Office of Enforcement and Removal Operations

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



U.S. Immigration and Customs Enforcement

MEMORANDUM FOR:	Philip T. Miller Field Office Director New Orleans Field Office					
FROM:	Gary E. Mead Assistant Director for Detention Management					
SUBJECT:	LaSalle Detention Facility Annual Review					

The annual review of the LaSalle Detention Facility conducted on October 12-14, 2010, in Jena, Louisiana has been received. A final rating of <u>Meets Standards</u> has been assigned. No further action is required and this review is closed.

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

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before October 12, 2011.

Should you or your staff have any questions regarding this matter, please contact (b)(6),(b)(7)c (Acting) Deputy Assistant Director, Detention Division at (202) 732(6),(b)(7)c

cc: Official File

ICE:HQERO: (b)(6), (b)(7)c 11/05/2010

(b)(7)e

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



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

5-11-09 update

Intergovernmental Service Agreement (IGSA)
ICE Service Processing Center (SPC)
ICE Contract Detention Facility (CDF)
Name
LaSalle Detention Facility
Address (Street and Name)
830 Pinehill Road
City, State and Zip Code
Jena, Louisiana 71342
County
LaSalle Parish
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility
Administrator)
(b)(6), (b)(7)c
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)c
Date[s] of Review
From 10/12/2010 to 10/14/2010
Type of Review
Headquarters Operational Special Assessment Other

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

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

The *Outcome Measures Worksheet* section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at the facility to be reviewed. Ideally, this information will be maintained on a continuous basis by the

facility as part of a *key indicators* database to provide a perpetual record for monitoring facility performance. The Reviewer in Charge (RIC) will review facility outcome measures data and provide analysis of the data to describe facility performance and trends.

Worksheet Completion

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

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

Outcome Measures Completion

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

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

5) SECTION I – SAFETY

Emergency Plans Environmental Health and Safety Transportation (By Land)

17) SECTION II – SECURITY

Admission and Release Classification System Contraband Facility Security and Control Funds and Personal Property Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Searches of Detainees Sexual Abuse and Assault Prevention and Intervention Special Management Units Staff-Detainee Communication Tool Control Use of Force and Restraints

68) SECTION III – ORDER

Disciplinary System

71) SECTION IV – CARE

Food Service Hunger Strikes Medical Care Personal Hygiene Suicide Prevention and Intervention Terminal Illness, Advance Directives, and Death

100) SECTION V – ACTIVITIES

Correspondence and Other Mail Escorted Trips for Non-Medical Emergencies Marriage Requests Recreation Religious Practices Telephone Access Visitation Voluntary Work Program

120) SECTION VI – JUSTICE

Detainee Handbook Grievance System Law Libraries and Legal Material Legal Rights Group Presentations

130) SECTION VII – ADMINISTRATION & MANAGEMENT

Detention Files News Media Interviews and Tours Staff Training Transfer of Detainees

Section I SAFETY

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

	PART 1 – 1. EMERGENCY PLANS						
	This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	No Detainee or detainee groups exercise control or authority over other detainees.						
2.	 Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees 				Overall facility living conditions are good. Conditions prevent detainees from being subjected to personal abuse, corporal punishment, personal injury, disease, property damage and harassment from other detainees.		
3. •	Staff are trained to identify signs of detainee unrest. What type of training and how often?				Training regarding how to recognize unusual behavior and unrest with the detainee population is provided to staff during in-service training.		
4.	Staff effectively disseminate 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.				Facility policy 10.2.4, Emergency Plans, designates the facility Chief of Security responsible for emergency plans.		
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.						
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.				Training is documented in staff training files.		
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			Facility policy 10.2.4, Emergency Plans, address all facets of this component.		
10.	Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.						

PART 1 – 1. EMERGENCY PLANS						
	This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility. 				While this component is specific to SPCs/CDFs, the facility does have a procedure for notification of neighbors residing in close proximity to the facility.		
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	\boxtimes			This component is specific to SPCs/CDFs; however, the facility does have cooperative plans with local, state and federal agencies.		
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.				This component is specific to SPCs/CDFs, however, the facility does conduct mock emergency exercises that meet all facets of this component.		
14. All staff receive copies of the Facility Hostage policy and procedures.				While this component is specific to SPCs/CDFs, the facility does provide staff with copies of the Facility Hostage policy for review during annual training.		
15. Staff is trained (b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				This component is specific to SPCs/CDFs, however, staff review and receive training covering this component during annual training.		
 The facility maintains a list of translator services in the event one is needed during a hostage crisis. 	\boxtimes			While this component is specific to SPCs/CDFs, the facility does maintain a list of possible staff translators.		
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	\boxtimes			While this component is specific to SPCs/CDFs, the facility plans include medical treatment for all listed in this component.		
 The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees. 	\boxtimes			Although this component is specific to SPCs/CDFs, the facility does maintain a minimum of 3-days worth of meals for detainees and staff.		
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).				While specific to SPCs/CDFs, the facility does have written plans covering all aspects of this component.		
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 				This plan was found Under Adverse Job Action and reviewed by auditor.		

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.					
	Situatio				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
21. (MANDATORY) Written procedures cover:					
Work/Food Strike					
Fire					
Environmental Hazard				Facility policy and plans reviewed covered all aspects of	
Detainee Transportation System Emergency					
ICE-wide Lockdown					
Staff Work Stoppage					
Disturbances	\boxtimes				
Escapes				this component.	
Bomb Threats					
Adverse Weather					
Internal Searches					
Facility Evacuation					
Detainee Transportation System Plan					
Hostages (Internal)					
Civil Disturbances					
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	\boxtimes				
PART 1 – 1. EME	PART 1 – 1. EMERGENCY PLANS				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

Remarks: (Record significant facts, observations, other sources used, etc.) Facility policy and practices are meeting this ICE standard.

(b)(6), (b)(7)c / October 14, 2010 Reviewer's Signature / Date

	PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY						
high	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		
is	MANDATORY) The facility has a system for storing, ssuing, and maintaining inventories of hazardous naterials.				A system for storing, issuing and maintaining inventories of hazardous chemicals is in place at this facility. Facility policy 10.2.1, Environmental Health and Safety, ensures compliance.		
to a	Constant inventories are maintained for all flammable, oxic, and caustic substances used/stored in each rea of the facility.	\boxtimes			Inventories are maintained in all areas where hazardous chemicals are used and stored.		
(I s •	The manufacturer's Material Safety Data Sheet MSDS) file is up-to-date for every hazardous ubstance 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			The Safety Officer maintains a master MSDS file for all chemicals used within the facility.		
s • V	All personnel using flammable, toxic, and/or caustic ubstances follow the prescribed procedures: Vear personal protective equipment. Report hazards and spills to the designated official.	\boxtimes			Training documentation revealed that newly hired employees received chemical use and control training during their initial orientation and annually thereafter.		
	he MSDS are readily accessible to staff and letainees in the work areas.	\boxtimes					
	lazardous materials are always issued under proper upervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances.				Hazardous chemicals are issued in limited quantities under proper supervision.		
a	Il "flammable" and "combustible" materials (liquid and erosol) are stored and used according to label ecommendations.	\boxtimes					
ir	ighting fixtures and electrical equipment are installed n storage rooms and other hazardous areas and meet ne National Electrical Code requirements.	\boxtimes					
	Il toxic and caustic materials stored in their original ontainers in a secure area.	\boxtimes					
	xcess flammables, combustibles, and toxic liquids re disposed of properly in accordance with MSDS.				The Safety Officer is notified in the event of excess hazardous chemicals. Disposal of hazardous chemicals meet requirements of 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.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	Methyl alcohol is not used or stored within this facility.
 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			Documentation revealed that detainees and staff receive advanced chemical use and control training.
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).	X			The facility complies with the current applicable codes, standards and regulations. The Safety Officer is trained in OSHA standards and NFPA codes. Regulatory references are available for review.
14. A technically qualified staff member conducts fire and safety inspections.	\boxtimes			The Safety Officer has completed courses in Correctional Safety, NFPA codes and OSHA General Industry training and is a technically qualified inspector.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	\boxtimes			
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			Local Emergency Plans 1, Fire Plan, and 12, Evacuation Plan, have been reviewed and approved by the LaSalle Fire Department.
 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. 	X			Requirements for the fire plan are found in local Emergency Plans 1, Fire Plan, and 12, Evacuation Plan.
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	0			Fire drills are conducted quarterly as required; however they have not been timed. The fire drill form was revised during this review to include this step in the fire drill process. Staff had been notified of the new form and procedural changes.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
19. A sanitation program covers barbering operations.	\boxtimes			The sanitation program for the barbering operations is outlined in Facility Policy 11.1.4, Bathing and Hair Care for Detainees.	
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes				
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes				
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.				Local Policy 734, Bio-hazardous Waste Management, outlines procedures for the handling and disposal of sharps.	
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.					
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 					
25. Spill kits are readily available.				Spill kits are available throughout the facility.	
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				Steri-cycle is the licensed medical waste contractor disposing of bio-hazardous waste on a regular basis.	
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.				Training records revealed that employees receive blood borne pathogen/universal precaution training during orientation and annually thereafter.	
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes				
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 				Orkin is the licensed/certified pest control professional conducting pest control operations, at least monthly, at this facility.	
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				Water is provided by the city municipality of Jena. Testing records were available for review during this inspection.	

