(6) (b)(7)(c)CI-Security / MGT of		Rated Operational Emerg			Emergency		
Name of Team Member / Title		Adult Male	427	332	427		
(b)(6) (b)(7)(d) CI-Medical Care / N		Adult Female	36	36	36		
Name of Team Member / Title		☐ Facility holds	<b>Juveniles Offe</b>	enders 16 and old	er as Adults		
(b)(6) (b)(7)(c) CI-Food Service an	d Environmental Health and						
Safety / MGT of America		M. Average Da	ily Populatio	n			
			IC		Other		
F. CDF/IGSA Information O		Adult Male	47.		274		
Contract Number	Date of Contract or IGSA	Adult Female	1	9	19		
ACB-5-1-002	October 2, 1995						
Basic Rates per Man-Day		N. Facility Sta	ffing Level				
\$70.00		Security: Support:					
Other Charges: (If None, Indic	ate N/A)	(b)(7)(e)			ļ		
N/A		(0)(1)(0)	·	(b)(7)(e)			

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	P	P	P	P
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	14	13	11	15
Assault:	Types (Sexual Physical, etc.)	P	P	0	P
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	1	0	2
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		18	13	2	8
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		6	6	0	2
Number of Times Special Reaction Team eployed/Used		2	2	0	1
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	2/V	3/V	0	3/V
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	С	С	0	2/C, 1/O
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	1	2	4
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	64	95	48	73
	# Resolved in favor of Offender/Detainee	3	2	2	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	A	A	0	0
	Number	1	1	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	6	8	5	3
	# Psychiatric Cases referred for Outside Care	3	14	0	4

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

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.

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"

			_			
	CE Detention Standards Review Summary Report					
	ptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable		_	_		<b>_</b>
	ee Services	1.	2.	3.	4.	5.
1.	Access to Legal Materials		님	닏	부	
2.	Admission and Release		닏	片片	ᆜ	
3.	Classification System		片	닏	부	
4.	Correspondence and Other Mail		님	닏		
5.	Detainee Handbook		닏	Н	부	
6.	Food Service		片片	牌	Щ	
7.	Funds and Personal Property		牌	H	片	Ш
8.	Detainee Grievance Procedures		牌	片	<u> </u>	
9.	Group Presentation On Legal Rights		닏		닏	
10.	Issuance of Clothing, Bedding and Towels		ᆜ	닏		
11.	Marriage Requests	4	닏	┝		K-2
12.	Non-Medical Emergency Escorted Trips		닏	닏	닏	
13.	Recreation		닏	닏	닏	
14.	Religious Practices			<del>    </del> -	닏	
15.	Access to Telephones			부	빝	
16.	Visitation		닏	부	닏	
17.	Voluntary Work Program		Ш			
Health	Services					
18.	Hunger Strikes					
9.	Access to Medical Care					
20.	Suicide Prevention and Intervention					
21.	Terminal Illness, Advanced Directives and Death					
Securi	ty and Control					
22.	Contraband	$\boxtimes$				
23.	<b>Detention Files</b>	$\boxtimes$				
24.	Disciplinary Policy	$\boxtimes$				
25.	Emergency Plans					
26.	Environmental Health and Safety					
27.	Hold Rooms in Detention Facilities					
28.	Key and Lock Control					
29.	Population Counts					
30.	Post Orders					
31.	Security Inspections	$\boxtimes$				
32.	Special Management Units (Administrative Segregation)	$\boxtimes$				
33.	Special Management Units (Disciplinary Segregation)	$\boxtimes$				
34.	Tool Control		愩	愩	T	
35.	Transportation (Land Transportation)	「	10	愩	愩	$\boxtimes$
36.	Use of Force					
37.	Staff / Detainee Communication (Added August 2003)		10			
38.	Detainee Transfer (Added September 2004)					

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet mpliance.

# **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 COMPL	<u>I</u>	
Lead Compliance Inspector: (Print Name)	(b)(6) (b)(7)(c)	
(b)(6) (b)(7)(c)	(-)(-)(-)(-)(-)	
Title & Duty Location	Date	
LCI, MGT of America, Inc.	August 14, 2011	
201, 1201 022 2011		
TEAM	Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	ake kan sen basar, barasar at tarah kululurunga <u>sen at Seta Harasa (Babar nu l</u>
(b)(6) (b)(7)(c) CI-Security, MGT of America, Inc.	(b)(6) (b)(7)(c) CI-Medical Care, MG	T of America, Inc.
Print Name, Title, & Duty Location	PTINI Name, Title, & Duty Location	
(b)(6) (b)(7)(c) CI-Food Service and Environmental Health		
and Safety, MGT of America, Inc.		
Deficient At-Risk  Comments:		
Death: There were no deaths reported during the year.		
Attempted Suicides: On March 29, 2011 (b)(7)(e) cutting his left wrist with his fingernails. The wound was minor mental health staff and placed on suicide watch.	non-ICE detainee housed in the intak and first aid was administered on site.	
On April 14, 2011, (b)(7)(e) non-ICE determittees on fire. The detainee suffered no injuries, was evaluate watch. An investigation revealed staff failed to find a match the observation cell.		d was continued on suicide
The facility does not use (b)(7)(e) but does use a (b)(7)(e)	which is an (b)	(7)(e)
	(b)(7)(e)	

cility staff estimated that canines from the Howard County Department of Police have performed searches on four occasions during the past year. Staff indicated detainees are removed from an area before the area is searched. The only written facility procedures regarding canine searches addresses how to document contraband and issue receipts for confiscated items.

The facility did not provide the number of detainees treated in the Medical Unit as a result of injuries that might have occurred within the facility. The data presented was for detainees taken outside the facility for treatment. There were no suicide attempts initially reported on the SIS and subsequently this information was revised. It does not appear that there is central reporting point for some of this data, because some of the data is tracked by medical, mental health or administrative staff.

During the inspection period approximately half of the normal number of ICE detainees housed at the facility had been temporarily removed due to floor repairs in housing units.

# Condition of Confinement Review Worksheet (This document must be attached to each G-324A Inspection Form)

# This Form to be used for Inspections of all Facilities Used Over 72 Hours



# **ICE Detention Standards Review Worksheet**

$\boxtimes$

Local Jail – IGSA State Facility – IGSA ICE Contract Detention Facility

Name
Howard County Detention Center
Address (Street and Name)
7301 Waterloo Road
City, State and Zip Code
Jessup, Maryland 20794
County
Howard
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6) (b)(7)(c)
Name and Title of Lead Compliance Inspector
(b)(6) (b)(7)(c) <b>LCI</b>
Date[s] of Review
From August 9, 2011 to August 11, 2011
Type of Review
Headquarters    Operational    Special Assessment    Other
• • • • • • • • • • • • • • • • • • • •

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VOLUNTARY WORK PROGRAM	•••
Have the Constrona Carter and a page (Concarter III)	2.4
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ENVIRONMENTAL HEALTH AND SAFETY	
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Tool Control	
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USE OF FORCE	
STAFF/DETAINEE COMMUNICATIONS	
DETAINEE TRANSFER STANDARD	

**NOTE:** FOR EACH STANDARD RATED <u>BELOW</u> ACCEPTABLE, FACILITIES <u>MUST</u> ATTACH A PLAN OF ACTION FOR BRINGING OPERATIONS INTO COMPLIANCE. EACH FACILITY SHOULD EXAMINE THE ENTIRE WORKSHEET TO IDENTIFY AREAS OF IMPROVEMENT, <u>INCLUDING</u> THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

# SECTION I DETAINEE SERVICES STANDARDS

# ACCESS TO LEGAL MATERIALS

**POLICY:** FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	$\boxtimes$			
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.				The facility uses LexisNexis to provide Attachment A materials. Therefore, there is no requirement to post a listing of materials.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	$\boxtimes$			The facility has a dedicated library that is adequately equipped and isolated from noisy areas.
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	$\boxtimes$			
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	$\boxtimes$			
Where provided, the Lexus Nexus library is updated and is current.				The LexisNexis library was up-to-date, except that disc #4 was not loaded onto the computer. Disc #4 was, however, located with the other discs retained by library staff.
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 ICE prior to inclusion.				
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.				
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.				Detainees may go to the library every week day, except Wednesday, for a minimum of 1 1/2 hours a day. Additional time is granted, if requested.
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within $3-5$ business days.				The Librarian or Assistant Librarian will respond to any requests for additional materials.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	$\boxtimes$			
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	$\boxtimes$			
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.				
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.				Detainees in disciplinary and administrative segregation have materials from the law library delivered on request.
All denials of access to the law library fully documented.				
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.				
Petainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.				

	ACCESS TO LEGAL MATERIALS						
POLIC'	POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS,						
J FACILII	FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.						
COMPONENTS YES NO NA REMARKS							
	<b>◯</b> ACCEPTABLE	■ DEFICIENT	☐ AT-RISK	REPEAT FINDING			

#### REMARKS:

The facility has a separate physical library that is staffed four days a week by staff from the local library. Access to legal materials is provided via LexisNexis. The LexisNexis computer was tested and found to be working, although disc #4 was not loaded onto the computer, but was found with the other discs retained by library staff. The library also contains hard bound immigration law books. The Assistant Librarian stated that an update for these volumes is received on a yearly basis.

Detainees housed in segregation receive legal materials in their cells on request.

(b)(6) (b)(7)(c) / August 1	1
Auditor's Signature / DA	
	(b)(6) (b)(7)(c)

# ADMISSION AND RELEASE

**POLICY:** ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.

COMPONENTS	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> 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.				The section of the component that requires the following topics to be included in the detainee orientation is specific to SPCs or CDFs: 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; and sick call procedures. The facility issues all new admissions a handbook and an orientation video is shown to each new detainee addressing all topics identified in this component. Detainees sign to acknowledge receipt of the handbook and sign to document they watched the orientation video.
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.				An officer uses a computer-based medical screening instrument, which is then printed for the detainee to sign. Medical staff then completes another medical screening within four hours of admission.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	$\boxtimes$			ICE detainees are classified by ICE before detainees are admitted to the facility.
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.				Part of the detainee admission documents is a form signed by the officer documenting the type of search each detainee received.
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.				
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.				
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.				
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.				

#### ADMISSION AND RELEASE POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY. **COMPONENTS** YES No NA REMARKS This component is only applicable for SPCs All releases are properly coordinated with ICE using a Form Iand CDFs. ICE admissions and releases are $\boxtimes$ documented using Form I-203. The facility П П also uses a local form to document admissions and releases. Staff completes paperwork/forms for release as required. X REPEAT FINDING ACCEPTABLE DEFICIENT AT-RISK

#### REMARKS:

Staff interviews, observation and file reviews found that the facility documents every step of the admission process, with both staff and the detainee acknowledging nearly every step of the process by placing their signature on the related documents.

The facility issues a handbook to non-ICE detainees and issues an ICE-specific facility handbook to ICE detainees. Several ICE detainees also indicated they were issued the ICE National Detainee Handbook by ICE prior to admission to the facility.

(b)(6) (b)(7)(c) August 11, 2 AUDITOR'S SIGNATURE / DATE	
\	(b)(6) (b)(7)(c)

# CLASSIFICATION SYSTEM

**POLICY:** ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.				ICE detainees are classified by ICE staff prior to admission to the facility.
<ul> <li>The facility classification system includes:</li> <li>Classifying detainees upon arrival;</li> <li>Separating from the general population those individuals who cannot be classified upon arrival; and</li> <li>The first-line supervisor or designated classification specialist reviewing every classification decision.</li> </ul>	$\boxtimes$			Non-ICE detainees are classified as minimum, medium or maximum security and supervisors review classification decisions. The facility does not review the classification level assigned by ICE to ICE detainees, unless indicated by a change in the detainee's behavior.
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	$\boxtimes$			
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/unconfirmed reports may be filed but are not used to score detainees classifications.				
Housing assignments are based on classification-level.	$\boxtimes$			
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.				
Detainee work assignments are based upon classification designations.				
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.				There is no procedure identified for reassessment of ICE detainees.
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				The portion of this component that states that a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal is specific to SPCs and CDFs. Policy states that non-ICE detainees may request a non-routine reassessment, but a procedure is not described in the facility handbook. For ICE detainees, there is no policy regarding classification appeals; and appeals are not described in the facility handbook for ICE detainees.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.				This component is only applicable for SPCs and CDFs. The facility's appeal process for non-ICE detainees does not include time parameters. The facility does not have an appeal process for ICE detainees.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.				This component is only applicable for SPCs and CDFs. Non-ICE detainees may make an appeal directly to the Officer In Charge (OIC). There is no further appeals process beyond the OIC. There are no procedures identified for ICE detainee's classification appeals.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	$\boxtimes$			

		CLASSI	FICATION SYSTI	EM			
CLASSIFICA	ALL FACILITIES WILL DEVELO ATION SYSTEM WILL ENSURE TH S IN OTHER CATEGORIES						
	COMPONENTS		YES NO	NA		REMARKS	
_	<b>ACCEPTABLE</b>	■ DEFICIENT	AT-R	ISK	REPE	AT FINDING	

### REMARKS:

ICE detainees are classified by ICE prior to being admitted to the facility. The facility does not hold regular reviews of classification decisions, nor is there an appeal process for ICE detainees to appeal their classification levels. Supervisors only review ICE detainee classifications when there is a status change requiring reconsideration.

The facility is adequately separating detainees by gender, classification and security levels.

(b)(6) (b)(7)(c)  AUDITOR'S SIGNA	/ Aug TURI	
		(b)(6) (b)(7)(c)

### CORRESPONDENCE AND OTHER MAIL

**POLICY:** ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.				The portion of this component requiring correspondence rules to be posted in the housing unit or common area is specific to SPCs and CDFs. The correspondence rules are posted in each housing unit, via the Kiosk from which the handbook may be viewed.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.				
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.				Mail is distributed on the same day it is received, Monday through Friday, except on holidays.
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).				
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.				The OIC has authorized in writing mail to be opened without the detainee present.
Staff does not read incoming general correspondence without the Warden's prior written approval.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Staff scans incoming mail but does not read the detainee mail.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	$\boxtimes$			
Staff is prohibited from reading or copying incoming special correspondence.	$\boxtimes$			
Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				This requirement for the detainee to be present is specific to SPCs and CDFs. The detainee seals the correspondence. The facility inspects mail by feeling the envelope for contraband without the detainee present. There has been no reason for the facility to open mail during this inspection period.
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	$\boxtimes$			
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	$\boxtimes$			The requirement for the official authorizing the rejection of incoming mail to send written notice to the sender is specific to SPCs and CDFs. Both the sender and recipient receive notice of mail rejection.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.				
Staff maintains a written record of every item removed from detainee mail.				
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to late.				

#### CORRESPONDENCE AND OTHER MAIL

**POLICY:** ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.

COMPONENTS	YES	No	NA	REMARKS
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.				Since the facility implemented a new Kiosk system last fall to manage deposited funds, cash and money orders are no longer accepted. Funds may be deposited online directly to the detainee's account or via a Kiosk located in the facility lobby.
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	$\boxtimes$			
Staff provides the detainee a copy of his/her identity document(s) upon request.	$\boxtimes$			
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.				
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.	$\boxtimes$			
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.	$\boxtimes$			
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$			
<b>△</b> ACCEPTABLE  □ DEFICIENT	☐ AT-RISK		lisk	REPEAT FINDING

## REMARKS:

The OIC has authorized in writing incoming mail to be opened without the detainee being present.

Since the facility implemented a new Kiosk system last fall to manage deposited funds, cash and money orders are no longer accepted. Any cash or money orders received are returned to the sender. Funds may be deposited online directly to the detainee's account or via a Kiosk located in the facility lobby. Detainees may monitor their funds via a Kiosk that is located in every general housing area. A housing unit Kiosk was tested, with the assistance of an ICE detainee, to see how funds were handled and to learn of the other services that are provided via the Kiosk.

An electronic daily log is maintained which documents official correspondence received and to whom it was addressed.

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#### **DETAINEE HANDBOOK**

**POLICY:** EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.

COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).	$\boxtimes$			ICE detainees are provided a site-specific facility handbook that is written in English and Spanish. Electronic versions of the facility handbooks are also available on the Kiosk in each of the housing units. The ICE National Detainee Handbook is also available in English and Spanish versions.
The handbook is supplemented by the facility orientation video, where one is provided.				The facility utilizes a video presentation to supplement the facility handbook.
All staff members receive a handbook and training regarding the handbook contents.				
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.				The facility handbook was revised in August 2011. Revisions are made available by addendums that are electronically posted on the Kiosk.
There an annual review of the handbook by a designated committee or staff member.	$\boxtimes$			
<ul> <li>The detainee handbook addresses the following issues:</li> <li>Personal Items permitted to be retained by the detainee; and</li> <li>Initial issue of clothes, bedding and personal hygiene items.</li> </ul>	$\boxtimes$			
The detainee handbook states in clear language the basic detainee responsibilities.	$\boxtimes$			
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.		$\boxtimes$		The facility handbook provides an explanation of the classification levels, with the conditions and restrictions applicable to each; however, procedures that address the appeals process are not outlined.
The handbook states when a medical examination will be conducted.	$\boxtimes$			The facility handbook states that medical examinations will be conducted within 14 days of reception.
The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.				
The handbook describes official count times and count procedures; meal times and 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.		$\boxtimes$		All elements identified in the component are met, with the exception of times not being provided for facility counts.
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.				
The handbook describes barber hours and hair cutting restrictions.		$\boxtimes$		Barbering hours are not provided in the facility handbook.
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for mergency phone calls.	$\boxtimes$			
The handbook addresses religious programming.				

