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



MEMORANDUM FOR:

Michael W. Meade

MAY 2 8 2010

Field Office Director

Miami Field Office

FROM:

Robert P. Helwig

Assistant Director for Detention and Removal Management

SUBJECT:

Krome Service Processing Center Annual Review

The annual review of the Krome Service Processing Center conducted on May 4-6, 2010, in Miami, Florida has been received. A final rating of **Meets Standards** has been assigned.

The G-324A worksheets provided by the Lead Compliance Inspector (LCI) indicated the facility had no deficient standards. However, a Plan of Action is required to address the identified deficient Environmental Health and Safety standard.

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

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The Field Office Director is responsible for ensuring that the facility responds to all findings and a Plan of Action is submitted to the Review Authority (RA) within 30 days.
- 3) The RA will advise the Field Office Director once the Plan of Action is approved.
- 4) Once a Plan of Action is approved, the Field Office Director shall schedule a follow-up on the above noted deficiencies within 90 days.

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

Krome Service Processing Center Annual Review Page 2 of 2

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

cc: Official File

ICE:HQDRO: (b)(6), (b)(7)c 04/26/2010

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U.S. Immigration and Customs Enforcement Office of Detention and Removal



National Performance-Based Detention Standards Outcome Measures for Over 72 Hour Facilities

September 9, 2008

Detention Management Division 500 12th Street, SW Washington, DC 20536

PART 1 - 1. EMERGENCY PLANS

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.

Outcome	Measures	Worksheet
Outcome	IVICABUI CB	AAOLVOHGGE

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
17	1 (Key)	Number of injuries resulting from fires requiring medical treatment	0	
	(2)(.)0	divided by the average daily population (ADP)	602	C
19,21	2 (Key)	Number of fires that resulted in property damage	0	
	(b)(7)e	divided by the average daily population (ADP)	602	C
21	3 (Key)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility	0	
	(6)(7)6	divided by the number of emergencies.	1	C
21	(b)(7)e	Number of emergencies, caused by forces external to the facility, that result in property damage	0	
		divided by the average daily population (ADP)	602	
21	5	Dollar amount of property damage from fire	0	
	(b)(7)e	divided by the average daily population (ADP)	602	
21	6	Number of code violations cited	0	
21	(b)(7)e	divided by the average daily population (ADP) Number of incidents of inventory discrepancies	602	
~ 1	(b)(7)e	divided by the average daily population (ADP)	602	0
21	8	Number of incidents involving toxic or caustic materials	0	
	(b)(8)	divided by the average daily population (ADP)	602	

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.

		Outcome Measures Worksheet		In. 1
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3, 8, 13	1 (Key)	Number of worker's compensation claims filed for injuries that resulted from the physical environment.	0	
	(b)(7)e	divided by the average number of full-time	250	0
		equivalent staff positions	250	u
1,8,13,18	2 (Key)	Number of physical injuries or emotional		
1,0,10,10	1 11	traumas requiring treatment as a result of the	0	
	(b)(7)e	physical environment of the facility		
		divided by the average daily population.	602	0
27,30,31	3 (Key)	Number of sanitation or health-code violations		
		identified by external agencies	0	
	(b)(7)e	divided by the average daily population (ADP)	602	
3,10,17,36	4 (Key)	Number of detainee grievances related to safety		0
, , , , ,		or sanitation found in favor of detainees	0	
	(b)(7)e	divided by the number of detainee's grievances		
		related to safety or sanitation.	0	0
9	5 (Key)	Number of detainee injuries resulting from fires		
	(b)(7)e	requiring medical treatment in a 12-month	0	
		period		
_	<u> </u>	divided by the average daily population (ADP)	602	0
19,30,31,33,	6	Number of illnesses requiring medical attention	0	
36,37	(b)(7)e	as a result of the physical environment of the		
		facility	602	
27 20 21	7	divided by the average daily population Number of health code violations corrected		0
27,30,31			0	
	(b)(7)e	divided by the number of health code violations identified.		0
9	8	Number of fire-code violations corrected	0	0
9	(b)(7)e	divided by the number of fire code violations	0	
	(b)(7)e	cited by jurisdictional authority.	0	0
15	9	Number of detainee injuries (other than by fire)		
10		requiring medical treatment	0	
	(b)(7)e	divided by the average daily population.	602	0
9	10	Number of staff injuries resulting from fires	002	0
•		requiring medical treatment	0	
	(b)(7)e	divided by the average daily number of staff in	-	
		the past 12 months.	0	0
15	11	Number of staff injuries (other than fire)	0	
10		requiring medical treatment		
	(b)(7)e	divided by the number of fire related incidents		
		during the past 12 months.	0	0
15	12	Number of detainee lawsuits related to safety or		
		sanitation found in favor of the detainee	0	
	(b)(7)e	divided by the number of detainee lawsuits		
		related to safety or sanitation	0	۱ ،

PART 1 - 3. TRANSPORTATION (BY LAND)

This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

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

Outcome Measures Worksheet

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party	0	
	(b)(7)e	divided by the average daily population (ADP)	602	0
12	2	Number of vehicle accidents resulting in property damage	1	
		divided by the total number of trips	3094	.003
12	3	Dollar amount of damage from vehicle accidents resulting in property damage	585	
	(b)(7)e	divided by the total number accidents	1	585

PART 2 - 4. ADMISSION AND RELEASE

This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Total number of detainees who received orientation presentations over the last year	13923	
		divided by the total number of detainees admitted into the facility over the last year	13923	1

PART 2 - 5. CLASSIFICATION SYSTEM

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1 (Key)	Number of escapes from the facility	0	
	(b)(7)e	divided by the average daily population.	602	0
2,3,4	2	Number of level 1 detainees admitted during the past 12 months	1372	
		divided by total number of detainees admitted during the past 12 months	13923	.098
2,3,4	3,4	Number of level 2 detainees admitted during the past 12 months	2296	
		divided by total number of detainees admitted during the past 12 months	13923	.164
2,3,4	4	Number of level 3 detainees admitted during the past 12 months	2250	
		divided by total number of detainees admitted during the past 12 months	13923	.161
9,10,11	5	Number of classification appeals won over the last 12 months	0	
		divided by the number of classification appeals filed over the last 12 months	0	0

PART 2 - 6. CONTRABAND

This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
6,7	1 (Key)	Number of weapons found in the facility over the past 12 months	3	
	(b)(7)e	divided by the average daily population.	602	.005
6,7	2 (Key)	Number of controlled substances found in the facility	8	
	(b)(7)e	divided by the average daily population.	602	.013
8	3	Number of incident reports involving contraband	17	
	(b)(7)e	divided by the average daily population.	602	.028

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

Outcome Measures Worksheet					
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
13	1	Number of incidents	110		
	(b)(7)e	divided by the average daily population.	602	.182	
3,4	2	Number of full time employees (FTE) filled	250		
		Number of FTE authorized	326		
3,4	3	Number of security employees (FTE) filled	320		
		Number of security FTE authorized	400		

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

	Outcome Measures Worksheet					
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure		
29, 30, 31	1 (Key)	Number of missing property claims submitted during the past 12 months				
		divided by the number of detainees admitted during the past 12 months	13923			
29, 30, 31	2 (Key)	Number of grievances filed by detainees regarding their property	31			
	(b)(7)e	divided by the average daily population.	602	.051		
7	3 (Key)	Number of detainee grievances on property decided in favor of detainees	13			
	(b)(7)e	divided by the total number of detainee grievances on property.	31	.41		

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
6	1 (Key)	Number of detainees kept in hold rooms beyond the 12 hour time constraint in the past 12 months	0	
	1	divided by the number of admissions	13923	

PART 2 - 10. KEY AND LOCK CONTROL

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

Outcome Measures Worksheet				
Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
1	Number of incidents involving keys	0		
(b)(7)e	divided by the average daily population.	602	0	
2	Number of incidents involving locks	0		
	divided by the average daily population.	602	0	
		Outcome Measure 1 Number of incidents involving keys (b)(7)e divided by the average daily population. 2 Number of incidents involving locks	Outcome Measure Numerator/Denominator Value 1 Number of incidents involving keys 0 (b)(7)e divided by the average daily population. 602 2 Number of incidents involving locks 0	

G-324A Outcome Measures - Rev: 9/11/08

PART 2 - 11. POPULATION COUNTS

This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1	Number of incident reports involving count issues (delayed counts, inaccurate counts, recounts)		
	1	divided by the total number of counts.	1460	

PART 2 - 12. POST ORDERS

This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

Outcome Measures Worksheet					
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
		NA			

PART 2 - 13. SEARCHES OF DETAINEES

This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
5	1 (Key)	Number of strip searches conducted over the past 12 months	2	
		divided by number of detainees admitted into the facility over the past 12 months	13923	1.4

PART 2- 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
10	1 (Key)	Number of confirmed sexual misconduct incidents between staff and detainees	0	
	(b)(7)b, (b)(7)e	divided by the average daily population for the past 12 months.	602	0
10	2 (Key)	Number of confirmed sexual misconduct incidents between volunteers and/or contract personnel and detainees	0	
		divided by the average daily population.	602	0
10	3	Number of alleged sexual misconduct incidents between staff and detainees	0	
	(b)(7)e	divided by the average daily population.	602	0
10	4	Number of alleged sexual misconduct incidents	0	

PART 2 - 15. SPECIAL MANAGEMENT UNITS

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

between volunteers and/or contract personnel

divided by the average daily population.

and detainees

(b)(7)e

		Outcome Measures Worksheet	1	
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
47	1	Number of detainees held in SMU beyond 30 days during the past 12 months	2	
		divided by the number of admissions to segregation in the past 12 months	312	.01
36 2	2	Number of grievances regarding access to courts found in favor of the detainee during the past 12 months while in SMU	0	
		divided by the number of grievances regarding access to courts during the past 12 months while in SMU	0	0.0
40,41,42	3	Number of grievances regarding access to recreation activities found in favor of the detainee during the past 12 months while in SMU	0	
		divided by the number of grievances regarding access to recreation activities during the past 12 months while in SMU	0	C
1	4	Number of incidents in SMU	252	
		divided by the number of admissions to SMU.	312	.81

602

0

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,2,3	1 (Key)	Number of ICE scheduled visits during the last 12 months	52	
		divided by 52 (weeks).	52	1
1,2,3	2	Number of ICE unannounced visits during the last 12 months	52	
		divided by 52 (weeks).	52	1
5,8,9	3	Number of Staff Detainee Request forms responded to within 72 hours		
		divided total number of Staff Detainee Request forms for the past 12 months		

PART 2-17. TOOL CONTROL

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

Outcome Measures Worksheet					
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
3	1	Number of incidents involving tools	0		
	(b)(7)e	divided by the average daily population.	602	0	
3	2	Number of incidents involving culinary equipment	0		
	(b)(7)e	divided by the average daily population.	602	0	
3	3	Number of incidents involving medical equipment and sharps	0		
	(b)(7)e	divided by the average daily population.	602	0	
			40 11 11 11 11 11 11 11 11 11 11 11 11 11		

PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
7, 28	1 (Key)	Number of instances in which force was used		
	(b)(7)e	divided by the average daily population.	602	
7, 9	2 (Key)	Number of times that staff uses of force were found to have been inappropriate		
	(b)(7)e	divided by the number of uses of force		
16,21	3 (Key)	Number of injuries requiring medical treatment resulting from staff use of force		
	(b)(7)e	divided by the average daily population	602	
7, 9	4 (Key)	Number of detainee grievances filed alleging inappropriate use of force decided in favor of the detainees		
		divided by the number of grievances alleging inappropriate uses of force.		-

PART 3 - 19. DISCIPLINARY SYSTEM

This Detention Standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

Outcome Measures Worksheet					
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
1	1 (Key)	Number of rule violation reports	252		
	(b)(7)e	divided by the average daily population.	602	.42	
1	2 (Key)	Number of assaults detainee against detainee	81		
	(b)(7)e	divided by the average daily population	602	.134	
1	3 (Kev)	Number of assaults detainee against staff	29		
	(b)(7)e	divided by the average daily population	602	.048	
1	4 (Key)	Number of 100 and 200 level violations	248		
		divided by the average daily population.	602	.41	
1	5 (Key)	Number of 300 and 400 level violations	106	70	
		divided by the average daily population.	602	.18	
6	6	Number of disciplinary violations resolved at the unit level	106		
		divided by the total number of disciplinary violations adjudicated	354	.30	

PART 4 - 20, FOOD SERVICE

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3	1 (Key)	Number of documented detainee illnesses attributed to food service operations	0	
	(b)(7)e	divided by the average daily population (ADP)	602	
	2 (Key)	Number of detainee grievances about food	0	
3	(b)(7)e	service decided in favor of the detainee the past 12 months		
		divided by the number of detainee grievances about food service.	0	
52	3 (Key)	Number of violations cited by independent authorities for food sanitation in the past 12 months.	0	

PART 4 - 21. HUNGER STRIKES

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

Outcome Measures Worksheet				
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1 1 (Key	1 (Key)	Number of hunger strikes during past 12 months	8	
	Į.	divided by the average daily population	602	.013
13	2 (Key)	Number of detainees transported to outside facilities as a result of a hunger strike	2	
		divided by the number of hunger strikes during the past 12 months	8	.25
or Sanding	<u> </u>	The part 12 months	1	

PART 4 - 22. MEDICAL CARE

This Detention Standard ensures that detainees have access to a continuum of prompt, effective health care and emergency care services, so that their health care needs are met in a timely and efficient manner at no cost to detainees.

Outcome Measures Worksheet					
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
67	1 (Key)	Number of detainee deaths due to injuries			
	(b)(7)e	divided by the average daily population.	602		
67	2 (Key) (b)(7)e	Number of medically expected detainee deaths			
		divided by the average daily population.	602		
67	3 (Key)	Number of medically unexpected detainee deaths			
	(b)(7)e	divided by the average daily population.	602		

29,67	4 (Key)	Number of detainee admissions to off-site hospitals		
	(b)(7)e	divided by the average daily population.	602	
5,29	5 (Key)	Number of detainees transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions	14	
		divided by the average daily population.	602	.37
1	6 (Key)	Number of detainee grievances about access to health care services found in favor of the detainee	10	
		divided by the number of detainee grievances about access to healthcare services	25	.40
1	7 (Key)	Number of detainee grievances related to the quality of health care found in favor of detainees		
	(b)(7)e	Divided by the number of detainee grievances related to the quality of health care		
2,9	8 (Key)	Number of staff with lapsed licensure and/or certification		
	(b)(7)e	divided by the number of licensed or certified staff.		
23	9	Number of detainees with a positive tuberculin skin test on admission		
	(b)(7)e	divided by the number of admissions.		
23	10	Number of detainees diagnosed with active tuberculosis		
23	(b)(7)e	divided by the average daily population. Number of conversions to a positive tuberculin skin test	602	
	(b)(7)e	divided by the number of tuberculin skin tests given.		
23	12	Number of detainees with a positive tuberculin skin test who complete prophylaxis treatment for tuberculosis		
	(b)(7)e	divided by the number of detainees with a positive tuberculin skin test on prophylaxis treatment for tuberculosis.		
44	13 (b)(7)e	Number of Hepatitis C positive detainees divided by the average daily population.	602	
44	14	Number of HIV positive detainees	602	
	(b)(7)e	divided by the average daily population.	002	

PART 4 - 23. PERSONAL HYGIENE

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

	Outcome Measures Worksheet					
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure		
1,2	1 (Key)	Detainee grievances regarding detainee access to personal hygiene decided in favor of the detainee	1			
		divided by the average daily population.	602	.001		
1,2	2 (Key)	Number of detainee grievances related to hygiene found in favor of the detainee	1			
	(b)(7)e	divided by the number of detainee grievances related to hygiene.	1	1		
7,8	3 (b)(7)e	Number of detainees diagnosed with hygiene-related conditions (scabies, lice, or fungal infections)	89			
		divided by the average daily population.	602	.147		
7	4	Number of detainee lawsuits related to hygiene found in favor of the detainee.	0			
	(b)(7)e	divided by the number of detainee lawsuits related to hygiene	0	0		

PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION

This Detention Standard protects the health and well-being of immigration detainees by training detention facility staff in effective methods for preventing suicide. More specifically, facility staff will be trained to recognize and identify potential signs, behaviors, or situations which suggest a detainee may be a suicide risk. Facility staff will also be trained to proceed with the appropriate sensitivity, supervision, referral, reporting, medical emergency intervention, and treatment when required to take action in order to prevent or minimize such a risk.

	Outcome Measures Worksheet					
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure		
3	1 (Key)	Number of detainee suicide attempts	2			
	(b)(7)e	divided by the average daily population	602	.003		
4	2 (Key)	Number of detainee suicides	0			
	(b)(7)e	divided by the average daily population.	602	0		

P	ART 4 – 25.	TERMINAL ILLNESS, ADVANCE DIRECT	IVES, AND	DEATH
		res that each facility's continuum of health care ctives and provides specific guidance in the ever		
	opriate box fo	elity does not accept ICE detainees who are soon this portion of the worksheet. ALWAYS coons.		
		Outcome Measures Worksheet		
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
		NA		
				

PART 5 - 26, CORRESPONDENCE AND OTHER MAIL

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

Worksheet	Outcome	Numerator/Denominator	Value	Outcome Measure
Item #	Measure		1 At	
8,9,10	1 (Key)	Number of detainee grievances regarding correspondence and other mail	15	
		divided by the average daily population	602	.02
8,9,10	2 (Key)	Number of detainee grievances regarding correspondence and other mail decided in favor of detainees	11	
		divided by the total number of grievances	735	.014

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

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

		Outcome Measures Worksheet		
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1	Number of escorted trips denied	0	
		Divided by the number of requests received	5	(
14	2	Number of detainees who became disruptive during the trip resulting in the trip's termination	0	
		Divided by the number of escorted trips taken	5	
		Bivided by the manifel of eccented tripe taken	<u> </u>	

PART 5 - 28. MARRIAGE REQUESTS

This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.

Worksheet	Outcome	Numerator/Denominator	Value	Outcome Measure
Item #	Measure			
		NA		

PART 5 - 29. RECREATION

This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

Outcome Measures Worksheet					
Outcome Measure	Numerator/Denominator	Value	Outcome Measure		
1	Average number of detainees participating in recreation per day				
	divided by the average daily population	602			
2	Number of detainee grievances, regarding: recreation	3			
	divided by the average daily population.	602	.004		
3	Number of detainee voluntary transfers (recreation related) approved	0			
	divided by the total number of voluntary transfers (recreation related) requested	0	0		
4	Number of voluntary transfers (recreation related) requested	0			
	divided by the average daily population	602	0		
	Measure 1 2 3	Outcome Measure Average number of detainees participating in recreation per day divided by the average daily population Number of detainee grievances, regarding: recreation divided by the average daily population. Number of detainee voluntary transfers (recreation related) approved divided by the total number of voluntary transfers (recreation related) requested Number of voluntary transfers (recreation related) requested	Outcome Measure Numerator/Denominator Value 1 Average number of detainees participating in recreation per day 602 2 Number of detainee grievances, regarding: recreation 3 recreation 3 Number of detainee voluntary transfers (recreation related) approved 0 (recreation related) approved divided by the total number of voluntary transfers (recreation related) requested 4 Number of voluntary transfers (recreation related) requested		

PART 5 - 30. RELIGIOUS PRACTICES

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of detainee grievances regarding religious practices	3	
		divided by the average daily population.	602	.004
1	2	Number of detainee grievances regarding religious practices decided in favor of detainees	1	
		divided by the total number of grievances filed	735	.00

PART 5 - 31. TELEPHONE ACCESS

This Detention Standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies by providing them reasonable and equitable access to telephone services.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
27	1	Number of detainee grievances regarding telephone access	6	
		divided by the average daily population.	602	.009
27	2	Number of detainee grievances regarding telephone access decided in favor of detainees	6	
		divided by the total number of grievances filed	735	300.

PART 5 - 32. VISITATION

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1	Number of detainee grievances regarding visitation	3	
		divided by the average daily population.	602	.005
1	2	Number of detainee grievances regarding visitation decided in favor of detainees	3	
		divided by the total number of grievances filed	735	.004

PART 5 - 33. VOLUNTARY WORK PROGRAM

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

		Outcome Measures Worksheet		
Worksheetl tem #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
8	1	Number of detainee grievances regarding voluntary work program	19	
		divided by the average daily population.	602	.031
8 2	Number of detainee grievances regarding voluntary work program decided in favor of detainees	1		
		divided by the total number of grievances filed	735	.001
1,3	3	Average number of detainees participating in the voluntary work program	200	
		divided by the average daily population	602	.33
1,3	4	Average monthly total wages paid to detainees		
		divided by the average daily population	602	

PART 6 - 34. DETAINEE HANDBOOK

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

Outcome Measures Worksheet					
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
		NA			

PART 6 - 35. GRIEVANCE SYSTEM

This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

Outcome Measures Worksheet						
Worksheet Item #	orksheet Item Outcome Numerator/Denominator Measure		Value	Outcome Measure		
7 1 (Key)		Number of detainee grievances regarding discrimination	6			
	(b)(7)e	divided by the average daily population.	602	.009		
8,11	2 (Key)	Number of detainee grievances regarding discrimination resolved in favor of detainees	4			
	(b)(7)e	divided by the total number of detainee grievances filed regarding discrimination.	6	.66		
8,11	3 (Key)	Number of grievances resolved in favor of detainees	215			
,	(b)(7)e	divided by the average daily population.	602	.35		
8,11	4 (Key)	Number of grievances resolved in favor of detainees	215			
	(b)(7)e	divided by the total number of grievances filed.	735	.29		

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL

This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
18	1	Number of detainee grievances regarding access to court decided in favor of detainee	s. 5	
		divided by the total number of grievances file	ed 735	.006
Number of detainee grievances, regarding access to court		14		
		divided by the average daily population.	602	.023

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS

This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Outcome Measures Worksheet

Outcome Measure	Numerator/Denominator	Value	Outcome Measure
	NA		
	Measure	The state of the s	<u> </u>

PART 7 - 38. DETENTION FILES

This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.

Outcome Measures Worksheet

Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	Number of detainee grievances on records decided in favor of detainees	215	
(b)(7)e	divided by the total number of detainee grievances.	735	.29
2	Number of detainee grievances on records	735	
(b)(7)e	Divided by the average daily population.	602	1.2
	Measure 1 (b)(7)e	Measure 1 Number of detainee grievances on records decided in favor of detainees divided by the total number of detainee grievances. 2 Number of detainee grievances on records	Measure Number of detainee grievances on records decided in favor of detainees divided by the total number of detainee grievances. Number of detainee grievances on records 735

PART 7 - 39, NEWS MEDIA INTERVIEWS AND TOURS

This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.

Outcome Measures Worksheet

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,3	1 (b)(7)e	Number of complaints filed by the public/media regarding access to information and/or the facility	0	
		divided by the average daily population.	602	Ō
1,3	2	Number of positive letters/news articles made by the public/media regarding the facility	3	
	(b)(7)e	divided by the average daily population.	602	.004

PART 7 - 40. STAFF TRAINING

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

		Outcome Measures Worksheet		
Worksheet Item #	ANG 가게 되는 것이 되었다. 그는 그 사람이 되는 것이 되었다. 그는 그는 그는 그를 가게 되었다.		Value	Outcome Measure
1	1 (Key)	Number of staff who left employment for any reason	9	
	(b)(7)e	divided by the number of full-time equivalent staff positions.	250	.036
4	2	Number of initial training hours provided in the past 12 months	1080	
		divided by the number of staff hired in the past 12 months	40	27
4	3	Number of annual training hours provided in the past 12 months	19129	
		divided by the average number of FTE in the past 12 months	250	76.5
26	4	Number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education	45	
		divided by the number of full-time equivalent staff positions.	250	.18
26	5	Number of professional development events attended by staff	3	
		divided by the number of full-time equivalent staff positions	250	.012

PART 7 - 41. TRANSFER OF DETAINEES

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

Worksheet	Outcome	Numerator/Denominator	Value	Outcome Measure
item #	Measure			[급기 : [발발기 :] [다
		NA		
		1		
				_

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



Performance-Based National Detention Standards Worksheets Intergovernmental Service Agreement (IGSA) ICE Service Processing Center (SPC) ICE Contract Detention Facility (CDE)

Name
Krome Service Processing Center
Address (Street and Name)
(b)(6), (b)(7)c
City, State and Zip Code
Miami, Florida 33194
County
Dade
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator)
(b)(6), (b)(7)c Acting Field Office Director / Officer in Charge (AFOD/OIC)
Name and title of Lead Compliance Inspector
(b)(6), (b)(7)c
Date[s] of Review
May 4-6, 2010
Type of Review

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

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

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

Vorksheet Completion

Reviewers are required to complete each item within each section of the G324A and G324B Detention Review Worksheets. Worksheets are in a uniform format with 5 columns with NDS purpose and scope cited at the top

of the worksheet. Column 1 contains the NDS standard assessment component. Columns 2-4 are provided for the ratings assigned to each component that is assessed. While there is a column titled N/A or not applicable, the N/A rating should be used rarely and only when applicable. The remarks section is provided for reviewers to include details on each rating that may raise a question such as the "Does Not Meet Standard" or "N/A" ratings.

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

Outcome Measures Completion

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

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

TABLE OF CONTENTS

PART 1 SAFETY

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

PART 2 SECURITY

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

PART 3 ORDER

19 Disciplinary System

PART 4 CARE

- 20 Food Service
- 21 Hunger Strikes
- 22 Medical Care
- 23 Personal Hygiene
- 24 Suicide Prevention and Intervention
- 25 Terminal Illness, Advance Directives, and Death

PART 5 ACTIVITIES

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

PART 6 JUSTICE

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

PART 7 ADMINISTRATION & MANAGEMENT

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

Performance-Based National Detention Standards

Part I – SAFETY

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

PART 1 - 1. EMERGENCY PLANS This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity. Components Remarks Does Not Meet Meets Standard Facility policy indicates this component is 1. No Detainee or detainee groups addressed during orientation and annual staff control or authority over other detainees. X training. The module and signature sheets were reviewed by this inspector. 2. Detainees are protected from: Personal abuse Corporal punishment Personal injury \boxtimes Disease Property damage Harassment from other detainees Staff is trained to identify signs of detainee The facility annual training records indicate staff are trained in the Supervision of unrest. \boxtimes Detainees. The training module, which What type of training and how often? addressed the topic well, was reviewed. Staff effectively disseminates information on \boxtimes acility climate, detainee attitudes, and moods to the Facility Administrator. There is a designated person or persons responsible for emergency plans and their The inspector spoke to the IEA responsible for \boxtimes implementation. Sufficient time is allotted to the plan updates; the current plan was updated in person group for development 2010. or implementation of the plans. 6. Each emergency plan is assigned a number There are seven copies of the emergency and is strictly accounted for. A list identifying the plan and each is assigned to persons who location of each emergency plan is maintained by are listed on a cover sheet at the front of the \bowtie the Chief of Security or equivalent. manual. Each manual has a metal tag with a number stamped on it to ensure accountability of the plans. The facility training module and the signature 7. All staff receives training in the emergency plans during their orientation training as well as \boxtimes sheets for annual training were reviewed by the inspector and found compliant. during their annual training. 8. The General Section of the emergency plans \boxtimes discusses alternate routes to the facility for staff to use in the event the primary route is impassable. The plans address the following issues: Confidentiality A recent revision to the emergency plan was

 \bowtie

Accountability (copies and storage locations)

Annual review procedures and schedule

Revisions

completed after a staff training exercise in

March 2010 indicated a required change.

PART 1 - 1. EMERGENCY PLANS

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans o quickly and effectively respond to any emergency situations that arise and to minimize their severity.

Components	Meets Standard	Does Not Meet	N/A	Remarks
	Sta	۵Ž		
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.				
11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			Neighborhoods are notified through a community public information source.
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 				The facility has one memorandum of understanding (MOU) with the Border Patrol. There are no additional memorandums of understanding with any local, state or other federal agency.
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	\boxtimes			A training scenario whch involved a hostage situation was conducted on 03-08-10.
14. All staff receives copies of the Facility Hostage policy and procedures.	\boxtimes			All staff received a copy of the facility Hostage Policy during the 2009 - 2010 annual training session. Training records support compliance. All new staff are provided the policy during orientation.
15. Staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and psychological effects.	\boxtimes			This inspector reviewed the training module and the required information is included.
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.				The facility has a contract with Language Services.
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	\boxtimes			
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.				The facility has an estimated five days' worth of food dedicated for emergency meals.
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	\boxtimes			
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	\boxtimes			

PART 1 -	- 1. EM	ERGE	NCY	PLANS
This Detention Standard ensures a safe environment to quickly and effectively respond to any emergency s				
Components	Meets Standard	Does Not Meet		Remarks
21. (MANDATORY) Written procedures cover: Work/Food Strike Fire				
 Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances 				A review of the facility Emergency Plan reflected procedures for each area cited in the component were included in the Plan.
22. The Emergency Plans specify a procedure for post-emergency debriefings and discussions.				
PART 1 –	1. EME	RGEN	ICY P	LANS
	Meet S	tandar	d	□ N/A □ Repeat Finding
REMARKS (Record significant facts, observations, other so Krome SPC needs to determine what local and state a Once this is determined, an MOU should be acquired (b)(6), (b)(7)c / 05-06-10 (b)(6), (b)(7)c REVIEWER'S SIGNATURE / DATE	agencie	es they	requi	

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	A N	Remarks
(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				Krome Policy and Procedure (KPP) 10-02 was reviewed to assist in determining
Trazardous materials.				compliance. The facility follows procedures for the storage, use, and maintanence of hazardous materials.
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			Inventories are being maintained in the respective areas.
 3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 				MSDS folders are located in all areas where hazardous materials are stored.
 4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official. 				Safety glasses and gloves are worn as protection when staff use flammable, toxic, and/or caustic substances.
The MSDS are readily accessible to staff and detainees in the work areas.	⊠			MSDS folders are readily available to staff and detainees.
 6. Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervises detainees using these substances. 				Detainees are not allowed to dispense hazardous materials. However, detainees are allowed to use hazardous materials after they are trained. Staff always supervise detainees' use of hazardous materials.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.				Flammable materials are stored in locked cabinets.
8. Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.				
All toxic and caustic materials stored in their original containers in a secure area.				Toxic and caustic materials are stored in their original containers in secure areas.
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	⋈			

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

- cquipmone	<u>naveni (j. e</u>	<u> </u>		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				The facility does not have methyl alcohol.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.				Doyan Security Services and ICE personnel training files were reviewed, which indicated staff receive pre-service, as well as annual, training in this area.
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	×			The facility has a Fire Plan which has been approved by the Miami Dade County Fire Department. An annual fire inspection of the facility was completed 04-05-10.
14. A technically qualified staff member conducts fire and safety inspections.		×		The facility comprehensive monthly fire safety inspections are completed by a technically qualified member of the maintenance department. However, weekly fire and safety inspections are not completed by a technically qualified staff member.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.				The safety officer has maintained files of fire and safety inspections including corrective action since January 2010. For the 12-month period under review, however, no inspection reports were available for the time period prior to January 2010. Corrective action, including in part a change of personnel, has resulted in an improved system.
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.				The facility has a fire prevention, control and evacuation plan which has been approved by the FOD, AFOD and Miami-Dade Fire Department.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. The plan requires:				
Monthly fire inspections.				
Fire protection equipment strategically located throughout the facility.				
Public posting of emergency plan with accessible building/room floor plans.				
Exit signs and directional arrows.				
An area-specific exit diagram conspicuously posted in the diagrammed area.				
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				No fire drill documentation could be presented for the time frame of mid-October 2009 to mid-March 2010. Staff reported fire drills were not conducted for an extended period of time during the previous 12 months. Fire drills in all locations of the facility, including administrative areas, are not consistently conducted on a quarterly basis.
19. A sanitation program covers barbering operations.	×			The sanitation program addresses the barbering operation, which is supervised by staff and detainees are the workers. The only tools used in this operation are electric clippers.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.				The facility has a barbershop with the facilities and equipment necessary to meet sanitation requirements.
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			Sanitation standards are posted in the barbershop.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.				The facility has written procedures to regulate the handling and disposal of used needles and other sharp objects.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			Daily checks are performed by security staff and by the Heath Service Administrator (HSA).
24. Standard cleaning practices include:				
 Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			Standard cleaning practices are being followed.