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 				Emergency generators are tested weekly. Load bearing tests are monitored monthly by the maintenance staff. Discrepancies are noted and corrected immediately.	
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			This facility does not have a hazardous materials storage room, as it does not conduct operations that require one. Storage cabinets meeting the physical requirements of the standard are in use for the storage of flammables and corrosives.	
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.				The Public Health Service HSA has implemented an environmental sanitation program that includes weekly inspections.	
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.				The HSA conducts daily informal medical facility inspections. These inspections are not documented; however, weekly written inspections are conducted.	
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			Quarterly Safety Officer Site Reports to the Governing Body adhere to current environmental health and safety policies and ensure accreditation and regulatory standards are met.	
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	\boxtimes			The Quarterly Safety Officer Reports evaluate incidents within the facility. The purpose of the report is to evaluate, eliminate and control the variables to prevent the sources of injuries and possible infections.	

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
 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 🛛 🗌 Does Not Meet St	⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

The facility has a well established system for storing, issuing and maintaining inventories of hazardous chemicals. Staff and detainees receive advanced chemical use and control training. Eyewash stations and personal protective equipment are located throughout the facility.

The facility is fully sprinkled. All fire equipment and the suppression and detection systems are tested in accordance with NFPA requirements. An approved fire plan is on file with the local fire department. Fire and safety inspections are conducted monthly by the Safety Officer. Fire drills are conducted quarterly; ensuring staff are trained in evacuation procedures.

The HSA conducts daily informal medical facility inspections. These inspections are not documented; however, weekly written inspections are conducted.

(b)(6), (b)(7)c / October 14, 2010 Reviewer's Signature / Date

	PART 1 – 3. TRANSPORTATION (BY LAND)						
eq	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	V/N	Remarks		
1.	state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				All transportation officers are required to have specialized training that covers all aspects of this component. Training files were reviewed.		
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	\boxtimes					
3.	Supervisors maintain records for each vehicle operated.	\boxtimes			Facility policy 10.1.14, Transportation of Detainees, addresses this component.		
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	\boxtimes					
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.				A random review of vehicle maintenance records demonstrates that the facility is meeting standard.		
6.	 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 				Vehicle maintenance records reviewed showed checklists that were completed by transportation officers.		
7.	 Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit. 	\boxtimes			Supervisory staff interviews verify that all levels of this component are being met.		
8.	 (b)(7)eofficers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. When buses travel in tandem with detainees, there are(b)(7)gualified officers per vehicle. Ar (b)(7)e driver transports an empty vehicle. 				Facility policy 10.1.14, Transportation of Detainees, addresses this component.		

	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 Transportati in control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. The transporting officer inspects the vehicle before the start of each detail.	\boxtimes			Checklists in vehicle maintenance files verified these checks.		
10. Positive identification of all detainees being transported is confirmed.	\boxtimes			Facility policy requires positive identification of all detainees being transported.		
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			Facility policy requires all detainees to be searched prior to boarding bus.		
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes					
13. All uniformed officers (b)(7)e in accordance with the ICE (b)(7)e policy and/or applicable contract policy when transporting detainees.				While this component is specific to SPCs/CDFs, the facility does provide (b)(7)e as required by ICE.		
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 						
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.				Facility policy clearly addresses use of restraining equipment on transportation vehicles.		
 Officers ensure that no one contacts the detainees. (b)(7)e officer remains in the vehicle at all times when detainees are present. 	\boxtimes					
 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	\boxtimes			Bag lunches are provided to detainees during long distance transfers.		
 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			Facility policy and practice clearly addresses all levels of this component.		

PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)			
	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 in control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office		
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
19. Vehicles have:						
(b)(7)e	\boxtimes			Facility transportation policy addresses all facets of this component.		
20. The vehicles are clean and sanitary at all times.	\boxtimes					
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. 	\boxtimes			Facility policy 10.1.14, Transportation of Detainees, addresses all levels of this component.		
 22. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death Vehicle fire Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list is not exclusively men or women or minors 				A review of facility policy clearly addresses each aspect of this component.		
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

Remarks: (Record significant facts, observations, other sources used, etc.) A review of facility policy, vehicle maintenance records and staff interviews demonstrate that the facility is meeting this standard.

(b)(6), (b)(7)c / October 14, 2010 Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Section II SECURITY

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

	PART 2 – 4. ADMISSION AND RELEASE							
	This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	\boxtimes			The admission processing includes a facility orientation. Although not an IGSA requirement, this facility includes all of the listed requirements in the admission orientation process.			
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	\boxtimes			All medical screenings are performed by medical staff.			
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.				Most of the detainees admitted into this facility have been classified by the ICE Field Office prior to arrival. For those few cases that have not been classified prior to arrival; the facility uses documentation provided by ICE to classify the new arrival. The requirement to segregate new detainees from the general population during the orientation and classification period does not apply to IGSAs; however, this facility complies with this requirement.			
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						

	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			
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.				Facility standard operating procedures require documented warden approval. However, facility policy states that an admissions supervisor may approve a strip search and that a detainee is subject to a strip search after a contact visit and no warden approval is required. Policy is in the process of being revised. The requirement to document a G-1025, or equivalent, with proper supervisory approval does not apply to IGSAs. This facility requires documentation for any strip search.			
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	X						
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			The facility uses the Form I-387 for missing property and it is forwarded to ICE.			
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			For the winter months, detainees receive a winter jacket in addition to the normal clothing issue.			
	All releases are coordinated with ICE.	\boxtimes			Even though the requirement to coordinate all releases with ICE does not apply to IGSAs; all releases are coordinated with ICE staff assigned to the facility.			
	Staff complete paperwork/forms for release as required.	\boxtimes						
	Each detainee receives a receipt for personal property secured by the facility.	\boxtimes						
12.	The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	\boxtimes			The facility has a computerized system to maintain accurate records and documentation for admission, orientation and release.			