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COMPONENTS	YES	No	NA	REMARKS
The handbook states times and procedures for commissary or vending machine usage, where available.				The facility utilizes automated commissary ordering via the Kiosk in each of the housing units.
The handbook describes the detainee voluntary work program.				ICE detainees are not authorized to work at this facility; however, the work program available to non-ICE detainees is outlined in the facility handbook.
The handbook describes the library location and hours of operation, and law library procedures and schedules.				The library information and schedule is available electronically. Hours are posted electronically via the Kiosk. ICE detainees are allowed access to the library resource center a minimum of 1 1/2 hours per day, four days a week.
The handbook describes attorney and regular visitation hours, policies, and procedures.	$\boxtimes$			
The handbook describes the facility contraband policy.				
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.	$\boxtimes$			Visiting hours, rules and regulations are available in the facility handbook, as well as the Kiosk.
The handbook describes the correspondence policy and procedures.	$\boxtimes$			
The handbook describes the detainee disciplinary policy and procedures, including:  • Prohibited acts and severity scale sanctions;  • Time limits in the Disciplinary Process; and  • Summary of the Disciplinary Process.	$\boxtimes$			
<ul> <li>The grievance section of the handbook explains all steps in the grievance process – Including:         <ul> <li>Informal (if used) and formal grievance procedures;</li> </ul> </li> <li>The appeals process;         <ul> <li>In CDF facilities: procedures for filing an appeal of a grievance with ICE.</li> </ul> </li> <li>Staff/detainee availability to help during the grievance process.</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul>				The grievance section of the facility handbook explains all steps in the grievance process, including all elements listed in this component.
The detainee handbook describes the medical sick call procedures for general population and segregation.	$\boxtimes$			Medical sick call requests are submitted via the Kiosk in general population units and using paper sick call slips in segregation units.
The handbook describes the facility recreation policy including:  Outdoor recreation hours.  Indoor recreation hours.				Outdoor recreation is available a minimum of one hour a day, five days a week, from the hours of 8:00 AM to 3:00 PM. Indoor recreation is available from 6:00 AM to 11:00 PM.
he handbook describes the detainee dress code for daily living; and work assignments.	$\boxtimes$			

# POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY. COMPONENTS YES NO NA REMARKS The handbook specifies the rights and responsibilities of all detainees. DEFICIENT AT-RISK REPEAT FINDING

#### REMARKS:

The facility utilizes two site-specific handbooks. One has been developed specifically for ICE detainees and the other for non-ICE detainees. The ICE detainee handbook is available in English and Spanish. The facility does not have copies of the ICE National Detainee Handbook; however, interviews with detainees indicate these handbooks are provided to them prior to intake at this facility. English and Spanish versions are provided.

The facility has installed a Kiosk system in each housing unit providing detainees easy access to the detention policies, rules and regulations in effect at this facility. The Kiosk allows detainees to send requests to staff, check responses from staff requests, request sick call appointments, order commissary, make dietary requests, check account balances, as well as check schedules for events such as library and visitation hours, laundry schedules, education classes, and doctor's appointments. The Kiosk is available from 6:00 AM to 11:00 PM, daily.

The facility handbook does not address the classification appeals process, count times or barbering hours.

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# FOOD SERVICE

**POLICY:** EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a <u>professionally trained</u> and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.				The Dietary Supervisor (DS) has over 22 years of food service experience and has been certified by the ServSafe program. Job responsibilities and descriptions have been developed and are available in writing.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.				This component is only applicable for SPCs and CDFs. Food service staff representing management is on duty when the DS is off duty.
The FSA provides food service employees with training that specifically addresses detainee-related issues.  • In ICE Facilities this includes a review of the ICE "Food Service" standard		$\boxtimes$		Documentation is not on file indicating food service employees receive training specifically addressing detainee-related issues.
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	$\boxtimes$			
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	$\boxtimes$			The section of this component requiring staff to monitor the condition of knives and dining utensils is specific to SPCs and CDFs. Staff at this facility monitors the condition of knives and dining utensils. Knives are physically secured to workstations when in use.
When necessary, special procedures govern the handling of food tems that pose a security threat.				
Operating procedures include daily searches (shakedowns) of detainee work areas.	$\boxtimes$			
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.				
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.				ICE detainees are not authorized to work at this facility. Non-ICE detainees assigned to the kitchen were observed to be neat, clean and appropriately dressed.
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				Job descriptions for detainee workers assigned to the kitchen are not reviewed on an annual basis.
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$			ICE detainees are not authorized to work at this facility. Non-ICE detainees assigned to the kitchen are provided training regarding the rules and regulations of the department.
During orientation and training session(s), the CS explains and demonstrates:  • Safe work practices and methods;  • Safety features of individual products/pieces of equipment; and  • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.	$\boxtimes$			Detainee workers assigned to the kitchen are provided training regarding safe work practices, equipment safety and hazardous materials handling.
The Cook Supervisor documents all training in individual detainee detention files.	$\boxtimes$			Training provided to non-ICE detainee workers is documented and kept on file.

# FOOD SERVICE

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COMPONENTS	YES	No	NA	REMARKS
Detainees at 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.	$\boxtimes$			The requirement for detainees to be paid in accordance with the "Voluntary Work Program" standard is specific to SPCs and CDFs. Non-ICE detainees volunteering for work details are provided "good time" days off of their sentences in lieu of compensation, in accordance with local rules and regulations.
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.				
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			$\boxtimes$	The facility does not utilize cafeteria-style feeding. All meals are delivered via satellite feeding trays.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	$\boxtimes$			The section of this component requiring a 35-day menu cycle is specific to SPCs and CDFs. This facility has a 28-day cycle menu.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	$\boxtimes$			A varied menu is provided. Items such as spaghetti, chili, turkey-ala-king, and Cajun rice are offered.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.		$\boxtimes$		All menus have been nutritionally analyzed by a registered dietitian, with the exception of the common-fare menu.
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				
The Cook Foreman has the authority to change menu items if necessary.  • If yes, documenting each substitution, along with its justification  • With copy to FSA	$\boxtimes$			Food service supervisory staff has the authority to change menu items if necessary in accordance with the standard. Menu substitutions are documented with a justification forwarded to the Dietary Supervisor.
All staff and volunteers know and adhere to written "food preparation" procedures.	$\boxtimes$			
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	$\boxtimes$			
<ul> <li>A common-fare menu available to detainees whose dietary requirements cannot be met on the main line.</li> <li>Changes to the planned common-fare menu can be made at the facility level;</li> <li>Hot entrees are offered three times a week;</li> <li>The common-fare menus satisfy nutritional recommended daily allowances (RDAs);</li> <li>Staff routinely provide hot water for instant beverages and foods;</li> <li>Common-fare meals are served with: <ul> <li>Disposable plates and utensils.</li> <li>Reusable plates and utensils.</li> </ul> </li> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items.</li> </ul> A supervisor at the command level must approve a detainee's				All bulleted items identified in this component are met except there is no evidence the common-fare menu satisfies nutritional recommended daily allowances because it has not analyzed by a dietitian.
removal from the Common-Fare Program.	$\boxtimes$			

# FOOD SERVICE

**POLICY:** EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	YES	No	NA	REMARKS
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial	$\boxtimes$			
meals for the following calendar year.				
<ul> <li>The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> <li>Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for-Passover meals as those who do participate.</li> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>	$\boxtimes$			Ramadan is currently being observed and the facility is accommodating detainees fasting for religious purposes. All meals are provided before sunrise and after sunset. A total of four ICE detainees are participating in this religious observance.
The food service program addresses medical diets.	$\boxtimes$			
Satellite-feeding programs follow guidelines for proper sanitation.				
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	$\boxtimes$			
All meals are provided in nutritionally adequate portions.				
Food is not used to punish or reward detainees based upon behavior.	$\boxtimes$			
<ul> <li>The food service staff instructs detainee volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food; and</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>				A review of documentation indicates detainee workers in the kitchen are provided instructions regarding bulleted items identified in this component. Workers assigned to the kitchen were observed to be dressed in clean uniforms, following proper safety and sanitation procedures.
Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$			
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment.  • Who conducts the inspections?	$\boxtimes$			The Dietary Manager conducts weekly safety and sanitation inspections of all food service areas.
Equipment is inspected for compliance with health and safety codes and regulations.  • When was the most recent inspection?  • Which agency conducted the inspection?				The Food Service Department is inspected quarterly by the Maryland Department of Health and Mental Hygiene. The last inspection was conducted in April 2011.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	$\boxtimes$			
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	$\boxtimes$			Documentation indicates dish machine temperatures are checked during each meal. Temperature test strips are recorded in the temperature log book.
Staff documents the results of every refrigerator/freezer temperature check.				Documentation is on file indicating refrigerator and freezer temperature checks are performed on the morning and evening shifts.
The cleaning schedule for each food service area is conspicuously posted.	$\boxtimes$			

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<b>POLICY:</b> EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITHE HIGHEST SANITARY STANDARDS.	TTH NUT	RITIOUS	AND AP	PETIZING MEALS, PREPARED IN ACCORDANCE WITH
COMPONENTS	YES	No	NA	REMARKS
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	$\boxtimes$			
Storage areas are locked when not in use.	$\boxtimes$			
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#### REMARKS:

The food service program was observed to be providing detainees with nutritious and attractively presented meals. All menus have been analyzed and certified by a registered dietitian, with the exception of the common-fare menu. Interviews with detainees revealed an overall acceptance of the meals, with minimal concerns expressed. Satellite food trays were observed to be prepared, plated and served within the proper time and temperature requirements. Satellite trays are plated and immediately placed on carts for transport to housing units by correctional staff. All meals are served within two hours of plating.

The Dietary Supervisor is not providing the food service staff with a review of the ICE Food Service Standard, nor as staff receiving training specifically addressing detainee-related issues.

ICE detainees are not authorized to work at this facility. Non-ICE detainees assigned to work in the kitchen were observed to be appropriately dressed and following a clean-as-you-go policy. Job descriptions were on file, but have not been reviewed annually.

The sanitation level in the kitchen was maintained at a high level during the inspection. All food service areas, including storage, equipment and food preparation areas were cleaned according to the posted cleaning schedules.

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#### **FUNDS AND PERSONAL PROPERTY** POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY. 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** YES No NA REMARKS Detainee funds and valuables are properly separated, stored, and The facility property room is accessible only $\boxtimes$ П by the Property Room Officer, Shift are accessible only by designated supervisor(s). П Supervisor and Chief of Security. Detainees' large valuables are secured in a location accessible to $\boxtimes$ $\Box$ designated supervisor(s) or processing staff only. Staff itemizes the baggage and personal property of arriving The facility utilizes an automated property detainees (including funds and valuables). For IGSAs and accounting system (JMS) and detainees are X П CDFs, using a personal property inventory form that meets the provided with completed inventory forms. ICE standard? Staff forwards an arriving detainee's medication to the medical $\boxtimes$ Audits of baggage and non-valuable property occur each quarter This component is only applicable for SPCs and audits are logged and verified. and CDFs. This facility conducts audits of П $\boxtimes$ baggage and non-valuable property on a biannual basis. Audits of valuable property are done on a daily basis This component is only applicable for SPCs b)(7)(e) fficers are present during the processing of detainee funds and valuables during in-processing to the facility. (b)(7)(e) fficers and CDFs.(b)(7)(e) fficers are present during $\boxtimes$ П in-processing.(b)(7)(e)officers sign the receipt verify funds and valuables. verifying funds and valuables. Staff searches arriving detainees and their personal property for This component is only applicable for SPCs $\Box$ $\boxtimes$ and CDFs. Facility staff searches all arriving contraband. detainees and their property for contraband. Staff procedures follow written policy for returning forgotten $\boxtimes$ П property to detainees. Property discrepancies are immediately reported to the CDEO or This component is only applicable for SPCs Chief of Security. $\boxtimes$ and CDFs. All property discrepancies are reported to the Chief of Security. Staff follows written procedures when returning property to $\boxtimes$ CDF/IGSA facility procedures for handling detainee property $\boxtimes$ П claims are similar with the ICE standard. The facility attempts to notify an out-processed detainee that This component is only applicable for SPCs he/she left property in the facility: and CDFs. It is the facility's policy to notify detainees via written notice. The notice is By sending written notice to the detainee's last known not sent certified mail. The notice states that address: $\boxtimes$ П the property will be considered abandoned if Via certified mail; and not claimed within 30 days. Documentation The notice state that the detainee has 30 days in which on hand indicates that three attempts are to claim the property, after which it will be considered made to notify out-processed detainees abandoned. regarding forgotten property. The section of this component requiring The facility disposes of abandoned property in accordance with written procedures for the disposal of written procedures. abandoned property is specific to SPCs and If a CDF/IGSA facility, written procedure requires the $\boxtimes$ CDFs. The facility has written procedures prompt forwarding of abandoned property to ICE. requiring all abandoned property to be

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☐ AT-RISK

REPEAT FINDING

forwarded to ICE.

## REMARKS:

The facility has policies and procedures in place to safeguard detainee's property. The facility has a secure property room accessible only by designated staff. An automated property accounting system within the Jail Management System (JMS) assists in maintaining accountability. Observations and a review of documentation indicate procedures are in place for the documenting, receipting and accounting for all detainee property.

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#### **DETAINEE GRIEVANCE PROCEDURES**

**POLICY:** EVERY FACILITY WILL DEVELOP AND IMPLEMENT STANDARD OPERATING PROCEDURES (SOPS) FOR ADDRESSING DETAINEE GRIEVANCES IN TIMELY FASHION. EACH STEP IN THE PROCESS WILL OCCUR WITHIN THE PRESCRIBED TIME FRAME. AMONG OTHER THINGS, A GRIEVANCE WILL BE PROCESSED, INVESTIGATED, AND DECIDED (SUBJECT TO APPEAL) IN ACCORDANCE WITH THE SOPS; A GRIEVANCE COMMITTEE WILL CONVENE AS PROVIDED IN THE SOPS. STANDARD PROCEDURE WILL INCLUDE PROVIDING THE DETAINEE WITH A WRITTEN RESPONSE TO ANY FORMAL GRIEVANCE, WHICH WILL INCLUDE THE BASIS FOR THE DECISION. THE FACILITY WILL ALSO ESTABLISH STANDARD PROCEDURES FOR HANDLING EMERGENCY GRIEVANCES. ALL GRIEVANCES WILL RECEIVE SUPERVISORY REVIEW. REPRISAL AGAINST THE FILER OF A GRIEVANCE WILL NOT BE TOLERATED.

COMPONENTS	YES	No	NA	REMARKS
<ul> <li>Written procedures provide for the informal resolution of oral grievances (Not mandatory).</li> <li>If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.</li> </ul>				The facility has policies and procedures in place to provide for the informal resolution of oral grievances. Detainees have up to five days to voice their concerns to facility 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.				The facility does not have a grievance committee; however, the facility has equivalent formal procedures in place for addressing detainee grievances in a timely fashion. Grievances not resolved via the informal process are reviewed by a correctional officer, shift lieutenant and then by the OIC for final decision.
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:  • If yes, explain.				There are no documented or substantiated cases of staff retaliation against detainees who have lodged a complaint.
<ul> <li>Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complaints" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>	$\boxtimes$			The section of this component that requires "nuisance complaints" to be identified in the records and for staff to document nuisance complaints received, but not filed is specific to SPCs and CDFs. The facility does not identify nuisance complaints. All complaints are logged in a facility grievance logbook, as well as a computerized grievance log.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	$\boxtimes$			The facility policy requires that any grievance, including officer misconduct, be forwarded to ICE. Documentation indicates there have been no such grievances filed.
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING				

#### REMARKS:

The facility has standard operating procedures in place for addressing detainee grievances in timely fashion. Grievance procedures are outlined in the facility handbook and are also available on the Kiosk system. Each step in the process occurs within the prescribed time frame. Standard procedures include providing the detainee with a written response to any formal grievance, which includes the basis for the decision.

The informal grievance procedure instituted at this facility offers the detainee the opportunity to resolve their complaint before resorting to the more formal level of complaint. A review of the grievance log did not indicate a particular problem area or excessive numbers of complaints filed.

The facility has established standard procedures for handling emergency grievances. There have been no emergency grievances filed or cases documented/substantiated of staff harassing, disciplining or retaliating against a detainee that has filed a complaint.