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25. Spill kits are readily available.	\boxtimes			Spill kits are located throughout the facility.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				Stericycle is the medical waste contractor used for the disposal of bio-hazardous waste.
27. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			All facility staff receive annual training to prevent contact with blood and other body fluids.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?				Facility staff is trained in the handling/disposal of refuse in an appropriate manner.
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 				The facility contracts with Guarantee Floridian Pest Control for service on a monthly basis.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				Water is delivered to the facility by the Dade County Water Department. Tests are conducted by the county and forwarded to the maintenance department where they are kept on file.
 31. Emergency power generators are tested at least every(b)(7)eweeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 				Emergency power generators are tested (b)(7)e , and monthly under a full facility load.
32. The Facility appears clean and well maintained.				
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	\boxtimes			Hazardous material is stored in secure areas and in secure cabinets.
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			Daily enviromental inspections are performed by HSA medical staff.
35. The Health Services Administrator conducts medical-facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	\boxtimes			Inspections are conducted daily and deficiencies are noted.
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	\boxtimes			

This Detention Standard protects detainees, staff, volunte high facility standards of cleanliness and sanitation, safe equipment.	ers, an	d contract	ors fron	n injury and illness by maintaining	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.					
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 					
PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
☐ Meets Standard ☑ Does Not Meet St	andard	I 🗆 N/A	1	☐ Repeat Finding	
REMARKS (Record significant facts, observations, other so Inspection reports were not consistently maintained through documentation could be presented indicating fire drills were areas during the period under inspection (b)(6), (b)(7)c / 05-06-1 REVIEWER'S SIGNATURE / I	hout the	e 12-montl	h repor		

PART 1 -	- 3. TRANSP	ORTA	TION (BY	LAND	
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
Transporting officers comply with applications state, and federal motor vehicle laws and records support this finding of compliance.					KPP 10-03 addressing transportation was reviewed. It is noted there is no evidence of staff's receiving any work-related driving violations in the past year. All staff are required to possess appropriate driver's licenses.
Every transporting officer required to commercial size vehicle has a valid Commercial License (CDL) issued by the state of employments.	ial Driver's	\boxtimes			All valid CDLs are kept on file in the Transportation Lieutenant's Office.
Supervisors maintain records for eac operated.	ch vehicle				The Doyon security contractual staff maintair b)(7)(e) puses and b)(7)(e) vans. In addition, ICE staff have a number of vehicles available for use in transporting detainees. Records are maintained for each vehicle.
 Documentation indicating annual inspection in accordance statutes is available for review. 		\boxtimes			All records and vehicle inspection reports are maintained in the Transportation Lieutenant's Office.
 Documentation indicating safety re completed immediately and vehicles are not they have been repaired and inspected is avereview. 		\boxtimes			
 6. Officers use a checklist during even inspection. Officers report deficiencies affecting opera Deficiencies are corrected before the verback into service. 	ability.				(b)(7)e performs all maintenance on the buses, and (b)(7)e maintains the vans.
 7. Transporting officers: Limit driving time to when transporting detainees. Drive only after eight consecutive off-duty Do not receive transportation assignment having been on duty, in any capacity, force Drive ab)(7) hour maximum in a given work (b)(7) hour maximum during eight consecutive) During emergency conditions (inclusive weather), officers may drive as long as near reach a safe area—exceeding the b)(7) hour 	nents after (7)eours. rk week; a e days. ding bad ecessary to				Transporting staff are limited as outlined in regard to driving time.

PART 1 – 3. TRANSPORTATION (BY LAND)					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.					
☐ Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
8. Two officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. • When buses travel in tandem with detainees, there	\boxtimes			There are always _{D)(7)(e} pfficers with valid CDLs present when	
 with buses travel in taildern with detaillees, there are two qualified officers per vehicle. An unaccompanied driver transports an empty vehicle. 				transporting detainees.	
9. The transporting officer inspects the vehicle before the start of each detail.	×			Vehicles are inspected prior to any transfer.	
10. Positive identification of all detainees being transported is confirmed.				Positive identification of detainees is confirmed prior to any transfer taking place. Staff identifies the detainee by using a 3x5 color photo and the detainee's wrist band identification.	
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.				All detainees are pat searched.	
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.				Buses may hold either (b)(7)e detainees. Vans hold up tqb)(7)e detainees.	
13. All uniformed officers wear their issued (b)(7)e in accordance with the ICE (b)(7)e policy and/or applicable contract policy when transporting detainees.	\boxtimes			All staff are issued (b)(7)e when transporting detainees.	
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 				Staff perform visual counts whenever a vehicle makes a scheduled or unscheduled stop.	
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	×			Handcuffs and leg irons are used by staff when transporting detainees.	
 16. Officers ensure that no one contacts the detainees. One officer remains in the vehicle at all times when detainees are present. 				Officers ensure there is no contact with the detainees, and p)(7)(a)fficer remains with the detainees at all times.	
 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	\boxtimes			Meals are provided during long distance transfers.	

PART 1 – 3. TRANS	PORTA	TION (BY	LAND))
This Detention Standard prevents harm to the general properly equipped, maintained, and operated and that manner, under the supervision of trained and experienced. Standard NA: Check this box if all ICE Transportatin control of the detainee case.	detain d staff.	ees are tr	anspo	rted in a secure, safe and humane
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).				The vehicle crew inspects all food
 Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. 				service meals before accepting delivery. All food items are kept in thermos-transport containers.
 Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 				·
 19. Vehicles have: (b)(7)e Equipment boxes stocked in accordance with the Use of Force Standard. Equipment appropriate and necessary for transporting detainees with physical disabilities. 				Buses and vans were inspected and it is noted all items listed are located on the vehicles or will be issued to staff transporting detainees. Items included for the transfer include those identified in (b)(7)e
				mileage logs; and a medical box.
20. The vehicles are clean and sanitary at all times.				Vehicles inspected were clean.
21. Personal property of a detainee transferring to another facility:				Detainee personal property is
 Is inventoried. 				inventoried and inspected prior to
Is inspected.				the detainee's departure.
Accompanies the detainee.				
22. The following contingencies are included in the written procedures for vehicle crews:				
Attack				
Escape				
Hostage-taking				
Detainee sickness				All of the contingencies listed are
Detainee death Validating		_		included in the transportation folder
Vehicle fire				which accompanies the
Riot Troffic assident				transporting officers.
Traffic accident Mechanical problems				
Mechanical problemsNatural disasters				
Severe weather				
Passenger list is not exclusively men or women or minors				
PART 1_3 TRANS	ODTA	TION /BV	LANIE	A CONTROL ON MARKET AND AND STORY OF STREET

	Meets Standard	□ Does Not Meet	Standard	□ N/A	☐ Repeat Finding
REMARKS (Recor	d significant facts, obser	vations, other sources u	sed, etc.):		
the general public	olices and procedures c and staff by ensuring afe and humane trans	vehicles are properly	detainees. equipped,	These policion	es and procedures prevent harm to and operated in a manner which
(b)(6), (b)(7)c		(6), (b)(7)c			

Performance-Based National Detention Standards

Part II – SECURITY

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

PART 2 - 4. ADMISSION AND RELEASE

This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services.				An orientation video is played in English and Spanish on a continuous rotational basis in the
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.				holding rooms. Therefore, each detainee may see it during intake. Each is also provided an ICE National Detainee Handbook and facility handbook.
 Medical screenings are performed by medical staff or persons who have received specialized training for the purpose of conducting an initial health screening. 				Medical screenings are performed by medical staff from the Division of Immigration Health Services (DIHS).
3. When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.				New detainees are segregated from general population detainees until the classification process is completed.
4. All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	⊠			All new detainees are required to be pat searched upon their arrival by a staff member of the same gender. If a more intrusive search is warranted, reasonable suspicion, documentation, and supervisory authorization is required.
5. Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.				Detainees are routinely pat searched. Strip searches are only conducted under reasonable suspicion and when supervisory authorization is provided.
6. The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.				
7. Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	\boxtimes			Facility staff reported Form I-387 is provided to a detainee when property has been reported as lost or damaged.
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				Coats are available as an option during certain climatic conditions.
All releases are coordinated with ICE.				

PART 2 – 4. ADMI	SSION	AND REL	EASE	
This Detention Standard protects the community, detaine orderly operations when detainees are admitted to or rele				d contractors by ensuring secure and
Components	Meets Standard	Does Not Meet Standard	MA	Remarks
10. Staff complete paperwork/forms for release as required.				
11. Each detainee receives a receipt for personal property secured by the facility.				Interviews conducted with detainees and file reviews indicated compliance with this component of the standard.
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	\boxtimes			
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.				
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.				The orientation video is provided in English and Spanish and the facility detainee handbook is provided in English, Spanish and Creole.
PART 2 – 4. ADMIS	SSION	AND REL	EASE	
⊠ Meets Standard ☐ Does No	ot Meet	Standard		N/A ☐ Repeat Finding
REMARKS (Record significant facts, observations, other source. Admission and release areas are staffed continuously through the detainee's arrival and documented electronically.			Bookin	g information is gathered initially upon
Any detainee who appears to require medical attention is in (b)(6), (b)(7)c / 05-06-10 REVIEWER'S SIGNATURE / DAT (b)(6), (b)(7)c	mmedia	tely seen	by me	dical staff.

PART 2 - 5	CI AS	SSIFICATION SYSTEM

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

[12] [13] [14] [15] [15] [15] [15] [15] [15] [15] [15		Salam Calabida Salam Salam		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				The facility currently utilizes the approved objective classification instrument.
 2. The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. 				The detainee classification process is completed in a manner consistent with this component of the standard.
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				
4. Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.				
5. Housing assignments are based on classification-level.				Detainee housing assignments are based on a classification system which includes housing options such as: special management unit (SMU); low/ medium and high security (b)(7)e (b)(7)e and medical/mental health.
6. A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.				All detainees are afforded recreational opportunities. Detainees assigned to the SMU are use a concrete recreational area which is more restricted in size than the general population recreational area.
7. Detainee work assignments are based upon classification designations.				Detainees classified as (b)(7)e are not allowed to hold a work assignment.

PART 2 - 5. CLASSIFICATION SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	MA	Remarks
8. The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are				The facility has a system in place which schedules detainees to be reassessed at prescribed time periods as identified in the standard.
completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.				A review of detainee files revealed current operational practice reflects not all detainees are reassessed in a timely manner. Specifically, detainees assigned to disciplinary segregation are not consistently reassessed within 24 hours of their scheduled release and some detainees are not reassessed consistently 60 to 90 days after their intial assessment. A review of approximately(b)(7) files reflected the initial reassessments were normally completed; however, not under all circumstances.
9. The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				
10. Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.				The facility policy notes all classification appeals are required to be resolved within the appropriate prescribed time periods. No documented classification appeals were cited.
 Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent. 	\boxtimes			
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				The detainee handbook identifies the three classification levels; however, there is no mention (b)(7)e detainees are restricted from holding a work assignment outside the housing unit. This restriction is in the facility policy.
13. In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.				Color-coded uniforms and wristbands distinguish the classification level for each detainee.
PART 2 – 5. CLAS	<u> Halanderik</u>			
	eet Sta	ndard [□ N/A	☐ Repeat Finding

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

The facility has established a process where all detainees are initially classified through an objective classification system. Multiple housing units and pods are available to ensure detainees are able to be housed separately based upon their lassification level.

Detainee file reviews reflected an initial assessment form in each of the 1/7/(files reviewed. Although a majority received the required reassessment pursuant to the standard, the review revealed not all detainees were initially reassessed 60 to 90 days after their initial assessment. Facility staff assisted in the review of the files.

Detainees scheduled to be released from disciplinary segregation are to be reassessed within 24 hours prior to their release. Seven files of detainees released from disciplinary segregation were reviewed and reassessment documentation was not available in the their files.

(b)(6), (b)(7)cREVIEWER'S SIGNAT

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

	PART 2 – 6.	CONT	RABAND		
	Detention Standard protects detainees and staff and en	hances	facility sec	urity a	and good order by identifying, detecting,
cont	rolling, and properly disposing of contraband.				
	Components	Meets Standard	Does Not Meet Standard	A	Remarks
	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.				The facility policy is clear on the handling of contraband.
	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				The ICE Chief of Security maintains this type of contraband in a secured cabinet (b)(7)e
	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes			
	Altered property is destroyed following documentation and using established procedures.				
	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.				The facility has b)(7)(e)chaplains who are consulted whenever an issue in regard to religious items is in question.
	Staff follow written procedures when destroying hard contraband that is illegal.	\boxtimes			
	Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes.				
	 If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. 				Actual contraband is not retained for training purposes, but rather photos of the items.
	 Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 				
	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.				
	Facilities with Canine Units only use them for contraband detection.				Canine Units are not used at the facility.
6. (1)	PART 2 – 6.	CONT	RABAND		
		leet St	andard 🗌	N/A	Repeat Finding

PART 2-7. FACILITY SECURITY AND CONTROL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
and d	he facility administrator or assistant administrator epartment heads visit detainee living quarters and y areas (b)(7)e		⊠		There (b)(7)e documentation presented to support consistent weekly visits are conducted by the facility administrator, assistant administrator or department heads.
	t least one male and one female staff are on duty both males and females are housed.				Females are not housed at this facility except in the intake area on an ocassional basis, for a short-time period, while awaiting transport. A female staff member is present in the area when a female is temporarily held in a holding room.
staffin	omprehensive annual staffing analysis determines ig needs and plans.				The Contracting Officers Technical Representative (COTR) recieves a monthly review of the staffing pattern as required by contract.
4. E perso	ssential posts and positions are filled with qualified nnel.				
5. Et	very Control Center officer receives specialized ig.	\boxtimes			
6. P	olicy restricts staff access to the Control Center.	\boxtimes			Policy is clear as to who may or may not enter the Control Center. Video observation of the entrance ensures policy compliance.
7. D Cente	etainees do not have access to the Control	×			
8. C Cente	ommunications are centralized in the Control or.	\boxtimes			
coord	acility security and safety will be monitored and inated by a secure, well-equipped, and wously staffed control center.	\boxtimes			
	ne Control Center maintain employee Personal Cards (Form G-74 or contract equivalent).		\boxtimes		Employee Personal Data Cards are not maintained in the Control Center, or anywhere in the facility as reported by staff.
numb	ecall lists include the current home telephone er of each employee. Phone numbers are ed as needed.	\boxtimes			This list was reviewed and appeared to be up-to-date.
	taff make watch calls every half-hour between 6 and 6 AM.	\boxtimes			
situati	formation about routine procedures, emergency ons, and unusual incidents will be continually led in permanent post logs and shift reports.	\boxtimes			This information is logged electronically on the computer hard drive.
	ne front-entrance officer checks the ID of everyone ng or exiting the facility.				

PART 2-7. FACILITY SECURITY AND CONTROL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15. All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
16. The facility has a secure, color-coded visitor pass system.				The pass system complies with the requirements of the standard.
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			
18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: • The driver's name • Company represented • Vehicle contents • Delivery date and time • Date and time out • Vehicle license number • Name of employee responsible for the vehicle during the facility visit	\boxtimes			
19. Officers thoroughly search each vehicle entering and leaving the facility.				During a visit to the sally port, contract vehicles were observed entering the facility; however, the drivers and/or passenger were not required to exit the vehicles. Although the underside of a vehicle was searched via a security mirror, the cab or the front interior of the vehicle was not searched. Thus, a thorough search of vehicles was not being conducted.
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes			
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes			
23. Written procedures govern searches of detainee housing units and personal areas.				
24. Housing area searches occur at (b)(7)e times.				Searches are completed and noted in the unit logbook. A memo is forwarded to the Chief of Security (COS).

PART 2 - 7. FACILITY SECURITY AND CONTROL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.				
26. There are post orders for every security officer post.				
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.				
Every search of the SMU and other housing units is documented.				Searches are documented and forwarded to the COS.
30. The SMU entrance has a sally port.				
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				Tools entering the SMU are recorded in the unit logbook.
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms 				The policy is dated 01-01-10 and specifies the required areas cited in
 Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 				the standard.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.				
34. Documentation of security inspections is kept on file.				These documents are retained by the COS.
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				The COS reviews documents to ensure there are no repeat requests for the same issue.
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.				All persons entering the facility with tools are required to have a list of the tools.
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes			These areas are inpected by the (b)(7)e shift. They complete the documentation and forward it to the COS.
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 				

PART 2 – 7. FACILITY S This Detention Standard protects the community, staff, contract security is maintained and that events that pose a risk of harm a	tors, vo	lunteers, ar		
Components	Meets Standard	Does Not Meet Standard	ΜA	Remarks
40. Visitation areas receive frequent, irregular inspections.	×			
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.				The COS ensures all areas are inspected.
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.				This process is documented in a file retained by the COS.
PART 2 – 7. FACILITY S	ECUR	TY AND	CONT	ROL
⊠ Meets Standard □ Does No	t Meet	Standard	I 🗆 N	A 🛭 Repeat Finding
TEMARKS (Record significant facts, observations, other sources the administrator or assistant administrator make rounds in the rounds are not conducted on a weekly basis as require the ehicles are not thoroughly searced as required.	nside th	e facility,		
(b)(6), (b)(7)c / O; REVIEWER'S SIGNATUR (b)(6), (b)(7)c				

PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			KPP 10-08 was reviewed. It is noted funds and property are removed from the detainee at intake, stored, and only accessible to designated supervisors.		
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes					
3. Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.				Baggage and personal property are inventoried in the presence of detainees upon their arrival.		
 Two officers are present during the processing of detainee funds and valuables during admissions processing to the facility. Both officers verify funds and valuables. 				Seven detainees were observed being processed during admission. It is noted)(7)(a)fficers were present at all times.		
5. For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	×			Homeland Security forms are used in the intake process.		
Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.				Three copies are used: one distrubuted to the detainee; one placed in the detainee's file; and one in the property container.		
7. Staff forward an arriving detainee's medicine to the medical staff.				All medicines are forwarded to the medical unit.		
8. Staff search arriving detainees and their personal property for contraband.				Staff search detainees and their property for contraband. It is noted pat searches are performed on all detainees.		
9. Property discrepancies are immediately reported to the Chief of Security or equivalent.						
10. Staff follow written procedures when returning property to detainees.	\boxtimes					
11. CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.						
12. The facility attempts to notify an out-processed detainee that he/she left property in the facility.				The facility politics the detailers of		
 By sending written notice to the detainee's last known address; via certified mail; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 				The facility notifies the detainee of any property which has been left at the facility.		

PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.						
☐ Standard NA: (IGSA ONLY) Check this box if all IC only by the ICE Field Office or Sub-Office in control or				uables and Property are handled		
Components	Meets Standard	Does Not Meet Standard	MA.	Remarks		
13. Staff obtain a forwarding address from each				Staff obtain a detainee's forwarding		
detainee.				address whenever they enter or leave the facility.		
14. It is standard procedure for (b)(7)e officers to be present when removing/documenting the removal of funds from a detainee's possession.				(b)(7)eofficers are present whenever any property, including funds, are removed from a detainee.		
15. Staff issue and maintain property receipts (G-589s) in numerical order.	\boxtimes			Staff maintain a logbook and a copy is placed (b)(7)e file.		
16. Staff complete and distribute the G-589 in accordance with the ICE standard.						
17. The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	\boxtimes			The logbook for recording the G- 589 was reviewed.		
18. Staff tag large valuables with both a G-589 and an I-77.	\boxtimes					
19. The supervisor verifies the accuracy of every G-589.				The supervisor verifies the accuracy of the logbook.		
 20. The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. 	\boxtimes			(b)(7)(e)		
 All sealed property envelopes are placed in the safe. 			_	(6)(1)(6)		
 Large, valuable property is kept in the secured locked area. 						
21. Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.						
22. Staff secure every container used to store property with a tamper-proof numbered strap.				Containers are placed in the storage room and have a tamper-proof numbered strap secured to the box.		
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.				At the present time there are b)(7)e logbooks, (b)(7)e (b)(7)e		
24. <u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	\boxtimes			A review of the logbook is performed weekly by the transportation lieutenant.		
25. The Facility Administrator has established (b)(7)e audits of baggage and non-valuable property as racinty policy, the audits occur each quarter and audits are verified and entered in the log.				The property officer performs the (b)(7)e audit.		

This Detention Standard ensures that detainees' personal including funds, valuables, baggage and other personnel facility. Standard NA: (IGSA ONLY) Check this box if all IC only by the ICE Field Office or Sub-Office in control or	propert	y, and tha	t contr	aband does not enter a detention
Components	Meets Standard	Does Not Meet Standard	A)	Remarks
26. The facility positively identifies every detainee being				Prior to a detainee's being
released or transferred.				released, the transportation supervisor positively identifies the detainee.
27. Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	×			
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.				
PART 2 - 8. FUNDS AN	D PER	SONAL P	ROPE	RTY
	Meet S	tandard [N/A	☐ Repeat Finding
REMARKS (Record significant facts, observations, other sources CSPC has policies and procedures in place which ensure of Furthermore, staff ensure no contraband enters the facility.	letaine	,	al prop	perty is safeguarded and controlled.
(b)(6), (b)(7)c / 05-0				

MARCH 2015 ICE2012FOIA03030.000 1678 Page 31 of 135

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

Components	Meets Standard	Does Not Meet Standard	ΝΆ	Remarks
1. The hold room is situated in a location within the secure perimeter.	\boxtimes			The hold rooms are located in the intake/release area of the facility.
2. The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.				
The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			Concrete benches are located in the hold rooms and provide sufficient seating for the number of detainees held in each room.
4. No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			Observation of the hold rooms revealed no sleeping apparatuses inside the rooms.
Hold room walls and ceilings are escape and tamper resistant.	\boxtimes			
6. Detainees are not held in hold rooms for more than (b)(7) ours.	\boxtimes			Records reflected no incident where a detainee was held in a hold room in excess of $(b)(7)$ gours.
7. Male and females detainees are segregated from each other at all times.	\boxtimes			Females are not housed at the facility. However, a female may be placed in a hold room on a short-term basis during transfer from one facility to the next. If so, females are held separately from males.
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.				
If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	\boxtimes			Each hold room has a toilet.
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	\boxtimes			Staff reported pat searches occur upon initial arrival to the facility, as required by policy
 11. When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 				
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 				The facility has a writen evacuation plan. The post order for the Processing #4 Officer includes the removal of detainees from hold rooms in case of an emergency or evacuation.

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

	P	5 P		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	\boxtimes			
14. Single occupant hold rooms contain a minimum of				
37 square feet (b)(7)e for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). • If multiple-occupant hold rooms are used, there is				Hold rooms are appropriate in size considering the number of detainees housed in each room.
an additional b)(7)unencumbered square feet for each additional detainee.				
 15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (b)(7)e have at least one combi-unit. Large hold rooms (b)(7)e are provided with at least two combi-units. 	×			Staff advised the hold rooms were designed in 2005 and opened in 2007.
16. <u>In SPCs designed after 1998</u> the hold rooms have				There are(b)(7) arge hold rooms which
floor drain(s).				contain floor drains and (b)(7) smaller hold rooms which do not.
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.				The doors to the hold rooms swing outward.
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.				
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.				Minors under 18 may held temporarily; however, are not housed at the facility. They would be held separately unless with someone identified as an immediate member of the family or as a guardian.
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 				
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 	\boxtimes			Meals are provided for detainees held for more than six hours. Juveniles and babies are not accepted at the facility.

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
Components	Meets Standard	Does Not Meet Standard	M A M	Remarks		
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.						
23. The maximum occupancy for the hold room will be				Maximum occupancy levels are		
posted.				posted outside the hold rooms.		
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.						
25. Staff does not permit detainees to smoke in a hold room.				No smoking is allowed in the facility.		
 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every (b)(7) minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 						
PART 2 – 9. HOLD ROOM	75 IN L	EIENIIO	NFAC	ALITIES		
⊠ Meets Standard □ Does Not Mee	t Stan	dard 🗌	N/A	Repeat Finding		
REMARKS (Record significant facts, observations, other sources used, etc.): The hold rooms were reported as being designed in 2005 and opened in 2007. Each hold room is equipped with at least one toilet and video monitor which displays the facility's orientation video. The orientation video is shown continuously in Spanish and English on a rotational basis. A review of logbooks reflected each hold room is checked at least every (7)(a) inutes. Post Orders identify the officer's responsibilities to include the removal of detainees from the hold area in the case of a building evacuation or emergency. (b)(6), (b)(7)c / 05-06-10 REVIEWER'S SIGNATURE / D						

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

PART 2 – 10. KEY AND LOCK CONTROL

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

		<u> </u>	<u> </u>	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The security officer[s], or equivalent, has attended an approved locksmith training program.				The assigned staff member has a certificate from the Federal Prison Sytem, Training Academy, Basic Locksmith Course.
2. The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.				
3. The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			Training for personnel is provided by facility training staff.
4. The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				The Preventive Maintenance Plan was reviewed by the inspector and found to be well documented.
Facility policies and procedures address the issue of compromised keys and locks.				
7. The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.				
Only dead bolt or dead lock functions are used in detainee accessible areas.				
Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.				
10. The facility does not use grand master keying systems.				
11. All worn or discarded keys and locks cut up and properly disposed of.				
12. Padlocks and/or chains are b)(7) used on cell doors.				There were $b)(7)$ and locks observed on $b)(7)$ cell doors during the inspection.
 13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of b)(7) or more people, conform to Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety Code 101. 				
14. The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	×			The facility uses the (b)(7)(e)
 15. Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	\boxtimes			

PART 2 – 10. KEY AND LOCK CONTROL						
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
Components	Meets	Does Not Meet Standard	N/A	Remarks		
16. Emergency keys are available for all areas of the facility.				(b)(7)(e)		
17. The facility uses a key accountability system.				The facility uses the (b)(7)(e)		
18. Authorization is necessary to issue any restricted key.						
 19. Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 				(b)(7)(e)		
 The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily. 				The keys are inventoried during each shift.		
 21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 	⊠					
22. Locks and locking devices are continually inspected, maintained, and inventoried.						
23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.						
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.						
25. The eplitting of key rings into concrete rings is not	I	1	I			

MARCH 2015 ICE2012FOIA03030.0001683 (LAW ENFORCEMENT SENSITIVE)

□ Does Not Meet Standard

authorized.

PART 2 - 10. KEY AND LOCK CONTROL

□ N/A

□ Repeat Finding

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

The facility utilizes the computerized Morse Keywatcher System for key accountability.

(b)(6), (b)(7)c Ma **REVIEWER'S SIGNATU** (b)(6), (b)(7)c

components Compon	PART 2 – 11. PO	PULAT	TION COU	NTS				
1. Staff conduct a formal count at least once each 8 hours 60/(7)e At least one of these counts shall be a face to photo count. 2. Activities cease or are strictly controlled while a formal count is being conducted. 3. There is a system for counting each detainee, including those who are outside the housing unit. 4. Formal counts in all units take place simultaneously. 5. Officers do not allow detainee participation in the count. 6. A face-to-photo count follows each unsuccessful recount. 7. Officers positively identify each detainee before counting him/her as present. 8. Written procedures cover informal and emergency counts. 9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility. 10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder. 11. The face-to-photo count is complete during the	This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.							
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Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding	PART 2 – 11. PO	PULAT	TION COU	NTS				
Miceta Standard D 2008 Not Meet Standard D N/A D Nepeat Finding		Meet S	tandard [N/A	☐ Repeat Finding			

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

An observed count was completed timely, accurately, and in a manner consistent with the ICE standard.

(b)(6), (b)(7)c May 6, 20 REVIEWER'S SIGNATURE / DA

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

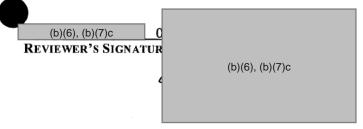
PART 2 – 12. POST ORDERS

This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Every fixed post has a set of Post Orders.						
In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.						
3. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes					
4. (b)(7)e individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.				(b)(7)e staff member is in charge of updates and assures new information is added in a timely manner.		
Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	\boxtimes					
The facility administrator authorizes all Post Order changes.	\boxtimes					
7. The facility administrator has signed and dated the last page of every section.						
8. A Post Orders master file is available to all staff.	\boxtimes					
Procedures keep Post Orders and logbooks secure from detainees at all times.						
 Copies of the applicable Post Orders are retained at the post only if secure from detainee access. 						
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes					
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.				Post orders were inspected at several locations throughout the facility; they were signed by all staff who had been assigned to the post.		
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\boxtimes					
14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:						
 Any staff member who is taken hostage is considered to be under duress, and 						
 Any order issued by such a person, regardless of his or her position of authority, is to be disregarded. 						
15. Post Orders for armed posts provide instructions for escape attempts.	\boxtimes					
16. The Post Orders for housing units track the daily event schedule.	X					
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	\boxtimes			Housing unit logbooks were reviewed and appropriate information was included.		
PART 2 – 1						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

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

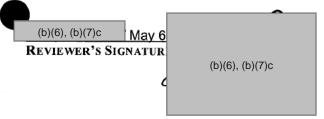
All post orders were recently updated as of 01-01-10.



PART 2 – 13. SEARCHES OF DETAINEES						
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
 There are written policy and procedures governing searches of housing areas, work areas and of detainees. 				KPP 10-13 regarding searches was reviewed.		
2. Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.				Staff are trained to employ the least intrusive body search.		
Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	\boxtimes			Staff avoids unnecessary force when performing detainee searches.		
4. Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.						
5. Detainees are pat searched and screened by metal detectors routinely to control contraband.				Detainees are pat searched when they arrive at the facility; however, metal detectors are not routinely used at intake. Metal detectors are used during routine shakedowns of the detainee living quarters.		
6. Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	\boxtimes			Strip searches are not performed unless staff have a reasonable belief contraband may be found on the detainee.		
7. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.				Body cavity searches are only conducted by designated health care personnel.		
8. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures				The facilty has no dry cells. If a dry cell were needed, the detainee would be transferred to the Johnson Memorial Hospital, (b)(7)e correctional ward with a dry cell).		
9. Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.	\boxtimes					
10. Canines are not used in the presence of detainees	\boxtimes			No canines are used at the facility.		
PART 2 – 13. SEAF				<u> Partir di bana an Aliyest (Africa</u> di Sila		

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

The KSPC has procedures and policies in place for the control of contraband.



PART 2-14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a Sexual Abuse and Assault Prevention and Intervention Program.				KPP 10-14, Sexual Abuse and Assault Prevention and Intervention, addresses this component.
2. For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The KPP has been approved by the AFOD. Signatory Authority was delegated to the AFOD by the FOD in a memorandum dated 12-30-09.
3. Tracking statistics and reports are readily available for review by the inspectors.				There have been no sexual assaults at the facility since the last review.
4. All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.				The procedure calls for security staff, medical staff, and volunteers to be trained during orientation and annually regarding sexual assaults. However, to date, only medical staff has undergone training in this area. This training was prepared by a Licensed Clinical Social Worker (LCSW) and is entitled "Sexual Assaults, A Training for Detention and Medical Staff."
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			The detainee handbook contains detailed information regarding sexual abuse and assault.
The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	⊠			The notice was observed on all housing unit bulletin boards.
7. The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)				The brochure is posted on all housing unit bulletin boards.
8. Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			High risk detainees are assessed by mental health staff.
9. All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			There have been no reported incidents of detainee-on-detainee sexual abuse or assault.
10. All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	×			There have been no reported incidents of staff-on-detainee sexual abuse or assault.
11. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	×			KPP 10-14 addresses this component. Immediate protection and referral for medical evaluation is offered to any detainee who alleges sexual assault.

PART 2-14, SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. Meet Standard Joes Not ¥ Components Remarks 12. When there is an alleged sexual assault, staff KPP 10-14 addresses this conduct a thorough investigation, gather and maintain component. All reports of alleged evidence, and make referrals to appropriate law sexual abuse or assault must be \boxtimes П handled and investigated in enforcement agencies for possible prosecution. accordance with the Prison Rape Elimination Act (PREA).

13. When there is an alleged or proven sexual assault, KPP 10-14 addresses this component. Information concerning the required notifications are promptly made. the identify of a detainee victim and the facts of the report are limited to \boxtimes those who have a need to know. The AFOD is responsible for referral to the appropriate law enforcement agency. 14. Victims of sexual abuse or assault are referred to When possible and feasible, victims of sexual assault are referred to a specialized community resources for treatment and \boxtimes П gathering of evidence. community facility for treatment and evidence gathering. 15. All records associated with claims of sexual abuse Two types of files are maintained: or assault is maintained, and such incidents are General [(b)(7)e specifically logged and tracked by a designated staff (b)(7)e \boxtimes coordinator. and Investigative (all (b)(7)e(b)(7)e (b)(7)e

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

□ N/A

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

There have been no reported incidents of sexual abuse or assault at the facility since the last review.

☐ Does Not Meet Standard

Facility policy on sexual abuse and assault prevention and intervention is detailed and comprehensive. A Sexual Abuse and Assault Prevention and Intervention Program Coordinator has been designated to assist in the: development of written policies and procedures; assist with development of training protocols; serve as a liaison with other agencies; coordinate the gathering of statistics and reports; and review facility practices regarding confidentiality of sexual assault information.

Information on Sexual Abuse and Assault is readily available to detainees in English, Spanish, and Creole. Information is contained in the detainee handbook and posted on bulletin boards in the housing units.

To date, only medical staff has been trained in sexual abuse and assault prevention and intervention. This training was provided by mental health staff. Training for all staff is scheduled to begin this month. Staff training on sexual assault is detailed and has the following objectives: state the intent of the 2003 PREA; define sexual assault; describe factors and vulnerable populations in corrections; describe the traumatic effects experienced by many sexual assault survivors; explain any differences in responses in men and women who have been sexually assaulted; and explain the procedures in the event of a sexual assault ements.

(b)(6), (b)(7)c / 05-06-10 REVIEWER'S SIGNATURE / DAT

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Repeat Finding

F	ART 2 - 15	S. SPEC	AL MANAC	SEMENT UNITS

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

- <u> </u>				
Components	Meets Standard	Does Not Meet Standard	AN A	Remarks
Written policy and procedures are in place for special management units.				
2. A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.				Documentation reviewed for detainees currently in Administrative Segregation status indicates this component is in compliance.
3. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.				
 (MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols. 				Documentation reviewed and staff interviews indicate this component is in compliance.
 There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control. 				
The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.				
7. Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			
8. Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.				This inspector reviewed the files of each individual in the SMU. Supervisory staff visits were noted in the current logbook dated 04-13-10 to present.
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.				The logbook contained all the required information identified in this component.