PART 2 – 4. ADMISSION AND RELEASE					
This Detention Standard protects the community, detainee orderly operations when detainees are admitted to or release				contractors by ensuring secure and	
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
13. ICE staff enters all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	\boxtimes			This requirement does not apply to IGSAs. ICE staff assigned to this facility performs this function.	
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	\boxtimes				
PART 2 – 4. ADMISSION AND RELEASE					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

A review of Facility Policy 12.1.1, Detainees Admission and Release Procedures; ICE and facility staff interviews; onsite observations; and a review of operating procedures confirms that the facility protects the community, detainees, volunteers and contractors by ensuring secure and orderly operations when detainees are admitted to or released from this facility.

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	PART 2 – 5. CLASSIFICATION SYSTEM					
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	\boxtimes			The requirement to use the required Objective Classification System does not apply to IGSAs. Most of the detainees admitted into this facility have been classified by the ICE Field Office prior to arrival. For those few cases that have not been classified prior to arrival, the facility utilized an objective classification system for classifying detainees.	
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 	\boxtimes				
3.	decision. 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.					
5.	Housing assignments are based on classification- level.	\boxtimes			Facility policy is specific that housing assignments must be based on classification level.	
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes				
7.	Detainee work assignments are based upon classification designations.	\boxtimes			Classification designation is used to determine detainee work assignments.	
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.	\boxtimes			The facility classification process includes reassessment after 45 day after the initial assessment. The requirement for subsequent reassessments to be completed at 90 day to 120 day intervals does not apply to IGSAs. The facility requires 90-day reassessments. Special reassessments are completed within 24 hours.	

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		
 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			The classification system includes procedures for processing new arrivals' appeals. Even though the requirement to have only a designated supervisor or classification specialist have the authority to reduce a classification-level on appeal does not apply to IGSAs; this facility requires supervisor approval.		
 Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days. 	X			The requirement to resolve classification appeals within five business days does not apply to IGSAs; however, the five day requirement is complied with. Detainees are notified of the outcome within 10 business days.		
 Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent. 			\boxtimes	This component does not apply to IGSAs. Classification designations at this facility may be appealed to the warden.		
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes					
 In SPCs and CDFs detainees are assigned color- coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification. 	\boxtimes			The requirement to have detainees assigned color-coded uniforms and IDs to reflect classification levels does not apply to IGSAs. The facility complies with this requirement. The facility issues red, blue and orange colored uniforms to identify different levels of classification.		
PART 2 – 5. CLASS	IFICAT	ION SYST	EM			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

A review of Facility Policy 12.1.4, Detainee Classification; staff interviews; on-site observations; and a review of operating procedures confirms that the facility protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal objective classification process.

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PART 2 – 6. CONTRABAND							
	This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
contraband. Sta	vs a written procedure for handling ff inventories, holds, and reports it y to the proper authority for eizure.				Policy 10.1.17, Contraband Control, addresses. The second part of component is specific to SPCs/CDFS; however, the facility does inventory and handle contraband as described in the component.		
	s government property is retained as ential disciplinary action or criminal				While this component is specific to SPCs/CDFs, the facility does retain contraband that is government property for potential disciplinary action or criminal prosecution.		
	erty not needed as evidence to the Written procedures cover the return				While this component is specific to SPCs/CDFs, the facility does return property not needed as evidence to the proper authority.		
4. Altered property is and using establis	s destroyed following documentation shed procedures.	\boxtimes					
	ting religious items, the Facility designated investigator contacts a /.				Although this component is specific to SPCs/CDFs, the Facility Administrator or designee does contact a religious authority prior to confiscating religious items.		
 Staff follow writte contraband that is 	n procedures when destroying hard s illegal.	\boxtimes					
 statutes) is retain training purposes If yes, under specified writ secured when Soft Contrab stored in according 	specific circumstances and using ten procedures. Hard contraband is				The first two parts of this component are specific to SPCs/CDFS. The facility does keep and secure hard contraband for possible training purposes. When the hard contraband is not being used it is properly secured. Facility policy dictates how soft contraband is maintained.		
procedures in the when property is i	e notification of contraband rules and e Detainee Handbook and notified identified and seized as contraband.				A review of detainee handbook verifies component is being met.		
9. Facilities with C contraband detec				\boxtimes	The facility does not have or use a canine unit.		
	PART 2 – 6. C	ONTR	ABAND				
🛛 Meets	Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		Repeat Finding		

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Remarks: (Record significant facts, observations, other sources used, etc.) Policy 10.1.17, Contraband Control, which covers the handling of contraband is appropriate and meets the requirements of this standard.

(b)(6), (b)(7)(c) October 14, 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			Facility policy 10.1.18, Security Inspections, clearly addresses this component.		
 At least_{(b)(7)e}male and_{(b)(7)e}female staff are on duty where both males and females are housed. 	\boxtimes					
 Comprehensive annual staffing analysis determines staffing needs and plans. 	\boxtimes					
 Essential posts and positions are filled with qualified personnel. 				Facility policy 10.1.5, Control Center, addresses this component.		
5. Every Control Center officer receives specialized training.						
Policy restricts staff access to the Control Center.	\boxtimes			While this component is specific to SPCs/CDFs, the facility policy does restrict access to control centers.		
7. Detainees do not have access to the Control Center.	\boxtimes			While this component is specific to SPCs/CDFS, the facility does not allow detainees access to control centers.		
8. Communications are centralized in the Control Center.	\boxtimes			While this component is specific to SPCs/CDFs, this facility does centralize it's communications to their control centers.		
9. 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).				While this component is specific to SPCs/CDFs, the facility does keep employee Personal Data Cards in the control center.		
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes			While this component is specific to SPCs/CDFs, the facility does keep recall and phone lists in the control center.		
12. Staff make watch calls (b)(7)e between 6 PM and 6 AM.	\boxtimes			While this component is specific to SPCs/CDFs, the facility does make watch calls (b)(7)e between 6 p.m. and 6 a.m.		
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.				Logs books were reviewed and found to be up-to-date.		
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.				Personal observation noted this component is being met.		
15. All visits officially recorded in a visitor logbook or electronically recorded.						

PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
16. The facility has a secure, color-coded visitor pass system.	\boxtimes			A color-coded visitor pass system is well defined in local facility policy.	
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			Vehicle monitoring is well defined in local policy.	
 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 				Facility policy 10.1.18, Security and Control, clearly address all aspects of this component.	
Name of employee responsible for the vehicle during the facility visit					
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			While this component is specific to SPCs/CDFs, facility policy dictates that all vehicles entering the facility are thoroughly searched.	
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.					
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			Facility policy covers this component in detail.	
24. Housing area searches occur at irregular times.	\boxtimes			While this component is specific to SPCs/CDFs, facility policy does require searches at irregular times.	
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.				Direct observation found the facility to be in compliance with this component.	
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				

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		
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	\boxtimes					
29. Every search of the SMU and other housing units is documented.	\boxtimes					
30. The SMU entrance has a sallyport.				While this component is specific to SPCs/CDFS, the SMU entrances do have sally ports.		
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\boxtimes					
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 				The facility does have a comprehensive security inspection policy. The bulleted items of this component are specific to SPCs/CDFs; however, facility policy does address all levels of this component.		
 Every officer is required to conduct a security check of his/her assigned area. The results are documented. 	\boxtimes			While this component is specific to SPCs/CDFS, facility policy does require security checks of individual assignments.		
34. Documentation of security inspections is kept on file.	\boxtimes					
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	\boxtimes			While this component is specific to SPCs/CDFs, the facility does have local policy to address recurring problems for corrective action.		
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.						
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes			Random inspections found the facility to be in compliance with this component.		
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. 				Facility policy addresses all of the elements in this component.		
40. Visitation areas receive frequent, irregular inspections.	\boxtimes					

PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, con that facility security is maintained and that events that pos					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes				
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	\boxtimes				
FACILITY SECURITY AND CONTROL					
⊠ Meets Standard					

Remarks: (*Record significant facts, observations, other sources used, etc.*) The facility meets the requirements of the Facility Security and Control Standard.