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USE ONLY (LAW ENFORCEMENT SENSITIVE)

### **GROUP LEGAL RIGHTS PRESENTATIONS**

**POLICY:** FACILITIES HOUSING ICE DETAINEES SHALL PERMIT AUTHORIZE PERSONS TO MAKE PRESENTATIONS TO GROUPS OF DETAINEES FOR THE PURPOSE OF INFORMING THEM OF U.S. IMMIGRATION LAW AND PROCEDURES, CONSISTENT WITH THE SECURITY AND ORDERLY OPERATION OF EACH FACILITY. ICE ENCOURAGES SUCH PRESENTATIONS, WHICH INSTRUCT DETAINEES ABOUT THE IMMIGRATION SYSTEM AND THEIR RIGHTS AND OPTIONS WITHIN IT.

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 WORKSH  COMPONENTS	EET. YES	No	NA	Remarks
The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.				REMATRIMO
Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives.				
The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.				
Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.				
Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.				
When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend.				
Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are documented.				
Interpreters are admitted when necessary to assist attorneys and other legal representatives.				
Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session.				
Staff permits presenters to distribute ICE-approved materials.				
Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff is present but do not monitor conversations with legal providers.				
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.				
The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside organizations.				
A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request				
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#### REMARKS:

There were no requests to conduct a Group Legal Rights Presentation during the past year.

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# ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

**POLICY:** ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.

COMPONENTS	YES	No	NA	REMARKS
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels.  • The supply of these items exceeds the minimum required for the number of detainees.				
<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive:</li> <li>One uniform shirt and one pair of uniform pants, or one jumpsuit;</li> <li>One pair of socks;</li> <li>One pair of underwear (Daily change); and</li> <li>One pair of facility-issued footwear.</li> </ul>	$\boxtimes$			The bulleted items in this component are specific to SPCs and CDFs. Detainees at this facility receive one jumpsuit, three pairs of socks, three pairs of underwear and one pair of facility-issued footwear. Each detainee is issued clean, temperature-appropriate clothing.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.				
New detainees are issued clean bedding, linens, and towels. They receive at a minimum:  One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.				The bulleted items in this component are specific to SPCs and CDFs. Detainees at this facility receive the quantities listed in this component, with the exception of pillowcases. Detainees receive clean bedding, linens and towels during the admission process.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.				ICE detainees are not allowed to work at this facility; however, non-ICE detainees were observed to be provided job appropriate clothing.
Detainees are provided clean clothing, linen and towels.  Socks and undergarments - exchanged daily.  Outer garments - twice weekly.  Sheets - weekly.  Towels - weekly.  Pillowcases - weekly.				This facility is not required to provide pillowcases; other items are exchanged on the required schedule.
Food service detainee volunteer workers are permitted to exchange outer garments daily.				This component is only applicable for SPCs and CDFs. Non-ICE detainees assigned to Food Service are allowed to exchange clothing on a daily basis.
Volunteer detainee workers are permitted to exchange outer garments more frequently.				This component is only applicable for SPCs and CDFs. Non-ICE detainee workers are allowed to exchange outer garments more frequently.
ACCEPTABLE DEFICIENT	Г	AT-I	Risk	REPEAT FINDING

### REMARKS:

The facility provides clean clothing, bedding, linens, and towels to every detainee upon arrival. Routine laundry exchange is provided. Hygiene products are also provided and replenished as needed.

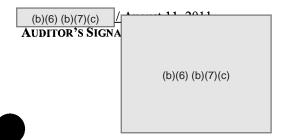
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MARRIAGE REQUESTS				
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.				
COMPONENTS	YES	No	NA	REMARKS
The Field Office considers detainee marriage requests on a case-by-case basis.				Interviews with the ICE Assistant Field Office Director (AFOD) indicate the ICE Field Office considers marriage requests on a case-by-case basis.
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.				Interviews with facility administration indicate all marriage requests would be denied at the local level, but would be forwarded to the Field Office Director (FOD) for review.
It is standard practice to require a written request for permission to marry.		$\boxtimes$		A policy was not in place to provide detainees information regarding marriage request procedures. On the last day of the inspection, policy was revised to require ICE detainees to submit a written request that will be forwarded to the ICE FOD.
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.				The facility's policy is to not approve any marriage requests. Interviews with administrative staff indicate that any written request would be forwarded to the ICE FOD for review.
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.				The facility has had one marriage request.  The facility OIC denied the request and provided a written copy of his decision to the detainee.
When permission is denied, the Warden/OIC states the basis for his/her decision.				
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.				The facility does not allow weddings to be performed.
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# REMARKS:

The standard requires detainee marriage requests be considered by facilities on a case-by-case basis; and facilities housing ICE detainees have procedures in place to enable eligible ICE detainees to marry. The facility's policy stated the facility does not allow marriages. There were no other procedures for detainees wishing to marry to follow to have their marriage request reviewed. This standard was identified as deficient in the previous year's inspection; and interviews with staff confirmed that policy had not changed since the last review.

Interviews with facility administration indicates that although marriages would not be allowed at the facility, any such request would be forwarded to ICE officials for review on a case-by-case basis. It is the administration's understanding that should the request be approved, ICE would assume custody of the detainee to allow the marriage to take place at another location. On the last day of the inspection, the written policy was revised to require ICE detainees seeking permission to marry to submit a written request that will then be forwarded to ICE.



#### NON-MEDICAL EMERGENCY ESCORTED TRIPS POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS. ☑ STANDARD N/A: 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 YES No NA REMARKS The Field Office Director considers and approves, on a case-bycase basis, trips to an immediate family member's: П Funeral: or Deathbed The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family". The IGSA facility notifies ICE of all detainee requests for non-П medical escorts. 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. Each escort includes at least (b) (officers. 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 Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and П classification level of the detainee. Escort officers are precluded from accepting gifts/gratuities from П a detainee, or detainee's relative or friend for any reason. Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE; Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer П narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. Standard procedure requires the immediate return to the facility

#### REMARKS:

ICE handles all non-medical emergency escorted trips.

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of any detainee who violates trip rules.

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☐ REPEAT FINDING

### RECREATION

**POLICY:** IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.

COMPONENTS	YES	No	NA	REMARKS	
The facility has a recreation program and facility.					
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				This component is only applicable for SPCs and CDFs. The facility houses less than 350 ICE detainees and does not have a recreational specialist. All recreation activities are supervised by custody staff.	
Regular maintenance keeps recreational facilities and equipment in good condition.					
The recreational specialist or trained equivalent supervises detainee recreation workers.	$\boxtimes$			Non-ICE detainees assigned to clean recreation areas are supervised by custody staff.	
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special needs detainees.	$\boxtimes$			Custody staff oversees all recreational programs at this facility.	
Dayrooms offer sedentary activities, e.g., board games, cards, television.					
Outside activities are restricted to limited-contact sports.	$\boxtimes$				
Each detainee has the opportunity to participate in daily recreation.					
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.				Recreation hours are from 9:00 AM to 3:30 PM. A review of log books indicates detainees are allowed a minimum of one hour of outdoor recreation daily, five days a week.	
Staff checks all items for damage and condition when equipment is returned.					
Staff conducts searches of recreation areas before and after use.	$\boxtimes$				
All recreation areas under constant staff supervision.	$\boxtimes$		$\sqcup \sqcup$		
Supervising staff is equipped with radios.		$oxedsymbol{ox{oxed}}}}}$			
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.				The facility policy specifies that ICE detainees housed in disciplinary or administrative segregation are to be offered outdoor recreation a minimum of one hour a day, five days a week.	
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.					
Special programs or religious activities are available to detainees.	$\boxtimes$				
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.			⊠	This component is only applicable for SPCs and CDFs. This facility requires volunteers to sign a waiver of liability. Volunteers must attend orientation training before admittance into the facility.	
Visitors, relatives or friends are not allowed to serve as volunteers.				This component is only applicable for SPCs and CDFs. This facility does not allow visitors, relatives or friends of detainees to serve as volunteers.	
If outdoor recreation is offered, check this box. No further information is required when outdoor recreation is offered.					

POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATION	REATI AL PRO		AND ACT	IVITIES TO ALL ICE DETAINEES, TO THE EXTENT
POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION TH			<del></del>	
COMPONENTS	YES	No	NA	REMARKS
If the facility has no outside recreation, are detainees considered for transfer after six months?  • If yes, written procedures ensure timely review of all eligible detainees.				
Case officers make written transfer recommendations about every six-month detainee to the OIC.				
The OIC documents all detainee-transfer decisions, whether yes or no.				
The detainee's written decision for or against an offered transfer documented in his/her A-file.				
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.				
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.				
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.				
The detainee's legal representative is notified of the detainee's/OIC's decision.				

### REMARKS:

The facility provides detainees access to recreational programs and activities, under conditions of security and supervision that protect their safety and welfare. The facility has three large open-air outdoor recreation areas. The recreation schedule allows detainees to have access to outside recreation a minimum of one hour a day, five days a week, weather permitting. The facility also offers inside recreational activities that include television, chess, checkers, and cards.

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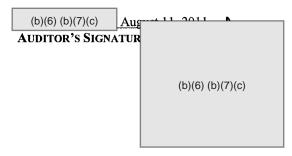
### **RELIGIOUS PRACTICES**

**POLICY:** FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.

COMPONENTS	YES	No	NA	REMARKS	
Detainees are allowed to engage in religious services.	$\boxtimes$				
Space is available for detainees to conduct religious services.	$\boxtimes$			The facility utilizes a small auditorium to conduct religious services.	
The facility allows detainees to observe the major "holy days" of their religious faith.  • List any exceptions.	$\boxtimes$				
<ul> <li>The facility accommodates recognized holy-day observances by:</li> <li>Providing special meals, consistent with dietary restrictions;</li> <li>Honoring fasting requirements;</li> <li>Facilitating religious services; and</li> <li>Allowing activity restrictions.</li> </ul>				This component is only applicable for SPCs and CDFs. Interviews with staff indicate accommodations are made for holy-day observances listed in this component.  Ramadan is currently being observed with a total of eight participants, four of which are ICE detainees.	
Each detainee is allowed religious items in his/her immediate possession.					
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	$\boxtimes$			Volunteers are required to undergo a background and reference check before being allowed to participate in detainee programs.	
Members of faiths not represented by clergy may conduct their own services within security allowances.	$\boxtimes$				
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	$\boxtimes$			Detainees in the Special Management Unit (SMU) are allowed to participate in religious services. The Chaplain or clergy volunteers are allowed to visit detainees housed in these areas one-on-one.	
	☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING				

#### REMARKS:

Detainees are provided reasonable and equitable opportunities to participate and practice their religious beliefs. The facility offers varied religious programs utilizing a part-time chaplain and other volunteer clergy. Ramadan is currently being observed with a total of four ICE detainees participating.



#### **DETAINEE TELEPHONE ACCESS** POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. **COMPONENTS** YES No NA REMARKS Detainees are allowed access to telephones during established X П facility waking hours. Upon admittance, detainees are made aware of the facility's $\boxtimes$ telephone access policy. Telephone access rules are provided in the $\boxtimes$ Access rules are posted in housing units. electronic Kiosk in the housing unit. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of $\boxtimes$ $\Box$ the facility's population. Telephones are provided at a minimum ratio of one telephone $\boxtimes$ П per 25 detainees in the facility population. Telephones are inspected regularly by facility staff to ensure that $\boxtimes$ П $\Box$ they are in good working order. The facility administration promptly reports out-of-order X telephones to the facility's telephone service provider. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun $\boxtimes$ П and completed timely. All telephones are recorded in the facility, Detainees are afforded a reasonable degree of privacy for legal except two phones that are provided by ICE $\boxtimes$ phone calls. and located in the ICE staff office. No facility procedure could be identified for A procedure exists to assist a detainee who is having trouble assisting a detainee in placing a confidential $\boxtimes$ П placing a confidential call. call. The facility provides the detainees with the ability to make non-X П collect (special access) calls. X Special Access calls are at no charge to the detainees. An ICE detainee in housing unit W1 was asked to call the Office of Inspector General (OIG) using the instructions posted near the telephone. The call could not be completed The OIG phone number for reporting abuse is programmed into using those instructions. The telephone the detainee phone system and the phone number was checked $\Box$ $\boxtimes$ programming and posted instructions were by the inspector during the review. adjusted and calls could be made on the last day of the inspection using the instructions posted. In facilities unable to fully meet this requirement initially The facility is able to meet the requirement to because of limitations of its telephone service, ICE makes $\boxtimes$ П have the phone number programmed into the alternate arrangements to provide required access within 24 phone. . hours of a request by a detainee. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved $\boxtimes$ П "Free Legal Services List". Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another X П Facility. Any telephone restrictions are documented. $\boxtimes$ The facility has a system for taking and delivering emergency $\boxtimes$ $\Box$ detainee telephone messages. Emergency phone call messages are immediately given to $\boxtimes$ detainees.

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DETAINEE TELEPHONE ACCESS							
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT I							
COMPONENTS	YES	No_	NA	REMARKS			
Detainees are allowed to return emergency phone calls as soon	$\boxtimes$						
as possible.			_				
Detainees in disciplinary segregation are allowed phone calls							
relating to the detainee's immigration case or other legal matters,	$\boxtimes$						
including consultation calls.	-						
Detainees in disciplinary segregation are allowed phone calls to	$\boxtimes$						
consular/embassy officials.							
Detainees in disciplinary segregation are allowed phone calls for	$\boxtimes$						
family emergencies.							
Detainees in administrative detention and protective custody are				The telephone privileges are similar, but not			
afforded the same telephone privileges as those in general	Ш			the same.			
population.							
When detainee phone calls are monitored, notification is posted	$\boxtimes$						
by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.							
			<u> </u>				
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☐ ACCEPTABLE ☐ DEFICIENT  REMARKS:		AT-R		REPEAT FINDING			
	al calls a he facil legal re e office ructions G call conformations afforded hone line o utilizationes local conformationes local calls and the facility with the facility wit	for calls are routing ICE of presental using the posted of	s to an a nely reconffice. In a construction of the complete one program the but not ag calls to telephone.	ttorney. The facility does not ensure privacy orded. All detainee telephones are subject to The facility does not have a procedure for required by the standard.  ctions posted near the phone. The same telephone. A security officer, supervisor and red and they indicated that they did not know. It is a man amendments were made to the housing telephone in housing unit W1.  identical telephone privileges.  that they had requested. A third ICE detainee thes to provide calls to ICE detainees on a			

# VISITATION

POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS

MEDIA.		1,1 1		
COMPONENTS	YES	No	NA	REMARKS
There is a written visitation schedule and hours for general visitation.				
The visitation hours tailored to the detainee population and the demand for visitation.	$\boxtimes$			
The visitation schedule and rules are available to the public.	$\boxtimes$			Visitation rules are posted and available in a pamphlet that may be obtained at the visitation control booth.
The hours for all categories of visitation are posted in the visitation waiting area.				
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.				
A general visitation log is maintained.				
The detainees are permitted to retain personal property items specified in the standard.				
A visitor dress code is available to the public.				
Visitors are searched and identified according to standard requirements.				General visitation is non-contact and visitors are subject to random search.
The requirement on visitation by minors is complied with.				
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			$\boxtimes$	Minors are allowed to visit when accompanied by a parent or guardian.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			×	Minors may visit.
Detainees in special housing are afforded visitation.				
Legal visitation is available seven (7) days a week, including holidays.				
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.				
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				
Private consultation rooms are available for attorney meetings.  There is a mechanism for the detainee and his/her representative to exchange documents.				There are two private contact visitation rooms for legal visits and one larger contact visitation room used by the local public defender. There is also one non-contact, private room that is dedicated for attorney visits. The visit is not monitored or recorded in this room
There are written procedures governing detainee searches.			$\Box$	
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.				A local form is used to seek the voluntary consent of ICE detainees to submit to a strip search after a contact visit. A strip search log is kept by the visiting room officer.
Prior to each visit, legal service providers and assistants are dentified per the standard.				

VISITATION  POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.						
COMPONENTS	YES	No	NA	REMARKS		
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	$\boxtimes$					
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	$\boxtimes$					
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	$\boxtimes$					
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	$\boxtimes$					
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	$\boxtimes$					
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	$\boxtimes$			The Health Services Administrator (HSA) and the OIC would confer if any requests for examination by an independent medical service provider were received.		
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING		

#### **REMARKS:**

This facility has dedicated space for general and legal visits for their detainee population. Detainees may receive two 30-minute visits per week. A 30-minute visit may be combined into a 60-minute visit at the request of the detainee and such a request will be approved if the visitation demand will accommodate the extension.

A general visitation log is kept where visitors sign in before and sign out after a visit. A computer entry is made in the detainee record in the JMS. Attorneys sign a log different than detainee visitors. The log also records other visitors to the facility and thus is not a separate attorney visitation log as required by the standard. An entry to document the visit is made in the detainee record in the JMS.

Minors may visit at this facility when accompanied by a parent or guardian.