I	D	AR	T 2	- 15.	SPECIAL	MANAGEMEN	IT UNITS

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record:		3.0		
 The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 				The log was reviewed by this inspector.
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 	\boxtimes			
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	\boxtimes			
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.	\boxtimes			
14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)				

PART 2 - 15. SPECIAL MANAGEMENT UNITS

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

reasons				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).				
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).				The checks were directly observed by this inspector during the interview process.
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.				A Form I-888 was reviewed and it contained shift supervisors' signatures indicating visits to the unit. During one of the inspector's visits to the unit, a shift supervisor was there talking to detainees.
18. The facility administrator (or designee) visits each SMU daily.				Documentation indicates the facility administrator does not visit on a daily basis. No documentation was presented identifying an approved designee for the facility administrator.
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	\boxtimes			The logbook and Form I-888 indicate a health care provider visits every detainee at least (b)(7)e limes a week.
 Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu. 				
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.				
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.				

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This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary

Components	Meets Standard	Does Not Meet Standard	AN	Remarks
23. Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes			
24. Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes			
25. Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.				Restrictions are documented in each detainee's file.
26. Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.				
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.				Restraints are removed when a detainee is in visitation.
28. In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.				
29. In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	\boxtimes			
30. Ordinarily, detainees in SMUs are not denied legal visitation.				
31. There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes			
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.				
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.				Several books and informational materials are available in the dayroom of the SMU.

PART 2 – 15. SPECIAL	MANAGEMENT UNITS

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material	12.19			
in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's				
request.				
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.				
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.				
37. Any denial of access to the law library is always:				
 Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 				
38. Recreation for detainees in the SMU is separate from the general population.				A separate outdoor recreational area is provided for SMU detainees.
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)				
40. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	\boxtimes			

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This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Meets Standard	Does Not Meet Standard	A	Remarks
41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.				
Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation.				
When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.				
42. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.				Policy provides for this process.
43. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances.				
The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.				
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	⊠			

PART 2 - 15.	SPECIAL N	IANAGEMENT UNITS

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

reasons.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon				
as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.				
If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.				This documentation was reviewed for the detainees currently in the SMU.
The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.				
(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)				
46. There are implemented written procedures for the regular review of all detainees in Administrative Segregation.				
A supervisor conducts a review within b)(7) hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used.				
If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885.				
When a detainee has spent (b)(7)e days in Administrative Segregation, and every week thereafter for the first (b)(7)e days and at least every (b)(7)e days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.				
A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.				

PART 2 - 15. SPECIAL MANAGEMENT UNITS

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

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Components	Meets Standard	Does Not Meet Standard	ΑN	Remarks
47. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.				Barring any security concerns, detainees sign and receive a copy of each decision and justification.
48. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.				
49. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.				This review is completed and placed in the SMU file until the detainee is released.
50. When a detainee has been held in Administrative Segregation for (b)(7)e days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.				
51. When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.				
52. A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.				This order is retained in the SMU file until the detainee is released and then it is placed in the detention file.
53. After the first(b)(7) days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	⊠			

PART 2 - 15. SPECIAL MANAGEMENT UNITS

This Detention	n Standard protects de	etainees, staff, contract	tors, volunteers,	and the communit	y from harm by seg	gregating certain
detainees fron	n the general populati	on in Special Manager	ment Units (SM)	Us) with an Admin	istrative Segregation	on section for
detainees segr	regated for administra	tive reasons and a Dis	ciplinary Segreg	ation section for d	etainees segregated	I for disciplinary
reasons.						

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

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

The SMU was well run and documentation was complete and appropriate. The standard requires the administrator or a designee visit the SMU daily. This is not accomplished on a consistent basis as required by the standard.

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REVIEWER'S SIGNATURE / DA

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

Hispector Seneral:								
Components	Meets Standard	Does Not Meet Standard	¥	Remarks				
The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.								
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			Documents reviewed and detainee interviews revealed staff conduct weekly visits with detainees. Deportation staff were present in the housing units during the inspection.				
3. Scheduled visits are posted in ICE/DRO detainee housing areas.				Weekly scheduled visits are posted in the housing areas.				
4. Visiting ICE staff observe and note current climate and conditions of confinement.				ICE initiated observation forms are completed.				
5. ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.				ICE forms are available in the housing units and were observed during the inspection.				
6. The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.								
7. A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.								
8. Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,								
ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	⊠			A review of documentation revealed a detailed electronic system which tracks detainee requests. A sample of approximately 300 requests were reviewed and approximately 95% of the requests received responses in a timely manner. Due to the nature of some requests a longer period of time is required to provide an adequate response.				
10. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.				Detainees are notified through the ICE National Detainee Handbook and facility detainee handbook.				
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	×			OIG Hotline Informational Posters were posted in appropriate areas throughout the facility.				
12. Daily telephone serviceability checks are documented in the housing unit logbook.				A review of housing unit logbooks revealed telephone serviceability checks are conducted daily.				
PART 2 – 16. STAFF-D	ETAIN	EE COMM	UNIC	ATION				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding								

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

Scheduled ICE vists are posted in the housing units and detainee interviews revealed frequent contact and communication with ICE staff. Deportation staff are scheduled to visit the facility routinely on Thursdays and observations and documentation supported appropriate staff presence in the facility.

A sophisticated tracking system is maintained to ensure requests are logged and responded to in a timely manner.

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REVIEWER'S SIGNATU (b)(6), (b)(7)c

PART 2-17. TOOL CONTROL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			The Maintenance Director is designated responsibility for this duty.
2. If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries.				
If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sally port until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.				The delivery of tools is made outside the secured perimeter.
3. (MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.				The use of tools, keys, and medical and culinary equipment is controlled in a manner consistent with the standard.
4. A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	\boxtimes			
 5. Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department 				
Armory				
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.				Inventories are not posted on the tool boards; however, they are conspicuously present in a binder in the immediate area of tool storage.
7. The facility has a policy for the regular inventory of all tools.				
The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required.				AMIS bar codes were noted on several tools.
 8. The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 	\boxtimes			·
9. Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes			

PART 2-17. TOOL CONTROL

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

Components	Meets Standard	Does Not Meet Standard	NA	Remarks				
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.				action and the second s				
11. The facility has an approved tool storage system.								
 The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. 				There are portable detainee telephones which can be moved from area to area for use by detainees specifically confined to a cell/holding				
Shadow boards have a white background.				room. The portable phones have an				
Restricted tools are shadowed in red.	"			approximate (b)(7)e long heavy duty electrical cable connected them. This				
Non-restricted tools are shadowed in black.				cable is not treated as a restricted				
 Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				tool. All other areas complied with the standard.				
12. Tools removed from service have their shadows removed from shadow boards.								
13. Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\boxtimes							
14. Sterile packs are stored under lock and key.	\boxtimes			Any sterile packs maintained in the medical area are under lock and key.				
15. Each facility has procedures for the issuance of tools to staff and detainees.	⊠							
16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:								
 Verbal and written notification. 								
 Procedures for detainee access. 								
 Necessary documentation/review for all incidents of lost tools. 								
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes							
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.				This is done prior to entering the secured perimeter at the engineering department.				
19. Hoses longer than $_{(b)(7)e}$ feet in length are classified as a restricted tool.	\boxtimes			Hoses over (b)(7)e long are classified as restricterd tools and used only under direct staff supervision.				
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	\boxtimes							
PART 2-17.	PART 2-17. TOOL CONTROL							

There is a concern with the portable phones being used by detainees. The portable stands are equipped with a heavy duty electrical cord approximately (b)(7)(e) These cords should be considered a restricted tool and be handled/supervised accordingly.

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REVIEWER'S SIGNATURE

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

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

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Components	Meets Standard	Does Not Meet Standard	ΝΆ	Remarks		
1. (MANDATORY) The facility has a Use of Force						
Policy.				The facility use of force (UOF) policy is clear and well written.		
2. Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.						
3. When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.						
4. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes					
 The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force. 						
 6. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. Under staff supervision. 				All planned UOFis conducted by the Security Response Team (SRT).		
Under staff supervision. Staff members are trained in the performance of the Use-of-Force Team Technique.				All SRT members have been trained by the National Firearms and Tactical Training Unit (NFTTU).		
8. All use-of-force incidents are documented and reviewed.	\boxtimes					
9. All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.				A video is retained on a DVD for future viewing. This inspector viewed a portion of a UOF incident to ensure appropriate camera usage.		

PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

Components	Meets Standard	Does Not Meet Standard	MA	Remarks
10. Staff:			g handa	<u> </u>
Does not use force as punishment.				
Attempts to gain the detainee's voluntary cooperation before resorting to force				
Uses only as much force as necessary to control the detainee.				
Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.				
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.				Medication has not been used during a UOF incident.
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				
 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up." 				Facility policy confirms compliance with this component of the standard.
14. The shift supervisor monitors the detainee's position/condition every two hours.He/she allows the detainee to use the restroom at these times under safeguards.				
15. All detainee checks are logged.				
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.				
17. When the Facility Administrator authorizes use of non-lethal weapons:				
 Medical staff are consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file 				
before use of a non-lethal weapon is authorized.				

PART 2 - 1		TICITA	$\alpha \mathbf{r}$	EVAD	1	ABITA	DECTI	ATAPTO
PARIZ-	ıa.	LIGHT	w	rtin		ANI	KESIK	AUVIO

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

Component	S	Meets Standard	Does Not Meet Standard	NA NA	Remarks
18 (b)(7)(e) stored in areas where access is personnel and to which detainees	reas where access is limited to authorized				(b)(7)(e)
19. If Intermediate Force Weapo Special Management Unit (SMU) maintained the same as Class R to	, they are stored and				
Special precautions are take pregnant detainees. Medical personnel are consult	⊠			Females are not housed at the facility but may be temporarily placed in a holding room in intake awaiting transport to another facility. Staff reported females may be in a holding room for a short period of time (approximately one to two hours) while pending transport.	
21. Protective gear is worn when with open cuts or wounds.	\boxtimes				
22. Staff document every use of force, including what type of restraints was used during the incident.					
23. It is standard practice to review any use of force and the non-routine application of restraints.					The SRT has after action reviews following each incident.
24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices approved for use.					There is a training module for self- defense tactics. There is also refresher training for all staff annually.
25. All staff authorized to use OC not only in its use, but also in the individuals exposed to it. This documented in the staff training re	spray receive training the decontamination of s training must be	×			
26. The use of canines is rest detection purposes only.	ricted to contraband			\boxtimes	There are no canines used at the facility.
27. The officers are thoroughly trained (b)(7)e					This topic is addressed during the initial training and is updated during annual training.
28. In SPCs, the Use of Force for facilities (IGSAs / CDFs) this for used.	\boxtimes			All incident reports this inspector reviewed had the UOF form attached.	
	PART 2 – 18. USE OF				
⊠ Meets Standard	□ Does Not Meet	Standa	ard 🗌 N	N/A	☐ Repeat Finding

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

There was a recent report of excessive UOF by contract staff which is currently being investigated. There has been no resolution of this matter at this time.

(b)(6), (b)(7)c / 05-06-REVIEWER'S SIGNATURE / D. (b)(6), (b)(7)c

Performance-Based National Detention Standards

Part III – ORDER

19. Disciplinary System

PART 3 – 19. DISCIPLINARY SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a written disciplinary system using progressive levels of reviews and appeals.	\boxtimes			Policy is well written and addresses all levels of reviews and appeals.
The facility rules state that disciplinary action shall not be capricious or retaliatory.				
Written rules prohibit staff from imposing or permitting the following sanctions:				
corporal punishment				
deviations from normal food service				
clothing deprivation	_	_	_	
bedding deprivation				
 denial of personal hygiene items 				
 loss of correspondence privileges 				
 deprivation of legal access and legal materials 				
deprivation of physical exercise				
 The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing. 				The areas of this component are all addressed during detainee orientation, as well as included in the detainee handbook.
The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:				
Rights and Responsibilities				In addition to English and Spanish, the detainee handbook is also
Prohibited Acts				translated into Creole.
Disciplinary Severity Scale				
Sanctions				
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.				
Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.				
8. Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.				
9. An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			

PART 3 - 19. DISCIPLINARY SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks						
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:										
Conducts hearings on all charges and allegations referred by the UDC										
Considers written reports, statements, physical evidence, and oral testimony										
 Hears pleadings by detainee and staff representative 	!									
Bases its findings on the preponderance of evidence										
 Imposes only authorized sanctions 										
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes			Any staff member can be requested to assist a detainee.						
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	×									
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed days for a single offense.										
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	×									
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.										
PART 3 – 19. DIS	CIPLIN	NARY SYS	TEM							
☑ Meets Standard ☐ Does Not Meet S										

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

KSPC maintains disciplinary documents in a fashion consistent with the standard.

(b)(6), (b)(7)c / May 6	
REVIEWER'S SIGNATURE /	(b)(6), (b)(7)c

Performance-Based National Detention Standards

Part IV – CARE

- 20. Food Service
- 21. Hunger Strikes
- 22. Medical Care
- 23. Personal Hygiene
- 24. Suicide Prevention and Intervention
- 25. Terminal Illness, Advance Directives, and Death

PART 4_	- 20	FOOD	SER	/ICF

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in-				The FSA is certified by the National Food Safety Professionals and the American Correctional Association
	writing. The FSA determines the responsibilities of the Food Service Staff.				(ACA). The responsibilities for cooks and cook foremen are in writing.
	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.				
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard				
4.	(MANDATORY) (b)(7)e cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that (b)(7)e the device. (b)(7)e and keys are inventoried and stored in accordance with the Detention Standard on Tool Control				The (b)(7)e cabinet is secured with a padlock and the assigned cook foreman maintains control of the keys. (b)(7)e keys are inventoried and maintained in accordance with the tool control standard.
5.	All $(b)(7)e$ in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of and dining utensils $(b)(7)e$				Detainees are not allowed to use or be in posession of a (b)(7)e Staff monitor the condition of (b)(7)e and dining utensils. (b)(7)e are used in a secure cutting room by approved staff.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.				Sugar and select spices are stored in a secure storeroom.
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.				Documentation was reviewed and reflected daily searches were conducted in specified areas within food services.
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	\boxtimes			Security personnel conduct the population count. The FSA monitors staff implementation of the count procedures; however, does not supervise the count. Count procedures are in writing and food service staff reported they were familiar with the count procedures.
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.				All detainees receive a pre- assignment medical examination before working in the food service area. Clothing required for food service workers is exchanged on a daily basis.

PART 4 - 20. FOOD SERVICE

Components	Meets Standard	Does Not Meet Standard	MA	Remarks
 The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to- date. 				
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\square			
 12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 				
 The Cook Foreman documents all training in individual detainee detention files. 	\boxtimes			
14. Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.	\boxtimes			Detainees are paid for services provided in accordance with the Voluntary Work Program standard.
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.				A review of food service logbooks reflect detainees housed in the SMU are not consistently provided the first meal of the day within 14 hours of the last meal served the previous day. Meal service for 10 random dates were checked from the previous 90-day period and 80% of the dates identified a time frame which exceeded 14 hours. The time lapse was generally documented as being 14.5 to 15 hours between the meals.
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				"Sneeze guards" were present to protect the serving line.
 The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals. 	\boxtimes			

PART 4 - 20. FOOD SERVICE

Components	Meets Standard	Does Not Meet Standard	ΑN	Remarks
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before				A complete nutritional analysis of the
they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and recertified by the registered dietician in that event.				master-cycle menu was conducted in March 2010 by a registered dietitian.
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 				
21. All staff and volunteers know and adhere to written "food preparation" procedures.				Food preparation procedures are established and followed by both staff and volunteers.
 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menucan be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provide hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 				Kosher approved hot meals are prepared and served twice daily to detainees requesting such. Additional Common Fare meals are provided when appropriately approved, as evidenced by seven detainees currently identified as being provided a Common Fare diet.
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.				Initial requests are submitted and processed through the chaplain.
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.				
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.				

PART	A	_ 20	Eſ	S	GED/	/ICE

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.				
 Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosherfor- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 				
27. The food service program addresses medical diets.				Medical diets are provided as prescribed by a physician. A total of 91 detainees were identified as being on some type of medical diet, with low-fat, low-salt and diabetic diets being the most frequently identified.
 Satellite-feeding programs follow guidelines for proper sanitation. 				
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	⊠			Hot and cold food temperatures were reviewed during the lunch meal and found to be maintained at prescribed safe temperatures when served.
30. All meals provided in nutritionally adequate portions.	\boxtimes			Meal portions were consistent with the approved menu. Detainee interviews revealed no major concern with food portions.
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes			No evidence was presented to indicate food was used to punish or reward detainees based upon their behavior.
 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 				
 Everyone working in the food service department complies with food safety and sanitation requirements. 				

PART 4 - 20. FOOD SERVICE

Co	omponents	Meets Standard	Does Not Meet Standard	N/A	Remarks
procedures for the dietary personnel co of all food service a	he facility implements written administrative, medical, and/or onducting the weekly inspections areas, including dining, storage, d-preparation areas.	\boxtimes			Weekly inspections of all food service areas are based on established written procedures. A representative from the medical unit conducts weekly inspections as evidenced by
oquipmont, and root	a proparation areas.				documentation provided.
Facility Administra	pancies are forwarded to the tor or designated department ive action is scheduled and				Reports of discrepancies are documented and corrective action is scheduled and completed.
dishwashing macl	Standard procedure includes cumenting temperatures of all hines after each meal, in the Detention Standard on Food	\boxtimes			Dishwashing machine temperatures are documented after each meal. Documentation and observation support compliance with this component.
refrigerator/ freez	aff document the results of every ter temperature check, in the Detention Standard on Food	\boxtimes			Refrigerator and freezer temperatures are documented and checked as required. Observation of staff practices and documentation support compliance.
38. The cleaning sched conspicuously poster	ule for each food service area is ed.				The food service cleaning scheduled was posted.
	e inspecting all incoming food nage, contamination, and pest	\boxtimes			
40. Storage areas are lo	ocked when not in use.				Food service storage areas were observed as secured during the annual inspection.
41. Food service perso with detention staff.	nnel conduct shakedowns along				
	ICE supervisor on duty ensures participate in dining room				
	by a registered dietitian prior to nto the Food Service Program.	\boxtimes			A registered dietitian had approved the current menus as reflected by documentation reviewed.
estimates for the	FSA prepares quarterly cost Common Fare Program. This is factored into the quarterly	\boxtimes			
sack lunches for det	y food service staff prepare the tainee transportation.	\boxtimes			Food service staff prepare sack lunches when needed for detainees on transfer or in the hold rooms.
outside doors when	nparable devices are used on re food is prepared, stored, or ainst insects and other rodents.	\boxtimes			Air curtains were utilized at the facility.

P	AF	रा	4 –	20.	FOO	D S	ER	VICE
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This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
47. Staff comply with the ICE requirements for "food receipt and storage.	☒			
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	☒			
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	\boxtimes			Housekeeping, storeroom, and refrigerator requirements are maintained in a manner consistent with the standard.
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.				
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.	⊠			Documentation was reviewed to include: a fire suppression system inspection provided by a private vendor; Eco-Lab sanitation and temperature inspection; and pest control and equipment inspections by an external source. All inspections reviewed were within the past six months. Noted deficiencies cited are submitted for corrective action.
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.				
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.				Appropriate MSDS were observed in food service.
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			The facility has a contract for pest control services and documentation reflects inspections were conducted most recently in March and April of 2010.
PART 4 – 20 ⊠ Meets Standard □ Does Not Meet S			8 544 4	☐ Repeat Finding

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

The facility provides sufficient documentation to support compliance with the standard and detainee interviews reflected no major concerns in this area. Food and safety related inspections had been conducted and were supported through documentation. Common-Fare and Medical diets were provided when appropriately authorized. Food service logbooks effected the time period between the last meal served one day and the first meal served the following day repeatedly

(b)(6), (b)(7)c / 05-06-10

REVIEWER'S SIGNATURE / DA

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

PART 4 – 21. HUNGER STRIKES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
When a detainee has refused food or observed to have not eaten for (b)(7) nours, it is standard practice for staff to refer him or her to the medical department.	->-		-	When a detainee declares he is on a hunger strike or refuses food or fluid for b(7) aours he is referred to medical staff. During the inspection, a detainee declared he was on a hunger strike and was referred to medical staff within 48 hours.
2. Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	⊠			Public Health Service (PHS) staff report hunger strikes through both ICE and PHS chains of command.
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			The facility has procedures for both security and medical staff. KPP 8.14, Hunger Strike Management, addresses this component.
4. Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	⊠			Security staff isolates a hunger striking detainee from other detainees in the SMU.
5. Medical personnel are authorized to place a detained in the Special Management Unit or a locked hospital room.				Typically, security staff place a hunger striking detainee in the SMU. Medical staff are authorized to place a detainee in a locked hospital room on the Short Stay Unit (SSU). During the inspection, a hunger striking detainee was placed in a locked hospital room by medical staff.
6. Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.				Hunger Strike Monitoring Form I-389 is used for this purpose. During the inspection, a detainee was on a declared hunger strike. His weight and vital signs were recorded every 24 hours.
7. The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			Staff make every effort to obtain the hunger striker's informed consent. Documentation of consent was observed in the medical record.
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or (b)(7)e staff/provider signatures indicating detainee refusal to sign form.	\boxtimes			KPP 8.14 addresses this component.
9. Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.				KPP 8.14 addresses this component.
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	\boxtimes			Staff provides the detainee with drinking water and offers to provide other beverages.

PART 4 – 21.	HUNG	ER STRIK	ES					
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.								
Components	Meets Standard	Does Not Meet Standard	ĕ	Remarks				
11. During a hunger strike, staff remove all food items from the hunger striker's living area.				All food items not authorized by the medical officer are removed from the living area.				
12. Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	M			KPP 8.14 addresses this component.				
13. The medical staff have written procedures for treating hunger strikers.				The written procedures are entitled, Hunger Strike Management, KPP 8.14.				
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.				As documented in the medical record, staff attempted to persuade the current hunger striker to eat or drink at every encounter.				
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment.				Both medical and security staff receives initial orientation and annual training on hunger strikes. This				

PART 4 – 21. HUNGER STRIKES

 \boxtimes

training is documented by the

Hunger Strikes.

attendee's signature on the class

attendance roster entitled Signs of

- · · · · · · · · · · · · · · · · · · ·			
Meets Standard	Does Not Meet Standard	□ N/A	Repeat Finding

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

Medical staff receive training in hunger-strike evaluation

and treatment and remain up-to-date on these

techniques.

Both medical and facility policies address hunger strike identification and management, including reporting requirements.

Since October 2009 there have been eight declared hunger strikes; six were by the same detainee. One required outside hospitalization, which was unrelated to his not eating or drinking.

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DAL	PT 4 _	_ ??	MEDICAL	CARE

	and their reason care recess are met in a timery an				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	cility operates a health care facility in with state and local laws and guidelines.				Medical care at the facility is under the direction of the DIHS. The facility is accredited by: the Joint Commission on the Accreditation of
					Health Care Organizations (JCAHO), as of September 2007; and the National Commission on Correctional Health Care (NCCHC) as of February 2008.
	cility's in-processing procedures of arriving nolude medical screening.				Medical and mental health screening takes place during in-processing and prior to the detainee's placement in population.
perform the required so	ATORY) The essential positions needed to e health services mission and provide the ope of services are described in a staffing reviewed at least annually by the health				The Director of DIHS reviewed the staffing plan on 01-10-10. Currently, there are 44 authorized positions with four vacancies, and one pending transfer.
informed, o	ATORY) Newly admitted detainees will be rally and in writing (in a language they can about how to access health services.				As documented in the admission medical screen and as written in the detainee handbook, newly-admitted detainees are informed both orally and in writing, in English, Spanish, and Creole on how to access health services.
	es will have access to and receive specified ergency medical, dental, and mental health				Medical care is available on-site 24 hours per day, seven days per week (24/7). In addition, there is an on-call Physician's Assistant. KPP 8.10, entitled Local Operating Procedure, Referral Process for Off-Site Emergency Care, addresses the procedure for accessing emergency care.
prior to thei	rect care staff will receive tuberculosis tests r job assignment and periodically thereafter offered the hepatitis B vaccine series.				New direct care staff are testing for tuberculosis (TB) during the hiring process and annually. The hepatitis B vaccine series is offered. Up-to-date TB testing was noted on 21 direct care staff (LPNs and RNs).
qualified pe descriptions credentialed	care services will be provided by trained and resonnel, whose duties are governed by job and who are properly licensed, certified, d, and/or registered in compliance with tate and federal requirements.				Licenses, certifications, credentialing, and registrations are current. Job descriptions are available.

PART 4 – 22. MEDICAL CARE

Components 8. The facility provides each detainee, upon	Meets Standard	Does Not Meet Standard	N/A	Remarks
admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).				The detainee handbook is available in English, Spanish, and Creole.
9. In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.				Medical personnel credentialing and verfication complies with NCCHC, JCAHO, and state of Florida standards.
 10. Within (b)(7)ehours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 				As documented in the medical record, newly-admitted detainees receive medical, dental, and mental health screening by medical personnel. In addition, all newly-admitted detainees receive a chest x-ray for TB testing.
11. (MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	×			Translation services are available to security and medical staff via telephone. During the inspection, the use of these services by a medical provider and a detainee was observed.
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.				The facility has sufficient space and equipment to afford privacy, as well as a medical admitting office and x-ray machine in the in-processing area.
13. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				The health service unit (HSU) is within the secure perimeter and has restricted access.
14. The medical facility entrance includes a holding/waiting room.				There are two hold rooms in the HSU.
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			Security staff have direct supervision of this area.
16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			A toilet and drinking water are available in each of the hold rooms.
 17. Medical records are kept (b)(7)e files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 				Medical records are kept electronically at the facility. Access is restricted to medical personnel. Old, paper medical records are kept in a locked medical records office and are currently in the process of being archived. Access to these records is restricted to medical staff.

PART 4 - 22. MEDICAL CARE

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	⊠			A general consent to medical treatment is obtained on admission and before other medical, dental, or mental health treatment is administered.
 Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources. 				Detainees may also make written requests for this information.
20. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			During the inspection, the pharmacist was observed preparing medications and needed medical information for detainees transferring on the following day.
21. A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			A detainee's medical record and transfer summary accompany the detainee on transfer.
22. Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A- number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			Medical records are sealed and labeled.
23. Medical screening includes a Tuberculosis (TB) test.				All detainees receive TB testing via chest x-ray during in-processing. 100% of detainees interviewed reported having a chest x-ray on admission.
 24. All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			Medical personnel provide mental health screening to detainees upon admission.
25. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			Medical personnel provide all health care screening of detainees upon admission; therefore, they are able to promptly identify detainees needing medical attention.
26. (MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	\boxtimes			In 100% of medical records reviewed, health appraisals and physical examinations were performed within 14 days. Most were performed within two days.
27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	\boxtimes			Nursing personnel makes rounds in the SMU on a daily basis, thus providing access to health care. Mental health staff makes rounds in the SMU every Monday.

PART 4 – 22. MEDICAL CARE

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population.				Sick call request slips are readily available in all of the housing units. They are printed in English, Spanish, and Creole. Detainees place sick call request slips in a locked box in the dining hall. Only medical staff has access to this box and they retrieve
 Service-request slips are delivered in a timely fashion to the health care provider. 29. (MANDATORY) The facility has a written plan for 				the slips on a daily basis. Medical personnel are on duty at the
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.				facility 24 hours per day, seven days per week. In addition, KPP 8.10, Referral Process for Off-Site Emergency Care, addresses this component.
30. The plan includes an on-call provider.	\square			A mid-level practitioner is on-call.
31. The plan includes a list of telephone numbers for local ambulances and hospital services.				There are telephone numbers for emergent and urgent levels of care and for the Jackson Memorial Hospital, Palmetto General Hospital, and Kendall Regional Medical Center.
32. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			KPP 8.10 addresses this component.
33. (MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.				Both security and medical staff are trained during initial orientation, and annually thereafter, on: emergency response time (under four minutes); cardiopulmonary resuscitation (CPR); and the use of the automatic external defibrillator (AED). During day one of the inspection, three medical emergencies were observed, with response times noted to be well within the parameters.
34. Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Security staff does not distribute medication. Medical staff is available 24/7 and distributes all medications.
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	\boxtimes			A DIHS pharmacist is responsible for the purchase, storage, inventory, and dispensing of medication.

PART 4 – 22. MEDICAL CARE

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: • A formulary of all prescription and			·	The facility has written policy and
nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all				procedure for the management of pharmaceuticals, Chapter 11, Pharmacy. A formulary for medications is electronically available. A method for obtaining non-formulary medications was observed. During the inspection, the secure storage and perpetual inventory of all controlled substances was observed. A count of controlled substances was correct.
controlled substances (DEA Schedule II-V), syringes, and needles. 37. All pharmaceuticals are stored in a secure area with				
 the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				All medications are stored in the pharmacy, inside the secure perimeter, with limited access, and appropriate construction requirements. Medications are also stored in a locked medication cart, in a medication room, accessed through the pharmacy.
 38. In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				Nursing personnel administer medications through a locking pass-through window from a medication room accessed through the pharmacy.
39. Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	\boxtimes			Medication Administration Records (MARs) are used to document medication administration.

PART 4 - 22. MEDICAL CARE

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
40. Medication may not be delivered or administered by detainees.				
In facilities that are medically staffed 24 hours a day, the health care provider distributes medication.				
 In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 				Only medical personnel distribute medication.
41. The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			\boxtimes	Officers are not trained to distribute medication. Only medical personnel distributes medication.
42. The Warden/Facility receives notification that a detainee that has special medical needs.				This notification is made daily. In addition, annual training is given to staff on special needs detainees.
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	×			KPP 8.10, Referral Process for Off- Site Emergency Care, addresses this component.
 44. (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				The facility has an extensive Infectious Disease Policy and Procedure addressing: infectious disease prevention; identification and treatment; staff and detainee education; and management of TB, Hepatitis A, B, and C, HIV infection, influenza, and methicillin resistant staphylococcus aureus (MRSA). The facility coordinates with public health authorities, as necessary (e.g., during the H1N1 outbreak in the last year). Media issues are referred to ICE as per facility policy. The Infectious Disease policy is undergoing extensive review by DIHS.
45. Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.				During the inspection, one detainee was being isolated in a negative pressure room in the SSU for TB precautions.

PART 4 - 22. MEDICAL CARE

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
46. All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	×			The facility performs chest x-rays for TB screening on all new arrivals. Detainees were able to describe TB screening on arrival.
47. Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.				During the inspection, one detainee was being isolated in a negative pressure room in the SSU for TB precautions.
48. A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	×			Detainees are transported according to clinical need via: 911 emergency ambulance; routine ambulance for urgent care; or car transport for routine care.
49. Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	×			Nursing, and/or chronic disease, care plans are developed for detainees requiring such. Nursing care plans are developed for detainees with stated diagnoses.
50. (MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.				The facility does not detain females.
51. (MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority				Detainees who are diagnosed with a chronic disease (e.g., asthma, hypertension, diabetes, mental health, HIV/AIDS, seizures) are followed in the appropriate chronic disease clinic for that disease on a basis determined by the treating physician.
52. The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.				This notification ocurrs on a daily basis.
53. Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			A dentist and dental assistant are onsite 40 hours per week. Emergency dental care off-site is available.

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
54. (MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.				As mental health issues are identified, referral to a mental health clinician is made.
55. Crisis intervention services are available for detainees who experience acute mental health episodes.				These services may be offered on- site in the SSU or off-site in an inpatient setting.
56. Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.				There is adequate space for examinations and interviews to take place in a private setting. There are no female detainees at this facility.
57. (MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.				DIHS, Chapter 15, Mental Health, addresses this component. Medical record documentation described comprehensive evaluations performed within 14 days.
 58. (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				The least restrictive restraint will always be used first. Therapeutic restraints may be physical (e.g., use of leather restraints) or chemical (e.g., use of medications). The written order of a physician or mental health provider is required prior to the use of physical restraints. DIHS, Chapter 15, Mental Health, addresses these components.

PART 4 – 22. MEDICAL CARE

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
59. (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will:				DIHS Chapter 15, Mental Health, addresses emergency involuntary
 Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 	\boxtimes			adminstration of psychotropic medications to detainees. Should a detainee require involuntary administration of psychotropic medications on a routine basis, a court order would be sought, through ICE. There have been no incidents of involuntary administration of psychotropic medications since the last review.
60. An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	\boxtimes			Dental screening is performed as part of the admission medical screening.
61. In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			Monthly inspection of the first aid kits has been delegated to the fire and safety officer.
62. An automatic external defibrillator should be available for use at the facility.	\boxtimes			There is an AED available in the: SSU; outpatient area of the HSU, as part of the emergency response kit; as well as in the admission screening area.
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	\boxtimes			If determined by the Medical Director that forced treatment is recommended, ICE will be consulted.
64. In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.				The facility administrator and HAS meet every Tuesday, as documented in a logbook and in meeting minutes.
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	\boxtimes			Stericycle is the contractor for bio- hazardous waste. A certified removal was performed on 04-27-10. Dental equipment is decontaminated and autoclaved on-site. The autoclave is tested for effectiveness every month, with the most recent test performed on 04-20-10 (which passed).