(b)(6), (b)(7)(c) October 14, 2010 Reviewer's Signature / Date

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
incl faci	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					
	dled only by the ICE Field Office or Sub-Office in d					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			Detainee funds and valuables are accessible to designated supervisors and property officers.	
2.	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.	\boxtimes				
4.	(b)(7)e officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)e officers verify funds and valuables.	\boxtimes			Although not mandated for IGSA facilities, local policy 12.1.2, Detainee Trust Fund and Personal Property, outlines procedures for the verification of funds and valuables by(b)(7)e officers. Staff interviews support the policy requirements.	
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?					
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes			Although not an IGSA requirement, the original inventory form is given to the detainee and copies are filed in the detention file and the personal property container.	
7.	Staff forward an arriving detainee's medicine to the medical staff.	\boxtimes				
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes				
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes			Although not required for IGSA facilities, written policy requires immediate supervisor notification of any property discrepancy.	
	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.	\boxtimes				

PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are							
	handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	NIA	Remarks		
12.	The facility attempts to notify an out-processed detainee that he/she left property in the facility.By sending written notice to the detainee's last						
	known address; via certified mail;	\boxtimes					
	 The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 						
13.	Staff obtain a forwarding address from each detainee.	\boxtimes					
14.	It is standard procedure for b)(7)(a) fficers to be present when removing/documenting the removal of funds from a detainee's possession.				Although not an IGSA requirement, written policy and practice at this facility requires (b)(7)(a)fficers present for the removal of funds during in processing.		
15.	Staff issue and maintain property receipts (G-589s) in numerical order.				This facility makes every attempt to maintain the G-589 receipts numerically, although not an IGSA requirement.		
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.	\boxtimes			Although not an IGSA requirement, written policy and practice revealed that once the receipt is complete copies are given to the detainee and copies are placed in the detainee file and the detainee's property bag/box.		
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.				Although not an IGSA requirement, the issuance of G- 589 is recorded and initialed by b)(7)(epfficers on the Cash Safe Log.		
	Staff tag large valuables with both a G-589 and an I- 77.				Although not a IGSA requirement, staff tags large valuables with both a G-589 and an I-77. Observed both forms in use at this facility for large valuables.		
19.	The supervisor verifies the accuracy of every G-589.				Although not an IGSA requirement, the Sergeant monitors and reviews the accuracy of the G-589s as part of her duties.		

PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.						
Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	VIN	Remarks	
	 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			Although not an IGSA requirement, the Sergeant monitors property officers to ensure these steps occur during in processing.	
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	\boxtimes			Although not an IGSA requirement, I-77s are completed and placed on all large item bag/container at this facility.	
22.	Staff secure every container used to store property with a tamper-proof numbered strap.	\boxtimes			This facility uses numbered tamper-proof straps to secure every container, although not an IGSA requirement.	
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			This facility maintains a detailed log with all information listed, while not an IGSA requirement.	
24.	In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	\boxtimes			Although not required at an IGSA, quarterly audits are conducted and documented by the facility Property Room Officers.	
	The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.	\boxtimes			This facility has a written policy requiring quarterly audits with the daily log reflecting the date, time and name of the officer conducting the audit, although not an IGSA requirement.	
26.	The facility positively identifies every detainee being released or transferred.	\boxtimes			Written policy and practice requires officers to positively identify every detainee leaving this facility, even though not an IGSA requirement.	

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		
27. Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.				Staff at IGSA facilities is not required to notify supervisors of lost/damaged property claims. However, written policy requires the immediate notification of supervisory personnel in the event of lost/damaged property. Supervisors investigate and take prompt action when necessary to prevent further loss.		
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.				Although not an IGSA requirement, staff complete lost/damaged property reports in accordance with ICE standards and the Facility Administrator receives a copy, the original is placed in the detainee's A-file, while a copy is retained in the detention file.		
PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

The facility staff applies their knowledge of written procedures to ensure secure storage of detainees' valuables and other personal property.

(b)(6), (b)(7)(c) / October 14, 2010 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 secure perime	m is situated in a location within the ter.	\boxtimes			This component is specific to SPCs/CDFs; however, all of the facility holds rooms are located within the secure perimeter.
	oms are clean, in good repair, well I lit, and all activating switches located om.	\boxtimes			Facility hold rooms were found to be clean and in good repair. Although not an IGSA requirement, the hold rooms are well ventilated, well lit and activating switches are located outside the hold rooms themselves.
3. The hold roo number of det	ms contain sufficient seating for the ainees held.				This component is specific to SPCs/CDFs; however, all hold rooms were found to have sufficient seating.
	s/beds or other related make shift ratuses are permitted inside hold rooms.				While this component is specific to SPCs/CDFs, the facility has no make shift bunks/cots/beds in their hold rooms.
5. Hold room wa resistant.	lls and ceilings are escape and tamper				While this component is specific to SPCS/CDFs the facility hold rooms were found to be secure.
6. Detainees are hours.	not held in hold rooms for more than 12		\boxtimes		Facility self reported that on occasions detainees are held in hold rooms over 12 hours due to the large volume of detainees being processed at this facility.
7. Male and fen each other at a	nales detainees are segregated from all times.	\boxtimes			
items such as	e provided with basic personal hygiene water, soap, toilet paper, cups for water, ene items, diapers and wipes.				
officer is poste	m is not equipped with toilet facilities, an ed within visual or audible range to allow ess to such on a regular basis.				Hold rooms are equipped with toilet facilities and staff supervises the hold rooms directly.
	are given a pat down search for ontraband before being placed in the				
room is inspec Cleaning. Evidence windows,	detainee has been removed, the hold sted for the following: of tampering with doors, locks, grills, plumbing or electrical fixtures is o the shift supervisor for corrective epair.	\boxtimes			Facility policy addresses all facets of this component.

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	
 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 does have a written evacuation plan for hold rooms. Although specific to SPCs/CDFs, the facility does have a designated person to remove detainees from hold rooms in case of emergency.	
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 (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 			\boxtimes	This component is specific to SPCs/CDFS. Presently the facility does not meet the physical requirements for hold rooms as spelled out in this component.	
 15. <u>In SPCs designed after 1998</u> the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 			\boxtimes	This component is specific to SPCs/CDFs. Presently the facility does not meet the physical requirements for hold rooms as spelled out in this component.	
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).	\boxtimes			This component is specific to SPCs/CDFs. However the facility hold rooms do have floor drains	
17. <u>In SPCs designed after 1998</u> , the door to the hold room swings outward and the door complies with the specifications outlined in the standard.			\boxtimes	This component is specific to SPCs/CDFS. Presently the facility does not meet the physical requirements for hold rooms as spelled out in this component.	
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				
 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. 				The facility does maintain a detention log for all detainees placed in a hold cell. Although only specific to SPCs/CDFs, the facility does log required information.	

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES				
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
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. 	\boxtimes			Facility policy does address all facets of this component.
 Meal are served to juveniles regardless of time in custody 				
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.				
23. The maximum occupancy for the hold room will be posted.	\boxtimes			Hold rooms inspected found room capacity posted.
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.				The entire facility is non- smoking.
26. Officers closely supervise hold rooms through direct supervision, to ensure:				
 Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and 				
 Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." 				
 Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 				
PART 2 – 9. HOLD ROOMS	IN DET	ENTION	FACIL	ITIES
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding

36

A review of facility Policy 14.1.3, Hold Rooms, and personal observations of the hold rooms indicate that the facility is compliance with the standard.