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VOLUNTA	RYW	ORK PR	OGRAM

POLICY: IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN MONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS 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	YES	No	NA	Remarks		
Does the facility have a voluntary work program?	IES	NO	IVA	REMARKS		
Do ICE detainees participate?						
Detainee housekeeping meets neatness and cleanliness standards.						
Detainees have the opportunity to participate in special details,						
however, are never allowed to work outside the secure perimeter.						
Written procedures govern selection of detainees for the Voluntary Work Program.						
Where possible, physically and mentally challenged detainees participate in the program.						
The facility complies with work-hour requirements for detainees, not exceeding:  • Eight hours a day and Forty hours a week.						
Detainee volunteers generally work according to fixed schedule.						
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.						
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.						
The voluntary work program meets:  OSHA, NFPA, ACA standards						
Medical staff screen and formally certify detainee food service volunteers.  • Before the assignment begins; and • As a matter of written procedure						
Detainees receive safety equipment/ training sufficient for the assignment.						
Proper procedure is followed when an ICE detainee is injured on the job.						
ACCEPTABLE DEFICIENT		] AT-F	Risk	REPEAT FINDING		

#### REMARKS:

ICE detainees are not authorized to work at this facility.

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# SECTION II HEALTH SERVICES STANDARDS

## **HUNGER STRIKES**

**POLICY:** ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.				This component is only applicable for SPCs and CDFs. In accordance with established policy, medical staff is notified after a detainee refuses a fourth consecutive meal.
CDFs and IGSAs immediately report a hunger strike to the ICE.	$\boxtimes$			Per the HSA and as confirmed by the AFOD, ICE is notified immediately of any detainee hunger strike. There have been no hunger strikes in this facility in the past 12 months.
The facility has established procedures to ensure staff respond immediately to a hunger strike.				Procedures established in facility policy require monitoring of meal refusals, referral of a detainee to medical staff after refusal of a fourth consecutive meal, counseling as to the physical effects of starvation, medical and mental health evaluations, placement of the hunger striker in a medical observation room, and ongoing monitoring by medical staff.
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.  • If yes, in an observation room?				This component is only applicable for SPCs and CDFs. In this facility, policy and procedure require placement of a hunger striker in one of the single-occupancy medical observation rooms.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				This component is only applicable for SPCs and CDFs. Facility policy authorizes medical staff to place a detainee in one of the medical observation rooms.
Medical staff records the weight and vital signs of a hunger- striking detainee at least once every 24 hours.				This component is only applicable for SPCs and CDFs. In accordance with facility policy and as confirmed by the HSA, a hunger striker's vital signs and weight are checked and documented at least once every 24 hours.
The OIC of the facility obtains a hunger striker's consent before medical treatment.	$\boxtimes$			As confirmed by a review of detainee medical records, each detainee signs a general consent for medical treatment during the medical intake screening process. In accordance with facility policy and as confirmed by the HSA, a hunger striker is asked to sign a procedure-specific consent if a medically invasive procedure is needed.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.				This component is only applicable for SPCs and CDFs. In accordance with facility policy, a detainee refusing medical evaluation or treatment is required to sign a Refusal of Treatment form and is counseled as to the medical risks of refusing treatment. If the detainee refuses treatment and refuses to sign the form, the refusal is documented by two staff signatures.

## **HUNGER STRIKES**

POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.

COMPONENTS	YES	No	NA	REMARKS
During a hunger strike, staff document and provide the hunger- striking detainee three meals a day.				This component is only applicable for SPCs and CDFs. Facility policy confirms the requirement for staff to provide the hunger striking detainee three meals a day and to document refusal or consumption on a meal monitoring log.
Staff maintains the hunger striker's supply of drinking water/other beverages.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The medical observation rooms provide a hunger striker independent access to drinking water. Pitchers of water and other fluids are also provided by staff.
During a hunger strike, staff removes all food items from the hunger striker's living area.				This component is only applicable for SPCs and CDFs. Hunger strikers are not permitted to maintain possession of other food items and are not permitted to purchase food from the commissary while on a hunger strike.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.			$\boxtimes$	This component is only applicable for SPCs and CDFs. In accordance with facility policy and as confirmed by the HSA, a hunger striker's fluid intake and food consumption are documented on a meal monitoring log.
The medical staff has written procedures for treating hunger strikers.				Facility policies addressing hunger strikes establish procedures for an initial and follow-up medical evaluations, counseling as to the medical risks of a continued hunger strike, referral to mental health staff, monitoring of fluid and food intake, daily checks of a detainee's weight and vital signs, laboratory testing as clinically indicated, and follow up evaluations by the physician and/or physician's assistant.
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			×	This component is only applicable for SPCs and CDFs. In accordance with procedures established in facility policies and as confirmed by the HSA, all treatment attempts, including education on the effects of starvation and associated medical risks, are documented in the medical record.
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.				Staff training records confirm all staff receives training on the identification of hunger strikes during their initial training and at least annually thereafter during in-service training; and medical staff receives annual training on hunger strike evaluation and treatment.
<b>◯</b> ACCEPTABLE <b>□</b> DEFICIENT		AT-R	lisk	REPEAT FINDING

#### REMARKS:

Policies and procedures for identifying and responding to a hunger strike are in place. Training on the identification and medical evaluation and treatment of hunger strikers is provided.

The HSA indicated there have been no detainee hunger strikes in the past 12 months. As there were no pertinent detainee medical records available for review, the inspector was unable to confirm if the actual practices of this facility fully comply with this standard. Inspection of medical areas, interviews with staff, and review of established policies, forms and training documentation were used to determine compliance.

(b)(6) (b)(7)(c) / August AUDITOR'S SIGNATURE	
	(b)(6) (b)(7)(c)

COMPONENTS	YES	No	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines.				The HSA maintains a tracking log of all medical staff credentials. All medical licenses are current. A current pharmacy provider license was posted in the medical unit. The HSA reports the responsible pharmacist conducts on-site inspections of the facility pharmacy once every three months to ensure consistent compliance with state pharmacy law. The facility does not conduct on-site testing requiring laboratory certification. The Maryland Commission on Correctional Standards found the facility and its medical unit in full compliance during the Commission's last inspection in 2010.
The facility's in-processing procedures for arriving detainees include medical screening.				In accordance with facility policy, officers complete an initial intake medical screening during in-processing and notify medical staff immediately of any urgent concerns. Following completion of the booking process and within four hours of a detainee's arrival, nursing staff complete a follow-up detailed medical screening. Per a review of 22 detainee medical records, intake screenings are consistently completed in a timely manner on each detainee.

COMPONENTS	YES	No	NA	REMARKS
All detainees have access to and receive medical care.				Discussions with medical and other facility staff, review of 22 detainee medical records, observations in the medical unit and detainee housing units, and detainee interviews confirmed detainees have access to and receive medical care either on site or through community providers. Detainees sign the intake screening documents providing instructions on how they are to access care and these documents are filed in the medical record. Medical staff uses onsite interpreters or a phone-based interpretation service to communicate with non-English speaking detainees. Medical outpatient services, initial emergency treatment, dental treatment, and portable x-ray services are provided on site. Lab specimens are collected on site and sent out for processing. Mental health outpatient treatment and crisis intervention are provided on-site. Specialty medical services are available off-site through community providers. Emergency medical response and transport services are provided by the county fire department. Hospital-based emergency and medical inpatient care is provided by Howard County General Hospital. The Laurel Regional Hospital is also available as needed. Inpatient mental health care is available through Springfield State Hospital. Chronically ill detainees are medically monitored and scheduled for periodic follow-up with the physician.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.				The facility has access to an ICE Health Service Corps Managed Health Care Coordinator through the web-based MedPar treatment authorization request system or by phone for more urgent concerns. Responses MedPar requests are received within 48 hours.

COMPONENTS	YES	No	NA	REMARKS
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				Medical services are provided through a contract with Conmed Healthcare Management. On-site coverage is provided 24-hours a day, seven days a week. In addition to the HSA who is a registered nurse (RN), there (7) additional RNs and (1)(7)(e) licensed practical nurses (LPNs). At least (1)(7)(e) RN is on duty at all times, assisted by (1)(7)(e) r more LPNs on day and evening shifts. Clerical support is provided by an administrative assistant. A physician provides on-site services two days a week for a total of six hours. A physician's assistant (PA) provides on-site services the other three week days for a total of 24 hours each week. A PA is on call when neither a physician nor PA is on site. A dentist provides on-site services six hours a week. Mental health services are provided by a psychiatrist on site six hours a week and on call when not on site; by a psychologist on site two days each week for a total of 12 hours; and by a licensed clinical social worker on site nine hours twice a week. Sick call slips and detainee medical records confirm detainees are seen within 24 hours of submitting a request. Intake medical screenings, health assessments/physical examinations and follow-up medical monitoring and treatment are provided in a timely manner.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.				The Medical Unit includes an appropriately equipped examination/dental room for the evaluation and treatment of detainees. An interview room is available for use by mental health providers. Observation revealed privacy is maintained during health care encounters. Officers providing supervision remain outside of the room, unless security concerns require their immediate presence. Detainees waiting to be seen are held in areas not immediately adjacent to examination rooms.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				This component is only applicable for SPCs and CDFs. Access to the Medical Unit, located within the secure perimeter, is limited to authorized staff and to detainees escorted to the unit for medical treatment.
The medical facility entrance includes a holding/waiting room.				This component is only applicable for SPCs and CDFs. Detainees waiting to be seen are seated in a small area within the Medical Unit entrance. Additional seating is available in the hallway adjacent to the Medical Unit.

COMPONENTS	YES	No	NA	REMARKS
The medical facility's holding/waiting room is under the direct supervision of custodial staff.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Officers maintain supervision of all detainees escorted to the Medical Unit.
Detainees in the holding/waiting room have access to a drinking fountain.			$\boxtimes$	This component is only applicable for SPCs and CDFs. A drinking fountain is available for detainee use in the Medical Unit entry area.
<ul> <li>Medical records are kept apart from other files. They are:</li> <li>Secured in a locked area within the medical unit;</li> <li>With physical access restricted to authorized medical staff; and</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>	$\boxtimes$			Detainee medical records are stored in a secure medical records room within the Medical Unit. The room is locked when medical staff is not in the unit. In accordance with facility policy, access to medical records is controlled by and limited to medical staff. The cover of each record is stamped "Confidential". Copies of medical records are made only pursuant to a detainee's signed release of information authorization and are not made for placement in non-medical detainee files.
Pharmaceuticals are stored in a secure area.				This component is only applicable for SPCs and CDFs. Medications distributed during medication administration rounds are stored in a locked medication cart, which is secured in the locked pharmacy within the Medical Unit when not in use. Additional medications are stored in a locked cabinet within the pharmacy. Some medications are approved for distribution to the detainees for self-administration. Non-prescription medications are also available for detainee purchase from the commissary. Federally-controlled medications are double secured in a locked box within the medication cart. Perpetual inventories are maintained on these medications and verified accurate through counts (b)(7)(E)  Needles/syringes and medical tools are also secured in the pharmacy. Perpetual inventories are also maintained on these items and verified accurate through counts  (b)(7)(E) Checks of the controlled medications and medical tools and spot checks of two types of needles/syringes confirmed the accuracy of the inventory documentation. Bulk supplies of needles/syringes are stored in the pharmacy in a locked cabinet accessible only by the HSA and (7)(course. A perpetual inventory is maintained on this stock and verified accurate (b)(7)(E)  (b)(7)(E) Dental tools are secured in a locked closet within the examination room. These are inventoried (b)(7)(E)

WELL-BEING OF ICE DETAINEES.  COMPONENTS	YES	No	NA	REMARKS
<ul> <li>Medical screening includes a Tuberculosis (TB) test.</li> <li>Every arriving detainee receives a TB test during the admission process;</li> <li>Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and</li> <li>Detainees not screened are housed separate from the general population.</li> </ul>				Facility policy requires a tuberculosis (TB) skin test be administered to each ICE detainee within four hours of admission to the facility, unless that detainee arrives with documentation of recent testing or a history of a past positive test. Per a review of 22 detainee medical records, 17 detainees arrived with documentation of a recent TB skin test or chest x-ray. Of the remaining five detainees, four were given a TB test on the day of arrival. One detainee received his test four days after admission.
All detainees receive a mental-health screening upon arrival. It is conducted:  • By a health care provider or specially trained officer; and  • Before a detainee's assignment to a housing unit.				The portion of this component that requires a detainee to receive a mental health screening before being assigned to a housing unit is specific to SPCs and CDFs. Mental health screening is completed before a detainee's assignment to a housing unit. Detainee medical records showed the initial intake medical screening conducted by officers during in-processing includes a screening for mental health concerns. The training officer confirmed officers assigned to the intake area receive additional training on the intake medical screening procedures. The follow-up medical screening conducted by nursing staff within four hours of a detainee's arrival includes a detailed mental health screening. A review of 22 detainee medical records demonstrated intake mental health screenings are consistently completed by officers and by medical staff in a timely manner. The mental health screens completed by medical staff are reviewed by mental health staff as confirmed by signatures on the completed documents. The reviewed medical records also included documentation of immediate referral to, and follow up by, mental health staff when an urgent mental health concern is identified.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				This component is only applicable for SPCs and CDFs. Intake medical screenings are conducted by either an RN or an LPN. Those completed by an LPN are promptly reviewed by the HSA. The medical provider reviews all medical intake screening documentation and a mental health provider reviews all intake mental health screens.

COMPONENTS	YES	No	NA	REMARKS
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				Per a review of 22 detainee medical records, 16 detainees were physically examined/assessed by the physician or PA within five to 14 days of arrival. Of the remaining six, two arrived with documentation of a recent medical evaluation, one was housed in the facility for less than 14 days and the remaining three were timely offered, but refused the physical examinations. The refusals were documented on signed Refusal of Treatment forms.
Detainees in the Special Management Unit have access to health care services.				In accordance with facility policy and as confirmed by the HSA, detainees in the segregation units have equal access to medical care through submission of sick call requests and through direct requests to staff for more urgent concerns. Detainees housed in the West F-4 unit submit written sick call requests. Detainees in the other special management units submit non-urgent requests directly to medical staff using a Kiosk. As confirmed per a review of detainee-specific Segregation  Observation Logs maintained in the Medical Unit, medical staff make rounds in the segregation units three times each week, speaking to each detainee. Per the HSA, mental health staff also makes rounds in the segregation units twice each week.

COMPONENTS	YES	No	NA	REMARKS
Staff provides detainees with health services (sick call) request slips daily, upon request.  • Request slips are available in 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.				The requirement for staff to provide detainees with health services (sick call) request slips daily, upon request and the request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population is specific to SPCs and CDFs. Detainees have daily access to Kiosks located in all but one of the housing units. The Kiosk allows a detainee to electronically submit a health services request, in either English or Spanish, directly to medical staff. Detainees housed in the disciplinary segregation unit, do not have frequent access to a Kiosk, but have daily access to written sick call request slips from officers or nursing staff during medication administration rounds. The written requests are available in English and Spanish. The detainees place completed written requests in a designated medical collection box in the segregation unit. Nursing staff collect these written requests each evening. Requests submitted through one of the Kiosks are printed off in the Medical Unit at least once each day. Nursing staff triage and respond to submitted medical requests daily. Sick call logs and documentation in detainee medical records confirmed detainees submitting requests are seen within 24 hours.
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.				Medical staff is on duty 24-hours a day, seven days a week. Facility policies establish procedures for the delivery of 24-hour emergency health care when immediate outside medical attention is required. Staff is required to respond immediately to any medical emergency call. If the detainee cannot be safely transported to the Medical Unit, nursing staff respond to the scene with appropriate emergency equipment including an automated external defibrillator (AED). Emergency treatment is provided, the on-call provider is notified and, if indicated, the detainee is transported by ambulance (summoned by a 911 call) or facility vehicle as determined appropriate by medical staff, to a local hospital emergency room. Medical staff contacts the emergency room to provide medical summary information needed for continuity of care.

COMPONENTS	YES	No	NA	REMARKS
The plan includes an on-call provider.				This component is only applicable for SPCs and CDFs. Physician assistants provide oncall services for medical emergencies. A psychiatrist is on call for mental health emergencies.
The plan includes a list of telephone numbers for local ambulance and hospital services.				This component is only applicable for SPCs and CDFs. Emergency medical services are summoned by calling 911. Phone numbers for the local hospital are available in the Medical Unit.
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				This component is only applicable for SPCs and CDFs. Facility policies establish procedures for the coordination of medical and security responses to a medical emergency. Medical staff are to notify the on-duty facility supervisor if transport to a community hospital, via facility vehicle or ambulance, is needed. Transport officers are assigned, quickly prepare the detainee for a secure transport inclusive of the use of security restraints, escort emergency responders to the scene of the emergency if applicable, and escort and maintain supervision of the detainee on the drive to and while at the hospital.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				New staff are trained in first aid and certified in cardiopulmonary resuscitation (CPR) while participating in the Maryland Department of Public Safety and Correctional Services Entrance Level Training Program. Staff receives refresher first aid training at least once every three years and is recertified in CPR/AED annually.
Where staff is used to distribute medication, a health care provider properly trains these officers.				This component is only applicable for SPCs and CDFs. Except for a few non-prescription medications available for purchase through the commissary, all medications in this facility are administered or distributed by medical staff.
The medical unit keeps written records of medication that is distributed.				As confirmed per direct observation during medication administration rounds, the administration of all medication is documented on detainee-specific medication administration records (MARs). The distribution of medication for self-administration by the detainee is also documented on the MAR. When completed, MARs are filed in the applicable detainee's medical record.