PART 4 – 22.	MEDI	CAL CAR	E		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	×			Quality Assurance, and Performance Improvement reviews are ongoing in the areas of peer review and admissions medical screening, signed consent, and TB testing.	
PART 4 – 22.	MEDI	CAL CAR	E		
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					
REMARKS (Record significant facts, observations, other sources used, etc.): The HSU is divided into two areas: the outpatient area; and the SSU. The outpatient area contains: two hold rooms; urgent care room; five exam rooms; lab drawing station; medical record room; pharmacy with medication administration room; triage room; dental suite with two chairs; staff locker room; staff break room; seven offices; and a conference room. The SSU contains: a nurse's station; two offices; two storage rooms; unit kitchen; observation (soft walled) room; and 30 hospital beds in 16 rooms, including six negative pressure rooms.					
(b)(7)(e)					

In 100% of medical records reviewed, medical screening and chest x-rays were performed on admission. Physical exams were performed well within 14 days, usually within two days. Consent to treatment was present as was dental screening and mental health screening.

Interviews with detainees described initial admission screening, TB testing, and physical exam within appropriate time parameters. Sick call triage was documented and sick call was scheduled within 48 hours of triage, usually within 24 hours.

In regard toTB infection, the facility is involved with Migrant Network and uses two programs, Cure TB and TB Net, which allows them to share TB information and make follow-up appointments for detainees in the country to which the detainee is being returned. This information is then provided to the detainee so that he is not negligent to follow-up and continues to take his prescribed TB medication.

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.	☒			KPP 10-23 addresses the requirements cited in the standard. The supply noted exceeded the minimum required.
 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 	⊠			
Additional clothing is available for changing weather conditions and as is seasonally appropriate.	\boxtimes			Detainees are issued sweatshirts or jackets for cold weather conditions.
4. New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions.				All detainees receive clean bedding, linens, and towels when they arrive at the facility.
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.				Soap, conditioner, shampoo, one comb, skin lotion, toothpaste and a toothbrush are issued to detainees upon their arrival.
 6. Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 				Housing unit areas were inspected and found clean.

PART 4 – 23. P	ERSO	NAL HYGI	ENE			
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices t the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, and personal hygiene items.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Bathing facilities are: Clean						
 Operable with temperatures between 100 and 120 degrees Fahrenheit. 						
ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.			"			
ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.						
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.						
9. Detainees are provided clean clothing, linen and towels.						
Socks and undergarments - daily.		_	_	Detainees are allowed to wash their		
 Outer garments - twice weekly. Sheets - weekly. 				clothing twice a week.		
					Towels - weekly.Pillowcases - weekly.	
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.				Food service workers are permitted to exchange outer garments daily.		
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.						
PART 4 – 23. PERSONAL HYGIENE						
REMARKS (Record significant facts, observations, other sources used, etc.): Krome SPC has procedures and policies in place which allow each detainee to maintain acceptable personal hygiene in a manner consistent with the standard.						
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PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.					KPP 10-24. Suicide Prevention and Intervention, addresses this component.
2.	At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone				
	detainees; Staff training requirements;				
•	The management and reporting of suicidal incidents, suicide watches, and deaths;				Decode wall as delines include:
	Provision of safe housing for suicidal detainees;				Procedural guidelines include: training; identification and
•	Debriefing of any suicides and suicide attempts by administrative, security, and health services staff;				intervention; housing; suicide watch; and reporting requirements.
•	Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director-				
•	Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and				
	ritten procedures for the proper handling of detainees to exhibit suicidal behavior.				
tra	Every new staff member receives suicide-prevention ining. Suicide-prevention training occurs during the aployee orientation and annual training.				Both medical and security staff receive training during orientation, and annually thereafter, as to Signs of Suicide Risk, Suicide Precautions and Suicide Prevention.
4.	Training prepares staff to:				
•	Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,				
•	Demographic, cultural, and precipitating factors of suicidal behavior,				The training includes: recognizing signs of suicidal thinking; facility
•	Responding to suicidal and depressed detainees,				
•	Effective communication between correctional and health care personnel,	\boxtimes			referral procedures; suicide- prevention techniques; responding to an in-progress suicide attempt; and
•	Necessary referral procedures,				documentation on the suicide
٠	Housing observation and suicide-watch level procedures,				observation checklist.
	Follow-up monitoring of detainees who have already attempted suicide, and				
•	Reporting and written documentation procedures.				

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	ΝΑ	Remarks
5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.				Detainees are screened for suicide
Screening does not occur later than one working				potential on admission by medical
 day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 				staff.
Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.				KPP 10-24 addresses this component.
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.				KPP 10-24 addresses this component.
8. The facility has a designated isolation room for evaluation and treatment.	\boxtimes			There are (b)(7)e designated isolation rooms located on the SSU.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				One of the isolation rooms has "soft" padded walls and impeding structures.
Medical staff have approved the room for this purpose.				The rooms have been approved by medical and mental health staff.
11. Staff observe and document the status of a suicidewatch detainee at least once every $(b)(7)$ an inutes/constant observation.	\boxtimes			Detainees on suicide watch are under constant observation and their status is documented every(b)(7) minutes.
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.				Detainees on suicide watch are under constant observation. Their status is documented every 15 minutes.
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance				The facility has medical staff on duty 24/7.
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.		ON AND T		KPP 10-24 addresses this component.
PART 4 – 24. SUICIDE PRE			NIER N/A	VENTION Repeat Finding

There have been no successful suicides since the last review.

During the inspection, a detainee was placed on suicide watch. It was noted he was placed in an isolation room on the SSU. Allowable items, such as a suicide prevention smock and blanket were ordered by mental health staff. He was under consant observation and his behavior was documented every inutes on the suicide observation checklist. Medical staff monitored his vital signs and behaviors.

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PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH						
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death. Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related						
notifications. Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.				KPP 10-25, entitled Terminal Illness, Advance Directives and Death, addresses this component. The facility Clinical Director arranges for the transfer of chronically, critically, or terminally ill detainees to appropriate acute care medical facilities.		
 2. The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's medical condition. The detainee's location. The visiting hours and rules at that location. 				The HSA notifies the AFOD who arranges to notify the family of the detainee.		
 3. There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 	×			KPP 10-25 addresses this component. The facility uses the State Advanced Directive Form for implementing living wills and advanced directives.		
4. There is a policy addressing "Do Not Resuscitate Orders"				KPP 10-25 addresses this component. Do Not Resuscitate (DNR) Orders are allowed at the facility.		
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				KPP 10-25 addresses this component.		
6. The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				The facility notifies the DIHS medical director and the ICE General Counsel of the name and basic circumstances of any detainee who has a DNR order.		
7. The facility has written procedures to address the issues of organ donation by detainees.				Detainees may donate an organ to an immediate family member.		
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	×			Facility policy KRO/10-25 addresses this component.		
9. The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			KPP 10-03, Transportation (Land Transport), addresses this component.		

PART 4 – 25. TERMINAL ILLNESS	, ADVA	NCE DIR	ECTIV	ES, AND DEATH
This Detention Standard ensures that each facility's continuum advance directives and provides specific guidance in the event				fresses terminal illness, fatal injury, and
☐ Check this box if the facility does not accept ICE detain appropriate box for this portion of the worksheet. ALWAY notifications.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. At all ICE locations the detainee's remains disposed	3.4	<u> </u>		The family of the detainee is given
of in accordance with the provisions detailed in this standard.				the opportunity to claim the detainee's remains.
11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.				The AFOD schedules the burial or contacts the Department of Veterans Affairs to determine detainee
 If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 				eligibility.
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.				The Deportation Officer assigned to the case sends the original death certificate to the person who claimed the body. A certified copy is then placed in the A-file.
13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;				The FBI, local coroner, or DIHS may
Performance of an autopsy.				order an autopsy. Florida state law
Person(s) to perform the autopsy.				provisions and guidelines are observed.
 Obtaining State approved death certificates. 				52501154
 Local transportation of the body. 				
14. ICE staff follow established procedures to properly close the case of a deceased detainee.				This procedure is described in facility policy KPP 10-25.
PART 4 – 25. TERMINAL ILLNESS	, ADVA	ANCE DIR	ECTIV	ES, AND DEATH
	Standa	rd 🗆 N	/A	☐ Repeat Finding
REMARKS (Record significant facts, observations, other source. There have been no detainees deaths at the facility since to facility policy is very comprehensive related to this standar orders to be written.	he last	review.	for de	etainee organ donation, and DNR
(b)(6), (b)(7)c / 05-0(
EVIEWER'S SIGNATURE (b)(6), (b)(7)c				

Performance-Based National Detention Standards

Part V – ACTIVITIES

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

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

Components	Meets Standard	Does Not Meet Standard	A'A	Remarks
1. The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.				The facility has a written policy concerning correspondence and other mail.
2. The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.				Key information is provided primarily through the detainee handbook. The facility handbook is available in English, Spanish, and Creole.
3. Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.				Incoming mail is distributed within the required time frames.
4. Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	×			
 Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee. 	\boxtimes			Logbook reviews revealed compliance with this component.
6. Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	×			Incoming general correspondence is opened in the presence of the detainee.
7. Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes			Staff do not read incoming general correspondence without the administrator's approval.
8. Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
 Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present. 				Staff do not read or copy special correspondence.
10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				
 Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied. 	\boxtimes			
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.				Written notification is sent to the sender, as well as the addresee, if incoming mail is rejected.

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	⊠						
14. Staff maintain a written record of every item removed from detainee mail.							
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			Contraband items discovered and its disposition is recorded in a logbook.			
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.				When cash is received in the mail the amount of currency is recorded, a receipt is prepared and distributed, and the money is deposited into the detainee's account.			
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	\boxtimes						
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	\boxtimes						
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	\boxtimes						
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.				Verified indigent detainees are allowed to mail at least five pieces of special correspondence and three one-ounce letters per week.			
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.				Stamps may be purchased through the approved vendor.			
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			The facility provides writing paper, envelopes and pencils at no cost.			
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes						
24. Detainees have access to outside publications.	\boxtimes						
PART 5 – 26. CORRESPO	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 1 3441, 22, 3	800.0 <u>900.0</u> 2.				

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

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PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.						
Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	¥	Remarks		
The Field Office Director considers and approves,						
on a case-by-case basis, trips to an immediate family member's: • Funeral • Deathbed						
2. The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common-law spouse).				Policy is very clear on this issue.		
 The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts. 			\boxtimes	Krome is an SPC and the component refers to CDF/IGSA facilities.		
4. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.						
Detainees who require overnight housing are placed in approved IGSA facilities.	\boxtimes					
Each escort detail includes at least two officers.						
7. The detainee remains under constant, direct visual supervision of escorting staff.						
8. Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.						
9. Escorting officers (b)(7)e to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.				The facility policy (b)(7)e allow the escorting officers this discretion.		
 Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason. 						
11. Escort officers ensure that detainees:						
 Conduct themselves in a manner that does not bring discredit to ICE/DRO. 						
 Do not violate federal, state, or local laws. 						
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 		П				
 Do not arrange to visit family or friends unless approved before the trip. 						
Make no unauthorized phone calls.				·		
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility 						

PART 5 – 27. ESCORTED TRIPS	FOR N	ON-MEDI	CAL E	MERGENCIES
This Detention Standard permits detainees to maintain ties with staff-escorted trips into the community to visit critically ill men Standard NA: Check this box if all ICE Non-Medical Em	nbers of	the immed	iate fan	nily or to attend their funerals.
Sub-Office in control of the detainee case.	ici gene)	LSCOTEC	m squi	o hairded only by the real Presid Office of
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.				200 - 200 -
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
14. The Field Office Director is the approving official for all non-medical escorted trips.				
15. Facility procedures comply with the following ICE Standards:				
 Transportation (Land Transportation Restraints applied strictly in accordance with the Use of Force Standard. 				
PART 5 – 27. ESCORTED TRIPS	FOR I	ON-MED	ICAL E	MERGENCIES
	Standa	rd 🗆 N	/ A	☐ Repeat Finding
REMARKS (Record significant facts, observations, other sources. The outcome measure worksheet indicated there were five facility was only able to provide documentation for two. (b)(6), (b)(7)c (05-06-10) REVIEWER'S SIGNATURE / DAT (b)(6), (b)(7)c		,	-medic	al emergency escorts; however, the

ARRIAG	SE REQU	ESTS	
		ICE/D	RO detainee receives a case-by-case
Meets Standard	Does Not Meet Standard	N/A	Remarks
			KPP 10-28 was reviewed. All detainee requests are forwarded to the present Acting Facility Administrator.
×			The FOD will review every marriage request which has been rejected by the facility administrator.
			If a detainee requests to be married, the request must be made in writing.
⊠			
			If a detainee is denied permission, he will be provided information for the basis of the decision and how he may file an appeal.
×			
	Neets characteristics and the second characteristics and the s	equest from an ach requests. Meets From an ach requests.	Standard N/A N/A N/A N/A N/A N/A N/A N/

It is noted during the past year, there have been 11 request from detainees to be married and 10 have been approved. The one denied was based on the fact the detainee had two different women listed on his request to marry. It is further noted should a detainee in Disciplinary Segregation request to be married, the request will be postponed until he has completed his required disciplinary sanction

□ N/A

□ Repeat Finding

□ Does Not Meet Standard

(b)(6), (b)(7)c 05-06-1 **REVIEWER'S SIGNATURE / D** (b)(6), (b)(7)c

PART 5 - 29. RECREATION							
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".							
Components	Meets standard	Does Not Meet Standard	unen	Remarks			
The Facility provides:				The facility provides both indoor and outdoor recreation. Indoor recreation			
An indoor recreation program. An outdoor recreation program.				is provided primarily in the housing unit dayroom areas and outdoor recreation is provided in a large recreational yard.			
2. A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				(b)(7)erecreational specialists coordinate program activities.			
3. Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes						
4. The recreational specialist or trained equivalent supervises detainee recreation workers.							
5. The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.							
Dayrooms offer sedentary activities, e.g., board games, cards, television.				Board games, playing cards, ping pong, and television are offered in the dayrooms.			
Outside activities are restricted to limited-contact sports.							
8. 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.				Detainees have access to daily recreational activities outside the housing units for a minimum of one hour, unless extreme weather conditions are present.			
 Staff check all items for damage and condition when equipment is returned. 							
11. Staff conduct searches of recreation areas before and after use.				Security staff provide direct security supervision on the recreational yard.			
12. Recreation areas are under constant staff supervision.	\boxtimes						
13. Supervising staff are equipped with radios.							
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			Detainees in SMU are provided at least one hour of outdoor recreation seven days per week in a small secure recreation area.			
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	\boxtimes						
16. Special programs or religious activities are available to detainees.							

PART 5 - 29. RECREATION							
This Detention Standard ensures that each detainee ha within the constraints of safety, security, and good order.	This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.						
☐ If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".							
Components	Meets Standard	Does Not Meet Standard	≨	Remarks			
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				Limited volunteers are utilized in the recreational area.			
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.				Visitors, relatives or friends of detainees are not allowed to serve as approved volunteers.			
19. If yes, written procedures ensure timely review of all eligible detainees.				Visitors, relative or friends of detainees are not allowed to serve as approved volunteers.			
20. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	The facility provides outdoor recreation and transfers due to a lack of outdoor recreation are not applicable.			
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			×	The facility provides outdoor recreation.			
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.				The facility provides outdoor recreation.			
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.				The facility provides outdoor recreation.			
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			\boxtimes	The facility provides outdoor recreation.			
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.				The facility provides indoor and outdoor recreation.			
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.				The facility provides indoor and outdoor recreation.			
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.				The facility provides indoor and outdoor recreation.			
PART 5 - 2	9. REC	REATION	l Magnitus				
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

The facility provides indoor and outdoor recreation, which is available seven days per week. A schedule is available and posted appropriately. Detainees assigned to SMU receive access to outdoor recreation in a small concrete recreation yard in a manner consistent with the standard.

(b)(6), (b)(7)c May 6, 2010 REVIEWER'S SIGNATURE / DA

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

PART 5 – 30. RELIGIOUS PRACTICES						
This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.						
Components	Meets Standards	Does Not Meet Standards	Ą	Remarks		
Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.				Action in the Control of the Control		
2. Space is available for detainees to participate in religious services.				Religious services are provided to the detainees in the multi-purpose building or the cafeteria.		
3. The facility allows detainees to observe the major "holy days" of their religious faith.List any exceptions.				There are no exceptions, nor have there been any in the past.		
 4. The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 				The medical unit and food service are involved in determining any holy-day observances.		
Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.				Detainees are allowed a Bible, Koran or similar religious item to be kept in their possession.		
6. Volunteer's credentials are checked and verified before allowing participation in detainee programs.				All volunteers are screened and trained by security personnel prior to being allowed into the facility.		
Members of faiths not represented by clergy may request to present their own services within security allowances.	⊠					
8. Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.						
PART 5 – 30. RE	LIGIO	JS PRACT	ICES			
	Standa	rd 🗆 N	Α	☐ Repeat Finding		
REMARKS (Record significant facts, observations, other sources used, etc.): The chaplain was interviewed concerning this standard. KSPC affords detainees the opportunity to practice their respective faiths in a manner consistent with the standard, while ensuring the safety and security of the facility. (b)(6), (b)(7)c / 05-06-10 (b)(6), (b)(7)c						
REVIEWER'S SIGNATURE / D						

PART 5 - 31. TELEPHONE ACCESS

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

Components	Meets Standard	Does Not Meet Standard	AN A	Remarks
Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.				Detainees are normally allowed access, except during count, to telephones from 6 AM to 11 PM daily.
2. Upon admittance, detainees are made aware of the facility's telephone access policy.				The handbook issued to each detainee describes the telephone access policy.
3. Notification explaining the facilities telephone policy is in the Detainee Handbook.				
Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes			Access rules, including updated telephone numbers, were observed posted in the housing units.
5. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			The facility's detainee handbook is written in English, Spanish and Creole, which are the languages spoken by a significant portion of the facility population.
6. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	⊠			An appropriate number of detainee telephones, located in the housing units and general recreational areas, were observed.
7. Telephones are inspected daily by facility staff to ensure that they are in good working order.				Telephones are inspected daily by designated security staff and the inspection is recorded in each housing unit logbook.
Telephones are located a reasonable distance from televisions.				Detainee telephones are located in the housing unit day room and recreation area. Telephones are not located directly by the television.
The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes			
10. The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes			
11. Detainees are afforded a reasonable degree of privacy for legal phone calls.				
12. A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			Detainees having difficulty making a confidential telephone call may contact appropriate staff.
13. The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			
14. Special Access calls are at no charge to the detainees.	\boxtimes			

PART 5 - 31. TELEPHONE ACCESS

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

Components	Meets Standard	Does Not Meet Standard	NA	Remarks
15. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	The facility is able to meet this requirement.
16. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".				No restrictions are placed on detainees attempting to contact attorneys or legal service providers.
17. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes			
18. All telephone restrictions are documented.	\boxtimes			
19. The facility has a system for taking and delivering emergency detainee telephone messages.				The facility shift supervisors may accept emergency telephone calls and if determined appropriate deliver telephone messages.
20. Phone call messages are given to detainees as soon as possible.				Emergency telephone messages are being provided to the detainee as soon as possible.
21. Detainees are allowed to return emergency phone calls as soon as possible.				
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				Detainees in disciplinary segregation are allowed telephone calls relating to their immigration case and legal matters.
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.				
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes			
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	×			Detainees assigned to administrative segregation have access to a telephone on a daily basis.
26. When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.				The notification indicating telephone calls may be monitored is posted near detainee telephones, as well as addressed in both detainee handbooks.
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	\boxtimes			The OIG phone number was checked in two separate housing units and found to be programmed into the phone system. The number was checked and operable.
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis				
PART 5 - 31. TE				
	Standar	rd 🔲 N/	Α	☐ Repeat Finding

A sufficient number of detainee telephones are available within the facility and staff conducts daily inspections on their serviceability. Appropriate telephone numbers are displayed in the housing units and the OIG telephone number was checked and found to be operational. The Mexican Consulate's office was contacted and the number was found operational and an automated electronic message was provided.

(b)(6), (b)(7)c / 05-06

REVIEWER'S SIGNATURI (b)(6), (b)(7)c

	PAKI 3 -	32. VIS	MAHON		
	is Detention Standard ensures that detainees will be mmunity, legal representatives, and consular officials, v				
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.				A written visitation procedure, visiting schedule, and hours of general visitation was available.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				General visitation hours are available on Saturdays, Sundays and holidays. The minimum duration is normally one hour. Exceptions may be considered after receiving a formal request prior to the requested visit. There were 30 visiting booths available. Staff reported no concerns with the number of visiting booths available compared to the demand for visits.
3.	The visitation schedule and rules are available to the public.	\boxtimes			Visiting rules are posted in the facility lobby and were found on the public web-site.
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	×			
6.	A general visitation log is maintained.	\boxtimes			A general visitation log is maintained documenting visitors' names, date of visit, and applicable times.
7.	Detainees are permitted to retain authorized personal property items specified in the standard.				
8.	A visitor dress code is available to the public.	⊠			The dress code for visitors is posted in the lobby and available to be reviewed on the facility web-site.
9.	Visitors are searched and identified according to standard requirements.				All visitors are subject to search.
10.	The requirement on visitation by minors is complied with.				
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minors are allowed to visit when accompanied by an approved adult.
	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.				Minors are allowed to visit.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.				
14.	Detainees in special housing are afforded visitation.				

PART 5 - 32. VISITATION

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

	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
15.	Legal visitation is available seven (7) days a week, including holidays.	×			
16.	On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	- ⊠		-	Legal visits are available during regular business days from 7 AM to 10 PM, and from 7 AM to 11 AM on weekends and holidays.
17.	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	⊠			
18.	Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			Private contact and non-contact visiting rooms are available for attorney/detainee visits. A mechanism is available to review and exchange approved documents.
19.	There are written procedures governing detainee searches.	×			The facility has a written procedure and policy regarding detainee searches.
20.	Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	\boxtimes			
21.	Per the Standard, prior to each visit, legal service providers and assistants are identified.				All legal visitors are properly identified as approved legal representatives.
22.	The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	×			A list of pro bono legal organizations was observed posted in the detainee housing units and law library.
23.	SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	×			
24.	Provisions for NGO visitation as stated in the Detention Standards are complied with.				
25.	Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	\boxtimes			
26.	Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.				
2004256	PART 5	14 13 14 14 14		· · · · · · · · · · · · · · · · · · ·	
		Standaı	rd 🗌 N	Α	☐ Repeat Finding

REMARKS	(Recor	d significant	facts	ohservations	other s	ources used,	etc.):
						ļ	

(b)(6), (b)(7)c 05-06-10 **REVIEWER'S SIGNATURE / DA**

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

PART 5 – 33. VOLU	NTARY	WORK P	ROGR	AM
This Detention Standard provides detainees opportunities number of work opportunities available and within the confequired to do so, ICE/DRO affords working detainees be protections.	nstraints	s of safety,	secur	ity, and good order. While not legally
☐ Check here if ICE detainees are not authorized to 3 and move to next section.	work	at the IGS	A faci	lity. Mark NA on Form G-324A, page
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a voluntary work program.				KPP 10-33 regarding the work program was reviewed.
Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.				
At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.				Only authorized detainees are allowed to work on any outside detail.
 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 				Minimum security detainees with a positive adjustment are allowed to work.
Where possible, physically and mentally challenged detainees participate in the program.				
 6. The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week. 				No detainee is allowed to exceed the work-hour restrictions.
7. Detainee volunteers ordinarily work according to a fixed schedule.				
 If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file. 				A written justification is placed in the detainee's file if he is removed from a work detail.
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.				Prior to assigning a detainee, he receives job training and watches a training video.
10. The voluntary work program meets:OSHA standardsNFPA standardsACA standards				
Medical staff screen and formally certifies detained food service volunteers; Before the assignment begins As a matter of written procedure.				A copy of the screening material is maintained in the detainee's file in food service and the A-File.

PART 5 – 33. VOLUI	NTARY	WORK P	ROGR	AM
This Detention Standard provides detainees opportunities number of work opportunities available and within the correquired to do so, ICE/DRO affords working detainees ba protections. Check here if ICE detainees are not authorized to 3 and move to next section.	straints sic Occ	of safety, supational	secur Safety	ity, and good order. While not legally and Health Administration (OSHA)
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12. Detainees receive safety equipment/ training sufficient for the assignment	⊠			Detainees receive an oral orientation, watch a video, and then receive the proper equipment to perform their job duties.
13. Proper procedure is followed when an ICE detainee is injured on the job.				If a detainee is injured on the job they are taken to the HSU.
PART 5 – 33. VOLUN	TARY	WORK PI	ROGR	AM
⊠ Meets Standard □ Does Not Meet S	Standa	rd 🗆 N	/A	☐ Repeat Finding
REMARKS (Record significant facts, observations, other source KSPC provides detainees opportunties to work and earn m place to ensure the safety and convenien for both staff and de (b)(6), (b)(7)c 05-06-10 REVIEWER'S SIGNATURE / D	ioney w	hile confin	ied. T	here are policies and procedures in

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

Performance-Based National Detention Standards

Part VI – JUSTICE

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

PART 6	3 - 34	DFT	AINFF	HAND	ROOK

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

		4	•		
	Components	Meets Standard	Does Not Meet Standard	¥	Remarks
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.				Each detainee receives a copy of the facility-specific handbook and the ICE National Detainee Handbook.
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.				The handbook is written in English, Spanish and Creole.
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			Orientation materials are presented via video recordings while the detainee is in the intake area.
5.	The handbook supplements the facility orientation video where one is provided.				
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	×			The current detainee handbook contains a supplement identifying updates in the following areas: Contraband; Grievance Procedures; Group Legal Rights Presentations; and ICE local contact telephone numbers. Documentation supporting an annual review was conducted was provided.
7.	There is an annual review of the handbook by a designated committee or staff member.				
8.	issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care.				
9.	The detainee handbook states in clear language basic detainee responsibilities.				Detainee responsibilities are described in the facility detainee handbook.
	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
11	The handbook states when a medical examination will be conducted.	\boxtimes			
12	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	×			

P	ART	6 -	34	DFT	ΔΗ	VFF.	HΔ	MD	RΩ	OK.

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

Components	Meets Standard	Does Not Meet Standard	NA	Remarks
 The handbook describes: official count times and count procedures, meal times, feeding procedures, 				
procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.				
14. The handbook describes times and procedures for obtaining disposable (b)(7)e and explains that detainees attending court will be afforded the opportunity to (b)(7)e first.				Page 15 of the facility detainee handbook describes the procedures for obtaining (b)(7)e The housing unit officer is responsible for issuing and collecting (b)(7)e
15. The handbook describes barber hours and hair cutting restrictions.				Page 15 of the facility detainee handbook addresses this component. In addition, barber hours are posted in the housing units.
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.				
17. The handbook addresses religious programming.	\boxtimes			Page 19 of the facility detainee handbook addresses this component.
 The handbook states times and procedures for commissary or vending machine usage. (where available) 	\boxtimes			
The handbook describes the detainee voluntary work program.				The voluntary work program is addressed on page 20 of the facility detainee handbook.
 The handbook describes the library location and hours of operation and law library procedures and schedules. 	\boxtimes			
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	\boxtimes			
 The handbook/supplement provides local ICE contact information. 	\boxtimes			
The handbook describes the facility contraband policy.	\boxtimes			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			Visitation hours, schedule and rules and regulations are described in the facility detainee handbook.
 The handbook describes the correspondence policy and procedures. 	\boxtimes			

				D								

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

	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
26	The handbook describes the detainee disciplinary policy and procedures, including:		Bay disk of a Service		
•	Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process.				Detainee disciplinary policy is addressed on pages 32-48.
27	The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security.	\boxtimes			All of the steps identified in this component are listed in the ICE National Detainee Handbook on pages 8 and 9. The facility handbook includes a supplement which addresses the initial grievance procedures.
28.	The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			Facility handbook pages 14 and 15 describe the medical sick call procedures.
29	The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing.	×			
30.	The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.				The ICE National Detainee Handbook describes, on pages 10-11 and 47-48, the detainee dress code, meaning of color-coded uniforms and work assignment clothing requirements.
31.	The handbook specifies the rights and responsibilities of all detainees.				On page 2 of the ICE National Detainee Handbook the rights and responsibilities are addressed. On pages 6-7 of the facility handbook the rights and responsibilities are cited.
32.	Detainees are required to sign for the handbook to ensure accountability.	×			Detainees are required to sign for the handbook and the form containing the signature is placed in the detainee's file.

PART 6 - 34. DI	ETAINE	E HANDE	OOK	
This Detention Standard requires that, upon admission, materials that describe such matters as the facility's procedures, grievance system, services, programs, and r detainees acknowledge receipt of those materials.	rules	and sanc	tions,	disciplinary system, mail and visiting
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.				Video presentations are provided via the television monitors located in the hold room area.
PART 6 - 34. DI	TAINE	E HANDB	ООК	
	Standa	ırd 🗆 N	/A	☐ Repeat Finding

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

The facility detainee handbook is prepared in English, Spanish and Creole; the ICE National Detainee Handbook is available in English or Spanish. The facility handbook is reviewed on an annual basis.

PART 6 - 35. GRIEVANCE SYSTEM

This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are informed about the facility's informal and formal grievance system.				KPP 10-35 and the detainee handbook were reviewed. The detainee handbook is written in English, Spanish and Creole.
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).				Detainees receive a handbook when admitted to the facility.
3.	The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance.				All areas concerning grievances are addressed in the facility detainee handbook, through a supplement, or in the ICE National Detainee Handbook.
4.	Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.				Procedures for the informal resolution of oral grievances is included in the facility detainee handbook. This matter is also addressed with staff in pre-service and annual training.
5.	Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.				Detainees have access to a grievance committee using formal procedures. Detainees are not allowed to aid other detainees in legal matters.
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			
	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			Staff receives pre-service and annual training concerning the detainee grievance procedure.
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.				The facility addresses this issue in KPP 10-35 and in staff training.

PART 6 - 35, GRIEVA	NCF SYSTEM
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This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

Components	Meets Standard	Does Not Meet Standard	₩	Remarks
Procedures include maintaining a Detainee Grievance Log.			:	A computurized log has been
 If not, an alternative acceptable record keeping system is maintained. 				maintained since August 2009. Prior to that time, a manual log was
 "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 				maintained. All detainee grievances are recorded and filed.
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.				All grievances are recorded and filed.
11. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				Staff are trained to forward any grievance citing staff misconduct to a higher official.
12. Informal resolution of a written grievance is documented in the detainee's Detention File.				All grievance information is recorded and documented in the detainee's detention file.
13. Staff complies with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.				
14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.	\boxtimes			A detainee may appeal a grievance committee's decision and the AFOD or his/her designee may uphold,
In all facilities written procedures cover detainee appeals and are included in the detainee handbook				modify or reverse a grievance committee's decision.
15. In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.				The detainee has a 24-hour time frame in which to file a formal grievance.
PART 6 – 35. GR	RIEVAN	ICE SYST	EM	

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

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	PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL							
Th	is Detention Standard protects detainees' rights by ens	uring th	neir access	to co	urts, counsel, and legal materials.			
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility provides a designated law library for detainee use.				The facility maintains a law library equipped with: bound legal volumes; updated electronic legal software (LexisNexis); and appropriate equipment for detainee use.			
2.	The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library.				The listing of materials was posted in the law library and found in an accessible, properly-labeled binder.			
3.	If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both.				LexisNexis is available and operational.			
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.				The law library has sufficient seating and lighting, and is separate from other activities. The occupancy capacity for detainees was reported as 14.			
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.				The law library was properly equipped with four computers, two typewrtiers, one photocopier and the required supplies.			
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.							
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.				LexisNexis was updated and the current version available was dated 04-01-10. Updated additional services are the responsibility of a recreational specialist.			
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	\boxtimes						
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.				The facility's recreational specialist is responsible for maintaining material and equipment in the law library. A security employee is assigned to provide direct security supervision when the law library is open.			

This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.									
Components	Meets Standard	Does Not Meet Standard	A.N	Remarks					
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 are allowed to use the law library one hour per day, seven days a week. Additional time may be allowed when requested, provided sufficient space is available.					
 Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days. 									
 The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security. 				Detainees are allowed to assist other detainees voluntarily and free of charge in the research and preparing of documents. A detainee clerk is assigned to the law library to assist other detainees when requested.					
 Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help. 									
4. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes								
5. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.				Detainees assigned to segregation are allowed to visit the law library on a daily schedule barring security concerns.					
All denials of access to the law library fully documented.	\boxtimes			Staff reported no incidents where access to the law library was denied.					
 Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials. 									
8. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes								
Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.				The facility provides indigent detainees limited free envelopes and stamps to mail legal material.					

The law library maintains a schedule which ensures all detainees have access a minimum of five hours per week. The law library is a dedicated room, with a capacity for up to 14 detainees at one time. Sufficient lighting and furnishings are available to accommodate the maximum capacity.

Four computers providing access to LexisNexis software (updated in April 2010) and Microsoft Word, and two typewriters were available for detainee use. A photocopier was available when requested.

A detainee clerk was available to assist other detainees upon their request.