(b)(6), (b)(7)(c) / <u>October 14, 2010</u>

Reviewer's Signature / Date

	PART 2 – 10. KEY AND LOCK CONTROL						
	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			The facility has a designated key control officer who received training from Southern/Folger training program.		
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			Random training files were reviewed and supported training was provided to employees in key and lock control.		
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 maintenance department works in conjunction with key control officer on facility preventive maintenance program.		
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.						
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes			Facility policy 10.1.12, Key and Lock Control, clearly addresses this component.		
	The facility does not use grand master keying systems.	\bowtie					
	All worn or discarded keys and locks cut up and properly disposed of.						
	Padlocks and/or chains are not used on cell doors.	\bowtie			Inspections found no padlocks or chains used on cell doors.		
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 Code 101. 	\boxtimes					
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.						

	PART 2 – 10. KEY A	ND LO		ROL		
	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.					
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
	 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				
	Emergency keys are available for all areas of the facility.	\boxtimes			The facility maintains _{(b)(7)e} sets of emergency keys	
17.	The facility uses a key accountability system.	\boxtimes				
18.	Authorization is necessary to issue any restricted key.	\boxtimes			Facility policy requires authorization from shift supervisor or above to draw restricted keys.	
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. 	\boxtimes				
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			The facility does have a key accountability policy and system. Although not an IGSA requirement, this facility does count keys daily.	
	 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. 	\boxtimes			All staff is provided key control training through in-service and annual training. The bulleted items of this component are specific to SPCs/CDFs. However the facility policy addresses keys taken home, misplaced or lost keys and the fact that detainees are not allowed to handle keys.	
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	\boxtimes				
	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			While this component is specific to SPCs/CDFs, the facility policy only allows the key control officer to make additions or deletions to key rings.	
25.	The splitting of key rings into separate rings is not authorized.	\boxtimes			While this component is specific to SPCs/CDFs the facility policy does not allow the splitting of key rings.	

PART 2 – 10. KEY AND LOCK CONTROL			
⊠ Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding

Remarks: (*Record significant facts, observations, other sources used, etc.*) Facility key control policy and practices demonstrate that the ICE standard is being met.

PART 2 – 11. POPULATION COUNTS				
This Detention Standard protects the community from harr requiring that each facility have an ongoing, effective syste				
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks
 Staff conducts a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count. 				Facility policy 10.1.3, Central Log and Population Counts, addresses.
 Activities cease or are strictly controlled while a formal count is being conducted. 				While this component is specific to SPCs/CDFs, the facility strictly controls movement and activities during count.
 There is a system for counting each detainee, including those who are outside the housing unit. 	\boxtimes			While this component is specific to SPCs/CDFs, the facility does have a system for counting each detainee inside and outside of the housing unit.
4. Formal counts in all units take place simultaneously.				While this component is specific to SPCs/CDFs, the facility policy and practice has all counts taking place simultaneously.
 Officers do not allow detainee participation in the count. 				While this component is specific to SPCs/CDFs, the facility does not allow detainee participation in the count process.
 A face-to-photo count follows each unsuccessful recount. 				While this component is specific to SPCs/CDFs, the facility ensures that a face-to-photo count takes place after an unsuccessful recount.
 Officers positively identify each detainee before counting him/her as present. 	\boxtimes			While this component is specific to SPCs/CDFs, the facility requires that each detainee is positively identified before counting him/her present.
 Written procedures cover informal and emergency counts. 				
 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.				A random review of training files found staff receiving in-service and annual training on count procedures.
PART 2 – 11. POPU	JLATIC		rs	
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A	L	☐Repeat Finding

A review of facility policy and procedure and personal observations of the county system in place at the facility indicate that the components of this standard are in compliance.

(b)(7)e <u>October 14, 2010</u>

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		
1. Every fixed post has a set of Post Orders.						
2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.				While this component is specific to SPCs/CDFs, the facility policy 10.1.4, Post Orders, covers all aspects of this component.		
 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			The facility has designated the Chief of Security responsible for the maintenance of Post Orders.		
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.				While this component is specific to SPCs/CDFs, the facility administrator has signed all post orders.		
8. A Post Orders master file is available to all staff.	\square					
 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.	X					
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			While this component is specific to SPCs/CDFs, the facility requires officers to read, sign and date post orders on their new assignments.		
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.				Facility policy clearly addresses this component.		
 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					

PART 2 – 12. POST ORDERS				
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.				
Components	Meets Standard	Does Not Meet Standard	V /N	Remarks
16. The Post Orders for housing units track the daily event schedule.	\boxtimes			While this component is specific to SPCs/CDFs, the facility housing unit daily events are tracked in the post orders.
 Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook. 	\boxtimes			While this component is specific to SPCs/CDFs, the housing unit post officers track all detainee activity in the housing unit log book.
PART 2 – 12. F	POSTO	RDERS		

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

A review of the facility policy and procedures demonstrate that the facility is meeting the requirements of this standard.

PART 2 – 13. SEARCHES OF DETAINEES					
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 There are written policy and procedures governing searches of housing areas, work areas and of detainees. 				Facility policy 10.1.10, Search of Detainees, covers all areas to be searched as spelled out in this component.	
2. Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	\boxtimes				
 Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable. 	\boxtimes			Facility policy explains how searches are to be conducted in detail.	
4. Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	\boxtimes				
5. Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes				
6. Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.				The facility has detailed policy addressing strip searches. Facility policy gives the Admissions Supervisor the authority to approve a strip search.	
 Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person. 	\boxtimes				
8. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures	\boxtimes			Facility policy and procedure answer this component as to when and how "dry cells" may be used.	
 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. 				This type of contraband is secured in the office of the Chief of Security.	
10. Canines are not used in the presence of detainees			\boxtimes	Canines are not used by this facility.	
PART 2 – 13. SEARC	HES O	F DETAIN	EES		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	🗌 N/A		☐Repeat Finding	

Remarks: (Record significant facts, observations, other sources used, etc.) A review of the facility policy along with staff interviews demonstrate that this standard is being met.

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	V/N	Remarks	
 The facility has a Sexual Abuse and Assault Prevention and Intervention Program. 				The Sexual Abuse and Assault Prevention and Intervention Program are outlined in facility medical policy #816 and Policy Manual 10.1.1.	
 For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director. 			\boxtimes	Field Office Director approval of this policy is specific to SPCs/CDFs. It could not be verified that the FOD approved the facilities' written procedure.	
 Tracking statistics and reports are readily available for review by the inspectors. 				Statistics and reports of sexual assault complaints are not required at IGSAs. The facility made their reporting system available, but reports no such complaints during the past year.	
 All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard. 				Staff training regarding Sexual Assault Prevention is called for by facility policies # 816 and #817. Such training was confirmed by a review of training records.	
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).				It was confirmed that detainees are informed about the program regarding Sexual Assault Prevention through a review of handbook and orientation materials.	
 The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards. 	\boxtimes			The posting of the Sexual Assault Awareness Notice in two languages was observed.	
 The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.) 				The availability of the Sexual Assault Awareness Information brochure is not required at IGSAs. A photocopy of the brochure is available in several languages, but only upon request.	
8. Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.				Facility policy #816 directs healthcare staff to screen detainees during intake for sexual assault risk and such practices were noted during record review.	
9. All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.				The facility reports receiving no sexual assault complaints during the past year.	