COMPONENTS	YES	No	NA	REMARKS
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				This component is only applicable for SPCs and CDFs. A medical Incident Report is used to notify facility staff of detainee special medical needs.
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				A review of medical records revealed each detainee signs a general consent for medical treatment during the medical intake screening process. Procedure-specific consent forms are signed if a dental extraction, minor surgery or other medically invasive procedure is needed. Separate consent forms are also used for psychotropic medications that pose potential risks as well as benefits for the detainee. Education regarding the nature, consequences, risks, and alternatives to proposed treatments is provided to ensure an informed consent.
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	$\boxtimes$			Consent to Release Medical Records form provided by an attorney or an outside medical provider is signed by a detainee to authorize the release of confidential medical records.
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				The HSA reports notification of a detainee's removal from the facility is usually provided the day before or at least two hours in advance.
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	$\boxtimes$			A medical transfer summary is prepared for transfer with the detainee. The full medical record is maintained by the facility.
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	$\boxtimes$			Medical records prepared for transport with a detainee are placed in a sealed and appropriately labeled envelope.
ACCEPTABLE DEFICIENT		AT-R	LISK	REPEAT FINDING

#### REMARKS:

Reviews of facility policies, 22 detainee medical records, other medical documentation and staff training records; observations during physician and physician assistant sick calls, mental health provider assessments, medication administration rounds, nursing assessments and other health care encounters in the medical unit and in detainee housing units; interviews with medical and mental health care staff, officers, supervisors, the training coordinator, the AFOD and detainees were used to determine compliance with this detention standard.

The Medical Unit includes an entry area used to check vital signs and draw blood samples, an examination/dental room, an area for mental health evaluation and treatment, a pharmacy, a medical records room, and the administrator's office. The Medical Unit also has two medical observation rooms, but does not include an infirmary and does not have negative air-flow/respiratory isolation room. Detainees identified as potentially infectious are transferred to a facility with the capacity to provide respiratory isolation. The facility provides out-patient, emergency and chronic medical care, dental and mental health services. All needed health care not available on site is provided through the use of community healthcare providers and services.

Facility medical staff participates in medical emergency drills scheduled throughout the year to enhance their ability to promptly and appropriately respond to medical emergencies at locations throughout the facility.

Although the facility has a medical fee for service program, the medical fee policy specifically exempts ICE detainees from these charges. No evidence of medical co-pay charges was seen in detainee medical records. Detainees who reported having accessed medical services denied having been charged a fee.

During verification of data on detainee medical referrals related to injuries for the Significant Incident Summary, it was noted that statistics were collected only for those injuries requiring outside medical treatment.

Observations of detainee health care encounters confirmed responsiveness on the part of health care staff to detainee requests and concerns. Routine and urgent medical care is provided in a timely manner. Detainees with chronic medical problems are treated and monitored. When interviewed, detainees described the medical services provided as good. The AFOD indicated ICE receives no significant medical complaints from detainees housed in this facility. No significant unresolved medical concerns were identified through grievance and medical record reviews and detainee interviews. The Medical Unit in this facility is appropriately staffed and equipped for the level of medical services provided.

(b)(6) (b)(7)(c) August	
AUDITOR'S SIGNATURE	
	(b)(6) (b)(7)(c)

## SUICIDE PREVENTION AND INTERVENTION

**POLICY:** ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.

COMPONENTS	YES	No	NA	REMARKS
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.				New employee training records and the course description for the Maryland Department of Public Safety and Correctional Services Correctional Entrance Level Training Program confirms receives training in suicide prevention and intervention before working in the facility. Refresher training on suicide prevention is provided to all staff at least once each year.
<ul> <li>Training prepares staff to:</li> <li>Recognize potentially suicidal behavior;</li> <li>Refer potentially suicidal detainees, following facility procedures; and</li> <li>Understand and apply suicide-prevention techniques.</li> </ul>	$\boxtimes$			Observation of an in-service training session on suicide prevention and mental health issues demonstrated refresher training addresses the recognition of suicide risk, the referral of potentially suicidal detainees to health care staff and suicide prevention techniques.
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.  • Screening does not occur later than one working day after the detainee's arrival.				Documentation in detainee medical records confirmed a brief screening for suicide potential is conducted by officers during inprocessing and a more detailed screening for suicide potential is completed by nursing staff within four hours of a detainee's admission. As confirmed per a review of 22 detainee medical records, screening for suicide potential is consistently completed by detention and medical staff in a timely manner. The screenings for suicide potential completed by medical staff are reviewed by a mental health professional, as confirmed per signatures on the completed documents. The medical records reviewed included documentation of immediate referral to and follow up by mental health staff when suicide potential was identified. Per the HSA, any detainee with a history of a suicide attempt within one year prior to admission is automatically placed on suicide watch until evaluated by a mental health professional.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.				In accordance with facility policy, any time a determination of possible suicide risk is made based on a detainee's verbalizations, actions, behaviors, or responses to intake screening questions, the detainee is placed on suicide watch and referred to mental health staff. Pending placement in one of the designated suicide watch cells, the detainee is to remain under constant observation. Detainees placed on suicide watch remain on that status until assessed and released by a mental health professional.

#### SUICIDE PREVENTION AND INTERVENTION

**POLICY:** ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.

COMPONENTS	YES	No	NA	REMARKS
The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			In accordance with the facility suicide prevention plan and as confirmed by facility staff, two cells in unit F-3 have been designated as the primary isolation rooms for the evaluation and treatment of detainees at risk for suicide. The two observation rooms in the Medical Unit are designated for use if the cells in F-3 are not available.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				The doors in the designated primary suicide watch cells in housing unit F-3 are of open bar construction, creating the potential for the end of a noose to be tied around one of the bars in a suicide attempt by hanging. Any detainee identified as at risk for suicide is given only a tear-resistant gown and blanket and is not permitted to retain possession of clothing or bedding from which strips of cloth could be torn mitigating the hazard. The observation cells in the Medical Unit do not contain accessible structures that could be used in a suicide attempt.
Medical staff has approved the room for this purpose.				Mental health staff has approved use of the designated cells for detainees on suicide watch.
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.				Facility policy requires officers make visual inspection and interact with any detainee on suicide watch at least once every 15 minutes, with rounds staggered as much as possible. Officers demonstrated these status checks are documented on Security Rounds Check Sheets and Supplemental Suicide Watch Logs at least once every 15 minutes. These rounds are supplemented by observations made by main control room officers monitoring video feed from cameras in the designated cells. Medical staff makes documented visits to any detainee on suicide watch at least once each shift.
ACCEPTABLE DEFICIENT		AT-F	Risk	REPEAT FINDING

#### REMARKS:

Although use of the designated cells has been approved by facility mental health, the doors of the two cells in unit F-3 designated as the primary suicide watch cells are of open bar construction creating the potential for the end of a noose to be tied around one of the bars in a suicide attempt by hanging.

There have been no suicides in this facility in the past 12 months. Per records maintained by mental health staff, two non-ICE detainees attempted suicide during this time period. No ICE detainees made suicide attempts.

On March 29, 2011, (b)(6) (b)(7)(c) non-ICE detainee housed in the intake area attempted suicide by cutting his left wrist with his fingernails. The wound was minor and first aid was administered on site. The detainee was evaluated by mental health staff and placed on suicide watch.

On April 14, 2011, (b)(6) (b)(7)(c) non-ICE detainee on suicide watch in unit F-3 attempted suicide by setting his mattress on fire. The detainee suffered no injuries, was evaluated by medical and mental health staff and was continued on suicide watch. An investigation revealed staff failed to find a match the detainee had hidden in his shoe before being escorted to the observation cell.

The standard's rating was based on a review of established policies and training documentation; on interviews with facility administrators, supervisors, officers, and medical and mental health staff; on observations during an in-service training class on suicide prevention and mental health issues; on a review of detainee medical records and completed suicide watch logs; on an inspection of the designated suicide watch cells and the video monitoring system; and on direct observations of a suicide watch in progress during the inspection.

(b)(6) (b)(7)(c) August
AUDITOR'S SIGNATURE

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

#### TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

**POLICY** ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.

☑ 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	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.				Severely or terminally ill ICE detainees are not placed in this facility. An Immigration Health Service Corps nurse triages all detainees before approving their placement in this facility. ICE is promptly notified of any detainee already housed in the facility whose medical condition significantly deteriorates, and that detainee is transferred to a facility with the ability to provide more extensive medical services. Any detainee whose medical needs exceed the level available within the facility is transported to a community hospital for treatment as needed pending transfer from the facility.
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include:  • The detainee's location; and • The limitations placed on visiting.				ICE is notified of any significant detainee medical concerns. The AFOD confirmed that ICE would make other notifications in accordance with the requirements of this standard.
There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives.  • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her.				Facility policy establishes procedures for a qualified health care professional to provide information on Maryland Emergency Medical Services Do Not Resuscitate and Medical Care Orders. A detainee seeking to implement advanced directives would be referred for a mental health evaluation to determine if the detainee is competent to make end-of-life decisions. The HSA indicated no detainees in this facility have requested information on advanced directives.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.				Facility policy includes procedures providing the detainee the opportunity to have a private attorney prepare advanced directive documents.

## TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

**POLICY** ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.

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	YES	No	NA	REMARKS
There is a policy addressing "Do Not Resuscitate Orders"				The facility policy on advanced directives includes procedures addressing Do Not Resuscitate (DNR) orders. In addition to a mental health evaluation to determine the detainee's competence to participate in making end-of-life decisions, any such DNR order must be determined as medically appropriate by a physician not involved in the detainee's medical care. The final assessment as to the clinical appropriateness of a DNR order is made by the Medical Director. Any detainee whose medical condition made them appropriate for a DNR order would be transferred from the facility.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	$\boxtimes$			Detainees with a DNR order would receive maximum therapeutic efforts short of resuscitation.
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				The facility would notify ICE of any detainee with a DNR order. Per the AFOD, ICE would make other notifications as applicable in accordance with the requirements of this standard.
The facility has written procedures to address the issues of organ donation by detainees.				The facility policy addressing organ donation by detainees requires the detainee to submit a written request to make a donation and to affirm by signature their awareness and acceptance of the risks associated with organ donation. The recipient must be a member of the detainee's immediate family and the cost of the procedure and any related expenses must be covered by the detainee. Per the HSA, any such request received from an ICE detainee would be referred to ICE.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.				Facility policy establishes procedures for the notification of proper authorities in the event of a detainee death. Per the HSA and as confirmed by the AFOD, ICE would be notified immediately in the event of an ICE detainee death; and ICE would make other notifications in accordance with the requirements of this standard.

#### TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

**POLICY** ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.

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	YES	No	NA	REMARKS
The facility has a policy and procedure to address the death of a detainee while in transport.				In the event of a medical emergency during detainee transport, facility policy requires immediate notification of the on-duty facility supervisor, summoning the Emergency Medical Services (EMS) provider, provision of emergency first aid and cardiopulmonary resuscitation as indicated pending arrival of EMS services, and notification of local law enforcement. Per the HSA, a detainee in transport would not be considered deceased until transported to a hospital emergency room and pronounced dead by hospital staff. Transports of ICE detainees by facility staff are limited to short emergency medical trips to the local hospital.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				The AFOD indicated ICE would ensure disposal of a detainee's remains in accordance with the requirements of this standard.
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's is a U.S. military veteran, is the Department of Veterans Affairs notified?				The AFOD indicated ICE would arrange for the burial of an unclaimed detainee's remains in accordance with the requirements of this standard.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	$\boxtimes$			The AFOD confirmed ICE would place an original or certified copy of the death certificate in the detainee's A-file.
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as:  • Performance of an autopsy;  • Who will perform the autopsy;  • Obtaining state approved death certificates; and  • Local transportation of the body.	$\boxtimes$			Facility policy establishes procedures for notification of the local medical examiner in the event of a detainee death and for requesting an autopsy. The HSA indicated a detainee would not be considered deceased until transported by EMS responders to a hospital emergency room and pronounced dead by hospital staff. The facility requests a death certificate in the event of any detainee death. Autopsies are requested by the Howard County Department of Police.
ICE staff follows established procedures to properly close the case of a deceased detainee.	×			The AFOD indicated ICE would close the case of a deceased detainee in accordance with the requirements of this standard.
□ ACCEPTABLE □ DEFICIENT		AT-R	RISK	REPEAT FINDING

#### REMARKS:

This facility does not accept or retain detainees who are severely or terminally ill due to its limited medical resources. The AFOD confirmed that ICE would expedite the transfer out of any detainee identified as medically inappropriate for this facility.

There have been no deaths in this facility in the past twelve months.

As confirmed by a review of facility policies and interviews with the AFOD and facility medical and administrative staff, procedures for appropriately responding to the death of an ICE detainee in the facility or while in transport are in place.

(b)(6) (b)(7)(c)	August 11, 2011	
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# SECURITY AND CONTROL STANDARDS

## CONTRABAND

**POLICY:** ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.

CONTRABAND DESTRUCTION IS REQUIRED.  COMPONENTS	YES	No	NA	REMARKS
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.				The portion of this component that requires staff to inventory, hold and report contraband when necessary to the proper authority for action/possible seizure is specific to SPCs and CDFs. Staff inventory, hold and report to the proper authority when necessary illegal contraband for action/possible seizure. The facility has written policies E-422, Evidence Storage and Control, and H-704, Allowable Inmate Property, which addresses the handling of illegal contraband.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				This component is only applicable for SPCs and CDFs. Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.				This component is only applicable for SPCs and CDFs. Staff returns property not needed as evidence to the proper authority pursuant to facility policy and practice.
Altered property is destroyed following documentation and using established procedures.				This component is only applicable for SPCs and CDFs. Altered property is destroyed following documentation using established procedures and practice.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.				This component is only applicable for SPCs and CDFs. The appropriate religious volunteer is consulted before confiscating religious items.
Staff follows written procedures when destroying hard contraband that is illegal.	$\boxtimes$			Facility policy and practice establish procedures for destroying hard contraband that is illegal.
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes.  If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.				This component is only applicable for SPCs and CDFs. The facility does not retain hard contraband that is illegal for training or any other purpose. Such contraband is given to the Howard County Department of Police for disposition.
		AT-R	lisk	REPEAT FINDING

#### REMARKS:

Policy and Procedure E-422 was reviewed and is in compliance with the required components of the standards. Illegal contraband that is confiscated is turned over to the Howard County Department of Police for disposition.

The facility does not retain illegal hard contraband for official use, training or any other purpose.

(b)(6) (b)(7)(c) **AUDITOR'S SIGNAT** 

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#### **DETENTION FILES**

**POLICY:** EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.

COMPONENTS	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will	$\boxtimes$			A detention file is created for every person
exceed 24 hours.				admitted to the facility.
The detainee detention file contains either originals or copies of				
documentation and forms generated during the admissions	$\boxtimes$			
process.				
The detainee's detention file also contains documents generated during the detainee's custody.				
Special requests				
• Any G-589s and/or I-77s closed-out during the	$\boxtimes$	П		
detainee's stay				
Disciplinary forms/Segregation forms				
Grievances, complaints, and the disposition(s) of same				
The detention files are located and maintained in a secure area.				The portion of this component that requires
If not, the cabinets are lockable and distribution of the keys is				detention files to be in lockable cabinets with
limited to supervisors.				the keys limited to supervisors if the files are
				not maintained in a secure area is specific to
				SPCs and CDFs. Active detention files are
				kept in a small secure room, but are not
				locked in a file cabinet. The adjacent room is staffed at all times.
The detention file remains active during the detainee's stay.		<u> </u>		statica at an times.
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.	]			
The officer closing the detention file makes a notation that the			П	
file is complete and ready to be archived.				
Staff makes copies and sends documents from the file when		l		
properly requested by supervisory personnel at the receiving				
facility or office.				
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.	<u> </u>	<u> </u>		
ACCEPTABLE DEFICIENT		AT-R	RISK	☐ REPEAT FINDING

#### REMARKS:

A review of seven active ICE detention files found all files well organized and each had the required documents. The files are maintained in a small, secure room with the adjacent room staffed at all times.

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# DISCIPLINARY POLICY

**POLICY:** ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.				Policies H-711, Inmate Rules and Regulations, and H-713, Inmate Disciplinary Procedures, define the facility's written disciplinary system. The facility's disciplinary system utilizes progressive levels of reviews and appeals.
The facility rules state that disciplinary action shall not be capricious or retaliatory.				The facility's policy specifically states that disciplinary action shall not be capricious or retaliatory.
Written rules prohibit staff from imposing or permitting the following sanctions:				
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The rules of conduct, sanctions and procedures for violations are defined in writing and communicated to detainees via the facility handbook in English and Spanish and are addressed in the orientation video.
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility:  Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions				The requirement to post "Prohibited Acts", the "Disciplinary Severity Scale", and the "Sanctions" is specific to SPCs and CDFs. All information in this component is available to ICE detainees via the Kiosk located in the housing units. Information is available in English and Spanish.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.				This component is only applicable for SPCs and CDFs. The facility does encourage informal resolutions when minor rule violations or prohibited acts occur.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.				This component is only applicable for SPCs and CDFs. Incident reports and Notice of Charges are forwarded to the shift supervisor for review and approval prior to the end of the shift where the incident occurred.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.				Investigations are conducted prior to the Unit Disciplinary Committee hearing the incident.
An intermediate disciplinary process is used to adjudicate minor infractions	$\boxtimes$			The shift supervisor has the authority to adjudicate minor infractions.