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	PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS							
	is Detention Standard protects detainees' rights by e rsons and organizations for the purpose of informing th							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	☐ Check here if No Group Presentations were co Acceptable overall and continue							
1.	The Field Office is responsive to requests by	<u> </u>			The facility has an established			
	attorneys and accredited representatives for group presentations.				written policy which provides for the review and consideration of group presentations.			
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	\boxtimes						
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	\boxtimes						
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.				Sign-up sheets are primarily used and located in the housing units. Notifications were observed posted in the housing units.			
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	×			A presentation by Catholic Legal Services and/or the Florida Immigrant Advocacy Center is available each Tuesday in Spanish, and each Wednesday in English.			
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.	\boxtimes			A large room near the visiting booths is available to accommodate group presentations.			
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	\boxtimes						
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.	\boxtimes						
9.	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	\boxtimes			No time limit within reason is enforced at the facility. Weekly free legal presentations normally are scheduled on Tuesdays and Wednesdays at 1:30 PM.			
10.	Staff permit presenters to distribute ICE/DRO-approved materials.				Samples of approved materials were available and reviewed.			
11.	The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.				Small group presentations and meetings are allowed after they are approved.			

PART 6 - 37. LEGAL RIGH	TS GR	OUP PRE	SENT	ATIONS			
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.							
Components	Meets Standard	Does Not Meet Standard	NA	Remarks			
☐ Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.							
 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.				Staff reported there have been no privileges suspended during the past 12 months.			
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.				A video displaying legal rights information is played routinely at the facility.			
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request							
15. The facility maintains equipment for viewing approved electronically formatted presentations.							
PART 6 - 37. LEGAL RIGH	TS GR	OUP PRE	SENT	ATIONS			
	t Stand	lard 🗌	N/A	☐ Repeat Finding			

Performance-Based National Detention Standards

Part VII – ADMINISTRATION & MANAGEMENT

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

PART 7 - 38. DETENTION FILES

This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.	×			The facility operating procedures require a detention file to be established for all new arrivals whose stay will exceed 24 hours.
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			
3.	The detainee's Detention File also contains documents generated during the detainee's custody. Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same				Thirty randomly-selected active detainee files were reviewed and found to contain documents generated during the detainee's custody.
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.				The detention files are stored in a secure file room located in the intake area.
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	×			All detention files are maintained until the detainee is released from the facility. The file is reviewed by supervisory personnel then archived.
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	×			
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	\boxtimes			
8.	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			Appropriate security measures are in place to ensure only authorized individuals have access to a detainee file.
9.	Electronic record-keeping systems and data are protected from unauthorized access.				
10	Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	\boxtimes			
11.	Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	⊠			

PART 7 – 38.	DETEN	ITION FIL	E\$	
This Detention Standard contributes to efficient and resp booked into a facility for more than 24 hours a file of all si				
Components	Meets Standard	Does Not Meet Standard	Ž	Remarks
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the				All copiers are properly maintained and supplies are adequate to meet the demands required.
volume of work.				
 The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File. 	⊠			
14. Archived files are purged after shredding or burning.				Archived files are not currently purged after (b)(7) ears by shredding or burning, but rather maintained/stored in a secure fashion.
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.				
PART 7 – 38.	DETEN	TION FIL	ES	
	Stand	ard 🔲	N/A	☐ Repeat Finding
Active detainee files, properly labeled with the detainee's n in the intake area. They are color-coded in a manner consis restricted to authorized personnel. (b)(6), (b)(7)c / 05-05-REVIEWER'S SIGNATURE (b)(6), (b)(7)c	ame ar	nd number		

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours. Does Not Meet Standards Meets Standards Š Components Remarks 1. The ICE/DRO Field Office Director approved all The AFOD was interviewed regarding the process and procedure involved interviews by reporters, other news media representatives, academics and others not covered in the approval of detainee interviews by the Detention Standard on Visitation. by media representatives, academics 冈 and others. The current operational policy is consistent with the standard. There were no reported interviews within the past 12 months. 2. All personal interviews are documented with the News Interview Authorization form (or equivalent) \boxtimes П П and filed in the detainee's A-file with a copy in the facility's Detention File. 3. The Field Office Director consulted with Headquarters before deciding to allow an interview The current policy and practice is \boxtimes \Box with a detainee who was the center of a consistent with the standard. controversy, or special interest, or high profile case. Signed released forms are obtained and retained in the detainee's a-file from any media representatives \boxtimes who photographed or recorded any detainee in any way that would individually identify him or her. All press pools are organized 'according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. Αll media representatives with pending There were no reported press pools \boxtimes requested, tours, or visits were notified that, within the past 12 months. effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of

There were no reported press interviews of detainees conducted within the past 12 months. The AFOD thoroughly explained the process, including the required approval by staff representing the ICE Public Information Office and the FOD.

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS

☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding

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first publication or broadcast.

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

	PART 7 – 40.	STAF	TRAININ	G	
	is Detention Standard ensures that staff, contractors, a quiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
Components			Does Not Meet Standard	AN	Remarks
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.				KPP 10-40, staff interviews, and training records revealed compliance with this component.
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.				All staff receive pre-service training, and annual training thereafter, in all areas governing the facility.
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.				The facility has two distinct trainers, one for the Doyon contractual employees and one for the ICE employees.
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.				All training is approved by the facility administrator.
5.	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems.	\boxtimes			Both training offices maintain computerized and hard copy files of employee training records.

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	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
pro Wh vol	och new employee, contractor, and volunteer is byided an orientation prior to assuming duties. hile tailored specifically for staff, contractors, and lunteers, the orientation programs include, at a nimum:				
 Wo Cu Co Pe Em Dru He Sig Su Hu Us Ke Ov Tori Far Sta Se Pro Ori det Re 	orking conditions altural diversity/understanding staff & detainees ade of ethics ersonnel policy manual exployees' rights and responsibilities aug-free Workplace ealth-related emergencies gas of Suicide risk and precautions aicide prevention and intervention anger strikes are of Force eys and Locks erview of the criminal justice system aur of the facility cility goals and objectives cility organization eaff rules and regulations exual harassment/sexual misconduct awareness ersonnel policies orgam overview dientation and training on detainee handbook and trainee rights. equirement of special-needs detainees. etional Detention Standards				All areas indentified in this component are addressed in the preservice and annual training.

PART	7	AΛ	TO	VEE	TD	ΛIN	IINIC
FARI	, - ,			—	-		

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions				
 Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. 				All areas indentified in this component are addressed in preservice and annual training.

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	Components	Meets Standard	Does Not Meet Standard	MA	Remarks
8.	Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum:		See		
•	Security procedures and regulations				
•	Code of Ethics				
•	Health-related emergencies				
•	Drug-free workplace				
•	Supervision of detainees				
•	Signs of suicide risk and hunger strike				
•	Suicide precautions				
•	Use-of-force regulations and tactics				
•	Report writing		l	п	Staff receives pre-service and annual
•	Detainee rules and regulations			╽╙	training in the appropriate areas.
•	Key control				
•	Rights and responsibilities of detainees				
•	Safety procedures				
•	Emergency plan and procedures				
•	Interpersonal relations				
•	Social/cultural lifestyles of the detainee population				
•	Cultural diversity/understanding staff & detainees				
•	Communication skills				
•	Cardiopulmonary resuscitation (CPR)/First aid				
•	Counseling techniques				
•	Sexual harassment/sexual misconduct awareness.				
•	National Detention Standards.				

PART 7 – 40	. STAFI	FTRAININ	IG				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.							
Components	Meets Standard	Does Not Meet Standard	NA	Remarks			
 Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: 							
 The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations 							
 Key control; appropriate conduct with detainees 							
 Responsibilities and rights of employees 							
Standard precautions							
Occupational exposure		l 👝	П	All areas are addressed in pre-			
Personal protective equipment				service and annual training.			
Bio-hazardous waste disposal							
 Overview of the detention operations. 							
 National Detention Standards. 							

Medical grievance procedures and protocol. Requirement for special needs detainees.

Hostage situations and staff conduct if taken

Code of Ethics Drug free workplace

hostage.

PART	7 _	40	ST	ΔFF	TRA	NING

Components			Does Not Meet Standard	MA	Remarks
10.	Security personnel (including contractors) will receive training on the following subjects, at a minimum:				
•	Security procedures and regulations				
•	Supervision of detainees				
•	Searches of detainees, housing units, and work areas				
•	Signs of suicide risk, precaution, prevention and intervention.				
•	Code of Ethics				
•	Health-related emergencies				
•	Drug-free workplace				
•	Suicide precautions				
•	Self-defense techniques				
•	Use-of-force regulations and tactics				All areas are addressed in pre-sevice
•	Report writing				and annual training.
•	Detainee rules and regulations				
•	Key control				
•	Rights and responsibilities of detainees				
•	Safety procedures				
•	Emergency plans and procedures				
•	Interpersonal relations				
•	Social/cultural lifestyles of the detainee population				
•	Cultural diversity/understanding staff & detainees				
•	Communication skills				
•	Cardiopulmonary resuscitation (CPR)/first aid				
•	Counseling techniques				
•	Sexual abuse/assault awareness				
•	National Detention Standards.				
11.	Situation Response Teams (SRTs) receive:			[ICE certifies all specialized training
•	Specialized training before undertaking their assignments.				assignments.
12.	Facility management and supervisory staff receive:				Facility management and supervisory
•	Management and Supervisory training				staff receive training from both Doyon and ICE training personnel.
13.	(MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their usebefore being assigned to a post involving their possible use.				All staff authorized to use firearms receive appropriate training on a quarterly basis.

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PAR:	/ - 41			WHIST.

	Components		Does Not Meet Standard	N/A	Remarks	
14	14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.				All authorized staff who use firearms must qualify quarterly.	
15	. (MANDATORY) Personnel authorized to use				All authorized staff are trained in the	
	chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.				use of chemical agents and on the treatment of individuals exposed to a chemical agent.	
16	 All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: 					
•	Staff, contractors, and volunteers prohibited from:					
•	Using illegal drugs.				All staff receive pre-service and annual training pertaining to the facility's drug-free workplace policy.	
•	Possessing illegal drugs except in the authorized performance of official duties.					
•	Procedures to be used to ensure compliance.					
•	Opportunities available for treatment and/or counseling for drug abuse.					
•	Penalties for violation of the policy.					
17	. New staff is required to acknowledge in writing that they have reviewed and understand the facility's drug-free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.				Staff files were reviewed and it is noted both Doyon and ICE staff must acknowledge they have reviewed and understand the drug-free workplace program.	
18	All staff is trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are:					
	Otali and a standard and a standard and a standard standa					
	Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others.				All areas are addressed in pre-	
•	Engaging in activities that constitute a conflict of interest.				service and annual training.	
•	Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family.					
•	Acceptable behavior in the areas of campaigning, lobbying or political activities.					
19	New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.				New staff receive pre-service training and must acknowledge they have reviewed and understand all facility rules, policies, and procedures.	

PART 7	_ 40	STAF	F TRA	INING

1.0				44 CA 10 Page		1
	Components	Meets Standard	Does Not Meet Standard	MA M	Remarks	
20	detainees is trained at least annually to respond to health-related emergencies within (b)(7)e minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator					
	and includes:					
•	Recognizing of signs of potential health emergencies and the required responses.				All staff receive training related to	
•	Administering first aid and cardiopulmonary resuscitation (CPR).				health-related emergencies. Staff are trained in CPR in pre-service and	
•	Obtaining emergency medical assistance through the facility plan and its required procedures.				annual training. Doyon staff who fail the CPR training twice are subject to dismissal.	
•	Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency.					
•	The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.					
21	. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:					
•	Understanding that sexual abuse or assault is never an acceptable consequence of detention.				It is noted this training has not been	
•	Recognizing housing or other situations where sexual abuse or assault may occur.				provided to staff in pre-service or annual training. However, a new training module is expected to be	
•	Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences.				instituted on 05-24-10.	
•	Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.					

PART 7 - 40. STAFF TRAINING

	Components	Meets Standard	Does Not Meet Standard	Š	Remarks
22	(MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include:	<u> </u>			
•	Identifying the warning signs and symptoms of impending suicidal behavior,				
•	Demographic, cultural, and precipitating factors of suicidal behavior,				All staff receives pre-service and
	Responding to suicidal and depressed detainees,				annual training relating to the Suicide
•	Communication between correctional and health care personnel,				Prevention and Intervention Program.
•	Referral procedures,				
•	Housing observation and suicide-watch level procedures, and				
•	Follow-up monitoring of detainees who have attempted suicide.				
23	All staff is trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.				
24	All staff is trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.				All staff receive this training.
25	Through ongoing (at least annual) training, all detention facility staff is made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques Approved methods of self-defense Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures.				All staff receive this training. Specialized training is afforded to security staff assigned to special details.
26	Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	\boxtimes			

PART 7 – 40. STAFF TRAINING							
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐ Repeat Finding				
ecord significant facts, ob	servations, other sources used, etc.):						
ofessional manner. As	indicated above, the facility has ta						
	6), (b)(7)c						
	Record significant facts, observations and KSPC trainers refessional manner. As exual Abuse and Assault	Meets Standard ☐ Does Not Meet Standard Record significant facts, observations, other sources used, etc.): actual and KSPC trainers provide pre-service and annual trofessional manner. As indicated above, the facility has talexual Abuse and Assault Prevention and Intervention.	Meets Standard Does Not Meet Standard N/A Record significant facts, observations, other sources used, etc.): actual and KSPC trainers provide pre-service and annual training which rofessional manner. As indicated above, the facility has taken corrective exual Abuse and Assault Prevention and Intervention.				

PART 7 - 41. TRANSFER OF DETAINEES

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Rémarks
1.	When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed,				
	the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.	×			KSPC 10-41 was reviewed. Enforce is a electronic data system used to document and provide information
•	The notification is recorded in the detainee's file				pertaining to detainees.
Ŀ	When the A-File is not available, notification is noted within ENFORCE.				
2.	Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			No written notification is provided; however, a verbal notification is provided.
5.	Facility policy mandates that:				
•	Times and transfer plans are never discussed with the detainee prior to transfer.				
•	The detainee is not notified of the transfer until immediately prior to departing the facility.				
•	The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.				
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			The detainee recieves a completed DetaineeTransfer Notification Form when he is transferred.
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			
8.	For medical transfers:				
•	The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.				PHS issues a medical summary
•	Medical transfers are coordinated through the local ICE/DRO office.	\boxtimes			which will accompany the detainee during the transfer. If a detainee requires certain medications, he may
•	A medical transfer summary is completed and accompanies the detainee.				posses the medication on his person during the transfer.
•	Detainee is issued a minimum of 7 days worth of prescription medications.				3
9.	Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.				
10.	For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes			Staff receive pre-service and annual training regarding medical issues.

Components	Meets Standard	Does Not Meet Standard	ΑM	Remarks
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	⊠			Personal property will be transferred with the detainee to the new location.
Transfer and documentary procedures outlined in Section C and D are followed.				
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.				All detainees, upon arrival at the KSPC, receive a three-minute calling card.
 Meals are provided when transfers occur during normally schedule meal times. 	\boxtimes			
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.				
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				A-Files are forwared to the receiving office via overnight mail no later than one business day following a detainee transfer.
PART 7 - 41. TRAI	NSFER	OF DETA	INEE	S
	Standa	d 🗆 N	/Α	☐ Repeat Finding
REMARKS (Record significant facts, observations, other sources. Krome SPC ensures that transfers of detainees from one facts material pertaining to perty, files, aan	acility to	another a		ofessionally and responsibly managed. I with the detainee.

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



Performance-Based National Detention Standards Worksheets

intergovernmental Service Agreement (IGSA)
ICE Service Processing Center (SPC)
☐ ICE Contract Detention Facility (CDF)
Name
Krome Service Processing Center
Address (Street and Name)
(b)(6), (b)(7)c
City, State and Zip Code
Miami, Florida 33194
County
Dade
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator)
(b)(6), (b)(7)c Acting Field Office Director / Officer in Charge (AFOD/OIC)
Name and title of Lead Compliance Inspector
(b)(6), (b)(7)c
Date[s] of Review
May 4-6, 2010
Type of Review
Headquarters Departional Special Assessment Other

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

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

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

Worksheet Completion

Reviewers are required to complete each item within each section of the G324A and G324B Detention Review Worksheets. Worksheets are in a uniform format with 5 columns with NDS purpose and scope cited at the top

of the worksheet. Column 1 contains the NDS standard assessment component. Columns 2-4 are provided for the ratings assigned to each component that is assessed. While there is a column titled N/A or not applicable, the N/A rating should be used rarely and only when applicable. The remarks section is provided for reviewers to include details on each rating that may raise a question such as the "Does Not Meet Standard" or "N/A" ratings.

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

Outcome Measures Completion

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

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

TABLE OF CONTENTS

PART 1 SAFETY

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

PART 2 SECURITY

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

PART 3 ORDER

19 Disciplinary System

PART 4 CARE

- 20 Food Service
- 21 Hunger Strikes
- 22 Medical Care
- 23 Personal Hygiene
- 24 Suicide Prevention and Intervention
- 25 Terminal Illness, Advance Directives, and Death

PART 5 ACTIVITIES

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

PART 6 JUSTICE

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

PART 7 ADMINISTRATION & MANAGEMENT

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

Performance-Based National Detention Standards

Part I – SAFETY

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

PART 1 - 1. EMERGENCY PLANS

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to guickly and effectively respond to any emergency situations that arise and to minimize their severity.

to quickly and effectively respond to any efficiency s	iluatioi	is triat	anse a	<u>-</u>
Components	р	ot		Remarks
	Meets Standard	Does Not Meet	N/A	
4. No Detained on detained process				
No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			Facility policy indicates this component is addressed during orientation and annual staff training. The module and signature sheets were reviewed by this inspector.
Detainees are protected from:				
Personal abuse				
Corporal punishment				
Personal injury	\boxtimes			
Disease				
Property damage				
Harassment from other detainees				
3. Staff is trained to identify signs of detainee unrest.What type of training and how often?	\boxtimes			The facility annual training records indicate staff are trained in the Supervision of Detainees. The training module, which addressed the topic well, was reviewed.
4. Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			
5. There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			The inspector spoke to the IEA responsible for plan updates; the current plan was updated in 2010.
 Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent. 	\boxtimes			There are (b)(7)e copies of the emergency plan and each is assigned to persons who are listed on a cover sheet at the front of the manual. Each manual has a metal tag with a number stamped on it to ensure accountability of the plans.
7. All staff receives training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			The facility training module and the signature sheets for annual training were reviewed by the inspector and found compliant.
8. The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	\boxtimes			
 9. The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 	\boxtimes			A recent revision to the emergency plan was completed after a staff training exercise in March 2010 indicated a required change.

PART 1 - 1. EMERGENCY PLANS

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.

to quickly and effectively respond to any effectively s	ituatioi	is triat	arise a	
Components	_	بر		Remarks
	Meets Standard	Does Not Meet	A	
	Me	oes Me	N/A	
	_ 8	۵		
10. Contingency plans include a comprehensive				
general section with procedures applicable to most	\boxtimes			
emergency situations, including procedures for				
handling detainees with special needs.				
11. Contingency plans include a procedure for				Neighborhoods are notified through a
notification of neighbors residing in close proximity to the facility.	\boxtimes			community public information source.
•				
12. The facility has cooperative contingency plans with applicable:				The facility has one memorandum of
Local law enforcement agencies		\boxtimes		understanding (MOU) with the Border Patrol. There are no additional memorandums of
State agencies				understanding with any local, state or other
_				federal agency.
Federal agencies 13. The facility and but to be a second agencies.				
13. The facility conducts mock emergency exercises with agencies or departments with which				
they share mutual aid agreements and Memoranda				A training scenario whch involved a hostage
of Understandings. The exercises should test	\boxtimes			situation was conducted on 03-08-10.
specific emergency plans to assess their				
effectiveness.				
14. All staff receives copies of the Facility Hostage				All staff received a copy of the facility Hostage
policy and procedures.	\boxtimes			Policy during the 2009 - 2010 annual training session. Training records support
				compliance. All new staff are provided the
				policy during orientation.
15. Staff is trained to disregard instructions from				
hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and	\boxtimes			This inspector reviewed the training module and the required information is included.
psychological effects.				and the required information is included.
16. The facility maintains a list of translator services				The facility has a contract with Language
in the event one is needed during a hostage crisis.	\boxtimes			Services.
17. Emergency plans include emergency medical				
treatment for staff and detainees during and after an	\boxtimes			
incident.				
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff				The facility has an estimated five days' worth
and detainees.				of food dedicated for emergency meals.
19. Written plans illustrate locations of shut-off				
valves and switches for utilities (water, gas,	\boxtimes			
electric).				
20. Written plans include a Staff Work Stoppage				
procedure. This procedure is available for limited supervisory review.	\boxtimes			
supervisory review.				

PART 1 – 1. EMERGENCY PLANS							
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.							
Components	Meets Standard	Does Not Meet	N/A	Remarks			
21. (MANDATORY) Written procedures cover:							
Work/Food Strike							
• Fire							
Environmental Hazard							
Detainee Transportation System Emergency							
ICE-wide Lockdown							
Staff Work Stoppage				A various of the facility Engagement Plan			
Disturbances	\boxtimes			A review of the facility Emergency Plan reflected procedures for each area cited in the			
• Escapes				component were included in the Plan.			
Bomb Threats							
Adverse Weather							
Internal Searches							
Facility Evacuation							
Detainee Transportation System Plan							
Hostages (Internal)							
Civil Disturbances							
22. The Emergency Plans specify a procedure for post-emergency debriefings and discussions.	\boxtimes						
PART 1 –	1. EME	RGEN	ICY PL	ANS			
⊠ Meets Standard ☐ Does Not	Meet S	Standar	d [□ N/A □ Repeat Finding			

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

Krome SPC needs to determine what local and state agencies they require assistance from during emergency situations. Once this is determined, an MOU should be acquired from each of the agencies.

(b)(6), (b)(7)c 05-06-10

REVIEWER'S SIGNATURE / DATE

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			Krome Policy and Procedure (KPP) 10-02 was reviewed to assist in determining compliance. The facility follows procedures for the storage, use, and maintanence of hazardous materials.
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			Inventories are being maintained in the respective areas.
 3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	\boxtimes			MSDS folders are located in all areas where hazardous materials are stored.
 4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official. 	\boxtimes			Safety glasses and gloves are worn as protection when staff use flammable, toxic, and/or caustic substances.
5. The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			MSDS folders are readily available to staff and detainees.
6. Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervises detainees using these substances.	\boxtimes			Detainees are not allowed to dispense hazardous materials. However, detainees are allowed to use hazardous materials after they are trained. Staff always supervise detainees' use of hazardous materials.
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			Flammable materials are stored in locked cabinets.
8. Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			
All toxic and caustic materials stored in their original containers in a secure area.	×			Toxic and caustic materials are stored in their original containers in secure areas.
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	\boxtimes			

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	The facility does not have methyl alcohol.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	\boxtimes			Doyan Security Services and ICE personnel training files were reviewed, which indicated staff receive pre-service, as well as annual, training in this area.
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	\boxtimes			The facility has a Fire Plan which has been approved by the Miami Dade County Fire Department. An annual fire inspection of the facility was completed 04-05-10.
14. A technically qualified staff member conducts fire and safety inspections.		\boxtimes		The facility comprehensive monthly fire safety inspections are completed by a technically qualified member of the maintenance department. However, weekly fire and safety inspections are not completed by a technically qualified staff member.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.		\boxtimes		The safety officer has maintained files of fire and safety inspections including corrective action since January 2010. For the 12-month period under review, however, no inspection reports were available for the time period prior to January 2010. Corrective action, including in part a change of personnel, has resulted in an improved system.
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The facility has a fire prevention, control and evacuation plan which has been approved by the FOD, AFOD and Miami-Dade Fire Department.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 				
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.		\boxtimes		No fire drill documentation could be presented for the time frame of mid-October 2009 to mid-March 2010. Staff reported fire drills were not conducted for an extended period of time during the previous 12 months. Fire drills in all locations of the facility, including administrative areas, are not consistently conducted on a quarterly basis.
19. A sanitation program covers barbering operations.	\boxtimes			The sanitation program addresses the barbering operation, which is supervised by staff and detainees are the workers. The only tools used in this operation are electric clippers.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			The facility has a barbershop with the facilities and equipment necessary to meet sanitation requirements.
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			Sanitation standards are posted in the barbershop.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			The facility has written procedures to regulate the handling and disposal of used needles and other sharp objects.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			Daily checks are performed by security staff and by the Heath Service Administrator (HSA).
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			Standard cleaning practices are being followed.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25. Spill kits are readily available.	\boxtimes			Spill kits are located throughout the facility.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			Stericycle is the medical waste contractor used for the disposal of bio-hazardous waste.
27. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			All facility staff receive annual training to prevent contact with blood and other body fluids.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			Facility staff is trained in the handling/disposal of refuse in an appropriate manner.
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	\boxtimes			The facility contracts with Guarantee Floridian Pest Control for service on a monthly basis.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			Water is delivered to the facility by the Dade County Water Department. Tests are conducted by the county and forwarded to the maintenance department where they are kept on file.
 31. Emergency power generators are tested at least every(b)(7)eweeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	\boxtimes			Emergency power generators are tested every (b)(7)e and monthly under a full facility load.
32. The Facility appears clean and well maintained.	\boxtimes			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	\boxtimes			Hazardous material is stored in secure areas and in secure cabinets.
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			Daily enviromental inspections are performed by HSA medical staff.
35. The Health Services Administrator conducts medical-facility inspections (b)(7)e Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	\boxtimes			Inspections are conducted (b)(7)e and deficiencies are noted.
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	\boxtimes			

This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	\boxtimes				
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 	\boxtimes				
PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
☐ Meets Standard	andard	□ N/A		☐ Repeat Finding	

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Inspection reports were not consistently maintained throughout the 12-month reporting period under review. Further, no documentation could be presented indicating fire drills were consistently performed on a quarterly basis in all required areas during the period under inspection.

(b)(6), (b)(7)c / 05-06-10 REVIEWER'S SIGNATURE / DATE

PART 1 – 3. TRANSPORTATION (BY LAND)						
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.						
☐ Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance. 	\boxtimes			KPP 10-03 addressing transportation was reviewed. It is noted there is no evidence of staff's receiving any work-related driving violations in the past year. All staff are required to possess appropriate driver's licenses.		
Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	\boxtimes			All valid CDLs are kept on file in the Transportation Lieutenant's Office.		
3. Supervisors maintain records for each vehicle operated.	\boxtimes			The Doyon security contractual staff maintain five buses and eight vans. In addition, ICE staff have a number of vehicles available for use in transporting detainees. Records are maintained for each vehicle.		
 Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review. 	\boxtimes			All records and vehicle inspection reports are maintained in the Transportation Lieutenant's Office.		
5. Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	\boxtimes					
 6. Officers use a checklist during every vehicle inspection. • Officers report deficiencies affecting operability. • Deficiencies are corrected before the vehicle goes back into service. 	\boxtimes			(b)(7)(e) performs all maintenance on the buses, and (b)(7)(e) maintains the vans.		
 7. Transporting officers: Limit driving time to(b)(7) bours in any(b)(7) hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, fo(b)(7) bours. Drive a(b)(7) bour maximum in a given work week; a (b)(7) hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the(b)(7) bour limit. 				Transporting staff are limited as outlined in regard to driving time.		

PART 1 – 3. TRANSPORTATION (BY LAND)							
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office							
in control of the detainee case.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 8. Two officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. • When buses travel in tandem with detainees, there are two qualified officers per vehicle. • An unaccompanied driver transports an empty vehicle. 	\boxtimes			There are always b)(7)(e)fficers with valid CDLs present when transporting detainees.			
9. The transporting officer inspects the vehicle before the start of each detail.	\boxtimes			Vehicles are inspected prior to any transfer.			
10. Positive identification of all detainees being transported is confirmed.				Positive identification of detainees is confirmed prior to any transfer taking place. Staff identifies the detainee by using a 3x5 color photo and the detainee's wrist band identification.			
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			All detainees are pat searched.			
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes			Buses may hold either (b)(7)e detainees. Vans hold (b)(7)e detainees.			
13. All uniformed officers wear their issued body armor in accordance with the ICE Body Armor policy and/or applicable contract policy when transporting detainees.	\boxtimes			All staff are issued (b)(7)(e) when transporting detainees.			
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 	\boxtimes			Staff perform visual counts whenever a vehicle makes a scheduled or unscheduled stop.			
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			Handcuffs and leg irons are used by staff when transporting detainees.			
 Officers ensure that no one contacts the detainees. One officer remains in the vehicle at all times when detainees are present. 	\boxtimes			Officers ensure there is no contact with the detainees, and one officer remains with the detainees at all times.			
 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	\boxtimes			Meals are provided during long distance transfers.			

PART 1 – 3. TRANSF	PORTA	TION (BY	LAND))		
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office						
in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
 18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 	\boxtimes			The vehicle crew inspects all food service meals before accepting delivery. All food items are kept in thermos-transport containers.		
19. Vehicles have:				Buses and vans were inspected		
(b)(7)(e)	\boxtimes			and it is noted all items listed are located on the vehicles or will be issued to staff transporting detainees. Items included for the transfer include those identified in the component, as well as: (b)(7)e		
				(b)(7)e		
20. The vehicles are clean and sanitary at all times.	\boxtimes			Vehicles inspected were clean.		
21. Personal property of a detainee transferring to another facility:						
Is inventoried.	\boxtimes			Detainee personal property is inventoried and inspected prior to		
Is inspected.				the detainee's departure.		
Accompanies the detainee.				•		
22. The following contingencies are included in the written procedures for vehicle crews:						
Attack						
• Escape						
Hostage-taking						
Detainee sickness						
Detainee death				All of the contingencies listed are included in the transportation folder		
Vehicle fire	\boxtimes			which accompanies the		
• Riot				transporting officers.		
Traffic accident						
Mechanical problems						
Natural disasters						
Severe weather						
Passenger list is not exclusively men or women or minors						
PART 1 – 3. TRANSPORTATION (BY LAND)						

		□ Does Not Meet Standard	□ N/A	☐ Repeat Finding
REMARKS (Reco	rd significant facts, observe	ations, other sources used, etc.):		
the general publ	•	or the transporting of detainees. vehicles are properly equipped, rorting of detainees.	•	
(b)(6), (b)(7)c	/ 05-06-10			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Performance-Based National Detention Standards

Part II – SECURITY

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

PART 2 - 4. ADMISSION AND RELEASE

This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				An orientation video is played in English and Spanish on a continuous rotational basis in the holding rooms. Therefore, each detainee may see it during intake. Each is also provided an ICE National Detainee Handbook and facility handbook.
2. Medical screenings are performed by medical staff or persons who have received specialized training for the purpose of conducting an initial health screening.	\boxtimes			Medical screenings are performed by medical staff from the Division of Immigration Health Services (DIHS).
3. When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	\boxtimes			New detainees are segregated from general population detainees until the classification process is completed.
4. All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes			All new detainees are required to be pat searched upon their arrival by a staff member of the same gender. If a more intrusive search is warranted, reasonable suspicion, documentation, and supervisory authorization is required.
5. Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	\boxtimes			Detainees are routinely pat searched. Strip searches are only conducted under reasonable suspicion and when supervisory authorization is provided.
6. The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	\boxtimes			
7. Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	\boxtimes			Facility staff reported Form I-387 is provided to a detainee when property has been reported as lost or damaged.
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				Coats are available as an option during certain climatic conditions.
All releases are coordinated with ICE.	\boxtimes			

PART 2 – 4. ADMISSION AND RELEASE								
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.								
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks				
10. Staff complete paperwork/forms for release as required.	\boxtimes							
11. Each detainee receives a receipt for personal property secured by the facility.	\boxtimes			Interviews conducted with detainees and file reviews indicated compliance with this component of the standard.				
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	\boxtimes							
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	\boxtimes							
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	\boxtimes			The orientation video is provided in English and Spanish and the facility detainee handbook is provided in English, Spanish and Creole.				
PART 2 – 4. ADMIS	SION	AND RELI	EASE					
⊠ Meets Standard □ Does No	t Meet	Standard		N/A ☐ Repeat Finding				

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

Admission and release areas are staffed continuously throughout the day. Booking information is gathered initially upon the detainee's arrival and documented electronically.

Any detainee who appears to require medical attention is immediately seen by medical staff.

(b)(6), (b)(7)c / 05-06-10

REVIEWER'S SIGNATURE / DATE

PART 2 - 5. CLASSIFICATION SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	\boxtimes			The facility currently utilizes the approved objective classification instrument.
 The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. 	\boxtimes			The detainee classification process is completed in a manner consistent with this component of the standard.
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			
4. Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	\boxtimes			
5. Housing assignments are based on classification-level.	\boxtimes			Detainee housing assignments are based on a classification system which includes housing options such as: special management unit (SMU); low/ medium and high security (Levels 1, 2 and 3, respectively); and medical/mental health.
6. A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	×			All detainees are afforded recreational opportunities. Detainees assigned to the SMU are use a concrete recreational area which is more restricted in size than the general population recreational area.
7. Detainee work assignments are based upon classification designations.	×			Detainees classified as Level 3 are not allowed to hold a work assignment.