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PART 2– 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION					
	This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and				
assault, and control, discipline, and prosecute the perpetra					
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks	
10. All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			The facility reports receiving no sexual assault complaints during the past year.	
11. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	\boxtimes			Facility policy #816, Sexual Abuse and Assault Prevention and Intervention, and training lesson plans call for prompt response to such incidents. However it is impossible to confirm actual practice since no complaints were reported in the last year.	
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			Facility policy #816 dictates an appropriate response to sexual abuse complaints, but cannot be verified due to an absence of such complaints.	
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			Facility policy #816 calls for appropriate notifications but cannot be verified because no recent complaints are on record.	
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.				The referral of sexual abuse victims to specialized community resources is called for by facility policy #816	
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.				Maintenance of records and tracking of incidents by a designated coordinator is directed by facility policy #816.	
SEXUAL ABUSE AND ASSAULT P	REVEN	NTION AN	D INTI	ERVENTION	
Meets Standard Does Not Meet Standard N/A Repeat Finding					

Appropriate information and policies regarding Sexual Abuse and Assault Prevention and Intervention are in place. The facility reports receiving no such complaints over the past year, therefore it was not possible to confirm actual practice in this area.

(b)(6), (b)(7)c October 14, 2010 Reviewer's Signature / Date

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PART 2 – 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 Written policy and procedures are in place for special management units. 				Facility Policy 10.4.1, Administrative Segregation, and Facility Policy 10.4.2, Disciplinary Segregation, clearly address this component.	
 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. 				Detainee files were reviewed in Administrative Segregation and appropriate paperwork was in order.	
 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				
 (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. 				All detainees are taken to the health care unit for review prior to placements in facility SMU units unless security issues are immediate. In this case the detainee would be reviewed in the SMU unit.	
 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. 				Cells inspected by this auditor found the majority of the SMU unit with one detainee per cell and only a couple of cells with two detainees.	
 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			Logs checked in SMU were up to date.	

PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released. 	\boxtimes			Permanent logs are kept up-to- date in the SMU units. The second sentence of this component is specific to SPCs/CDFs; however, the facility makes appropriate log entries.		
 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			This component is specific to SPCs/CDFs. However, the facility is meeting requirements of this component.		
 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			Facility does maintain SMU records on all detainees in the SMU units utilizing from I-888. The remainder of the component is specific to SPCs/CDFS. In reviewing the logs and records in the SMU units it is clear the facility is meeting this component.		
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			This component is specific to SPCs/CDFS. However the facility is meeting all aspects of this component.		
 There are written policy and procedures concerning the property detainees may retain in each type of segregation. 	\boxtimes					

	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
seg Adn	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		
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					
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			Facility policy clearly addresses what detainees are provided in Administrative Segregation.		
16.	Detainees in SMUs are personally observed at least every χ_{p} prinutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	\boxtimes					
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes					
18.	The facility administrator (or designee) visits each SMU daily.	\boxtimes					
19.	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a	\boxtimes			Inspection of logs in the SMU units found that facility health care staff is making more than one visit to the units daily.		
20.	separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888). Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			Auditor observed noon meal and found it to be adequate. Detainees do receive three		
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			meals per day.		

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.							
23. Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes						
24. Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes						
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.				Policy allows for visits to be denied; however, at this time the facility reports that this has never happened.			
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						
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.				While this component is specific to SPCs/CDFs, the facility policy covers this component. Facility reports they have not had any issues with protective custody detainees using the visiting room.			
29. In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.				While this component is specific to SPCs/CDFS, the facility does have policy stating that if a detainee is disruptive, he or she will not be allowed to visit.			
30. Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			There is no record of detainees being denied legal visitation.			

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PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
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.						
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.				Logs demonstrate the facility provides reading material to detainees on a daily basis.		
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard.						
Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.						
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.				Staff interviews and auditor observation verify that this component is being met.		
 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. 						
 Recreation for detainees in the SMU is separate from the general population. 						
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)						

PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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.				A review of SMU logs verified the facility is meeting this component.		
 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.						
 43. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days. 	\boxtimes			Staff interviews by this auditor found that any time recreation is denied to detainees that documentation is made on daily logs. If an extended denial were to occur, ICE staff on site would be notified.		
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 MANAGEMENT UNITS											
seg Adn	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							
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24											
	hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.	\boxtimes			Review of facility policy and detainee files demonstrate that this component is being met.							
	The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.											
	(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)											
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation.											
	A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used.											
	If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885.	\boxtimes			A review of facility policy and detainee files demonstrates that this component is being met.							
	When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.											
	A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.											

PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	V/N	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.				Random detainee files reviewed demonstrated that facility is meeting component.		
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. 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. 				Confirmation of compliance with this component was based on policy and detainee files reviewed.		
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.	\boxtimes					
 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. 				Staff interviewed in SMU unit provided detainee file for review. Facility is meeting this component.		

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PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility).						
The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation.						
When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.						
55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.						
A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).						
At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.	\boxtimes			Random detainee files were reviewed.		
The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.						
All review documents are placed in the detainee's detention file.						
PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS	3		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	Meets Standard Does Not Meet Standard N/A Repeat Finding					

Remarks: (Record significant facts, observations, other sources used, etc.) The facility has comprehensive facility policies covering both Administrative Segregation (10.4.1) and Disciplinary Segregation (10.4.2). The facility meets the components of the ICE standard.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes					
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			A review of housing unit logs and detainee interviews confirmed compliance.		
 Scheduled visits are posted in ICE/DRO detainee housing areas. 	\boxtimes			On-site observation in housing units confirmed compliance.		
4. Visiting ICE staff observes and note current climate and conditions of confinement.	\boxtimes					
 ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees. 	\boxtimes			On-site observation in housing units confirmed compliance.		
6. The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes					
 A secure box is located in an accessible location for detainee's to place their Detainee Request Forms. 				On-site observation in housing units confirmed compliance.		
 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. 	\boxtimes					
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			This information is included in 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			On-site observation in housing units confirmed compliance.		
12. Daily telephone serviceability checks are documented in the housing unit logbook.	\boxtimes			A review of housing unit logbooks confirmed compliance.		
PART 2 – 16. STAFF-DET	AINEE	COMMUN		ON		
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

On-site observations and interviews with ICE and facility staff confirmed that the facility enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees.

	PART 2-17. TOOL CONTROL						
fac	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			This facility has designated the Chief of Security as the person responsible for developing tool control.		
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site- specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	\boxtimes			The facility warehouse is outside the secure perimeter. All tool deliveries are made here from the outside warehouse. While this component is specific to SPCs/CDFs the facility is meeting the component. The facility main tool storage is outside the facility perimeter, therefore it was not inspected.		
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.				Facility policy addresses this component. Direct observation by auditor also verifies facility compliance.		
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			While this component is specific to SPCs/CDFs, policy and procedures verify that shadow boards are being used as well as all tools being signed out by staff.		
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.	\boxtimes			While this component is specific to SPCs/CDFs, the facility policy and procedure demonstrated that accurate tool inventories were present.		
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. 						

PART 2-17. TOOL CONTROL						
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 8. The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 	\boxtimes			The facility has an active tool classification system. The bulleted items of the component are specific to SPCs/CDFS; however, the facility does classify tools as dangerous/hazardous and non- hazardous.		
 Department heads are responsible for implementing proper tool control procedures as described in the standard. 	\boxtimes			While this component is specific to SPCs/CDFs, the facility holds all department heads accountable for implementing tool control.		
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes					
 11. The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. Shadow boards have a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				Although not required to use shadow boards with a white background and to shadow restricted tools in red and non- restricted tools in black, the facility has a policy and active procedure for an approved tool storage system. Commonly used tools are normally stored in a manner that if they are missing it is readily noticed. The facility is meeting all phases of the component that deal with shadow boards and restricted and non-restricted tools.		
12. Tools removed from service have their shadows removed from shadow boards.	\boxtimes			While this component is specific to SPCs/CDFs, the facility does meet this component as it relates to managing tool shadow boards.		
 Tools not adaptable to a shadow board are stored in a locked drawer or cabinet. 	\boxtimes			While this component is specific to SPCs/CDFs, the facility takes measures to securely store tools that will not adapt to shadow boards.		
14. Sterile packs are stored under lock and key.				While this component is specific to SPCs/CDFs, the facility assures that all sterile packs are stored under lock and key.		
15. Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes					

PART 2-17. TC	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	
16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:					
Verbal and written notification.Procedures for detainee access.	\boxtimes				
 Necessary documentation/review for all incidents of lost tools. 					
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes			Facility policy and procedure clearly address this component.	
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			Facility policy and procedure are very clear regarding this component.	
19. Hoses longer than three feet in length are classified as a restricted tool.	\boxtimes			While this component is specific to SPCs/CDFs, the facility addresses hoses as tools and classifies appropriately.	
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	\boxtimes			While this component is specific to SPCs/CDFs, scissors used in the intake area are properly secured.	
PART 2-17. TC	OL CO	NTROL			
⊠ Meets Standard					

A review of Facility Policy 10.1.13, Control Storage and Accountability of Tools and Equipment, demonstrates that this facility is meeting the requirements of this standard.