#### **DISCIPLINARY POLICY**

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COMPONENTS	YES	No	NA	REMARKS
<ul> <li>A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:         <ul> <li>Conducts hearings on all charges and allegations referred by the UDC;</li> <li>Considers written reports, statements, physical evidence, and oral testimony;</li> <li>Hears pleadings by detainees and staff representatives;</li> <li>Bases its findings on the preponderance of evidence; and</li> <li>Imposes only authorized sanctions</li> </ul> </li> </ul>	$\boxtimes$			The bulleted sections of this component are specific to SPCs and CDFs. The facility's disciplinary committee adjudicates infractions and conducts hearings on all charges and allegations; considers written reports, statements, physical evidence and oral testimony; hears pleadings by detainees and staff representatives; bases findings on the preponderance of evidence; and imposes only authorized sanctions.
A staff representative is available if requested for a detainee facing a disciplinary hearing.				This component is only applicable for SPCs and CDFs; however, a staff representative is available if requested to assist a detainee facing a disciplinary hearing.
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.				Facility policy H-713, Inmate Disciplinary Procedures, limits the maximum time in disciplinary segregation to 60 days for a single offense.
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	$\boxtimes$			
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	$\boxtimes$			
<b>☐</b> ACCEPTABLE ☐ DEFICIENT		AT-R	lisk	REPEAT FINDING

#### **REMARKS:**

The facility has a disciplinary policy that meets the requirements of the ICE NDS for IGSAs. Facility policy H-711, Inmate Rules and Regulations, and H-713, Inmate Disciplinary Procedures, were reviewed and were in compliance with the components of the standard.

Staff interviewed policy and documents reviewed and observations indicated the facility policy was being followed, and the facility policy complies with the requirements of the detention standard.

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

# EMERGENCY (CONTINGENCY) PLANS

**POLICY** ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.

COMPONENTS	YES	No	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.	$\boxtimes$			Facility policy B-100, Emergency Plans, precludes detainees or detainee groups from exercising control over other detainees.
Detainees are protected from:  Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees				Facility policy B-100, Emergency Plans, addresses all protections required by this component.
Staff is trained to identify signs of detainee unrest.  • What type of training and how often?				Academy training, orientation training, yearly in-service training, and daily role call are used to train staff to identify signs of detainee unrest.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)				Staff report information to supervisors, both orally and in writing, regarding facility climate, detainee attitudes and moods. This information is shared with the administration and the shift supervisors at the change of shift meetings held each day and shared with staff at daily roll call.
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				The Deputy Director and Chief of Security are responsible for the emergency plans and their implementation.
The plans address the following issues:				The plans address accountability, annual review and revisions. Some of the emergency plans address confidentiality via the placement of a "confidential" watermark on each page of the specific policy; however, there are several emergency plans that do not contain this watermark. The plans do not specifically address confidentiality issues in the written plans. This was corrected prior to the conclusion of the inspection.
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.				
The facility has cooperative contingency plans with applicable:  • Local law enforcement agencies  • State agencies  • Federal agencies				This component is only applicable for SPCs and CDFs; however, the facility has cooperative contingency plans with Baltimore, Carroll, Anne Arundel, Queen Anne, Kent, Harford, Charles and Montgomery counties and the Maryland Department of Public Safety and Correctional Services. The facility works cooperatively with the Howard County Department of Police and the Howard County Fire Department.

## **EMERGENCY (CONTINGENCY) PLANS**

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COMPONENTS	YES	No	NA	REMARKS
All staff receives copies of Hostage Situation Management policy and procedures.			$\boxtimes$	This component is only applicable for SPCs and CDFs; however, staff has access to the Hostage Situation policy via the facility's Jail Management System on computers located on post.
(b)(7)(e)  (b)(7)(e)  Within 24 hours after release, hostages are screened for medical and psychological effects.			$\boxtimes$	This component is only applicable for SPCs and CDFs; however, (b)(7)(e)  (b)(7)(e)  (b)(7)(e)  Hostages are screened for medical and psychological effects within 24 hours of release.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			$\boxtimes$	This component is only applicable for SPCs and CDFs; however, the emergency plans include emergency medical treatment for staff and detainees during and after an incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.			$\boxtimes$	This component is only applicable for SPCs and CDFs; however, food service maintains at least a three-day supply of emergency meals for staff and detainees.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).				This component is only applicable for SPCs and CDFs; however, the facility has detailed written plans and photographs in their  (b)(7)(e) dentifying locations of shut off valves and switches.
Written procedures cover:  Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances				
<b>◯</b> ACCEPTABLE		AT-R	RISK	REPEAT FINDING

#### **REMARKS:**

The facility has emergency plans to respond to emergency situations that may arise. Staff has access to the emergency plans via the facility's Jail Management System.

The facility has cooperative agreements with eight counties and the Maryland Department of Public Safety and Correctional Services. The facility works cooperatively with the Howard County Department of Police and the Howard County Fire Department.

The facility's emergency plans address accountability, annual review and revisions. Some of the emergency plans address confidentiality by placement of a "confidential" watermark on each page of the specific policy; however, there are several emergency plans that do not contain this watermark. Although the plans do not specifically address confidentiality issues, this was corrected prior to the conclusion of the audit with the placement of the "confidentiality" watermark on all the emergency plans, as well as a statement in facility policy addressing confidentiality.

The facility's review of emergency plans is conducted on a yearly basis and is current.

(b)(6) (b)(7)(c) / August 11, 2011
AUDITOR'S SIGNATURE / (b)(6) (b)(7)(c)

## ENVIRONMENTAL HEALTH AND SAFETY

**POLICY:** EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	$\boxtimes$			The facility has established a hazardous materials program for the control, handling, storage, and use of flammable, toxic and caustic materials.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.				The facility maintains a limited supply of chemicals in one storage area within the facility. Running inventories are maintained for these items. A count of these items indicated 100% accuracy. Bulk chemicals are stored outside of the facility.
<ul> <li>The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>				The master file of MSDSs does not include an index of all hazardous substances in the facility, including locations, along with a plant diagram and legend. The index and plant diagram were provided prior to the conclusion of the inspection.
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They:  • Wear personal protective equipment; and  • Report hazards and spills to the designated official.				
The MSDSs are readily accessible to staff and detainees in work areas.				MSDSs are available in all areas with the exception of the laundry area. An MSDS manual was added to the laundry prior to the conclusion of the inspection.
<ul> <li>Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited; and</li> <li>Staff always supervises detainees using these substances.</li> </ul>	$\boxtimes$			
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	$\boxtimes$			Flammable and combustible materials are used according to label recommendations but are not stored within the facility.
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	$\boxtimes$			
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	$\boxtimes$			
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.				
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)	$\boxtimes$			
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	$\boxtimes$			Water temperatures were observed to be maintained between 115 and 120 degrees.
All toxic and caustic materials are stored in their original containers in a secure area.	$\boxtimes$			<u> </u>
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.				

#### ENVIRONMENTAL HEALTH AND SAFETY

**POLICY**: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	YES	No	NA	REMARKS
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				Products containing methyl alcohol are not utilized at this facility
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.				A review of training documentation indicates staff receives advance hazardous materials training; however, documentation is not available indicating detainees receive such training.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).				The facility was recently inspected by OSHA, but staff indicated they have not received the report.
A technically qualified officer conducts the fire and safety inspections.	$\boxtimes$			
The Safety Office (or officer) maintains files of inspection reports.	$\boxtimes$			
The facility has an approved fire prevention, control, and evacuation plan.	$\boxtimes$			The facility's fire prevention, control and evacuation plan has been approved by the Fire Marshal of the Howard County Department of Fire and Rescue Service
<ul> <li>The plan requires:</li> <li>Monthly fire inspections;</li> <li>Fire protection equipment strategically located throughout the facility;</li> <li>Public posting of emergency plans with accessible building/room floor plans;</li> <li>Exit signs and directional arrows; and</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>				
Fire drills are conducted and documented monthly.	$\boxtimes$			Documentation on hand indicates monthly fire drills are conducted and documented separately in each department. Emergency-key drills are included in each fire drill.
A sanitation program covers barbering operations.	$\boxtimes$			
The barber shop has the facilities and equipment necessary to meet sanitation requirements.				
The sanitation standards are conspicuously posted in the barbershop.				Sanitation standards are not posted in the barbershop.
Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$			
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	$\boxtimes$			

## ENVIRONMENTAL HEALTH AND SAFETY

**POLICY**: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	YES	No	NA	REMARKS
Standard cleaning practices include:  Using specified equipment; cleansers; disinfectants and detergents.  An established schedule of cleaning and follow-up inspections.	$\boxtimes$			
The facility follows standard cleaning procedures.				
Spill kits are readily available.				Spill kits are available in the housing units, kitchen and laundry areas.
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				The facility utilizes Stericycle to dispose of infectious/bio-hazardous waste.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.				Staff is trained in blood born pathogen and universal precautions.
Do the methods for handling/disposing of refuse meet all regulatory requirements?				
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.  • At least monthly.  • The pest-control program includes preventative spraying for indigenous insects.	$\boxtimes$			Preventative spraying is conducted on a monthly basis by a licensed pest-control professional.
Drinking water and wastewater is routinely tested according to a fixed schedule.				The drinking water is tested by the Howard County Health Department.
<ul> <li>Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>	$\boxtimes$			Emergency generators are tested on a weekly basis. Load testing is conducted on a monthly basis.
		AT-R	RISK	REPEAT FINDING

#### REMARKS:

The facility has a hazardous materials program in place. Quantities of chemicals within the facility are limited to the amount needed to accomplish daily cleaning. Inventories of chemicals were conducted and found to be one hundred percent accurate. Cleaning supplies used in the housing units are diluted prior to use by facility staff.

Products containing methyl alcohol are not utilized at this facility.

A review of training records indicates staff receives training regarding the use of hazardous chemicals; however, documentation is not on file indicating detainees receive training in regards to the use of hazardous chemicals.

MSDS are available in all areas using hazardous substances. The master MSDS file did not contain a list of all storage areas or plant diagrams; however, prior to the conclusion of the inspections, these items were included in the master MSDS file.

Barbering operations are provided by specified detainees. The barbershop is located in a separate room not used for any other purpose. Sanitation guidelines are not posted.

A review of documentation indicates weekly sanitation inspections are conducted, as well as monthly fire and safety inspections. All fire suppression, sprinkler and smoke evacuation systems are tested and approved by outside sources. The sanitation level of the facility was maintained at an acceptable level throughout the inspection. On the first day of the inspection, both of the facility's air chillers were not working. Fans were provided throughout the facility while the air conditioning system was being repaired. The system was operational by the following day.

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# HOLD ROOMS IN DETENTION FACILITIES

**POLICY:** HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.

COMPONENTS	YES	No	NA	REMARKS
The hold rooms are situated within the secure perimeter.			$\boxtimes$	This component is only applicable for SPCs and CDFs. This facility has four hold rooms located in the intake and discharge area, which is situated within the secure perimeter.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.				This component is only applicable for SPCs and CDFs. The facility's hold rooms are well ventilated well lighted and all activating switches are located outside the rooms.
The hold rooms contain sufficient seating for the number of detainees held.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The hold rooms contain sufficient seating for the number of detainees held.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.				This component is only applicable for SPCs and CDFs. Bunks, cots, beds, or other related make shift sleeping apparatus are precluded from use inside hold rooms.
The walls and ceilings of the hold rooms are tamper and escape proof.			$\boxtimes$	This component is only applicable for SPCs and CDFs; however, the walls and ceilings of the hold rooms are tamper and escape proof.
Individuals are not held in hold rooms for more than 12 hours.				Individuals are held less than four hours in the hold rooms.
Male and females are segregated from each other.	M			
Detainees under the age of 18 are not held with adult detainees.	$\boxtimes$			
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.				
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.				There are four hold rooms in the intake and discharge area. Two have toilet facilities, two do not. This area is staffed 24 hours per day, seven days per week. Detainees have access to toilet facilities upon request, as staff is within visual or audible range.
All detainees are given a pat down search for weapons or contraband before being placed in the room.	$\boxtimes$			
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.).  • Hold rooms are irregularly monitored every 15 minutes.  • Unusual behavior or complaints are noted.				There is no documentation to support that the hold rooms are irregularly monitored every 15 minutes. Staff is assigned to the intake and discharge area, 24 hours per day, seven days per week. Unusual behavior or complaints are noted in the post log book and reported orally and in writing to supervisors.
When the last detainee has been removed from the hold room, it is given a thorough inspection.	$\boxtimes$			
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.				The section of this component that requires for the evacuation plan to include a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation is specific to SPCs and CDFs. The facility's evacuation plan does not specifically address the evacuation of detainees housed in hold rooms. This was corrected during the inspection.
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.				

		HOLD ROOMS IN I	)ETEN	TION I	ACILI	THES.
						AWAITING REMOVAL, TRANSFER, EOIR HEARINGS,
MED	ICAL TREATMENT, INTRA-FACILITY M	OVEMENT, OR OTHER PR	OCESSIN	G INTO	OR OUT	T OF THE FACILITY.
	COMPONENTS		YES	No	NA	REMARKS
	<b>⊠</b> ACCEPTABLE	DEFICIENT	Γ	AT-R	RISK	REPEAT FINDING

#### REMARKS:

There are four hold rooms located in the intake and discharge area, which is located within the secure perimeter of the facility. Two have toilet facilities, two do not. The hold rooms are used for up to a four hour period for detainees transferring into or out of the facility. Detainees housed in the two hold rooms without toilet facilities have access to toilet facilities upon request.

There is no documentation to support that the hold rooms are irregularly monitored every 15 minutes. The intake and discharge area is staffed 24 hours per day, seven days per week.

The facility has a written evacuation plan; however, it does not specifically address the evacuation of detainees housed in the hold rooms. This issue was corrected prior to the conclusion of the inspection with a written change to the evacuation plan that specifically includes the evacuation of detainee housed in the intake and discharge area. There is an evacuation schematic posted in the intake and discharge area.

The facility is in compliance with the standard, except as noted above.

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## KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.

COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.		$\boxtimes$		The facility contracts with an outside vendor, A-Corp, for the locksmith and preventive maintenance services.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	$\boxtimes$			The Key Control Officer and Administrative Captain are responsible for all administrative duties and responsibilities relating to keys and locks.
The security officer, or equivalent in IGSAs, provides training to employees in key control.	$\boxtimes$			The Key Control Officer and the Training Captain are responsible for providing training to staff in key control. Training is done during new employee orientation, on the job training, roll call and via policy, procedure and post order review.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	$\boxtimes$			
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			The Administrative Captain ensures the outside contractor follows the established preventive maintenance program and maintains all preventive maintenance documentation.
Facility policies and procedures address the issue of compromised keys and locks.	$\boxtimes$			
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.			$\boxtimes$	There are no safes within the facility.
Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	$\boxtimes$			
Grand master keying systems are prohibited.	$\boxtimes$			There is no grand master keying system within the secure perimeter of the facility.
All worn or discarded keys and locks are cut up and properly disposed of.	$\boxtimes$			
Padlocks and/or chains are prohibited from use on cell doors.	$\boxtimes$			
<ul> <li>The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to:</li> <li>Occupational Safety and Environmental Health Manual, Ch. 3;</li> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>	$\boxtimes$			
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.				The Main Control Center and Upper Control Center house the operational keyboards, which are sufficient to accommodate all the facility key rings.
Procedures are in place to ensure that key rings are:  Identifiable; The numbers of keys are cited; and Keys cannot be removed.	$\boxtimes$			Facility key rings are readily identifiable, the numbers of keys are cited and keys cannot be removed.

### KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL

RE13 AIVD LOCKS.						
COMPONENTS	YES	No	NA	REMARKS		
Emergency keys are available for all areas of the facility.				There are (b)(7)(e)  (b)(7)(e)  facility. All are readily accessible in case of an emergency.		
The facilities use a key accountability system.						
Authorization is necessary to issue any restricted key.						
<ul> <li>Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>	$\boxtimes$			The facility's gun locker is located outside the secure facility in an area that does not allow detainee or public access, but permits constant officer observation.		
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	×			The requirement for keys to be physically counted daily is specific to SPCs and CDFs; however, the facility's key accountability policy and procedure ensures key accountability and requires that keys are physically counted daily.		
<ul> <li>All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>				The bulleted sections of the component are specific to SPCs and CDFs; however, the facility is in compliance with all bulleted items identified in the component. All staff members are trained and held responsible for adhering to proper procedures for handling keys.		
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	lisk	REPEAT FINDING		
REMARKS:  The facility contracts with an outside vendor to maintain and service the facility's locks, keys and preventive maintenance.  Emergency keys are maintained in (b)(7)(e) and are readily available and accessible in case of an emergency.						
A review of policy, documentation, interviews with staff, and observations of procedures were used to determine compliance with this						

detention standard. (b)(6) (b)(7)(c) Auditor's Signatur (b)(6) (b)(7)(c)

### **POPULATION COUNTS**

COMPONENTS	YES	No	NA	REMARKS	
Staff conduct a formal count at least once each shift.	$\boxtimes$			Formal counts are conducted at the beginning and end of each eight-hour shift for a total of six formal counts in a 24-hour period.	
Activities cease or are strictly controlled while a formal count is being conducted.			$\boxtimes$	This component is only applicable for SPCs and CDFs; however, activities cease or are strictly controlled while a formal count is being conducted.	
Certain operations cease during formal counts.			$\boxtimes$	This component is only applicable for SPCs and CDFs; however, certain operations cease during formal counts.	
All movement ceases for the duration of a formal count.				This component is only applicable for SPCs and CDFs. All movement ceases for the duration of a formal count, unless authorized by the shift supervisor or higher authority.	
Formal counts in all units take place simultaneously.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Formal counts take place simultaneously in all units.	
Detainee participation in counts is prohibited.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainee participation in the count procedure is prohibited.	
A face-to-photo count follows each unsuccessful recount.				This component is only applicable for SPCs and CDFs. This facility uses a face-to-photo count using the detainee photo wristband following each unsuccessful recount.	
Officers positively identify each detained before counting him/her as present.				This component is only applicable for SPCs and CDFs. Between the hours of 8:00 AM through 12:00 midnight, officers positively identify each detainee via the photo wristband before counting as present. Body counts are conducted between 12:00 midnight and 8:00 AM.	
Written procedures cover informal and emergency counts.  • They are followed during informal counts and emergencies.	$\boxtimes$				
The control officer (or other designated position) maintains an out -count record of all detainees temporarily leaving the facility.	$\boxtimes$				
This training is documented in each officer's training folder.					
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING					

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### POST ORDERS

POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS LESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.

COMPONENTS	YES	No	NA	
COMPONENTS  Every fived post has a set of post orders	XES	140	INA.	REMARKS
Every fixed post has a set of post orders.  Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				This component is only applicable for SPCs and CDFs. This facility utilizes the JMS to disseminate the latest revisions and updates to post orders. Emergency memoranda are sent to staff via the facility's e-mail system.
One individual or department is responsible for keeping all post- orders current with revisions that take place between reviews.				The Deputy Director and the Chief of Security are responsible for keeping post orders current with revisions that take place between reviews.
The IGSA maintains a complete set (central file) of post orders.				The complete set of post orders is maintained on the JMS.
The central file is accessible to all staff.				This component is only applicable for SPCs and CDFs; however, staff has accessibility to the central file which is maintained on the facility's JMS.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The Director authorizes and approves all post order changes.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The Director signs and dates the front page of each policy and post order.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	$\boxtimes$			The facility's review of post orders is done annually and is current.
Procedures keep post orders and logbooks secure from detainees at all times.				This component is only applicable for SPCs and CDFs; however, facility procedures require and current practice demonstrates that post orders and logbooks are secure from detainees.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.				This component is only applicable for SPCs and CDFs. Every armed post officer qualifies with the post weapons before assuming post duty.
Armed-post post orders provide instructions for escape attempts.	$\boxtimes$			
The post orders for housing units track the event schedule.				This component is only applicable for SPCs and CDFs. The post orders for housing units do not track the event schedule.
Housing-unit post officers record all detainee activity in a log.  The post order includes instructions on maintaining the logbook.				This component is only applicable for SPCs and CDFs; however, housing unit officers record all detainee activity in the post log book and JMS. Post orders provide instructions for maintaining logs.
ACCEPTABLE DEFICIENT		AT-F	RISK	REPEAT FINDING

### **REMARKS:**

Post orders are maintained in the facility's Jail Management System. Each post is equipped with a computer and staff has access to all post orders. The facility's policy was reviewed and is in compliance with the required components of the standard. The facility's review of post orders is conducted on a yearly basis and is current.

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### **SECURITY INSPECTIONS**

**POLICY:** POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy specifies:      Posts to be inspected;     Required inspection forms;     Frequency of inspections;     Guidelines for checking security features; and     Procedures for reporting weak spots, inconsistencies, and other areas needing improvement	$\boxtimes$			The portion of the component that requires for the security inspection policy to specify the posts to be inspected and the required inspection forms is specific to SPCs and CDFs. The facility has comprehensive security inspection policies E-402, Searches, and E-412, Inspection of Security Devices, and Post Order #0, General Orders addressing all the bulleted sections of this component.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.				This component is only applicable for SPCs and CDFs. Officers are required to conduct and document security checks of assigned areas.
Documentation of security inspections is kept on file.				This component is only applicable for SPCs and CDFs. This facility maintains the documentation of security inspections conducted in the audit coordinator's office.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				This component is only applicable for SPCs and CDFs. The facility has procedures and practices to ensure recurring problems and failure to take corrective action are reported to the shift supervisor, Administrative Captain or Chief of Security.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	$\boxtimes$			The Upper Control Officer checks the identification of everyone entering or exiting the secure facility.
All visits are officially recorded in a visitor logbook or electronically recorded.	$\boxtimes$			Non-contact visits are recorded in the facility's Jail Management System (JMS) and daily visitor log sheet. Contact visits are recorded in the JMS and in the Upper Level Security Visitor Log Book.
The facility has a secure visitor pass system.				
Every Control Center officer receives specialized training.				
The Control Center is staffed around the clock.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The control rooms are staffed around the clock at this facility.
Policy restricts staff access to the Control Center.				This component is only applicable for SPCs and CDFs. Facility policy restricts staff access to facility Control Centers.
Detainees are restricted from access to the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees are restricted from access to the control centers.
Communications are centralized in the Control Center.				This component is only applicable for SPCs and CDFs. Communications are centralized through the Main Control Center.
Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$			

### SECURITY INSPECTIONS

**POLICY:** POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:  The driver's name; Company represented; Vehicle contents; Delivery date and time; Date and time out; Vehicle license number; and Name of employee responsible for the vehicle during the visit				This component is only applicable for SPCs and CDFs. Vehicles do not enter the secure perimeter of this facility.
Officers thoroughly search each vehicle entering and leaving the facility.			$\boxtimes$	This component is only applicable to SPCs and CDFs. Vehicles are not searched as they do not enter the secure perimeter of the facility.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$			
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.				This component is only applicable for SPCs and CDFs. All tools introduced into the secure area of the facility are inventoried before entering and prior to departure.
The SMU entrance has a sally port.	$\boxtimes$			The housing unit used for SMU has an internal sally port.
Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$			
Housing area searches occur at irregular times.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Staff is required to conduct housing unit searches at irregular times.
Every search of the SMU and other housing units is documented.	$\boxtimes$			
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	$\boxtimes$			
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				The exterior of the facility is inspected for defects (b)(7)(e)
Daily procedures include:  Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.				(b)(7)(e)  Physical checks of the perimeter fence are conducted daily on each shift and documented.
Visitation areas receive frequent, irregular inspections.		<u> </u>	<u> Ш</u>	
ACCEPTABLE DEFICIENT		AT-R	Risk	REPEAT FINDING

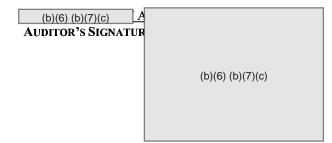
### REMARKS:

Staff conducts and document security inspections on a weekly basis, as well as randomly at irregular times.

The vehicle sally port is located outside the secure perimeter of the facility and is monitored and controlled by the Main Control Center.

The facility is equipped with	(b)(7)(e)
(b)(7)(e)	

A review of policies and procedures, documentation, interviews with staff, and observation of procedures were used to determine compliance with this detention standard.



## SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT ID ISCHILD HARV SEGREGATION!" STANDARD).

[DISCIPLINARY SEGREGATION] STANDARD).	<u> </u>			
COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation.  • Detainees are placed in the SMU (administrative) in accordance with written criteria.	$\boxtimes$			
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved.  • A copy of the order given to the detainee within 24 hours.				Detainees placed in administrative segregation do not receive a copy of the written order for placement. They do receive a copy of the classification assignment sheet reviewing the detainee's status. This is provided within 96 hours of placement, excluding weekends and holidays.
The OIC (or equivalent) regularly reviews the status of detainees in administrative detention.  • A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).				This component is only applicable for SPCs and CDFs. The facility's classification staff reviews the status of detainees in administration detention within 96 hours of the detainee's placement.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and:  • Every week thereafter for the first month; and  • Every 30 days after the first month.  • Does each review include an interview with the detainee?  • Is a written record made of the decision and the justification?			$\boxtimes$	This component is only applicable for SPCs and CDFs. A classification team conducts a review of the detainee every two weeks. The detainee is present for the review, a written record is made and the detainee receives a copy of the decision and justification.
The detainee is given a copy of the decision and justification for each review.  • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.				This component is only applicable for SPCs and CDFs. The detainee receives a copy of the decision and justification for each review and may appeal the decision to the OIC.
The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days.  • Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO.				This component is only applicable for SPCs and CDFs. The facility contacts ICE when a detainee is placed in administrative or disciplinary segregation. If the detainee requires segregation more than a couple of days, ICE transfers them to another facility and no other notifications are necessary.
<ul> <li>The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.</li> <li>A written record is made of the decision and the justification.</li> <li>The detainee receives a copy of this record.</li> </ul>				This component is only applicable for SPCs and CDFs. Detainees in administrative segregation are reviewed every two weeks. A written record is made of the decision and justification. The detainee receives a copy of the decision.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.				This component is only applicable for SPCs and CDFs. The detainee has the right to appeal the conclusions and recommendations of any review conducted to the Director. The first review occurs within 96 hours and subsequent reviews are done every other week.

## SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

**POLICY:** THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).

COMPONENTS	YES	No	NA	REMARKS
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	$\boxtimes$			
The SMU is:				
Well ventilated;	5-71	_		
Adequately lighted;				
<ul> <li>Appropriately heated; and</li> <li>Maintained in a sanitary condition.</li> </ul>				
All cells are equipped with beds.				
Every bed is securely fastened to the floor or wall.				
The number of detainees in any cell does not exceed the				
occupancy limit.				
When occupancy exceeds recommended capacity, do				
basic living standards decline?	$\boxtimes$			Detainees placed in administrative
<ul> <li>Do criteria for objectively assessing living standards exist?</li> </ul>				segregation are single celled.
If yes, are the criteria included in the written				
procedures?				
The segregated detainees have the same opportunities to				
exchange/launder clothing, bedding, and linen as detainees in the				
general population.				Detainees receive the same menu as the
Detainees receive three nutritious meals per day, from the general population's menu of the day.				general population. Detainees are issued
Do detainees eat only with disposable utensils?				non-disposable sporks which are returned at
Is food ever used as punishment?		П		the completion of the meal. The facility has a
<u>-</u>			🖳	policy for the use of a Special Management
				Meal. ICE detainees are specifically
				excluded from this policy. Food is not used as punishment.
Each detainee maintains a normal level of personal hygiene in				us punisiment.
the SMU.				Detainees have the opportunity to shower
The detainees have the opportunity to shower and		$\boxtimes$		seven days per week and are allowed to shave
shave at least three times a week.				only one time per week.
If not, explain.  The detainees are provided:				Detainees in administrative segregation are
Barbering services;				provided barbering services bi-weekly, non-
Recreation privileges in accordance with the "Detainee"				legal reading material, religious material, the
Recreation" standard;				same correspondence privileges as detainees
Non-legal reading material;				in the general population and personal legal
Religious material;				material. Telephone access and recreation
The same correspondence privileges as detainees in the				privileges are not similar to that of the general population as detainees in
general population;  • Telephone access similar to that of the general				administrative segregation are allowed out of
population; and				their cells for one hour per day. General
Personal legal material.			ŀ	population detainees have approximately 14
, and the second				hours out of their cells to access the
A health care professional visits every detainee at least three				telephone and dayroom recreation.  The facility nurse visits the administrative
imes a week.				segregation unit three times per week. The
The shift supervisor visits each detainee daily.				shift supervisor visits the SMU daily on all
Weekends and holidays.				three shifts.

# SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD)

[Disch Laviati Shell States]			<del></del>	——————————————————————————————————————	
COMPONENTS	YES	No	NA	REMARKS	
Procedures comply with the "Visitation" standard.  • The detainee retains visiting privileges; and  • The visiting room is available during normal visiting hours.				Administrative segregation detainees retain visiting privileges and receive the same number of visits as general population detainees.	
Visits from clergy are allowed.	$\boxtimes$				
Detainees have the same law-library access as the general population.  • Are they required to use the law library Separately, or Separately, or As a group?  • Are legal materials brought to them?				Legal materials are delivered to a detainee's cell upon request.	
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.					
<ul> <li>SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU.</li> <li>Staff completes the form at the end of each shift.</li> <li>CDFs and IGSA facilities use Form I-888 (or local equivalent).</li> </ul>				The section of this component that requires the use of the "SMU Housing Record" (I-888) immediately upon a detainee's placement in the SMU and for staff to complete the form at the end of each shift is specific to SPCs and CDFs. The detainee's placement in administrative segregation is recorded in the JMS immediately upon placement. Housing record information is maintained in the JMS and is continuous.	
Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.  • Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;  • The medical officer/health care professional signs each individual's record during each visit; and  • The housing officer initials the record when all detainee services are completed or at the end of the shift.				This component is only applicable for SPCs and CDFs. Staff record whether the detainee ate, showered, exercised, and took any medication during each shift in the JMS and the Post Log Book. Post Log Books and the JMS record all pertinent information. The health care professional signs the log book or round sheet after each visit.	
A new record is created for each week the detainee is in Administrative Segregation.  • The weekly records are retained in the SMU until the detainee's return to the general population.				This component is only applicable for SPCs and CDFs. The detainee's record is created on admittance to the facility and maintained until released from the facility.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

#### REMARKS:

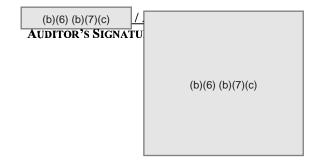
The facility has two units used to house male segregation cases. One unit is exclusively for administrative segregation. Female detainees requiring segregation are confined in the female general population housing unit.

Detainees placed in administrative segregation do not receive a copy of the written order for placement.

Administrative segregation detainees are only allowed to shave one time per week. Telephone access and recreation privileges are not similar to that of general population detainees as detainees on administration segregation are only allowed one hour per day out of cell time, while general population detainees have approximately 14 hours out of cell time to access the telephone and utilize dayroom recreation.

The facility has a policy for the use of a Special Management Meal; however, ICE detainees are exempt from this policy. Food is not used for punishment.

There were no ICE detainees in administrative segregation during this inspection period.



## SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

**POLICY:** EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.				
The sanctions for violations committed during one incident are limited to 60 days.				The facility's policy limits the sanction for violations committed during one incident to 60 days.
<ul> <li>A completed Disciplinary Segregation Order accompanies the detainee into the SMU.</li> <li>The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.</li> </ul>				
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals.  • After each formal review, the detainee receives a written copy of the decision and supporting reasons.	$\boxtimes$			The section of the component that requires for detainees to receive a copy of the decision and supporting reasons after each formal review is specific to SPCs and CDFs. The facility's policy establishes a review period of every 30 days for detainees housed in disciplinary segregation. Detainees receive a written copy of the decision and supporting reasons.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	$\boxtimes$			
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.				
<ul> <li>Living conditions in disciplinary SMUs remain the same regardless of behavior.</li> <li>If no, does staff prepare written documentation for this action?</li> <li>Does the OIC sign to indicate approval.</li> </ul>	$\boxtimes$			
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.				
The quarters used for segregation are:  Well-ventilated. Adequately lighted. Appropriately heated. Maintained in a sanitary condition.	$\boxtimes$			
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.				
The number of detainees confined to each cell or room is limited to the number for which the space was designate.  • Does the OIC approve excess occupancy on a temporary basis?	$\boxtimes$			ICE detainees are single-celled or double-celled with another ICE detainee.
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.				
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	$\boxtimes$			
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day.  • Food is not used as punishment.				ICE detainees receive the same meals as general population detainees.

## SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

**POLICY:** EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.				Detainees are allowed to maintain a normal level of personal hygiene and the ability to shower seven days per week, but are only allowed shaving privileges one time per week.
<ul> <li>Detainees receive, unless documented as a threat to security:</li> <li>Barbering services;</li> <li>Recreation privileges;</li> <li>Other-than-legal reading material;</li> <li>Religious material;</li> <li>The same correspondence privileges as other detainees; and</li> <li>Personal legal material.</li> </ul>	$\boxtimes$			
<ul> <li>When phone access is limited by number or type of calls, the following areas are exempt:</li> <li>Calls about the detainee's immigration case or other legal matters;</li> <li>Calls to consular/embassy officials; and</li> <li>Calls during family emergencies (as determined by the OIC/Warden).</li> </ul>				
<ul> <li>A health care professional visits every detainee in disciplinary segregation every week day.</li> <li>The shift supervisor visits each segregated detainee daily</li> <li>Weekends and holidays.</li> </ul>				The facility health care professional visits every detainee in disciplinary segregation three times a week. The shift supervisor visits each segregated detainee seven days per week including weekend and holidays.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	$\boxtimes$			
SMU detainees receive legal visits, as provided in the "Visitation" standard.  • Legal service providers are notified of security concerns arising before a visit.				
<ul> <li>Visits from clergy are allowed.</li> <li>The clergy member is given the option of visiting/not visiting the segregated detainee.</li> <li>Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.</li> </ul>				
<ul> <li>SMU detainees have law library access.</li> <li>Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing.</li> <li>Legal material brought to individuals in the SMU on a case-by-case basis.</li> <li>Staff documents every incident of denied access to the law library.</li> </ul>				Legal materials are brought to individuals in disciplinary segregation upon request.
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.				

## SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

**POLICY:** EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	YES	No	NA	REMARKS
The SPCs, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU.  • All I-888s are filled out by the end of each shift.  • The CDF/IGSA facility use Form.  • I-888 (or equivalent local form).	$\boxtimes$			The section of the component that requires staff to prepare the Special Management Housing Unit Record (I-888 or equivalent) as soon as the detainee is placed in the SMU and that completion of the form is by the end of each shift is specific to SPCs and CDFs. The detainee's confinement in disciplinary segregation is immediately entered into the JMS. The SMU Housing Unit Record information is maintained perpetually in the JMS.
<ul> <li>SMU staff record whether the detainee ate, showered, exercised, took medication, etc.</li> <li>Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc.</li> <li>The health care official sign individual records after each visit.</li> <li>The housing officer initials the record when all detainee services are completed or at the end of the shift.</li> <li>A new record is created weekly for each detainee in the SMU.</li> <li>The SMU retains these records until the detainee leaves the SMU.</li> </ul>			This component is only applicable for SPC and CDFs. Staff record whether the detain ate, showered, exercised or took medicated during each shift in the JMS and the Post Book. The Post Log book and the JMS record all pertinent information. A detain record is created in the JMS upon reception to the facility and is maintained perpetually until release.	
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING				

#### REMARKS:

The facility has two units used to house male segregation cases. One unit is exclusively for disciplinary segregation. Female detainees requiring segregation are confined in the female general population housing unit.

Detainees placed in disciplinary segregation are allowed to shave only one time per week and not three times per week as required by the standard.

There were no ICE detainees in disciplinary segregation during this rating period.

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#### TOOL CONTROL

**POLICY:** IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.

TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.				
COMPONENTS	YES	No	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				The Chief of Security and Administrative Captain are responsible for developing tool control procedure and an inspection system.
Department heads are responsible for implementing this standard in their departments.				This component is only applicable for SPCs and CDFs; however, department heads are responsible for implementing the tool control standard in their departments.
Tool inventories are required for the:				Maintenance tools are maintained outside the secure perimeter of the facility by county employees. Medical conducts inventories on active sharps and tools on a daily basis and stock sharps which are secured on a weekly basis. Dental tools are inventoried each dental clinic day and secured when not in use. Food service conducts inventories on kitchen tools on each shift. The armory is maintained outside the secure perimeter of the facility. There is no recreation department or electronics shop at this facility.
<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>				
The facility has a tool classification system. Tools are classified according to:  Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous).				The section of the component that requires tools to be classified as restricted and non-restricted is specific to SPCs and CDFs. The facility has a tool classification system that identifies tools as Class 1 "Restricted" and Class 2 "Hazardous".
Department heads are responsible for implementing tool-control procedures.			$\boxtimes$	This component is only applicable for SPCs and CDFs; however, department heads are responsible for implementing tool control procedures.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	$\boxtimes$			
<ul> <li>The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice.</li> </ul>				
Each facility has procedures for the issuance of tools to staff and detainees.	$\boxtimes$			The facility policies delineate the procedures for the issuance of tools to staff and detainees.
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include:  • Verbal and written notification;  • Procedures for detainee access; and  • Necessary documentation/review for all incidents of lost tools.	$\boxtimes$			

TOOL CONTROL								
POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY.								
THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND								
EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.								
COMPONENTS	YES	No	NA	REMARKS				
Broken or worn out tools are surveyed and disposed of in an	$\boxtimes$							
appropriate and secure manner.			Ш					
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.				All private or contract repairs, maintenance workers or other visitors submit an inventory of all tools prior to admittance into or departure from the facility. Tools are inventoried and checked at Upper Level Security and documented prior to entrance to and upon exit from the facility. This documentation is maintained by the Audit Coordinator.				
☐ ACCEPTABLE ☐ DEFICIENT	☐ AT-RISK ☐ REPEAT FINDING							
REMARKS:  Maintenance tools are maintained outside the secure perimeter of the facility. County maintenance personnel service the facility.  Maintenance tools are inventoried prior to entering and upon exiting the secure facility. Maintenance tools are marked and readily identifiable.  A review of policies and procedures, documentation, observations, and interviews with staff indicated established facility policies were								

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being followed compliant with the requirements of the standard.

## TRANSPORTATION (LAND TRANSPORTATION)

**POLICY:** THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.

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.

CONTROL OF THE DETAINEE CASE.			· · · · · · · · · · · · · · · · · · ·	
COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this				
finding of compliance.				
Every transporting officer required to drive a commercial size				
bus has a valid Commercial Driver's License (CDL) issued by				
the state of employment.				
Supervisors maintain records for each vehicle operator.				
Officers use a checklist during every vehicle inspection.				
Officers report deficiencies affecting operability; and				
Deficiencies are corrected before the vehicle goes back				
into service.				
Transporting officers:				
• Limit driving time to 10 hours in any 15 hour period;				
<ul> <li>Drive only after eight consecutive off-duty hours;</li> </ul>				
<ul> <li>Do not receive transportation assignments after having</li> </ul>				
been on duty, in any capacity, for 15 hours;		l		
• Drive a 50-hour maximum in a given work week; a 70-	Ш	ļ U	▎╙	
hour maximum during eight consecutive days;				
<ul> <li>During emergency conditions (including bad weather),</li> </ul>				
officers may drive as long as necessary and safe to				
reach a safe area—exceeding the 10-hour limit.			ļ	
b)(7)(e) officers with valid CDLs required in any bus transporting				
detainees.				
When buses travel in tandem with detainees, there are	l	l —		
(b)(7)(Equalified officers per vehicle.				
• An unaccompanied driver may transport an empty	ļ			
vehicle.				
Before the start of each detail, the vehicle is thoroughly				
searched.				
Positive identification of all detainees being transported is				
confirmed.				
All detainees are searched immediately prior to boarding the		l 🖂	┌┐	
vehicle by staff controlling the bus or vehicle.				<u> </u>
The facility ensures that the number of detainees transported	l 🖂	lп		
does not exceed the vehicles manufacturer's occupancy level.				
(b)(7)(e)		<u>                                     </u>	<u> </u>	
The vehicle crew conducts a visual count once all passengers are		ļ		
on board and seated.				
Additional visual counts are made whenever the vehicle	_		_	
makes a scheduled or unscheduled stop.			ļ	
Policies and procedures are in place addressing the use of			lп	
restraining equipment on transportation vehicles.		<b>↓</b> 二		
Officers ensure that no one contacts the detainees.				
• (b)(7)(e)officer remains in the vehicle at all times when				
detainees are present.	<u> </u>			

## TRANSPORTATION (LAND TRANSPORTATION)

**POLICY:** THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.

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.

VES. NO. NA. REMARKS

COMPONENTS	YES	No	NA	REMARKS
Meals are provided during long distance transfers.				
• The meals meet the minimum dietary standards, as				
identified by dieticians utilized by ICE.				
The vehicle crew inspects all Food Service pickups before				
accepting delivery (food wrapping, portions, quality, quantity,				
thermos-transport containers, etc.).	Ì			
Before accepting the meals, the vehicle crew raises and				
resolves questions, concerns, or discrepancies with the		$\sqcup$		
Food Service representative;				
<ul> <li>Basins, latrines, and drinking-water</li> </ul>				
containers/dispensers are cleaned and sanitized on a				
fixed schedule.				
Vehicles have:				!
•	_	-		
• (b)(7)(e)				
•				
The vehicles are clean and sanitary at all times.	<del></del>		Γï	
Personal property of a detainee transferring to another facility is:				
Inventoried;				
Inspected; and		⊔		
Accompanies the detainee.			Ì	
The following contingencies are included in the written			_	· · · · · · · · · · · · · · · · · · ·
procedures for vehicle crews:				
• Attack				
• Escape				
Hostage-taking			ļ	
Detainee sickness				
Detainee death	<sub> </sub>	l	l —	
Vehicle fire			LJ	
• Riot				
Traffic accident	[		[	
Mechanical problems				
Natural disasters				
Severe weather				
Passenger list includes women or minors		<u></u>		
ACCEPTABLE DEFICIENT		AT-F	RISK	REPEAT FINDING

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All transportation is prov	vided by ICE.
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FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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USE	Uľ	ruk	CE.

POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE: No NA REMARKS **COMPONENTS** YES Written policy authorizes staff to respond in an immediate-use-X of-force situation without a supervisor's presence or direction. Facility policy and practice emphasizes the When the detainee is in an area that is or can be isolated (e.g., a resolution of situations without resorting to locked cell, a range), posing no direct threat to the detainee or  $\boxtimes$ force when the detainee is in an area that is or others, officers must try to resolve the situation without resorting can be isolated, posing no direct threat to the to force. detainee or others. Written policy asserts that calculated rather than immediate use  $\boxtimes$ of force is feasible in most cases. The facility utilizes Confrontation Avoidance The facility subscribes to the prescribed Confrontation Procedures. When a calculated use-of-force Avoidance Procedures.  $\boxtimes$ is being considered, the ranking administrator Ranking detention official, health professional, and others confer before every calculated use of force. and health professional confer. The facility uses a When a detainee must be forcibly moved and/or restrained, and (b)(7)(e)there is time for a calculated use of force, staff uses the Use-of-Force Team Technique.  $\boxtimes$ П Under staff supervision. (b)(7)(e)Staff members are trained in the performance of the Use-of-X П Force Team Technique. All use-of-force incidents are documented and reviewed. All use of force incidents are documented  $\boxtimes$ and reviewed by the Chief of Security and Director. Staff: Do not use force as punishment; Attempt to gain the detainee's voluntary cooperation before resorting to force;  $\boxtimes$ Use only as much force as necessary to control the detainee; and Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. Medication may only be used for restraint purposes when  $\boxtimes$ Medication is not used for restraint purposes. authorized by the Medical Authority as medically necessary. Use-of-Force Team follows written procedures that attempt to  $\boxtimes$ prevent injury and exposure to communicable disease(s).

#### **USE OF FORCE**

POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:

COMPONENTS	YES	No	NA	REMARKS
Standard procedures associated with using four-point restraints include:  Soft restraints (e.g., vinyl); Dressing the detainee appropriately for the temperature; A bed, mattress, and blanket/sheet; Checking the detainee at least every 15 minutes; Logging each check; Turning the bed-restrained detainee often enough to prevent soreness or stiffness; Medical evaluation of the restrained detainee twice per eight-hour shift; and When qualified medical staff is not immediately available, staff position the detainee "face-up".	YES	No	NA .	REMARKS
The shift supervisor monitors the detainee's position/condition every two hours.  • He/she allows the detainee to use the rest room at these times under safeguards.				The detainee's position/condition is monitored every 15 minutes. The detainee is allowed to use the restroom as needed.
All detainee checks are logged.				
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.				
<ul> <li>When the OIC authorizes use of non-lethal weapons:</li> <li>Medical staff is consulted before staff use pepper spray/non-lethal weapons.</li> <li>Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.</li> </ul>	$\boxtimes$			
Special precautions are taken when restraining pregnant detainees.  • Medical personnel are consulted				Pregnant detainees are (b)(7)(E) (b)(7)(E) Medical personnel are consulted.
Protective gear is worn when restraining detainees with open cuts or wounds.	$\boxtimes$			The facility utilizes universal precautions and staff is provided gloves. (b)(7)(E) are provided protective gear which is worn when executing a calculated use-of-force.
Staff documents every use of force and/or non-routine application of restraints.				
It is standard practice to review any use of force and the non-routine application of restraints.	$\boxtimes$			Administrative and supervisory staff reviews all use of force and non-routine application of restraint reports.
All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.  • Specialized training is given and Officers are certified in all devices they use.				
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?				The requirement to use the "Use of Force form" is specific to SPCs. The facility utilizes an equivalent Use of Force form.
□ ACCEPTABLE □ DEFICIENT		AT-F	Risk	REPEAT FINDING

### REMARKS:

The facility does not use medication for restraint purposes.

The facility does not use	(b)(7)(e)				
(b)(7)(e)					
(b)(7)(e)					
Unauthorized chemicals are not used at the facility. The facility uses (b)(7)(e) if the need arises.					
Facility policy and defensive tactics training reflect the staff are not authorized to use (b)(7)(e) s a means of controlling detainees.					
A review of 41 Use of Fo resisted being handcuffed	rce reports for the inspection period revealed only one use of force incident involving an ICE detainee who l.				
The facility is equipped v	vith (b)(7)(e)				
(b)(7)(E) The facility uses a hand held video camera for incidents involving a calculated use of force.					
A review of policies and procedures, documentation, observations and interviews with staff were used to determine compliance.					
(b)(6) (b)(7)(c) Aug AUDITOR'S SIGNATURE	rust 11. 2011				
	(b)(6) (b)(7)(c)				

#### STAFF DETAINEE COMMUNICATIONS

**POLICY:** PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME FRAME.

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.				The section of this component that requires weekly announced and unannounced visits is specific to SPCs and CDFs. ICE staff does make weekly announced and unannounced visits to this facility. A separate bound logbook is used to document ICE staff at the facility.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	$\boxtimes$			
Scheduled visits are posted in ICE detainee areas.	$\boxtimes$			ICE scheduled visits occur on Tuesday, with Thursday designated as the alternate day. Postings of this information were observed in housing units where ICE detainees are located.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	$\boxtimes$			
ICE information request Forms are available at the IGSA for use by ICE detainees.				ICE request forms are placed in locked boxes located in ICE housing units.
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	$\boxtimes$			
ICE staff responds to a detainee request from an IGSA within 72 hours.				
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	$\boxtimes$			
ACCEPTABLE DEFICIENT		AT-R	RISK	REPEAT FINDING

#### **REMARKS:**

The facility and ICE staff appears to have a good relationship and no ICE detainees voiced any concerns about access to facility or ICE staff. The facility started using a Kiosk system since the last inspection. Detainees have the ability to make electronic requests directly to counselors and medical. Counselors indicated they will handle any requests that are of a local nature and electronically forward any immigration issues to ICE for their handling. The facility has assigned an officer who is fluent in several languages to the ICE housing units.

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#### DETAINEE TRANSFER STANDARD

POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE.

TAKING PLACE.		1.0		
COMPONENTS	YES	No	NA	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.  • The notification is recorded in the detainee's file; and • When the A File is not available, notification is noted within DACS				ICE will handle notification, if a G-28 is on file.
Notification includes the reason for the transfer and the location of the new facility.				
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.				
<ul> <li>Facility policy mandates that:</li> <li>Times and transfer plans are never discussed with the detainee prior to transfer;</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility; and</li> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>		$\boxtimes$		Facility policy does not address any of the bulleted items identified in component.
The detainee is provided with a completed Detainee Transfer Notification Form.				ICE provides this notification.
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	$\boxtimes$			
For medical transfers:  • The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer;  • Medical transfers are coordinated through the local ICE office; and  • A medical transfer summary is completed and accompanies the detainee.	$\boxtimes$			
Detainees in ICE facilities having DIHS staff and medical care 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.				There is no ICE Health Services Corps staff based at this facility.
For medical transfers, transporting officers receive instructions regarding medical issues.				
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	$\boxtimes$			
Transfer and documentary procedures outlined in Section C and D are followed.				
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.				

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TAKING PLACE.				
COMPONENTS	YES	No	NA	REMARKS
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	$\boxtimes$			
ACCEPTABLE DEFICIENT	AT-RISK REPEAT FINDIN		REPEAT FINDING	

### REMARKS:

Review of facility policy, interviews with staff and observation of practices were used to determine compliance with this standard. Facility policy does not address confidentiality and security aspects of transfer information as required. The facility satisfies all other aspects of the standard.

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



MEMORANDUM FOR:

Calvin M. McCormick

Field Office Director Baltimore Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

Howard County Detention Center Annual Review 2011

The annual review of the Howard County Detention Center conducted on August 9-11, 2011 in Jessup, Maryland has been received. A final rating of "<u>Acceptable</u>" has been assigned and this review is now closed.

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

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324 Detention Facility Review Form, the G-324 Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before August 11, 2012.

Should you or your staff have any questions regarding this matter, please contact

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Deputy Assistant Director, Detention Management Division at (202) 732 (6) (b)(7)(c)

cc: Official File