PART 2 - 5. CLASSIFICATION SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
8. The classification process includes reassessment/ reclassification. The First Reassessment is to be completed (b)(7)e days after the initial assessment. Subsequent reassessments are completed at (b)(7)e day intervals. Special Reassessments are completed within 24 hours.				The facility has a system in place which schedules detainees to be reassessed at prescribed time periods as identified in the standard. A review of detainee files revealed current operational practice reflects not all detainees are reassessed in a timely manner. Specifically, detainees assigned to disciplinary segregation are not consistently reassessed within 24 hours of their scheduled release and some detainees are not reassessed consistently (b)(7) alays after their intial assessment. A review of approximately (b)(7) also reflected the initial reassessments were normally completed; however, not under all circumstances.				
9. The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes							
10. Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	\boxtimes			The facility policy notes all classification appeals are required to be resolved within the appropriate prescribed time periods. No documented classification appeals were cited.				
11. Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	\boxtimes							
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.		\boxtimes		The detainee handbook identifies the three classification levels; however, there is no mention Level 3 detainees are restricted from holding a work assignment outside the housing unit. This restriction is in the facility policy.				
13. In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	\boxtimes			Color-coded uniforms and wristbands distinguish the classification level for each detainee.				
PART 2 – 5. CLAS								
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding								

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

The facility has established a process where all detainees are initially classified through an objective classification system. Multiple housing units and pods are available to ensure detainees are able to be housed separately based upon their classification level.

Detainee file reviews reflected an initial assessment form in each of the portion of the required reassessment pursuant to the standard, the review revealed not all detainees were initially reassessed (b)(7)e after their initial assessment. Facility staff assisted in the review of the files.

Detainees scheduled to be released from disciplinary segregation are to be reassessed within 24 hours prior to their release. (b)(7)e files of detainees released from disciplinary segregation were reviewed and reassessment documentation was not available in the their files.

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

05-06-10

REVIEWER'S SIGNATURE / DATE

PART 2 – 6. CONTRABAND This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband. Meets Standard Does Not Meet Standard Remarks Components 1. The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it The facility policy is clear on the \boxtimes when necessary to the proper authority for handling of contraband. action/possible seizure. 2. Contraband that is government property is retained The ICE Chief of Security maintains as evidence for potential disciplinary action or this type of contraband in a secured \boxtimes criminal prosecution. cabinet to which only he and the SDDO have access. 3. Staff return property not needed as evidence to the

proper authority. Written procedures cover the \boxtimes return of such property. 4. Altered property destroyed following is \boxtimes documentation and using established procedures. 5. Before confiscating religious items, the Facility The facility has b)(7)(echaplains who Administrator or designated investigator contacts a are consulted whenever an issue in \boxtimes religious authority. regard to religious items is in question. 6. Staff follow written procedures when destroying X hard contraband that is illegal. 7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using Actual contraband is not retained for specified written procedures. Hard contraband \times training purposes, but rather photos is secured when not in use. of the items. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. Detainees receive notification of contraband rules and procedures in the Detainee Handbook and \boxtimes notified when property is identified and seized as contraband 9. Facilities with Canine Units only use them for Canine Units (b)(7)e used at the \times contraband detection. facility. PART 2 – 6. CONTRABAND

Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding

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

(b)(6), (b)(7)c / May 6, 2010 REVIEWER'S SIGNATURE / DATE

PART 2 – 7. FACILITY SECURITY AND CONTROL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly. 		\boxtimes		There was no documentation presented to support consistent weekly visits are conducted by the facility administrator, assistant administrator or department heads.
2. At least one male and one female staff are on duty where both males and females are housed.	\boxtimes			Females are not housed at this facility except in the intake area on an ocassional basis, for a short-time period, while awaiting transport. A female staff member is present in the area when a female is temporarily held in a holding room.
Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			The Contracting Officers Technical Representative (COTR) recieves a monthly review of the staffing pattern as required by contract.
4. Essential posts and positions are filled with qualified personnel.	\boxtimes			
5. Every Control Center officer receives specialized training.	\boxtimes			
Policy restricts staff access to the Control Center.	\boxtimes			Policy is clear as to who may or may not enter the Control Center. Video observation of the entrance ensures policy compliance.
7. Detainees do not have access to the Control Center.	\boxtimes			
8. Communications are centralized in the Control Center.	\boxtimes			
Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	\boxtimes			
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).		\boxtimes		Employee Personal Data Cards are not maintained in the Control Center, or anywhere in the facility as reported by staff.
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes			This list was reviewed and appeared to be up-to-date.
12. Staff make watch calls every (b)(7)e between (b)(7)eM.	7)e			
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	×			This information is logged electronically on the computer hard drive.
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			

PART 2 – 7. FACILITY SECURITY AND CONTROL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15. All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
16. The facility has a secure, color-coded visitor pass system.	\boxtimes			The pass system complies with the requirements of the standard.
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			
 18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle during the facility visit 	\boxtimes			
19. Officers thoroughly search each vehicle entering and leaving the facility.		\boxtimes		During a visit to the sally port, contract vehicles were observed entering the facility; (b)(7)e (b)(7)e Although the underside of a vehicle was searched via a security mirror, the cab or the front interior of the vehicle was not searched. Thus, a thorough search of vehicles was (b)(7)e conducted.
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes			
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes			
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			
24. Housing area searches occur at irregular times.	\boxtimes			Searches are completed and noted in the unit logbook. A memo is forwarded to the Chief of Security (COS).

PART 2 – 7. FACILITY SECURITY AND CONTROL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes			
26. There are post orders for every security officer post.	\boxtimes			
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	\boxtimes			
29. Every search of the SMU and other housing units is documented.	\boxtimes			Searches are documented and forwarded to the COS.
30. The SMU entrance has a sally port.	\boxtimes			
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\boxtimes			Tools entering the SMU are recorded in the unit logbook.
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 	\boxtimes			The policy is dated 01-01-10 and specifies the required areas cited in the standard.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes			
34. Documentation of security inspections is kept on file.	\boxtimes			These documents are retained by the COS.
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	\boxtimes			The COS reviews documents to ensure there are no repeat requests for the same issue.
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes			All persons entering the facility with tools are required to have a list of the tools.
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes			These areas are inpected by the (b)(7) PM to (b)(7) M shift. They complete the documentation and forward it to the COS.
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes			

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
40. Visitation areas receive frequent, irregular inspections.	\boxtimes					
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes			The COS ensures all areas are inspected.		
42. The Maintenance Supervisor and Chief of Security or equivalent make (b)(7)e fence checks.	\boxtimes			This process is documented in a file retained by the COS.		
PART 2 – 7. FACILITY SECURITY AND CONTROL						
⊠ Meets Standard □ Does No	t Meet	Standard	□ N /	A ⊠ Repeat Finding		

The administrator or assistant administrator make rounds inside the facility, which are documented in logbooks. However, the rounds are not conducted on a weekly basis as required by the standard. During the inspection, it was observed vehicles are not thoroughly searced as required.

(b)(6), (b)(7)c / 05-06-10 REVIEWER'S SIGNATURE / DATE

PART 2 - 8. FUNDS AND PERSONAL PROPERTY This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. Does Not Meet Standard Components Remarks KPP 10-08 was reviewed. It is Detainee funds and valuables are properly separated and stored. Detainee funds and valuables noted funds and property are are accessible to designated supervisor(s) only. \bowtie removed from the detainee at intake, stored, and only accessible to designated supervisors. Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing \times staff only. Staff search and itemize the baggage and personal property of arriving detainees, including funds and Baggage and personal property are valuables, using a personal property inventory form that Xinventoried in the presence of meets the ICE standard, in the presence of the detainee detainees upon their arrival. unless otherwise instructed by the facility administrator. Two officers are present during the processing of Seven detainees were observed detainee funds and valuables during admissions being processed during admission. \times processing to the facility. Both officers verify funds and It is noted (b)(7)(c)fficers were present valuables. at all times. For IGSAs and CDFs, Is the facility using a Homeland Security forms are used personal property inventory form that meets the ICE \boxtimes in the intake process. standard? 6. Staff give the detainee the original inventory form, Three copies are used: one filing copies in the detainee's detention file and the distrubuted to the detainee; one \times placed in the detainee's file; and personal property container. one in the property container. All medicines are forwarded to the Staff forward an arriving detainee's medicine to the X medical staff. medical unit. 8. Staff search arriving detainees and their personal Staff search detainees and their property for contraband. property for contraband. It is noted \boxtimes pat searches are performed on all detainees. 9. Property discrepancies are immediately reported to X the Chief of Security or equivalent. 10. Staff follow written procedures when returning X property to detainees. 11. CDF/IGSA facility procedures for handling detainee \times property claims are similar to the ICE standard. 12. The facility attempts to notify an out-processed detainee that he/she left property in the facility. By sending written notice to the detainee's last The facility notifies the detainee of known address; via certified mail; \boxtimes any property which has been left at the facility. The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.

PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.						
☐ Standard NA: (IGSA ONLY) Check this box if all IC only by the ICE Field Office or Sub-Office in control of				uables and Property are handled		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Staff obtain a forwarding address from each detainee. 	\boxtimes			Staff obtain a detainee's forwarding address whenever they enter or leave the facility.		
14. It is standard procedure for two officers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes			(b)(7)(e) fficers are present whenever any property, including funds, are removed from a detainee.		
15. Staff issue and maintain property receipts (G-589s) in numerical order.				Staff maintain a logbook and a copy is placed in the detainee's file.		
16. Staff complete and distribute the G-589 in accordance with the ICE standard.	\boxtimes					
17. The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	\boxtimes			The logbook for recording the G-589 was reviewed.		
18. Staff tag large valuables with both a G-589 and an I-77.	\boxtimes					
19. The supervisor verifies the accuracy of every G-589.	\boxtimes			The supervisor verifies the accuracy of the logbook.		
 20. The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 	\boxtimes			Funds are maintained in a restricted area located in the Transportation Supervisor's Office.		
21. Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	\boxtimes					
22. Staff secure every container used to store property with a tamper-proof numbered strap.	\boxtimes			Containers are placed in the storage room and have a tamper-proof numbered strap secured to the box.		
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.	\boxtimes			At the present time there are two logbooks, one written and the other an electronic version.		
24. <u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	\boxtimes			A review of the logbook is performed weekly by the transportation lieutenant.		
25. The Facility Administrator has established $(b)(7)e$ audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.	\boxtimes			The property officer performs the (b)(7)e audit.		

PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
26. The facility positively identifies every detainee being released or transferred.	\boxtimes			Prior to a detainee's being released, the transportation supervisor positively identifies the detainee.		
27. Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	\boxtimes					
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.						
PART 2 - 8. FUNDS AN	D PER	SONAL PI	ROPE	RTY		
⊠ Meets Standard □ Does Not	Meet S	tandard [N/A	☐ Repeat Finding		

KSPC has policies and procedures in place which ensure detainees' personal property is safeguarded and controlled. Furthermore, staff ensure no contraband enters the facility.

(b)(6), (b)(7)c / 05-06-10

REVIEWER'S SIGNATURE / DATE

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The hold room is situated in a location within the secure perimeter.	\boxtimes			The hold rooms are located in the intake/release area of the facility.
The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			
The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			Concrete benches are located in the hold rooms and provide sufficient seating for the number of detainees held in each room.
4. No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			Observation of the hold rooms revealed no sleeping apparatuses inside the rooms.
Hold room walls and ceilings are escape and tamper resistant.	\boxtimes			
6. Detainees are not held in hold rooms for more than 12 hours.	\boxtimes			Records reflected no incident where a detainee was held in a hold room in excess of 12 hours.
7. Male and females detainees are segregated from each other at all times.	\boxtimes			Females are not housed at the facility. However, a female may be placed in a hold room on a short-term basis during transfer from one facility to the next. If so, females are held separately from males.
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			
 If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis. 	\boxtimes			Each hold room has a toilet.
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	\boxtimes			Staff reported pat searches occur upon initial arrival to the facility, as required by policy
 11. When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 	\boxtimes			
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 	\boxtimes			The facility has a writen evacuation plan. The post order for the Processing #4 Officer includes the removal of detainees from hold rooms in case of an emergency or evacuation.

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

Components	Meets Standard	Does Not Meet Standard	W/N	Remarks
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	\boxtimes			
Single occupant hold rooms contain a minimum of 37 square feet (b)(7)e (b)(7)e fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additionab (7) an encumbered square feet for each additional detainee.	\boxtimes			Hold rooms are appropriate in size considering the number of detainees housed in each room.
 15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (b)(7)e have at least one combi-unit. Large hold rooms (b)(7)e are provided with at least two combi-units. 	\boxtimes			Staff advised the hold rooms were designed in 2005 and opened in 2007.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).		\boxtimes		There are six large hold rooms which contain floor drains and four smaller hold rooms which do not.
17. <u>In SPCs designed after 1998</u> , the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	\boxtimes			The doors to the hold rooms swing outward.
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	\boxtimes			
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	\boxtimes			Minors under 18 may held temporarily; however, are not housed at the facility. They would be held separately unless with someone identified as an immediate member of the family or as a guardian.
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 	\boxtimes			
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 	\boxtimes			Meals are provided for detainees held for more than six hours. Juveniles and babies are not accepted at the facility.

PART 2 – 9. HOLD ROOM					
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes				
23. The maximum occupancy for the hold room will be posted.	\boxtimes			Maximum occupancy levels are posted outside the hold rooms.	
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	\boxtimes				
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			No smoking is allowed in the facility.	
26. Officers closely supervise hold rooms through direct supervision, to ensure:					
 Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and 					
 Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." 	\boxtimes				
 Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 					
PART 2 – 9. HOLD ROOM	IS IN D	ETENTIO	N FAC	ILITIES	
⊠ Meets Standard ☐ Does Not Mee	t Stanc	lard 🗌	N/A	☐ Repeat Finding	

The hold rooms were reported as being designed in 2005 and opened in 2007. Each hold room is equipped with at least one toilet and video monitor which displays the facility's orientation video. The orientation video is shown continuously in Spanish and English on a rotational basis.

A review of logbooks reflected each hold room is checked at least every b)(7) minutes. Post Orders identify the officer's responsibilities to include the removal of detainees from the hold area in the case of a building evacuation or emergency.

(b)(6), (b)(7)c / 05-06-10 REVIEWER'S SIGNATURE / DATE

PART 2 – 10. KEY AND LOCK CONTROL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			The assigned staff member has a certificate from the Federal Prison Sytem, Training Academy, Basic Locksmith Course.
2. The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			
3. The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			Training for personnel is provided by facility training staff.
4. The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			The Preventive Maintenance Plan was reviewed by the inspector and found to be well documented.
6. Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			
7. The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			
8. Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			
9. Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes			
10. The facility does not use grand master keying systems.	\boxtimes			
11. All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			
12. Padlocks and/or chains are not used on cell doors.	\boxtimes			There were no pad locks observed on any cell doors during the inspection.
 13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety 	\boxtimes			
Code 101. 14. The operational keyboard sufficient to	\boxtimes			The facility uses the (b)(7)(e)
accommodate all the facility key rings including keys in use is located in a secure area.				(b)(7)(e)
 15. Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	\boxtimes			

PART 2 – 10. KEY AND LOCK CONTROL This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained. ts ard Not st ard

Components	Meet Stand	Does I Mee Stand	N/A	Remarks
16. Emergency keys are available for all areas of the facility.	×			All emergency keys are located at the (b)(7)e Emergency keys may only be obtained by breaking a small key box to retrieve the code required to open the secured box containing the keys.
17. The facility uses a key accountability system.	\boxtimes			The facility uses the Morse KeyWatcher System.
18. Authorization is necessary to issue any restricted key.	\boxtimes			
19. Individual gun lockers are provided.				
They are located in an area that permits constant officer observation.	\boxtimes			(b)(7)(e)
 In an area that does not allow detainee or public access. 				
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			The keys are inventoried during each shift.
21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.				
Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. All the second of	\boxtimes			
 When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. 				
 Detainees are not permitted to handle keys assigned to staff. 				
22. Locks and locking devices are continually inspected, maintained, and inventoried.	\boxtimes			
23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	\boxtimes			
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	\boxtimes			
25. The splitting of key rings into separate rings is not authorized.	\boxtimes			
PART 2 – 10. KEY	AND L	OCK CON	TROI	
⊠ Meets Standard □ Does Not Meet S □ □	tandar	d 🔲 N/	Α	☐ Repeat Finding

The facility utilizes the computerized Morse Keywatcher System for key accountability.

(b)(6), (b)(7)c / May 6, 2010

REVIEWER'S SIGNATURE / DATE

PART 2 – 11. POPULATION COUNTS						
This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. Staff conduct a formal count at least once each hours (b)(7)e At least (b)(7)e of these counts shall be a face to photo count.	e ×			The face-to-photo count is completed during the(t)(7) RM count.		
2. Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes					
3. There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes					
4. Formal counts in all units take place simultaneously.	\boxtimes					
5. Officers do not allow detainee participation in the count.	\boxtimes					
6. A face-to-photo count follows each unsuccessful recount.	\boxtimes					
7. Officers positively identify each detainee before counting him/her as present.	\boxtimes					
8. Written procedures cover informal and emergency counts.	\boxtimes			The facility has a well written detainee count policy.		
9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	\boxtimes					
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	\boxtimes					
PART 2 – 11. PO	PULAT	TION COU	NTS			
⊠ Meets Standard □ Does Not	Meet St	andard	N/A	☐ Repeat Finding		

An observed count was completed timely, accurately, and in a manner consistent with the ICE standard.

(b)(6), (b)(7)c / May 6, 2010 REVIEWER'S SIGNATURE / DATE

PART 2 – 12. POST ORDERS

This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
Every fixed post has a set of Post Orders.	\boxtimes						
In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	\boxtimes						
3. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes						
 One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews. 	\boxtimes			One staff member is in charge of updates and assures new information is added in a timely manner.			
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	\boxtimes						
6. The facility administrator authorizes all Post Order changes.	\boxtimes						
7. The facility administrator has signed and dated the last page of every section.	\boxtimes						
A Post Orders master file is available to all staff.	\boxtimes						
9. Procedures keep Post Orders and logbooks secure from detainees at all times.	\boxtimes						
10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	\boxtimes						
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes						
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	\boxtimes			Post orders were inspected at several locations throughout the facility; they were signed by all staff who had been assigned to the post.			
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\boxtimes						
14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:							
 Any staff member who is taken hostage is considered to be under duress, and 	\boxtimes						
 Any order issued by such a person, regardless of his or her position of authority, is to be disregarded. 							
15. Post Orders for armed posts provide instructions for escape attempts.	\boxtimes						
16. The Post Orders for housing units track the daily event schedule.	\boxtimes						
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	\boxtimes			Housing unit logbooks were reviewed and appropriate information was included.			
PART 2 – 1:	2. POST	ORDERS	S				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding □ Repe							

All post orders were recently updated as of 01-01-10.

(b)(6), (b)(7)c / 05-06-10

REVIEWER'S SIGNATURE / DATE

PART 2 – 13. SEARCHES OF DETAINEES This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband. **Meets Standard** Does Not Meet Standard Components Remarks 1. There are written policy and procedures governing KPP 10-13 regarding searches was searches of housing areas, work areas and of \times reviewed. detainees. 2. Written policy and procedures require staff to employ the least intrusive method of body search Staff are trained to employ the least \boxtimes practicable, as indicated by the type of contraband and intrusive body search. the method of suspected introduction or concealment. 3. Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the Staff avoids unnecessary force when \times dignity of the detainee being searched, to the extent performing detainee searches. practicable. 4. Written policy and procedures require staff to leave \boxtimes a searched housing area, work area and detainee property in its original order, to the extent practicable. 5. Detainees are pat searched and screened by metal Detainees are pat searched when detectors routinely to control contraband. they arrive at the facility; however, metal detectors are not routinely used \bowtie at intake. Metal detectors are used during routine shakedowns of the detainee living quarters. 6. Strip Searches are conducted only when there is Strip searches are not performed reasonable belief or suspicion that contraband may be unless staff have a reasonable belief concealed on the person, or a good opportunity for \bowtie contraband may be found on the concealment has occurred, and when properly detainee. authorized by a supervisor. 7. Body cavity searches are conducted by designated health personnel only when authorized by the facility Body cavity searches are only administrator (or acting administrator) on the basis of \boxtimes conducted by designated health care reasonable belief or suspicion that contraband may be personnel. concealed in or on the detainee's person. 8. "Dry cells" are used for contraband detection only The facilty has no dry cells. If a dry when there is reasonable belief of concealment, with cell were needed, the detainee would \boxtimes proper authorization, and in accordance with required be transferred to the Johnson procedures Memorial Hospital, Ward D (a correctional ward with a dry cell). 9. Contraband that may be evidence in connection with a violation of a criminal statute is preserved, \boxtimes inventoried, controlled, and stored so as to maintain and document the chain of custody. (b)(7) canines are used at the facility. 10. Canines are (b)(7)e in the presence of detainees \boxtimes PART 2 – 13. SEARCHES OF DETAINEES Repeat Finding □ Does Not Meet Standard □ N/A

The KSPC has procedures and policies in place for the control of contraband.

(b)(7)e May 6, 2010

PART 2–14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			KPP 10-14, Sexual Abuse and Assault Prevention and Intervention, addresses this component.
2. For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The KPP has been approved by the AFOD. Signatory Authority was delegated to the AFOD by the FOD in a memorandum dated 12-30-09.
3. Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			There have been no sexual assaults at the facility since the last review.
4. All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.		\boxtimes		The procedure calls for security staff, medical staff, and volunteers to be trained during orientation and annually regarding sexual assaults. However, to date, only medical staff has undergone training in this area. This training was prepared by a Licensed Clinical Social Worker (LCSW) and is entitled "Sexual Assaults, A Training for Detention and Medical Staff."
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			The detainee handbook contains detailed information regarding sexual abuse and assault.
The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			The notice was observed on all housing unit bulletin boards.
7. The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			The brochure is posted on all housing unit bulletin boards.
8. Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			High risk detainees are assessed by mental health staff .
9. All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			There have been no reported incidents of detainee-on-detainee sexual abuse or assault.
10. All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			There have been no reported incidents of staff-on-detainee sexual abuse or assault.
11. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	\boxtimes			KPP 10-14 addresses this component. Immediate protection and referral for medical evaluation is offered to any detainee who alleges sexual assault.

PART 2–14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	\boxtimes			KPP 10-14 addresses this component. All reports of alleged sexual abuse or assault must be handled and investigated in accordance with the Prison Rape Elimination Act (PREA).
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			KPP 10-14 addresses this component. Information concerning the identify of a detainee victim and the facts of the report are limited to those who have a need to know. The AFOD is responsible for referral to the appropriate law enforcement agency.
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes			When possible and feasible, victims of sexual assault are referred to a community facility for treatment and evidence gathering.
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	\boxtimes			Two types of files are maintained: General (victim and assailant information, detailed initial report, actions taken); and Investigative (all reports, medical forms, other evidentiary materials).
SEXUAL ABUSE AND ASSAULT	PREVI	ENTION A	ND IN	TERVENTION
	tandar	d 🗆 N/	Ά	☐ Repeat Finding

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

There have been no reported incidents of sexual abuse or assault at the facility since the last review.

Facility policy on sexual abuse and assault prevention and intervention is detailed and comprehensive. A Sexual Abuse and Assault Prevention and Intervention Program Coordinator has been designated to assist in the: development of written policies and procedures; assist with development of training protocols; serve as a liaison with other agencies; coordinate the gathering of statistics and reports; and review facility practices regarding confidentiality of sexual assault information.

Information on Sexual Abuse and Assault is readily available to detainees in English, Spanish, and Creole. Information is contained in the detainee handbook and posted on bulletin boards in the housing units.

To date, only medical staff has been trained in sexual abuse and assault prevention and intervention. This training was provided by mental health staff. Training for all staff is scheduled to begin this month. Staff training on sexual assault is detailed and has the following objectives: state the intent of the 2003 PREA; define sexual assault; describe factors and vulnerable populations in corrections; describe the traumatic effects experienced by many sexual assault survivors; explain any differences in responses in men and women who have been sexually assaulted; and explain the procedures in the event of a sexual assault, including reporting requirements.

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

05-06-10

REVIEWER'S SIGNATURE / DATE

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Written policy and procedures are in place for special management units.	\boxtimes			
2. A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes			Documentation reviewed for detainees currently in Administrative Segregation status indicates this component is in compliance.
3. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	\boxtimes			
4. (MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	\boxtimes			Documentation reviewed and staff interviews indicate this component is in compliance.
5. There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	\boxtimes			
6. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			
7. Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			
8. Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			This inspector reviewed the files of each individual in the SMU. Supervisory staff visits were noted in the current logbook dated 04-13-10 to present.
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.	×			The logbook contained all the required information identified in this component.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 	\boxtimes			The log was reviewed by this inspector.
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 				
 12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file. 13. There are written policy and procedures concerning 	\boxtimes			
the property detainees may retain in each type of segregation.	\boxtimes			
14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	\boxtimes			

reasons.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	\boxtimes			
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	\boxtimes			The checks were directly observed by this inspector during the interview process.
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes			A Form I-888 was reviewed and it contained shift supervisors' signatures indicating visits to the unit. During one of the inspector's visits to the unit, a shift supervisor was there talking to detainees.
18. The facility administrator (or designee) visits each SMU daily.		\boxtimes		Documentation indicates the facility administrator does not visit on a daily basis. No documentation was presented identifying an approved designee for the facility administrator.
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	\boxtimes			The logbook and Form I-888 indicate a health care provider visits every detainee at least three times a week.
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	\boxtimes			
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	\boxtimes			

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
23. Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes			
24. Detainees in an SMU ordinarily retain visiting privileges.				
25. Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	\boxtimes			Restrictions are documented in each detainee's file.
26. Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	\boxtimes			
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	\boxtimes			Restraints are (b)(7)e when a detainee is in visitation.
28. In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	\boxtimes			
29. In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	\boxtimes			
30. Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			
31. There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes			
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	\boxtimes			
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	×			Several books and informational materials are available in the dayroom of the SMU.

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of	\boxtimes			
the action is forwarded to the facility administrator. 42. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	\boxtimes			Policy provides for this process.
43. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	×			
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	\boxtimes			

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
47. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	\boxtimes			Barring any security concerns, detainees sign and receive a copy of each decision and justification.
48. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	\boxtimes			
49. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	\boxtimes			This review is completed and placed in the SMU file until the detainee is released.
50. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	\bowtie			
51. When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	\boxtimes			
52. A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	×			This order is retained in the SMU file until the detainee is released and then it is placed in the detention file.
53. After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	\bowtie			

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

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

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

The SMU was well run and documentation was complete and appropriate. The standard requires the administrator or a designee visit the SMU daily. This is not accomplished on a consistent basis as required by the standard.

(b)(6), (b)(7)c05-06-10 REVIEWER'S SIGNATURE / DATE

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

inspector General.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			Documents reviewed and detainee interviews revealed staff conduct weekly visits with detainees. Deportation staff were present in the housing units during the inspection.
3. Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			Weekly scheduled visits are posted in the housing areas.
4. Visiting ICE staff observe and note current climate and conditions of confinement.	\boxtimes			ICE initiated observation forms are completed.
5. ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	\boxtimes			ICE forms are available in the housing units and were observed during the inspection.
6. The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes			
7. A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	\boxtimes			
8. Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			
 ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log. 	\boxtimes			A review of documentation revealed a detailed electronic system which tracks detainee requests. A sample of approximately (b)(7) requests were reviewed and approximately (b)(7) of the requests received responses in a timely manner. Due to the nature of some requests a longer period of time is required to provide an adequate response.
10. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			Detainees are notified through the ICE National Detainee Handbook and facility detainee handbook.
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	\boxtimes			OIG Hotline Informational Posters were posted in appropriate areas throughout the facility.
12. Daily telephone serviceability checks are documented in the housing unit logbook.	\boxtimes			A review of housing unit logbooks revealed telephone serviceability checks are conducted daily.
PART 2 – 16. STAFF-DETAINEE COMMUNICATION				
Meets Standard □ Does Not Meet St	andard	- I	1	☐ Reneat Finding

Scheduled ICE vists are posted in the housing units and detainee interviews revealed frequent contact and communication with ICE staff. Deportation staff are scheduled to visit the facility routinely on Thursdays and observations and documentation supported appropriate staff presence in the facility.

A sophisticated tracking system is maintained to ensure requests are logged and responded to in a timely manner.

(b)(6), (b)(7)c 05-06-10 **REVIEWER'S SIGNATURE / DATE**

PART 2-17. TOOL CONTROL

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

operations by maintaining control of tools, cumary tiensus, and medical and definal instruments, equipment, and supplies.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			The Maintenance Director is designated responsibility for this duty.	
2. If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries.					
If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sally port until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.				The delivery of tools is made outside the secured perimeter.	
(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			The use of tools, keys, and medical and culinary equipment is controlled in a manner consistent with the standard.	
4. A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	\boxtimes				
5. Tool inventories are required for:					
Facility Maintenance Department					
Medical Department					
Food Service Department	\boxtimes				
Electronics Shop					
Recreation Department					
• Armory					
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\bowtie			Inventories are not posted on the tool boards; however, they are conspicuously present in a binder in the immediate area of tool storage.	
7. The facility has a policy for the regular inventory of					
 all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when 	\boxtimes			AMIS bar codes were noted on several tools.	
required.					
8. The facility has a tool classification system. Tools are classified according to:	-				
Restricted (dangerous/hazardous)					
Non Restricted (non-hazardous).					
9. Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes				

PART 2-17. TOOL CONTROL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes				
11. The facility has an approved tool storage system.					
 The system ensures that all stored tools are accountable. 				There are portable detainee telephones which can be moved from	
 Tools are stored on shadow boards in which the shadows resemble the tool. 				area to area for use by detainees specifically confined to a cell/holding	
 Shadow boards have a white background. 		\boxtimes		room. The portable phones have an approximate(ψ)(7)[soot long heavy duty	
 Restricted tools are shadowed in red. 				electrical cable connected them. This	
 Non-restricted tools are shadowed in black. 				cable is not treated as a restricted	
 Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				tool. All other areas complied with the standard.	
12. Tools removed from service have their shadows removed from shadow boards.	\boxtimes				
13. Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\boxtimes				
14. Sterile packs are stored under lock and key.	\boxtimes			Any sterile packs maintained in the medical area are under lock and key.	
15. Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes				
16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:					
 Verbal and written notification. 	\boxtimes				
 Procedures for detainee access. 					
 Necessary documentation/review for all incidents of lost tools. 					
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes				
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.	\boxtimes			This is done prior to entering the secured perimeter at the engineering department.	
19. Hoses longer than three feet in length are classified as a restricted tool.	\boxtimes			Hoses ove(b) ரிஓot long are classified as restricterd tools and used only under direct staff supervision.	
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	\boxtimes				
PART 2-17. TOOL CONTROL					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

There is a concern with the portable phones being used by detainees. The portable stands are equipped with a heavy duty electrical cord approximately (b)(7)(e) These cords should be considered a restricted tool and be handled/supervised accordingly.

(b)(6), (b)(7)c / 05-06-10

REVIEWER'S SIGNATURE / DATE

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

PART 2 – 18. USE OF FORCE AND RESTRAINTS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
(MANDATORY) The facility has a Use of Force Policy.	\boxtimes			The facility use of force (UOF) policy is clear and well written.
2. Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\bowtie			
3. When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	\boxtimes			
4. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			
When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. Under staff supervision.	\boxtimes			All planned UOFis conducted by the Security Response Team (SRT).
7. Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			All SRT members have been trained by the National Firearms and Tactical Training Unit (NFTTU).
8. All use-of-force incidents are documented and reviewed.	\boxtimes			
9. All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	×			A video is retained on a DVD for future viewing. This inspector viewed a portion of a UOF incident to ensure appropriate camera usage.

PART 2 – 18. USE OF FORCE AND RESTRAINTS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. Staff:				
Does not use force as punishment.				
Attempts to gain the detainee's voluntary cooperation before resorting to force				
Uses only as much force as necessary to control the detainee.				
Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.				
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes			Medication has b)(7) been used during a UOF incident.
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			
13. Standard procedures associated with using four/five point restraints include:				
Soft (nylon/leather) restraints.				
Dressing the detainee appropriately for the temperature.				
A bed, mattress, and blanket/sheet.				
Checking the detainee at least every 15 minutes.	\boxtimes			Facility policy confirms compliance
Logging each check.				with this component of the standard.
Repositioning detainee often enough to prevent soreness or stiffness.				
Medical evaluation of the restrained detainee twice per eight-hour shift.				
When qualified medical staff are not immediately available, staff position the detainee "face-up."				
14. The shift supervisor monitors the detainee's position/condition every two hours.				
He/she allows the detainee to use the restroom at these times under safeguards.				
15. All detainee checks are logged.	\boxtimes			
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	\boxtimes			
17. When the Facility Administrator authorizes use of non-lethal weapons:				
Medical staff are consulted before staff use pepper spray/non-lethal weapons.	\boxtimes			
Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.				

PART 2 – 18. USE OF FORCE AND RESTRAINTS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.	\boxtimes			These items are stored outside the secure perimeter under lock and key accessed only by SRT members.
19. If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.	\boxtimes			
 20. Special precautions are taken when restraining pregnant detainees. Medical personnel are consulted 	\boxtimes			Females are not housed at the facility but may be temporarily placed in a holding room in intake awaiting transport to another facility. Staff reported females may be in a holding room for a short period of time (approximately one to two hours) while pending transport.
21. Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes			
22. Staff document every use of force, including what type of restraints was used during the incident.	\boxtimes			
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			The SRT has after action reviews following each incident.
 24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices approved for use. 	\boxtimes			There is a training module for self- defense tactics. There is also refresher training for all staff annually.
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.	\boxtimes			
26. The use of canines is restricted to contraband detection purposes only.			\boxtimes	There are to canines used at the facility.
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes			This topic is addressed during the initial training and is updated during annual training.
28. <u>In SPCs,</u> the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes			All incident reports this inspector reviewed had the UOF form attached.
PART 2 – 18. USE OF				
	Standa	ırd 🗆 N	I/A	☐ Repeat Finding

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

There was a recent report of excessive UOF by contract staff which is currently being investigated. There has been no resolution of this matter at this time.