PART 2 – 18. USE OF FORCE AND RESTRAINTS					
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a Use of Force Policy.				The facility has a Use of Force policy. 10.1.7, that addresses the components of the ICE standard.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.				
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			Local policy clearly addresses this component.
5. •	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. 				
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.				
8.	All use-of-force incidents are documented and reviewed.				The latest use of force incident at facility dated October 12, 2010, was reviewed.
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.				

PART 2 – 18. USE OF 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 o	peratio	n of the fac	cility.	
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.	\boxtimes			
Uses restraints only when other non- confrontational means, including verbal persuasion, have failed or are impractical.				
 Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary. 	\boxtimes			
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				A review of facility policy clearly demonstrates the facility addresses written procedures to prevent injury and exposure to communicable diseases.
 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 provides detailed explanation of all facets of this
Logging each check.				component.
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.	\square			
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	\boxtimes			

PART 2 – 18. USE OF FORCE AND RESTRAINTS					
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
17. When the Facility Administrator authorizes use of non-lethal weapons:					
 Medical staff are consulted before staff use (b)(7)e non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 	\boxtimes				
 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			This equipment is stored outside the facility security perimeter.	
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			Facility policy clearly addresses the handling of situations where pregnant detainees are involved.	
21. Protective gear is worn when restraining detainees with open cuts or wounds.					
22. Staff document every use of force, including what type of restraints was used during the incident.	\boxtimes			The reports from the most recent Use of Force were reviewed and found acceptable.	
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes				
 24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring 	\boxtimes			Random training records were reviewed.	
they are certified in all devices approved for use. 25. All staff authorized to use (b)(7)e training					
not only in its use, but also (b)(7)e (b)(7)e This training must be documented in the staff training record.	\boxtimes				
26. The use of canines is restricted to contraband detection purposes only.				The facility does not use any canines.	
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes				
 In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used. 				The Use of Force form is specific to SPCs. The facility utilizes an equivalent form which appears to be very detailed and comprehensive.	
PART 2 – 18. USE OF FORCE AND RESTRAINTS					
⊠ Meets Standard					

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Remarks: (Record significant facts, observations, other sources used, etc.) The facility provides adequate training for staff in regards to use of force. Facility policy addresses all components of this standard.

Performance-Based National Detention Standards

Section III ORDER

19 Disciplinary System

PART 3 – 19. DISCIPLINARY SYSTEM This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply					
with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.				The facility disciplinary system is spelled out in detainee handbook and in facility policy 10.3.1, Disciplinary System.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			Facility policy clearly addresses this component.
3.	Written rules prohibit staff from imposing or permitting the following sanctions:				
	corporal punishment				
	deviations from normal food serviceclothing deprivation				AU 0 0.11.01
	 bedding deprivation 	\boxtimes			All sanctions as listed in this component are addressed in the
	denial of personal hygiene items				facility policy.
	loss of correspondence privileges				
	deprivation of legal access and legal materials				
	deprivation of physical exercise				
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:				
	Rights and Responsibilities	\boxtimes			
	Prohibited Acts				
	Disciplinary Severity Scale				
	Sanctions				
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\bowtie			Facility policy addresses this component.
	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.				While this component is specific to SPCs/CDFs, facility policy and procedures ensure that reports are promptly forwarded to 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.	\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			
9. An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes						
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			1			The facility disciplinary panel process is well defined in the
 Hears pleadings by detainee and staff representative 					facility policy.		
 Bases its findings on the preponderance of evidence 							
 Imposes only authorized sanctions 							
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes						
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	\boxtimes						
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.							
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	\boxtimes			Facility policy explains in detail how confidential sources are used in the disciplinary process.			
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes						
PART 3 – 19. DISCIPLINARY SYSTEM							
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

Remarks: (*Record significant facts, observations, other sources used, etc.*) Facility policy and procedures demonstrate the standard is being met.

(b)(6), (b)(7)c / October 14, 2010 Reviewer's Signature / Date

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Section IV CARE

- **20 Food Service**
- **21 Hunger Strikes**
- 22 Medical Care
- 23 Personal Hygiene
- 24 Suicide Prevention and Intervention

25 Terminal Illness, Advance Directives, and Death

	PART 4 – 20. FOOD SERVICE						
	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	\boxtimes			The Food Service Administrator (FSA) is professionally trained and holds a current Serv-Safe certification. The FSA determines the responsibilities of the food service staff.		
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes			An IGSA facility is not required to ensure the Cook Supervisor is on duty on days when the FSA is off duty and vice versa. This facility ensures that the FSA, Production Manager or Cook Supervisor is on duty each day of the week.		
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			Documentation revealed the FSA conducts periodic training that specifically addresses detainee-related issues.		
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			This facility does not use knives in food service. All utensils and equipment are shadowed in a tool room located behind the FSA's office. Kitchen utensils are locked behind two security doors.		
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	\boxtimes			Although not an IGSA requirement, staff routinely monitors the condition of knives and dining utensils.		
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			This facility does not store or use yeast. Other spices are secured in the dry storage areas.		
7.	(shakedowns) of detainee work areas.	\boxtimes			Daily shakedowns are conducted and documented by assigned kitchen security staff.		
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	\boxtimes			Daily counts are conducted and documented by the kitchen security staff. The FSA monitors 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			The Cook Supervisors inspect incoming detainee workers for health concerns and cleanliness issues. The observations are documented daily on the production logs. Detainees who are present with health concerns are sent back to the unit or to medical services.		

PART 4 – 20. F	OODS	ERVICE				
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		
 The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to- date. 	\boxtimes					
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			The Cook Supervisor conducts orientation training for all newly hired detainee workers.		
 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. 	X			Reviewed documents of initial food service detainee worker training. Training is conducted in English and Spanish with the help of a bilingual food service employee. Training includes chemical use and control training, equipment training, personal hygiene, hand washing procedures, proper lifting, cleaning safety and evacuation routes.		
13. The Cook Foreman documents all training in individual detainee detention files.	\boxtimes			Detainee training documentation was readily available for review.		
 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			IGSAs are not required to pay detainees in accordance with the "Voluntary Work Program" standard. Facility policy 8.1.1 Voluntary Work Program outlines hours, wages, work assignments and training.		
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			Three hot meals are served daily. No more than 14 hours elapse between the last meal served and first meal of the following day.		
 For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line. 			\boxtimes	Cafeteria-style operations are not used at this facility.		
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			There is no requirement in the standard for IGSAs to have a 35- day menu cycle. A nutritionally balanced 42-day menu cycle is in place at this facility.		