(b)(6), (b)(7)c / 05-06-10

REVIEWER'S SIGNATURE / DATE

Performance-Based National Detention Standards

Part III – ORDER

19. Disciplinary System

PART 3 – 19. DISCIPLINARY SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a written disciplinary system using progressive levels of reviews and appeals.	X			Policy is well written and addresses all levels of reviews and appeals.
The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			
Written rules prohibit staff from imposing or permitting the following sanctions:				
corporal punishment				
 deviations from normal food service 				
clothing deprivation	_			
bedding deprivation	\boxtimes			
denial of personal hygiene items				
 loss of correspondence privileges 				
 deprivation of legal access and legal materials 				
 deprivation of physical exercise 				
 The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing. 	\boxtimes			The areas of this component are all addressed during detainee orientation, as well as included in the detainee handbook.
5. The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:				
Rights and Responsibilities	\boxtimes			In addition to English and Spanish, the detainee handbook is also
Prohibited Acts				translated into Creole.
Disciplinary Severity Scale				
Sanctions				
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes			
7. Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\bowtie			
8. Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	\boxtimes			
9. An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			

PART 3 – 19. DISCIPLINARY SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:				
Conducts hearings on all charges and allegations referred by the UDC				
Considers written reports, statements, physical evidence, and oral testimony	\boxtimes			
Hears pleadings by detainee and staff representative				
Bases its findings on the preponderance of evidence				
Imposes only authorized sanctions				
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	\bowtie			Any staff member can be requested to assist a detainee.
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	\boxtimes			
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	\boxtimes			
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	\boxtimes			
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes			
PART 3 – 19. DIS	CIPLIN	NARY SYS	TEM	
⊠ Meets Standard □ Does Not Meet S	Standar	d 🔲 🛚	N/A	☐ Repeat Finding

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

KSPC maintains disciplinary documents in a fashion consistent with the standard.

(b)(6), (b)(7)c May 6, 2010
REVIEWER'S SIGNATURE / DATE

Performance-Based National Detention Standards

Part IV - CARE

- 20. Food Service
- 21. Hunger Strikes
- 22. Medical Care
- 23. Personal Hygiene
- 24. Suicide Prevention and Intervention
- 25. Terminal Illness, Advance Directives, and Death

	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	\boxtimes			The FSA is certified by the National Food Safety Professionals and the American Correctional Association (ACA). The responsibilities for cooks and cook foremen are in writing.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes			
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	\boxtimes			
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	\boxtimes			The (b)(7)e cabinet is secured with a padlock and the assigned cook foreman maintains control of the keys. (b)(7)e and keys are inventoried and maintained in accordance with the tool control standard.
5.	All $(b)(7)e$ not in a secure $(b)(7)e$ room are physically secured to the workstation and staff directly supervises detainees using $(b)(7)e$ at these workstations. Staff monitor the condition of $(b)(7)e$ and dining utensils	\boxtimes			Detainees are not allowed to use or be in posession of a(b)(7)(e) Staff monitor the condition of (b)(7)e and dining utensils. (b)(7)e are used in a secure (b)(7)e room by approved staff.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			Sugar and select spices are stored in a secure storeroom.
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			Documentation was reviewed and reflected daily searches were conducted in specified areas within food services.
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	\boxtimes			Security personnel conduct the population count. The FSA monitors staff implementation of the count procedures; however, does not supervise the count. Count procedures are in writing and food service staff reported they were familiar with the count procedures.
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	\boxtimes			All detainees receive a pre- assignment medical examination before working in the food service area. Clothing required for food service workers is exchanged on a daily basis.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			
 12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 	\boxtimes			
13. The Cook Foreman documents all training in individual detainee detention files.	\boxtimes			
14. Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.	\boxtimes			Detainees are paid for services provided in accordance with the Voluntary Work Program standard.
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.		\boxtimes		A review of food service logbooks reflect detainees housed in the SMU are not consistently provided the first meal of the day within 14 hours of the last meal served the previous day. Meal service for 10 random dates were checked from the previous 90-day period and 80% of the dates identified a time frame which exceeded 14 hours. The time lapse was generally documented as being 14.5 to 15 hours between the meals.
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	\boxtimes			"Sneeze guards" were present to protect the serving line.
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and recertified by the registered dietician in that event.	\boxtimes			A complete nutritional analysis of the master-cycle menu was conducted in March 2010 by a registered dietitian.
 The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes. 	\boxtimes			
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 	\boxtimes			
21. All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			Food preparation procedures are established and followed by both staff and volunteers.
 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provide hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 				Kosher approved hot meals are prepared and served twice daily to detainees requesting such. Additional Common Fare meals are provided when appropriately approved, as evidenced by seven detainees currently identified as being provided a Common Fare diet.
 Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA. 	\boxtimes			Initial requests are submitted and processed through the chaplain.
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	\boxtimes			
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	\boxtimes			

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. • Muslims fasting during Ramadan receive their meals after sundown. • Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosherfor- Passover meals as those who do participate. • Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	\boxtimes			
27. The food service program addresses medical diets.	\boxtimes			Medical diets are provided as prescribed by a physician. A total of 91 detainees were identified as being on some type of medical diet, with low-fat, low-salt and diabetic diets being the most frequently identified.
28. Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes			Hot and cold food temperatures were reviewed during the lunch meal and found to be maintained at prescribed safe temperatures when served.
30. All meals provided in nutritionally adequate portions.	\boxtimes			Meal portions were consistent with the approved menu. Detainee interviews revealed no major concern with food portions.
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes			No evidence was presented to indicate food was used to punish or reward detainees based upon their behavior.
32. The food service staff instruct detainee volunteers on: • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food, and; • The sanitary operation, care, and maintenance of equipment.	\boxtimes			
Steryone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			

Component		Meets Standard	Does Not Meet Standard	V/N	Remarks
34. (MANDATORY) The facility procedures for the administr dietary personnel conducting of all food service areas, inclease equipment, and food-preparate	ative, medical, and/or the weekly inspections uding dining, storage,	\boxtimes			Weekly inspections of all food service areas are based on established written procedures. A representative from the medical unit conducts weekly inspections as evidenced by documentation provided.
 Reports of discrepancies a Facility Administrator or de head and corrective action completed. 	esignated department	\boxtimes			Reports of discrepancies are documented and corrective action is scheduled and completed.
36. (MANDATORY) Standard checking and documenting dishwashing machines aff accordance with the Detention Service.	er each meal, in	\boxtimes			Dishwashing machine temperatures are documented after each meal. Documentation and observation support compliance with this component.
 (MANDATORY) Staff docume refrigerator/ freezer temp accordance with the Detention Service. 	perature check, in	\boxtimes			Refrigerator and freezer temperatures are documented and checked as required. Observation of staff practices and documentation support compliance.
 The cleaning schedule for each conspicuously posted. 	ch food service area is	\boxtimes			The food service cleaning scheduled was posted.
 Procedures include inspection shipments for damage, con infestation. 		\boxtimes			
40. Storage areas are locked whe	n not in use.	\boxtimes			Food service storage areas were observed as secured during the annual inspection.
 Food service personnel cond with detention staff. 	uct shakedowns along	\boxtimes			
 In SPCs only: The ICE superthat ICE officers participal supervision. 		\boxtimes			
43. Menus are certified by a regis being incorporated into the Fo		\boxtimes			A registered dietitian had approved the current menus as reflected by documentation reviewed.
 In SPCs only: the FSA pro- estimates for the Common quarterly estimate is factore budget. 	Fare Program. This	\boxtimes			
45. When required, only food set sack lunches for detainee tran	sportation.	\bowtie			Food service staff prepare sack lunches when needed for detainees on transfer or in the hold rooms.
 Air curtains or comparable outside doors where food is served to protect against inser 	prepared, stored, or	\boxtimes			Air curtains were utilized at the facility.

PART 4 - 20. FOOD SERVICE This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. Standard Standard Does Not Meet Remarks Components 47. Staff comply with the ICE requirements for "food \times receipt and storage. 48. Stock inventory levels are monitored and adjusted \boxtimes to correct overage and shortage problems. 49. Staff comply with all ICE Housekeeping. Housekeeping, storeroom, and Storeroom/Refrigerator requirements. Identify and refrigerator requirements are \boxtimes explain any shortcomings. maintained in a manner consistent with the standard. 50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to \times eat meals in a relatively relaxed, unregimented atmosphere. 51. (MANDATORY) An independent, external source Documentation was reviewed to shall conduct annual inspections to ensure that the include: a fire suppression system food service facilities and equipment meet inspection provided by a private governmental health and safety codes. vendor; Eco-Lab sanitation and temperature inspection; and pest Corrective action is taken on deficiencies, if any. \times control and equipment inspections by an external source. All inspections reviewed were within the past six months. (b)(7)e(b)(7)e52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a \bowtie written report to the Facility Administrator. 53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service Appropriate MSDS were observed in \times department. Material Safety Data Sheets (MSDSs) food service. will be maintained on all flammable, toxic, and caustic substances used. 54. (MANDATORY) The FSA is responsible for pest The facility has a contract for pest control in the food service department, including control services and documentation contracting the services of an outside exterminator. \times reflects inspections were conducted most recently in March and April of 2010. PART 4 - 20, FOOD SERVICE □ Does Not Meet Standard □ N/A □ Repeat Finding

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

The facility provides sufficient documentation to support compliance with the standard and detainee interviews reflected no major concerns in this area. Food and safety related inspections had been conducted and were supported through documentation. Common-Fare and Medical diets were provided when appropriately authorized. Food service logbooks reflected the time period between the last meal served one day and the first meal served the following day repeatedly exceeded 14 hours for detainees housed in the SMU.

(b)(6), (b)(7)c 05-06-10 REVIEWER'S SIGNATURE / DATE

PART 4 – 21. HUNGER STRIKES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.	\boxtimes			When a detainee declares he is on a hunger strike or refuses food or fluid for 72 hours he is referred to medical staff. During the inspection, a detainee declared he was on a hunger strike and was referred to medical staff within 48 hours.
2. Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	×			Public Health Service (PHS) staff report hunger strikes through both ICE and PHS chains of command.
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			The facility has procedures for both security and medical staff. KPP 8.14, Hunger Strike Management, addresses this component.
4. Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			Security staff isolates a hunger striking detainee from other detainees in the SMU.
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			Typically, security staff place a hunger striking detainee in the SMU. Medical staff are authorized to place a detainee in a locked hospital room on the Short Stay Unit (SSU). During the inspection, a hunger striking detainee was placed in a locked hospital room by medical staff.
6. Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			Hunger Strike Monitoring Form I-389 is used for this purpose. During the inspection, a detainee was on a declared hunger strike. His weight and vital signs were recorded every 24 hours.
7. The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			Staff make every effort to obtain the hunger striker's informed consent. Documentation of consent was observed in the medical record.
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	\bowtie			KPP 8.14 addresses this component.
9. Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	\boxtimes			KPP 8.14 addresses this component.
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	\boxtimes			Staff provides the detainee with drinking water and offers to provide other beverages.

PART 4 – 21. HUNGER STRIKES					
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			All food items not authorized by the medical officer are removed from the living area.	
12. Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			KPP 8.14 addresses this component.	
13. The medical staff have written procedures for treating hunger strikers.	\boxtimes			The written procedures are entitled, Hunger Strike Management, KPP 8.14.	
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	\boxtimes			As documented in the medical record, staff attempted to persuade the current hunger striker to eat or drink at every encounter.	
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	\boxtimes			Both medical and security staff receives initial orientation and annual training on hunger strikes. This training is documented by the attendee's signature on the class attendance roster entitled Signs of Hunger Strikes.	
PART 4 – 21. H	IUNGE	R STRIKE	S		
	Standa	ard 🔲 l	N/A	☐ Repeat Finding	

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

Both medical and facility policies address hunger strike identification and management, including reporting requirements.

Since October 2009 there have been eight declared hunger strikes; six were by the same detainee. One required outside hospitalization, which was unrelated to his not eating or drinking.

(b)(6), (b)(7)c / 05-06-10 REVIEWER'S SIGNATURE / DATE

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			Medical care at the facility is under the direction of the DIHS. The facility is accredited by: the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), as of September 2007; and the National Commission on Correctional Health Care (NCCHC) as of February 2008.
The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			Medical and mental health screening takes place during in-processing and prior to the detainee's placement in population.
3. (MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	\boxtimes			The Director of DIHS reviewed the staffing plan on 01-10-10. Currently, there are an end of the property of th
4. (MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	\boxtimes			As documented in the admission medical screen and as written in the detainee handbook, newly-admitted detainees are informed both orally and in writing, in English, Spanish, and Creole on how to access health services.
5. Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	×			Medical care is available on-site 24 hours per day, seven days per week (24/7). In addition, there is an on-call Physician's Assistant. KPP 8.10, entitled Local Operating Procedure, Referral Process for Off-Site Emergency Care, addresses the procedure for accessing emergency care.
6. New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	\boxtimes			New direct care staff are testing for tuberculosis (TB) during the hiring process and annually. The hepatitis B vaccine series is offered. Up-to-date TB testing was noted on 21 direct care staff (LPNs and RNs).
7. Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.	\boxtimes			Licenses, certifications, credentialing, and registrations are current. Job descriptions are available.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8. The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	\boxtimes			The detainee handbook is available in English, Spanish, and Creole.
9. In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	\boxtimes			Medical personnel credentialing and verfication complies with NCCHC, JCAHO, and state of Florida standards.
 10. Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 	\boxtimes			As documented in the medical record, newly-admitted detainees receive medical, dental, and mental health screening by medical personnel. In addition, all newly-admitted detainees receive a chest x-ray for TB testing.
11. (MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	\bowtie			Translation services are available to security and medical staff via telephone. During the inspection, the use of these services by a medical provider and a detainee was observed.
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			The facility has sufficient space and equipment to afford privacy, as well as a medical admitting office and x-ray machine in the in-processing area.
13. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			The health service unit (HSU) is within the secure perimeter and has restricted access.
14. The medical facility entrance includes a holding/waiting room.	\boxtimes			There are two hold rooms in the HSU.
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			Security staff have direct supervision of this area.
16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			A toilet and drinking water are available in each of the hold rooms.
 17. Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 				Medical records are kept electronically at the facility. Access is restricted to medical personnel. Old, paper medical records are kept in a locked medical records office and are currently in the process of being archived. Access to these records is restricted to medical staff.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			A general consent to medical treatment is obtained on admission and before other medical, dental, or mental health treatment is administered.
19. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			Detainees may also make written requests for this information.
20. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			During the inspection, the pharmacist was observed preparing medications and needed medical information for detainees transferring on the following day.
21. A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			A detainee's medical record and transfer summary accompany the detainee on transfer.
22. Medical records are placed in a sealed envelope or other container labeled with the detainee's name and Anumber and marked "MEDICAL CONFIDENTIAL."	\boxtimes			Medical records are sealed and labeled.
23. Medical screening includes a Tuberculosis (TB) test.	\boxtimes			All detainees receive TB testing via chest x-ray during in-processing. 100% of detainees interviewed reported having a chest x-ray on admission.
 24. All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			Medical personnel provide mental health screening to detainees upon admission.
25. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			Medical personnel provide all health care screening of detainees upon admission; therefore, they are able to promptly identify detainees needing medical attention.
26. (MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	\boxtimes			In 100% of medical records reviewed, health appraisals and physical examinations were performed within 14 days. Most were performed within two days.
27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	\bowtie			Nursing personnel makes rounds in the SMU on a daily basis, thus providing access to health care. Mental health staff makes rounds in the SMU every Monday.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 28. Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	\boxtimes			Sick call request slips are readily available in all of the housing units. They are printed in English, Spanish, and Creole. Detainees place sick call request slips in a locked box in the dining hall. Only medical staff has access to this box and they retrieve the slips on a daily basis.
29. (MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	\boxtimes			Medical personnel are on duty at the facility 24 hours per day, seven days per week. In addition, KPP 8.10, Referral Process for Off-Site Emergency Care, addresses this component.
30. The plan includes an on-call provider.	\bowtie			A mid-level practitioner is on-call.
31. The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			There are telephone numbers for emergent and urgent levels of care and for the Jackson Memorial Hospital, Palmetto General Hospital, and Kendall Regional Medical Center.
32. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			KPP 8.10 addresses this component.
33. (MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.				Both security and medical staff are trained during initial orientation, and annually thereafter, on: emergency response time (under four minutes); cardiopulmonary resuscitation (CPR); and the use of the automatic external defibrillator (AED). During day one of the inspection, three medical emergencies were observed, with response times noted to be well within the parameters.
34. Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Security staff does not distribute medication. Medical staff is available 24/7 and distributes all medications.
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	\boxtimes			A DIHS pharmacist is responsible for the purchase, storage, inventory, and dispensing of medication.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				The facility has written policy and procedure for the management of pharmaceuticals, Chapter 11, Pharmacy. A formulary for medications is electronically available. A method for obtaining non-formulary medications was observed. During the inspection, the secure storage and perpetual inventory of all controlled substances was observed. A count of controlled substances was correct.
 37. All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				All medications are stored in the pharmacy, inside the secure perimeter, with limited access, and appropriate construction requirements. Medications are also stored in a locked medication cart, in a medication room, (b)(7)e
 38. In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				Nursing personnel administer medications through a locking pass-through window from a medication room accessed through the pharmacy.
39. Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.				Medication Administration Records (MARs) are used to document medication administration.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 40. Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 	\boxtimes			Only medical personnel distribute medication.
41. The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			\boxtimes	Officers are not trained to distribute medication. Only medical personnel distributes medication.
42. The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			This notification is made daily. In addition, annual training is given to staff on special needs detainees.
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			KPP 8.10, Referral Process for Off- Site Emergency Care, addresses this component.
 44. (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				The facility has an extensive Infectious Disease Policy and Procedure addressing: infectious disease prevention; identification and treatment; staff and detainee education; and management of TB, Hepatitis A, B, and C, HIV infection, influenza, and methicillin resistant staphylococcus aureus (MRSA). The facility coordinates with public health authorities, as necessary (e.g., during the H1N1 outbreak in the last year). Media issues are referred to ICE as per facility policy. The Infectious Disease policy is undergoing extensive review by DIHS.
45. Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			During the inspection, one detainee was being isolated in a negative pressure room in the SSU for TB precautions.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
46. All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	\boxtimes			The facility performs chest x-rays for TB screening on all new arrivals. Detainees were able to describe TB screening on arrival.
47. Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			During the inspection, one detainee was being isolated in a negative pressure room in the SSU for TB precautions.
48. A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			Detainees are transported according to clinical need via: 911 emergency ambulance; routine ambulance for urgent care; or car transport for routine care.
49. Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	\boxtimes			Nursing, and/or chronic disease, care plans are developed for detainees requiring such. Nursing care plans are developed for detainees with stated diagnoses.
50. (MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.			\boxtimes	The facility does not detain females.
51. (MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	\boxtimes			Detainees who are diagnosed with a chronic disease (e.g., asthma, hypertension, diabetes, mental health, HIV/AIDS, seizures) are followed in the appropriate chronic disease clinic for that disease on a basis determined by the treating physician.
52. The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.	\boxtimes			This notification ocurrs on a daily basis.
53. Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			A dentist and dental assistant are on- site 40 hours per week. Emergency dental care off-site is available.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
54. (MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	\boxtimes			As mental health issues are identified, referral to a mental health clinician is made.
55. Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			These services may be offered on- site in the SSU or off-site in an inpatient setting.
56. Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			There is adequate space for examinations and interviews to take place in a private setting. There are (b)(7) semale detainees at this facility.
57. (MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	\boxtimes			DIHS, Chapter 15, Mental Health, addresses this component. Medical record documentation described comprehensive evaluations performed within 14 days.
 58. (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 	\boxtimes			The least restrictive restraint will always be used first. Therapeutic restraints may be physical (e.g., use of leather restraints) or chemical (e.g., use of medications). The written order of a physician or mental health provider is required prior to the use of physical restraints. DIHS, Chapter 15, Mental Health, addresses these components.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 59. (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 	\boxtimes			DIHS Chapter 15, Mental Health, addresses emergency involuntary adminstration of psychotropic medications to detainees. Should a detainee require involuntary administration of psychotropic medications on a routine basis, a court order would be sought, through ICE. There have been no incidents of involuntary administration of psychotropic medications since the last review.
60. An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	\boxtimes			Dental screening is performed as part of the admission medical screening.
61. In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			Monthly inspection of the first aid kits has been delegated to the fire and safety officer.
62. An automatic external defibrillator should be available for use at the facility.	\boxtimes			There is an AED available in the: SSU; outpatient area of the HSU, as part of the emergency response kit; as well as in the admission screening area.
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	\boxtimes			If determined by the Medical Director that forced treatment is recommended, ICE will be consulted.
64. In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.	\boxtimes			The facility administrator and HAS meet every Tuesday, as documented in a logbook and in meeting minutes.
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	\boxtimes			Stericycle is the contractor for bio- hazardous waste. A certified removal was performed on 04-27-10. Dental equipment is decontaminated and autoclaved on-site. The autoclave is tested for effectiveness every month, with the most recent test performed on 04-20-10 (which passed).

PART 4 – 22. MEDICAL CARE				
This Detention Standard ensures that detainees have access to	a contin	uum of hea	lth car	re services, including prevention and health
education, so that their health care needs are met in a timely and	l efficie	nt manner.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	\boxtimes			Quality Assurance, and Performance Improvement reviews are ongoing in the areas of peer review and admissions medical screening, signed consent, and TB testing.
PART 4 – 22. MEDICAL CARE				
⊠ Meets Standard □ Does Not Meet St	andard	□ N	/ A	☐Repeat Finding

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

The HSU is divided into two areas: the outpatient area; and the SSU. The outpatient area contains: two hold rooms; urgent care room; five exam rooms; lab drawing station; medical record room; pharmacy with medication administration room; triage room; dental suite with two chairs; staff locker room; staff break room; seven offices; and a conference room. The SSU contains: a nurse's station; two offices; two storage rooms; unit kitchen; observation (soft walled) room; and 30 hospital beds in 16 rooms, including six negative pressure rooms.

The staffing matrix includes: (b)(7) administrators; (b)(7) physicians; dentist and dental assistant; psychiatrist; psychologist; LCSW; pharmacist and pharmacy technician; (b)(7) mid-level practitioners; (b)(7) RNs; four LVNs; (b)(7) medical record technicians; and a health technician. (b)(7) of the RNs have Advanced Cardiac Life Support (ACLS) certification. This level of certification is usually found for nurses who are employed in emergency rooms and intensive care units (ICUs).

In 100% of medical records reviewed, medical screening and chest x-rays were performed on admission. Physical exams were performed well within 14 days, usually within two days. Consent to treatment was present as was dental screening and mental health screening.

Interviews with detainees described initial admission screening, TB testing, and physical exam within appropriate time parameters. Sick call triage was documented and sick call was scheduled within 48 hours of triage, usually within 24 hours.

In regard toTB infection, the facility is involved with Migrant Network and uses two programs, Cure TB and TB Net, which allows them to share TB information and make follow-up appointments for detainees in the country to which the detainee is being returned. This information is then provided to the detainee so that he is not negligent to follow-up and continues to take his prescribed TB medication.

(b)(6), (b)(7)c / 05-06-10 REVIEWER'S SIGNATURE / DATE

PART 4 - 23. PERSONAL HYGIENE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees. 	\boxtimes			KPP 10-23 addresses the requirements cited in the standard. The supply noted exceeded the minimum required.
 2. All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 	\boxtimes			
Additional clothing is available for changing weather conditions and as is seasonally appropriate.	\boxtimes			Detainees are issued sweatshirts or jackets for cold weather conditions.
4. New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions.	\boxtimes			All detainees receive clean bedding, linens, and towels when they arrive at the facility.
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	\boxtimes			Soap, conditioner, shampoo, one comb, skin lotion, toothpaste and a toothbrush are issued to detainees upon their arrival.
 6. Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 	\boxtimes			Housing unit areas were inspected and found clean.

PART 4 - 23. PERSONAL HYGIENE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
7. Bathing facilities are:		- "		
Clean				
Operable with temperatures between 100 and 120 degrees Fahrenheit.				
ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.				
ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.				
 Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene. 	\boxtimes			
Detainees are provided clean clothing, linen and towels.				
Socks and undergarments - daily. Outer garments - twice weekly.				Detainees are allowed to wash their
Sheets - weekly.				clothing twice a week.
Towels - weekly.				
Pillowcases - weekly.				
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.	\boxtimes			Food service workers are permitted to exchange outer garments daily.
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	\boxtimes			
PART 4 – 23. F	ERSON	IAL HYGII	ENE	
⊠ Meets Standard ☐ Does Not Meet	Standa	rd 🗌 N	/A	☐Repeat Finding

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

Krome SPC has procedures and policies in place which allow each detainee to maintain acceptable personal hygiene in a manner consistent with the standard.

(b)(6), (b)(7)c 05-06-10 REVIEWER'S SIGNATURE / DATE

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.	\boxtimes			KPP 10-24. Suicide Prevention and Intervention, addresses this component.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director. Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees 				Procedural guidelines include: training; identification and intervention; housing; suicide watch; and reporting requirements.
who exhibit suicidal behavior. 3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	\boxtimes			Both medical and security staff receive training during orientation, and annually thereafter, as to Signs of Suicide Risk, Suicide Precautions and Suicide Prevention.
 4. Training prepares staff to: Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Effective communication between correctional and health care personnel, Necessary referral procedures, Housing observation and suicide-watch level procedures, Follow-up monitoring of detainees who have already attempted suicide, and Reporting and written documentation procedures. 				The training includes: recognizing signs of suicidal thinking; facility referral procedures; suicide-prevention techniques; responding to an in-progress suicide attempt; and documentation on the suicide observation checklist.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks							
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.				Detainees are screened for suicide							
 Screening does not occur later than one working day after the detainee's arrival. 	\boxtimes			potential on admission by medical staff.							
 Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 				ou							
Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.	\boxtimes			KPP 10-24 addresses this component.							
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.	\boxtimes			KPP 10-24 addresses this component.							
8. The facility has a designated isolation room for evaluation and treatment.	\boxtimes			There are three designated isolation rooms located on the SSU.							
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			One of the isolation rooms has "soft" padded walls and impeding structures.							
10. Medical staff have approved the room for this purpose.	\boxtimes			The rooms have been approved by medical and mental health staff.							
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.	\boxtimes			Detainees on suicide watch are under constant observation and their status is documented every 15 minutes.							
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	\boxtimes			Detainees on suicide watch are under constant observation. Their status is documented every (a)(7)(a)inutes.							
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance			\boxtimes	The facility has medical staff on duty 24/7.							
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.	\boxtimes			KPP 10-24 addresses this component.							
PART 4 – 24. SUICIDE PRE	VENTI	ON AND II	NTER	VENTION							
Meets Standard □ Does Not Meet	Standa	rd 🗌	N/A								

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

There have been no successful suicides since the last review.

During the inspection, a detainee was placed on suicide watch. It was noted he was placed in an isolation room on the SSU. Allowable items, such as a suicide prevention smock and blanket were ordered by mental health staff. He was under consant observation and his behavior was documented every (n)(7)(m) inutes on the suicide observation checklist. Medical staff monitored his vital signs and behaviors.

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

05-06-10

REVIEWER'S SIGNATURE / DATE

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH						
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.						
Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the						
appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.				KPP 10-25, entitled Terminal Illness, Advance Directives and Death, addresses this component. The facility Clinical Director arranges for the transfer of chronically, critically, or terminally ill detainees to appropriate acute care medical facilities.		
 2. The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location. 	\boxtimes			The HSA notifies the AFOD who arranges to notify the family of the detainee.		
There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will.	\boxtimes			KPP 10-25 addresses this component. The facility uses the State Advanced Directive Form for implementing living wills and		
 These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 				advanced directives.		
4. There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			KPP 10-25 addresses this component. Do Not Resuscitate (DNR) Orders are allowed at the facility.		
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes			KPP 10-25 addresses this component.		
6. The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			The facility notifies the DIHS medical director and the ICE General Counsel of the name and basic circumstances of any detainee who has a DNR order.		
7. The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Detainees may donate an organ to an immediate family member.		
 The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody. 	\boxtimes			Facility policy KRO/10-25 addresses this component.		
9. The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			KPP 10-03, Transportation (Land Transport), addresses this component.		

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH					
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.					
☐ Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			The family of the detainee is given the opportunity to claim the detainee's remains.	
 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 	\boxtimes			The AFOD schedules the burial or contacts the Department of Veterans Affairs to determine detainee eligibility.	
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	\boxtimes			The Deportation Officer assigned to the case sends the original death certificate to the person who claimed the body. A certified copy is then placed in the A-file.	
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 	\boxtimes			The FBI, local coroner, or DIHS may order an autopsy. Florida state law provisions and guidelines are observed.	
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	\boxtimes			This procedure is described in facility policy KPP 10-25.	
PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH					

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

There have been no detainees deaths at the facility since the last review.

Facility policy is very comprehensive related to this standard and does allow for detainee organ donation, and DNR Orders to be written.

Performance-Based National Detention Standards

Part V – ACTIVITIES

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

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
1. The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	\boxtimes			The facility has a written policy concerning correspondence and other mail.
The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			Key information is provided primarily through the detainee handbook. The facility handbook is available in English, Spanish, and Creole.
 Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected. 	\boxtimes			Incoming mail is distributed within the required time frames.
 Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays). 	\boxtimes			
5. Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	\boxtimes			Logbook reviews revealed compliance with this component.
6. Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes			Incoming general correspondence is opened in the presence of the detainee.
7. Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes			Staff do not read incoming general correspondence without the administrator's approval.
8. Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	\boxtimes			Staff do not read or copy special correspondence.
10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes			
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	\boxtimes			
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			Written notification is sent to the sender, as well as the addresee, if incoming mail is rejected.

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility. Components Part 5 – 26. CORRESPONDENCE AND OTHER MAIL This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility. Remarks

13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written \bowtie notice. 14. Staff maintain a written record of every item Xremoved from detainee mail. 15. The Facility Administrator or designee monitors staff Contraband items discovered and its handling of discovered contraband and its disposition. Xdisposition is recorded in a logbook. Records are accurate and up to date. 16. The procedure for safeguarding cash removed from When cash is received in the mail the a detainee protects the detainee from loss of funds and amount of currency is recorded, a The amount of cash credited to detainee \times receipt is prepared and distributed, П accounts is accurate. Discrepancies are documented and the money is deposited into the and investigated. Standard procedure includes issuing detainee's account. a receipt to the detainee. 17. Original identity documents (for example, passports, and birth certificates) are immediately removed and \bowtie | | forwarded to ICE staff for placement in the A-files. 18. Staff provide the detainee a copy of his or her Xidentity document(s) upon request. 19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on \boxtimes "Contraband". 20. Every indigent detainee has the opportunity to mail, Verified indigent detainees are at government expense: At least five pieces of special allowed to mail at least five pieces of X correspondence per week: Three one ounce letters per special correspondence and three week: Packages deemed necessary by ICE. one-ounce letters per week. 21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and Stamps may be purchased through \boxtimes a minimum of 5 pieces of general correspondence per the approved vendor. week. 22. The facility provides writing paper, envelopes, and The facility provides writing paper, \bowtie envelopes and pencils at no cost. pencils at no cost to ICE detainees. 23. SMU detainees have the same correspondence \times privileges as general population. 24. Detainees have access to outside publications. \boxtimes PART 5 - 26. CORRESPONDENCE AND OTHER MAIL □ Does Not Meet Standard □ Repeat Finding **⋈** Meets Standard □ N/A

(b)(6), (b)(7)c 05-06-10 **REVIEWER'S SIGNATURE / DATE**

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

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals. Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. Meets Standard Does Not Meet Standard Remarks Components 1. The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: \bowtie **Funeral** Deathbed The facility recognizes as "immediate family member" a parent (including stepparent or foster \bowtie Policy is very clear on this issue. parent), brother, sister, child, and spouse (including common-law spouse). 3. The CDF/IGSA facility notifies ICE of all detainee Krome is an SPC and the component \times requests for non-medical escorts. refers to CDF/IGSA facilities. 4. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each \times recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required. 5. Detainees who require overnight housing are \boxtimes placed in approved IGSA facilities. Each escort detail includes at least two officers. \boxtimes The detainee remains under constant, direct visual supervision of escorting staff. 8. Escorting officers report unexpected situations to the originating facility as a matter of procedure and the Xranking supervisor on duty has the authority to issue instructions for completion of the trip. 9. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written The facility policy does not allow the \times instruction, procedures and classification level of the escorting officers this discretion. detainee. 10. Escort officers do not accept gifts/gratuities from a \times detainee, detainee's relative or friend for any reason. 11. Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to ICE/DRO. Do not violate federal, state, or local laws. Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. \boxtimes Do not arrange to visit family or friends unless approved before the trip. Make no unauthorized phone calls. Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals. Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.	\boxtimes					
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	\boxtimes					
14. The Field Office Director is the approving official for all non-medical escorted trips.	\boxtimes					
15. Facility procedures comply with the following ICE Standards:						
Transportation (Land Transportation	\boxtimes					
Restraints applied strictly in accordance with the Use of Force Standard.						
PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
REMARKS (Record significant facts, observations, other sources used, etc.): The outcome measure worksheet indicated there were five requests for non-medical emergency escorts; however, the facility was only able to provide documentation for two.						
(b)(6) (b)(7)c						

(b)(6), (b)(7)c / 05-06-10 **REVIEWER'S SIGNATURE / DATE**

PART 5 – 28. MARRIAGE REQUESTS							
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by- case basis. 	\boxtimes			KPP 10-28 was reviewed. All detainee requests are forwarded to the present Acting Facility Administrator.			
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	\boxtimes			The FOD will review every marriage request which has been rejected by the facility administrator.			
3. It is standard practice to require a written request for permission to marry.	\boxtimes			If a detainee requests to be married, the request must be made in writing.			
 The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent. 	\boxtimes						
5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	\boxtimes						
6. When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes			If a detainee is denied permission, he will be provided information for the basis of the decision and how he may file an appeal.			
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	\boxtimes						
8. The detainee handbook explains the marriage request process.	\boxtimes						
9. <u>In SPCs</u> the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	\boxtimes						
PART 5 – 28. MA	RRIAG	E REQUE	STS				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

It is noted during the past year, there have been 11 request from detainees to be married and 10 have been approved. The one denied was based on the fact the detainee had two different women listed on his request to marry. It is further noted should a detainee in Disciplinary Segregation request to be married, the request will be postponed until he has completed his required disciplinary sanction.

(b)(6), (b)(7)c / 05-06-10 REVIEWER'S SIGNATURE / DATE

PART 5 - 29. RECREATION This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. ☐ If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A". Does Not Meet Standard Standard Components Remarks 1. The Facility provides: The facility provides both indoor and outdoor recreation. Indoor recreation An indoor recreation program. is provided primarily in the housing Xunit dayroom areas and outdoor An outdoor recreation program. recreation is provided in a large recreational yard. 2. A recreational specialist (for facilities with more than Two recreational specialists 350 detainees) tailors the program activities and \times coordinate program activities. offerings to the detainee population. 3. Regular maintenance keeps recreational facilities \boxtimes and equipment in good condition. 4. The recreational specialist or trained equivalent \boxtimes supervises detainee recreation workers. 5. The recreational specialist or trainee equivalent X oversees recreation programs for Special Management Unit and special-needs detainees. 6. Dayrooms offer sedentary activities, e.g., board Board games, playing cards, ping games, cards, television. \boxtimes pong, and television are offered in the dayrooms. 7. Outside activities are restricted to limited-contact \boxtimes sports. 8. Each detainee has the opportunity to participate in X daily recreation. 9. Detainees have access to recreation activities Detainees have access to daily outside the housing units for at least one hour daily. recreational activities outside the Xhousing units for a minimum of one hour, unless extreme weather conditions are present. 10. Staff check all items for damage and condition when X equipment is returned. 11. Staff conduct searches of recreation areas before Security staff provide direct security Xand after use. supervision on the recreational yard. 12. Recreation areas are under constant staff \boxtimes supervision. 13. Supervising staff are equipped with radios. X14. The facility provides detainees in the SMU at least Detainees in SMU are provided at one hour of outdoor recreation time daily, five times per least one hour of outdoor recreation \bowtie seven days per week in a small week. secure recreation area. 15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his \bowtie or her recreation privileges. 16. Special programs or religious activities are available \boxtimes to detainees.

PART 5 - 29. RECREATION							
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities,							
within the constraints of safety, security, and good order. If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".							
in outdoor recreation is offered check this box. Items 20-27 should then be marked 14/A.							
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks			
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	\boxtimes			Limited volunteers are utilized in the recreational area.			
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	\boxtimes			Visitors, relatives or friends of detainees are not allowed to serve as approved volunteers.			
19. If yes, written procedures ensure timely review of all eligible detainees.			\boxtimes	Visitors, relative or friends of detainees are not allowed to serve as approved volunteers.			
20. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	The facility provides outdoor recreation and transfers due to a lack of outdoor recreation are not applicable.			
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			\boxtimes	The facility provides outdoor recreation.			
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.			\boxtimes	The facility provides outdoor recreation.			
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			\boxtimes	The facility provides outdoor recreation.			
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.				The facility provides outdoor recreation.			
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			\boxtimes	The facility provides indoor and outdoor recreation.			
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.				The facility provides indoor and outdoor recreation.			
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			\boxtimes	The facility provides indoor and outdoor recreation.			
PART 5 - 2	9. REC	REATION					
⊠ Meets Standard							

The facility provides indoor and outdoor recreation, which is available seven days per week. A schedule is available and posted appropriately. Detainees assigned to SMU receive access to outdoor recreation in a small concrete recreation yard in a manner consistent with the standard.

(b)(6), (b)(7)c May 6, 2010 REVIEWER'S SIGNATURE / DATE

PART 5 – 30. RELIGIOUS PRACTICES This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice. Standards Does Not Meet Standards Components Remarks 1. Detainees are allowed to engage in religious services. When available, these services are provided \boxtimes in major languages spoken within the facility. 2. Space is available for detainees to participate in Religious services are provided to the religious services. \boxtimes detainees in the multi-purpose building or the cafeteria. 3. The facility allows detainees to observe the major There are no exceptions, nor have "holy days" of their religious faith. \boxtimes there been any in the past. List any exceptions. 4. The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary The medical unit and food service are restrictions. \boxtimes involved in determining any holy-day Honoring fasting requirements. observances. Facilitating religious services. Allowing activity restrictions. Detainees are allowed a Bible, Koran 5. Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal \boxtimes or similar religious item to be kept in Property Standard. their possession. 6. Volunteer's credentials are checked and verified All volunteers are screened and trained by security personnel prior to before allowing participation in detainee programs. \boxtimes being allowed into the facility. 7. Members of faiths not represented by clergy may request to present their own services within security \boxtimes allowances. 8. Detainees in the Special Management Unit may

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

participate in religious practices unless otherwise documented for the safety and security of the facility.

⋈ Meets Standard

The chaplain was interviewed concerning this standard. KSPC affords detainees the opportunity to practice their respective faiths in a manner consistent with the standard, while ensuring the safety and security of the facility.

□ Does Not Meet Standard

 \boxtimes

PART 5 - 30. RELIGIOUS PRACTICES

□ N/A

□ Repeat Finding

(b)(6), (b)(7)c 05-06-10 REVIEWER'S SIGNATURE / DATE

PART 5 - 31. TELEPHONE ACCESS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			Detainees are normally allowed access, except during count, to telephones from 6 AM to 11 PM daily.
2. Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			The handbook issued to each detainee describes the telephone access policy.
3. Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes			
4. Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes			Access rules, including updated telephone numbers, were observed posted in the housing units.
The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			The facility's detainee handbook is written in English, Spanish and Creole, which are the languages spoken by a significant portion of the facility population.
6. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes			An appropriate number of detainee telephones, located in the housing units and general recreational areas, were observed.
7. Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes			Telephones are inspected daily by designated security staff and the inspection is recorded in each housing unit logbook.
8. Telephones are located a reasonable distance from televisions.	\boxtimes			Detainee telephones are located in the housing unit day room and recreation area. Telephones are not located directly by the television.
The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes			
10. The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes			
11. Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			
12. A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			Detainees having difficulty making a confidential telephone call may contact appropriate staff.
13. The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			
14. Special Access calls are at no charge to the detainees.	\boxtimes			

PART 5 – 31. TELEPHONE ACCESS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
15. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	The facility is able to meet this requirement.					
16. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	\boxtimes			No restrictions are placed on detainees attempting to contact attorneys or legal service providers.					
17. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes								
18. All telephone restrictions are documented.	\boxtimes								
19. The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes			The facility shift supervisors may accept emergency telephone calls and if determined appropriate deliver telephone messages.					
20. Phone call messages are given to detainees as soon as possible.	\boxtimes			Emergency telephone messages are being provided to the detainee as soon as possible.					
21. Detainees are allowed to return emergency phone calls as soon as possible.	\boxtimes								
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	\boxtimes			Detainees in disciplinary segregation are allowed telephone calls relating to their immigration case and legal matters.					
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes								
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes								
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes			Detainees assigned to administrative segregation have access to a telephone on a daily basis.					
26. When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	\boxtimes			The notification indicating telephone calls may be monitored is posted near detainee telephones, as well as addressed in both detainee handbooks.					
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	\boxtimes			The OIG phone number was checked in two separate housing units and found to be programmed into the phone system. The number was checked and operable.					
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	\boxtimes								
PART 5 – 31. TE									
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding									

A sufficient number of detainee telephones are available within the facility and staff conducts daily inspections on their serviceability. Appropriate telephone numbers are displayed in the housing units and the OIG telephone number was checked and found to be operational. The Mexican Consulate's office was contacted and the number was found operational and an automated electronic message was provided.

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

05-06-10

REVIEWER'S SIGNATURE / DATE

PART 5 – 32. VISITATION

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

	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.	\boxtimes			A written visitation procedure, visiting schedule, and hours of general visitation was available.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				General visitation hours are available on Saturdays, Sundays and holidays. The minimum duration is normally one hour. Exceptions may be considered after receiving a formal request prior to the requested visit. There were 30 visiting booths available. Staff reported no concerns with the number of visiting booths available compared to the demand for visits.
3.	The visitation schedule and rules are available to the public.	\boxtimes			Visiting rules are posted in the facility lobby and were found on the public web-site.
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	\boxtimes			
6.	A general visitation log is maintained.	\boxtimes			A general visitation log is maintained documenting visitors' names, date of visit, and applicable times.
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes			
8.	A visitor dress code is available to the public.	\boxtimes			The dress code for visitors is posted in the lobby and available to be reviewed on the facility web-site.
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			All visitors are subject to search.
10.	The requirement on visitation by minors is complied with.	\boxtimes			
	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 an approved adult.
	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			\boxtimes	Minors are allowed to visit.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			
14.	Detainees in special housing are afforded visitation.	\boxtimes			

PART 5 – 32. VISITATION This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order. Does Not Meet Standard Components Remarks 15. Legal visitation is available seven (7) days a week, \times including holidays. 16. On regular business days legal visitation hours Legal visits are available during provide for a minimum of eight (8) hours per day regular business days from 7 AM to X and a minimum of four hours per day on weekends 10 PM, and from 7 AM to 11 AM on weekends and holidays. and holidays. 17. On regular business days, detainees are given the option of continuing a meeting with a legal \times representative through a scheduled meal. 18. Private consultation rooms are available for attorney Private contact and non-contact meetings. There is a mechanism for the detainee visiting rooms are available for and his/her representative to exchange documents. \boxtimes attorney/detainee visits. A

 \boxtimes

 \times

 \boxtimes

 \bowtie

 \times

X

 \boxtimes

 \times

PART 5 – 32, VISITATION

mechanism is available to review and exchange approved documents.

The facility has a written procedure

All legal visitors are properly identified

A list of pro bono legal organizations

was observed posted in the detainee

as approved legal representatives.

housing units and law library.

and policy regarding detainee

searches.

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

19. There are written procedures governing detainee

 Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings

21. Per the Standard, prior to each visit, legal service

22. The current list of pro bono legal organizations is

23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations

 Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility

26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to

the Facility Administrator or ICE Field Office.

appropriate Field Office Director for approval.

24. Provisions for NGO visitation as stated in the

Detention Standards are complied with.

Administrator for approval.

posted in the detainee housing areas and other

and associated with detention issues to the

providers and assistants are identified.

- at any time for the purpose of ascertaining the

searches.

presence of contraband.

appropriate areas.

PART 5 – 33. VOLUNTARY WORK PROGRAM								
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.								
☐ Check here if ICE detainees are not authorized to 3 and move to next section.	☐ Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
The facility has a voluntary work program.	\boxtimes			KPP 10-33 regarding the work program was reviewed.				
Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes							
 At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision. 	\boxtimes			Only authorized detainees are allowed to work on any outside detail.				
 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 	\boxtimes			Minimum security detainees with a positive adjustment are allowed to work.				
5. Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes							
 6. The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week. 	\boxtimes			No detainee is allowed to exceed the work-hour restrictions.				
Detainee volunteers ordinarily work according to a fixed schedule.	\boxtimes							
 If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file. 	\boxtimes			A written justification is placed in the detainee's file if he is removed from a work detail.				
 Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program. 	\boxtimes			Prior to assigning a detainee, he receives job training and watches a training video.				
10. The voluntary work program meets:OSHA standardsNFPA standardsACA standards	\boxtimes							
 11. Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 	\boxtimes			A copy of the screening material is maintained in the detainee's file in food service and the A-File.				

PART 5 – 33. VOLUM	ITARY	WORK PR	ROGR	АМ		
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.						
Check here if ICE detainees are not authorized to 3 and move to next section.	work a	at the IGS	A faci	lity. Mark NA on Form G-324A, page		
Meets Standard NA N/A Not Meet Standard NA N/A Not Meet Standard NA N/A Not Meet Standard NA N/A NA						
12. Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes			Detainees receive an oral orientation, watch a video, and then receive the proper equipment to perform their job duties.		
 Proper procedure is followed when an ICE detainee is injured on the job. 	\boxtimes			If a detainee is injured on the job they are taken to the HSU.		
PART 5 – 33. VOLUNTARY WORK PROGRAM						
	Standar	d 🗆 N/	Α	☐ Repeat Finding		
Dryange (Beauty simiforms forty about the sales was						

KSPC provides detainees opportunties to work and earn money while confined. There are policies and procedures in place to ensure the safety and security for both staff and detainees.

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05-06-10

REVIEWER'S SIGNATURE / DATE

Performance-Based National Detention Standards

Part VI – JUSTICE

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

PART 6 - 34. DETAINEE HANDBOOK

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	\boxtimes			Each detainee receives a copy of the facility-specific handbook and the ICE National Detainee Handbook.
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes			The handbook is written in English, Spanish and Creole.
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			Orientation materials are presented via video recordings while the detainee is in the intake area.
5.	The handbook supplements the facility orientation video where one is provided.	\boxtimes			
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			The current detainee handbook contains a supplement identifying updates in the following areas: Contraband; Grievance Procedures; Group Legal Rights Presentations; and ICE local contact telephone numbers. Documentation supporting an annual review was conducted was provided.
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			
8.	The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care.	\boxtimes			
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			Detainee responsibilities are described in the facility detainee handbook.
	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
	The handbook states when a medical examination will be conducted.	\boxtimes			
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	\boxtimes			

PART 6 - 34. DETAINEE HANDBOOK

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

Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	\boxtimes			
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	\boxtimes			Page 15 of the facility detainee handbook describes the procedures for obtaining razors. The housing unit officer is responsible for issuing and collecting razors.
15. The handbook describes barber hours and hair cutting restrictions.	\boxtimes			Page 15 of the facility detainee handbook addresses this component. In addition, barber hours are posted in the housing units.
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			
17. The handbook addresses religious programming.	\boxtimes			Page 19 of the facility detainee handbook addresses this component.
 The handbook states times and procedures for commissary or vending machine usage. (where available) 	\boxtimes			
19. The handbook describes the detainee voluntary work program.	\boxtimes			The voluntary work program is addressed on page 20 of the facility detainee handbook.
 The handbook describes the library location and hours of operation and law library procedures and schedules. 	\boxtimes			
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	\boxtimes			
 The handbook/supplement provides local ICE contact information. 	\boxtimes			
23. The handbook describes the facility contraband policy.	\boxtimes			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			Visitation hours, schedule and rules and regulations are described in the facility detainee handbook.
25. The handbook describes the correspondence policy and procedures.	\boxtimes			

PART 6 - 34. DETAINEE HANDBOOK

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 	\boxtimes			Detainee disciplinary policy is addressed on pages 32-48.
 27. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 				All of the steps identified in this component are listed in the ICE National Detainee Handbook on pages 8 and 9. The facility handbook includes a supplement which addresses the initial grievance procedures.
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			Facility handbook pages 14 and 15 describe the medical sick call procedures.
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	\boxtimes			
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	\boxtimes			The ICE National Detainee Handbook describes, on pages 10-11 and 47-48, the detainee dress code, meaning of color-coded uniforms and work assignment clothing requirements.
31. The handbook specifies the rights and responsibilities of all detainees.	\boxtimes			On page 2 of the ICE National Detainee Handbook the rights and responsibilities are addressed. On pages 6-7 of the facility handbook the rights and responsibilities are cited.
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes			Detainees are required to sign for the handbook and the form containing the signature is placed in the detainee's file.

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

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

The facility detainee handbook is prepared in English, Spanish and Creole; the ICE National Detainee Handbook is available in English or Spanish. The facility handbook is reviewed on an annual basis.

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PART 6 – 35. GRIEVANCE SYSTEM

This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are informed about the facility's informal and formal grievance system.	\boxtimes			KPP 10-35 and the detainee handbook were reviewed. The detainee handbook is written in English, Spanish and Creole.
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	\boxtimes			Detainees receive a handbook when admitted to the facility.
3. •	The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance.				All areas concerning grievances are addressed in the facility detainee handbook, through a supplement, or in the ICE National Detainee Handbook.
4.	Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	×			Procedures for the informal resolution of oral grievances is included in the facility detainee handbook. This matter is also addressed with staff in pre-service and annual training.
•	Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.	\boxtimes			Detainees have access to a grievance committee using formal procedures. Detainees are not allowed to aid other detainees in legal matters.
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			
	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			Staff receives pre-service and annual training concerning the detainee grievance procedure.
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes			The facility addresses this issue in KPP 10-35 and in staff training.

PART 6 - 35. GRIEVANCE SYSTEM This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses. Does Not Meet Standard Components Remarks Procedures include maintaining Detainee Grievance Log. A computurized log has been If not, an alternative acceptable record keeping maintained since August 2009. Prior system is maintained. \boxtimes to that time, a manual log was maintained. All detainee grievances "Nuisance complains" are identified in the records. are recorded and filed. For quality control purposes, staff document nuisance complaints received but not filed. 10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may All grievances are recorded and \boxtimes authorize staff to refuse to process subsequent filed. complaints. This authority may not be delegated, even to an acting Facility Administrator.

 \boxtimes

 \boxtimes

 \boxtimes

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 \boxtimes

PART 6 - 35. GRIEVANCE SYSTEM

□ Does Not Meet Standard

□ N/A

Staff are trained to forward any

a higher official.

detention file.

grievance citing staff misconduct to

All grievance information is recorded

and documented in the detainee's

A detainee may appeal a grievance

committee's decision and the AFOD

or his/her designee may uphold, modify or reverse a grievance

The detainee has a 24-hour time

frame in which to file a formal

□ Repeat Finding

committee's decision

grievance.

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

11. Staff is required to forward any grievance that

12. Informal resolution of a written grievance is documented

 Staff complies with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command,

and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General. 14. In SPCs and CDFs, when a Detainee does not

accept the grievance committee's decision, he/she

files an appeal with the ICE Facility Administrator.

• In all facilities written procedures cover detainee

outcome to file a formal grievance.

appeals and are included in the detainee handbook

15. In SPCs/CDFs, the detainee has a reasonable

timeframe after the incident or informal-grievance

a CDF/IGSA facility, to ICE.

in the detainee's Detention File.

includes officer misconduct to a higher official or, in

(b)(6), (b)(7)c	05-06-10
REVIEWER'S SIGNA	TURE / DATE

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Does Not Meet Standard Standard Components Remarks 1. The facility provides a designated law library for The facility maintains a law library detainee use. equipped with: bound legal volumes; updated electronic legal \times software (LexisNexis); and appropriate equipment for detainee use. 2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials was posted The listing of materials is posted in the law library. X in the law library and found in an In lieu of/or in addition to the physical law library, accessible, properly-labeled binder. ICE detainees have access to the Lexus Nexus electronic law library. 3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: LexisNexis is available and • Operable computers and printers, in sufficient \bowtie operational. numbers in order to provide access Photocopiers, and Supplies for both. 4. The library contains a sufficient number of chairs, is The law library has sufficient seating well lit and is reasonably isolated from noisy areas. and lighting, and is separate from other activities. The occupancy X capacity for detainees was reported 5. The law library is adequately equipped with The law library was properly equipped with four computers, two typewriters, computers or both and has sufficient \boxtimes supplies for daily use by the detainees. typewrtiers, one photocopier and the required supplies. 6. Detainees are provided with the means to save legal \boxtimes work in a private electronic format for future use. 7. The facility subscribes to updating services where LexisNexis was updated and the applicable and legal materials requiring updates are current version available was dated 04-01-10. Updated additional current. \boxtimes services are the responsibility of a recreational specialist. 8. Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is X forwarded and reviewed by the ICE prior to inclusion. 9. There is a designated ICE or facility employee who The facility's recreational specialist inspects, updates, and maintain/replace legal is responsible for maintaining material and equipment on a routine basis. The material and equipment in the law designee properly disposes outdated supplements \boxtimes library. A security employee is and replaces damaged or missing material promptly. assigned to provide direct security supervision when the law library is open.

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Does Not Meet Standard Standard Components Remarks 10. Detainees are offered a minimum 5 hours per week Detainees are allowed to use the law in the law library. Detainees are not required to library one hour per day, seven days forego recreation time in lieu of library usage. X a week. Additional time may be Detainees facing a court deadline are given priority allowed when requested, provided use of the law library. sufficient space is available. 11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and \boxtimes timely pursued. Request for copies of court decisions are accommodated within 3 - 5 business days. 12. The facility permits detainees to assist other Detainees are allowed to assist detainees, voluntarily and free of charge, in other detainees voluntarily and free researching and preparing legal documents, of charge in the research and consistent with security. \boxtimes preparing of documents. A detainee clerk is assigned to the law library to assist other detainees when requested. 13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more \times than access to English-language law books after indicating their need for help. 14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal \times materials are accessible within 24 hours of a written request. 15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same Detainees assigned to segregation law library access as the general population, barring are allowed to visit the law library on \boxtimes security concerns. Detainees denied access to a daily schedule barring security legal materials are documented and reviewed concerns. routinely for lifting of sanctions. 16. All denials of access to the law library fully Staff reported no incidents where X documented. access to the law library was denied. 17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to \boxtimes the law library or law materials. 18. Detainees who seek judicial relief on any matter are \boxtimes not subjected to reprisals, retaliation, or penalties. 19. Indigent detainees are provided with free envelopes The facility provides indigent and stamps to mail related to legal matters. \boxtimes detainees limited free envelopes and stamps to mail legal material. PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL ■ N/A ☐ Does Not Meet Standard □ Repeat Finding

The law library maintains a schedule which ensures all detainees have access a minimum of five hours per week. The law library is a dedicated room, with a capacity for up to 14 detainees at one time. Sufficient lighting and furnishings are available to accommodate the maximum capacity.

Four computers providing access to LexisNexis software (updated in April 2010) and Microsoft Word, and two typewriters were available for detainee use. A photocopier was available when requested.

A detainee clerk was available to assist other detainees upon their request.

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REVIEWER'S SIGNATURE / DATE

PART 6 - 37, LEGAL RIGHTS GROUP PRESENTATIONS This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures. Does Not Meet Standard Standard Components Remarks ☐ Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet. 1. The Field Office is responsive to requests by The facility has an established attorneys and accredited representatives for group written policy which provides for the \boxtimes presentations. review and consideration of group presentations. 2. Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field X Office ensures proper notification to attorneys or accredited representatives in a timely manner. 3. The facility follows policy and procedure when requesting rejecting or modifications X objectionable material provided or presented by the attorney or accredited representative. 4. Posters announcing presentations appear Sign-up sheets are primarily used common areas at least 48 hours in advance and and located in the housing units. \boxtimes sign-up sheets are available and accessible. Notifications were observed posted in the housing units. A presentation by Catholic Legal 5. Detainees have access to group presentations on immigration law, procedures and detainee options. Services and/or the Florida Documentation is submitted and maintained when \boxtimes Immigrant Advocacy Center is any detainee is denied permission to attend a available each Tuesday in Spanish, presentation and the reason(s) for the denial. and each Wednesday in English. 6. When the number of detainees allowed to attend a A large room near the visiting booths presentation is limited, the facility allows a sufficient \bowtie is available to accommodate group number of presentations so that all detainees signed presentations. up may attend. 7. Detainees in segregation, unable to attend for security reasons may request separate sessions \bowtie with presenters. Such requests are documented. 8. Interpreters are admitted when necessary to assist \boxtimes attorneys and other legal representatives. 9. Presenters are afforded a minimum of one hour to No time limit within reason is enforced make the presentation and additional time to at the facility. Weekly free legal conduct a question-and-answer session. \bowtie presentations normally are scheduled on Tuesdays and Wednesdays at 1:30 PM. Samples of approved materials were 10. Staff permit presenters to distribute ICE/DRO- \boxtimes available and reviewed. approved materials. 11. The facility permits presenters to meet with small groups of detainees to discuss their cases after the Small group presentations and X meetings are allowed after they are group presentation. ICE/DRO or authorized detention staff are present but do not monitor approved. conversations with legal providers.

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
☐ Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.						
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	×			Staff reported there have been no privileges suspended during the past 12 months.		
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	\boxtimes			A video displaying legal rights information is played routinely at the facility.		
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	\boxtimes					
15. The facility maintains equipment for viewing approved electronically formatted presentations.				ATIONO		
PART 6 - 37. LEGAL RIGH						
	t Stand	ard 📙	N/A	☐ Repeat Finding		

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Performance-Based National Detention Standards

Part VII – ADMINISTRATION & MANAGEMENT

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

PART 7 - 38. DETENTION FILES

This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.

	Components	Meets Standard	Does Not Meet Standard	W/W	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.	\boxtimes			The facility operating procedures require a detention file to be established for all new arrivals whose stay will exceed 24 hours.
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			
•	The detainee's Detention File also contains documents generated during the detainee's custody. Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same	\boxtimes			Thirty randomly-selected active detainee files were reviewed and found to contain documents generated during the detainee's custody.
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	\boxtimes			The detention files are stored in a secure file room located in the intake area.
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	\boxtimes			All detention files are maintained until the detainee is released from the facility. The file is reviewed by supervisory personnel then archived.
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			
	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	\boxtimes			
8.	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			Appropriate security measures are in place to ensure only authorized individuals have access to a detainee file.
9.	Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			
	Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	\boxtimes			
11.	Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	\boxtimes			

PART 7 – 38. DETENTION FILES						
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.						
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	\boxtimes			All copiers are properly maintained and supplies are adequate to meet the demands required.		
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	\boxtimes					
14. Archived files are purged after six years by shredding or burning.		\boxtimes		Archived files are not currently purged after six years by shredding or burning, but rather maintained/stored in a secure fashion.		
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	\boxtimes					
PART 7 – 38.	DETEN	HON FILI	:8			
⊠ Meets Standard □ Does Not Meet □ □	Standa	ard 🗌 l	N/A	□ Repeat Finding		

Active detainee files, properly labeled with the detainee's name and number, are maintained in a secure file room located in the intake area. They are color-coded in a manner consistent with the detainee's security level. Access to the file room is restricted to authorized personnel.

(b)(6), (b)(7)c 05-05-10 **REVIEWER'S SIGNATURE / DATE**

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours. Does Not Meet Standards Standards Components Remarks 1. The ICE/DRO Field Office Director approved all The AFOD was interviewed regarding interviews by reporters, other news media the process and procedure involved representatives, academics and others not covered in the approval of detainee interviews by the Detention Standard on Visitation. by media representatives, academics \boxtimes and others. The current operational policy is consistent with the standard. There were no reported interviews within the past 12 months. All personal interviews are documented with the News Interview Authorization form (or equivalent) \boxtimes and filed in the detainee's A-file with a copy in the facility's Detention File. The Field Office Director consulted with 3. Headquarters before deciding to allow an interview The current policy and practice is \boxtimes with a detainee who was the center of a consistent with the standard. controversy, or special interest, or high profile case. 4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives \boxtimes who photographed or recorded any detainee in any way that would individually identify him or her. 5. All press pools are organized 'according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or There were no reported press pools requested, tours, or visits were notified that, within the past 12 months. effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. PART 7 - 39, NEWS MEDIA INTERVIEWS AND TOURS Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding

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

There were no reported press interviews of detainees conducted within the past 12 months. The AFOD thoroughly explained the process, including the required approval by staff representing the ICE Public Information Office and the FOD.

(b)(6), (b)(7)c May 6, 2010

REVIEWER'S SIGNATURE / DATE

PART 7 - 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training. Does Not Meet Standard Standard ¥ Components Remarks 1. The facility conducts appropriate orientation, initial KPP 10-40, staff interviews, and training, and annual training for all staff, contractors, \boxtimes training records revealed compliance and volunteers. with this component.

Electronic systems.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
6.	Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees. National Detention Standards				All areas indentified in this component are addressed in the preservice and annual training.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. 				All areas indentified in this component are addressed in preservice and annual training.

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

requiring that they receive initial and origoning remesher the				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations Key control; appropriate conduct with detainees Responsibilities and rights of employees Standard precautions Occupational exposure Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations. National Detention Standards. Medical grievance procedures and protocol. Requirement for special needs detainees. Code of Ethics Drug free workplace Hostage situations and staff conduct if taken hostage. 				All areas are addressed in preservice and annual training.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques Sexual abuse/assault awareness National Detention Standards. 				All areas are addressed in pre-sevice and annual training.
Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments. Facility management and supervisory staff receive:				ICE certifies all specialized training assignments. Facility management and supervisory
Management and Supervisory training				staff receive training from both Doyon and ICE training personnel.
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	\boxtimes			All staff authorized to use firearms receive appropriate training on a quarterly basis.

requiring that they receive initial and ongoing refresher tra	ııı ııı ıg.			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	\boxtimes			All authorized staff who use firearms must qualify quarterly.
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	\boxtimes			All authorized staff are trained in the use of chemical agents and on the treatment of individuals exposed to a chemical agent.
16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are:				
 Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 				All staff receive pre-service and annual training pertaining to the facility's drug-free workplace policy.
17. New staff is required to acknowledge in writing that they have reviewed and understand the facility's drug-free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			Staff files were reviewed and it is noted both Doyon and ICE staff must acknowledge they have reviewed and understand the drug-free workplace program.
 18. All staff is trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 	\boxtimes			All areas are addressed in preservice and annual training.
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			New staff receive pre-service training and must acknowledge they have reviewed and understand all facility rules, policies, and procedures.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes:								
 Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary resuscitation (CPR). 						All staff receive training related to health-related emergencies. Staff are trained in CPR in pre-service and		
Obtaining emergency medical assistance through the facility plan and its required procedures.								
Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency.								
 The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 								
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:								
Understanding that sexual abuse or assault is never an acceptable consequence of detention.								It is noted this training has not been
Recognizing housing or other situations where sexual abuse or assault may occur.					provided to staff in pre-service or annual training. However, a new training module is expected to be			
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 								instituted on 05-24-10.
Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.								

requiring that they receive initial and ongoing refresher i	uning.			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: Identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch lever procedures, and Follow-up monitoring of detainees who have attempted suicide. 				All staff receives pre-service and annual training relating to the Suicide Prevention and Intervention Program.
23. All staff is trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.				
24. All staff is trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.				All staff receive this training.
 25. Through ongoing (at least annual) training, all detention facility staff is made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques Approved methods of self-defense Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures. 				All staff receive this training. Specialized training is afforded to security staff assigned to special details.
26. Employees are encouraged to continue thei education and professional development through incentives such as salary enhancement reimbursement of costs, and administrative leave.				

PART 7 – 40. STAFF TRAINING							
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐ Repeat Finding				

Doyon contractual and KSPC trainers provide pre-service and annual training which allows staff to perform their assigned duties in a professional manner. As indicated above, the facility has taken corrective action to ensure staff receive training in Sexual Abuse and Assault Prevention and Intervention.

(b)(6), (b)(7)c 05-06-10

REVIEWER'S SIGNATURE / DATE

PART 7 - 41. TRANSFER OF DETAINEES

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

	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks
1.	When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.	\boxtimes			KSPC 10-41 was reviewed. Enforce is a electronic data system used to document and provide information
•	The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE.				pertaining to detainees.
2.	Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			No written notification is provided; however, a verbal notification is provided.
5. •	Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility.	\boxtimes			
•	The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.				
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			The detainee recieves a completed DetaineeTransfer Notification Form when he is transferred.
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			
8.	For medical transfers:				
•	The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.				PHS issues a medical summary
•	Medical transfers are coordinated through the local ICE/DRO office.	\boxtimes			which will accompany the detainee during the transfer. If a detainee requires certain medications, he may
•	A medical transfer summary is completed and accompanies the detainee.				posses the medication on his person during the transfer.
•	Detainee is issued a minimum of 7 days worth of prescription medications.				
9.	Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.	\boxtimes			
10.	For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes			Staff receive pre-service and annual training regarding medical issues.

PART 7 - 41. TRANSFER OF DETAINEES						
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.						
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks		
 Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location. 	\boxtimes			Personal property will be transferred with the detainee to the new location.		
Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes					
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.	\boxtimes			All detainees, upon arrival at the KSPC, receive a three-minute calling card.		
 Meals are provided when transfers occur during normally schedule meal times. 	\boxtimes					
 An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office. 	\boxtimes					
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	\boxtimes			A-Files are forwared to the receiving office via overnight mail no later than one business day following a detainee transfer.		
PART 7 - 41. TRANSFER OF DETAINEES						

Krome SPC ensures that transfers of detainees from one facility to another are professionally and responsibly managed. All material pertaining to to the detainee, property, files, aand funds are transferred with the detainee.

□ N/A

□ Repeat Finding

□ Does Not Meet Standard

(b)(6), (b)(7)c 05-06-10

REVIEWER'S SIGNATURE / DATE