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
Components	Meets Standard	Does Not Meet Standard	V/N	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 re-certified by the registered dietician in that event.	\boxtimes			The corporate dietitian for GEO conducts a complete nutritional analysis on all menu items. All recipes and the master menu cycle receive approval prior to implementation.		
 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			The substitution log was reviewed. Minimal substitutions were noted and approved by the FSA.		
21. All staff and volunteers know and adhere to written "food preparation" procedures.						
 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. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 				Nutritionally balanced common fare menus are in use at this facility. Disposable plates and utensils are used in lieu of separate cutting boards and utensils. Pre-packaged and portioned food items are used with the common fare and Kosher meals.		
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.				Religious diet requests are sent to the Religious Services Coordinator. Those requests are reviewed by local volunteer religious leaders to determine whether or not to place the detainee on a religious diet.		
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	\boxtimes					

PART 4 – 20. F	PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	ed a nut	ritionally ba	lanced	d diet that is prepared and presented		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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			The corporate GEO office provides the FSA with a typical schedule of ceremonial meals which may be modified at the local facility.		
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	\boxtimes			The common fare program accommodates fasting, kosher and Passover meals and meatless offerings during Lent.		
27. The food service program addresses medical diets.	\boxtimes					
28. Satellite-feeding programs follow guidelines for proper sanitation.	X			The facility adheres to proper sanitation guidelines for the satellite feeding program. Carts used to transport insulated trays from the kitchen to the units are not locked; however, they are under constant security staff supervision.		
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes			Pans of food items are maintained in warmers and later placed on a serving line. Temperatures taken at the beginning and end of plating were within the prescribed "safe" range.		
30. All meals provided in nutritionally adequate portions.	\boxtimes					
 Food is not used to punish or reward detainees based upon behavior. 	\boxtimes					
 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			Personal hygiene, food sanitation techniques, food service operations, and equipment care and maintenance are part of the initial orientation for detainees assigned to work in food service.		
33. Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes					

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks		
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	\boxtimes			Local policy 11.1.1, Food Service Operations, requires weekly inspections of all food service operations. Documentation revealed that inspections with corrective action reports are conducted by the FSA or Production Manager. Health Services and the Safety Officer conduct additional monthly food service inspections		
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.						
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.				Daily production logs revealed that dish machine temperatures checked and documented after each meal.		
37. (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	\boxtimes			Records indicate the refrigeration/freezer unit temperatures are within the appropriate range. Readings are recorded on the daily production logs.		
 The cleaning schedule for each food service area is conspicuously posted. 						
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes			Designated food service staff ensures the condition of all incoming food shipments.		
40. Storage areas are locked when not in use.	\boxtimes					
41. Food service personnel conduct shakedowns along with detention staff.		\boxtimes		Security staff assigned to food service conducts and documents shakedowns on each shift.		
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.			\boxtimes	SPCs do not require the ICE supervisor on duty to ensure that ICE officers participate in dining room supervision. This facility conducts satellite feeding operations in each unit. ICE supervisory staff occasionally observes feeding procedures in the units.		
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes					

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
44. <u>In SPCs only:</u> the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	\boxtimes			This component does not apply to IGSAs. This facility conducts quarterly analysis of the common fare program which is reviewed by corporate headquarters.		
45. When required, only food service staff prepare the sack lunches for detainee transportation.		\boxtimes		Sack lunches are prepared by detainee workers under the direct supervision of the Cook Supervisors.		
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	\boxtimes					
47. Staff comply with the ICE requirements for "food receipt and storage.	\boxtimes					
 Stock inventory levels are monitored and adjusted to correct overage and shortage problems. 				Stock inventory levels are monitored weekly by the Production Manager. Adjustments are made as necessary.		
 Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings. 	\boxtimes					
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.				Meals are transported to the units and consumed in the dayrooms. The dayrooms have sufficient space for the detainees to eat their meals.		
 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. 	\boxtimes			The Food Service Department is inspected semi-annually by the State of Louisiana Department of Health and Hospitals. The last inspection conducted on June 29, 2010, found no discrepancies.		
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\boxtimes			Copies of inspection reports are forwarded to the Warden for review.		
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.	\boxtimes			MSDSs and chemical inventories were available for review during this inspection.		

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PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	ed a nut	ritionally ba	lance	d diet that is prepared and presented	
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			The Safety Officer has contracted pest control services for the entire facility. The FSA and the Safety Officer ensure that pest control operations are completed at least monthly in the Food Service Department.	
FOOD SERVICE					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The FSA has over 25 years of food service experience, is professionally trained and supervises 14 food service employees. Security aspects of the food service operations (i.e. counts and shakedowns) are conducted by additional security employees assigned to food service.

The physical plant is well maintained and overall sanitation is good. Semi-annual Health Department Inspections are conducted. Monthly inspections are conducted by health services and safety, while weekly inspections are completed by the FSA.

Three nutritionally balanced hot meals are served daily to about 1,000 detainees. Meals are transported to units and consumed in the day room. Temperatures taken during the plating process and at the serving sites were within the safe range. Sack lunches for detainee transportation are prepared by detainees under the direct supervision of the cook supervisors.

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. 				Referral of hunger strikers to medical staff when they have not eaten for 72 hours is required by facility policy #872, Hunger Strike Protocol.		
2. Facility immediately reports via the chain of command a hunger strike to ICE/DRO.				Immediate reporting of hunger strikers to ICE/DRO is mandated by facility policy #872.		
 The facility has established procedures to ensure staff respond immediately to a hunger strike. 				The expected procedures for staff response to hunger strikes are outlined in facility policy #872.		
 Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. 				The isolation of detainee hunger strikers is required by facility policy #872.		
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				In facility policy #872, medical staff is authorized to place detainee hunger strikers into special locked rooms.		
 Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours. 				The timely recording of hunger striker vital signs is called for in facility policy #872.		
7. The facility medical authority obtains a hunger striker's consent before medical treatment.				Facility policy #872 requires medical staff to obtain hunger striker consent for treatment.		
 A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form. 	\boxtimes			The use of Refusal of Treatment forms for hunger strikers is required by facility policy #872.		
 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. 				The provision of three meals per day to hunger strikers is called for by facility policy #872.		
10. Staff maintain the hunger striker's supply of drinking water/other beverages.				In keeping with facility policy #872, staff is directed to maintain a hunger striker's supply of water or beverages.		
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			Facility policy #872 directs staff to remove all food from a hunger striker's 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.				Staff is directed by facility policy #872 to record hunger striker food and fluid intake.		
13. The medical staff have written procedures for treating hunger strikers.				The details contained in facility policy #872 serve as medical procedures for treating hunger strikers.		

PART 4 – 21. HUNGER STRIKES							
This Detention Standard protects detainees' health and we treating any detainee who is on a hunger strike.	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	A/A	Remarks			
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	\boxtimes			Staff is directed by facility policy #872 to document all treatment and patient education efforts in the medical record.			
15. All staff receives 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			Facility policy requires staff to be trained initially and annually regarding hunger strikes, as a component of the Emergency Plan. Training records and lesson plans confirm this activity.			
PART 4 – 21. HU	NGER	STRIKES					
⊠ Meets Standard							

The facility has appropriate detailed policies in place regarding the management of hunger strikes. They report experiencing no formal hunger strikes during the past year, thus it is not possible to confirm actual practices.

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			In accordance with facility policy #402, Credentialing, clinical healthcare services are delivered by appropriate licensed professional staff. Employee record files were reviewed to confirm this practice.		
2.	The facility's in-processing procedures of arriving detainees include medical screening.				Intake medical screening activities are carried out in keeping with facility policies #804, New Arrival Pre- Screening, and # 807, Health Assessments.		
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			Essential staffing is outlined in facility policy #401, Staffing Levels. Currently (b)(7)e (b)(7)e positions are vacant.		
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.				Procedures regarding access to care are addressed during intake screening and are outlined in the detainee handbook and on bulletin boards.		
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			Emergency healthcare services are available at all times in compliance with facility policy #306, 24 Hour 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			A review of employee records confirms that direct care staff receives TB tests and are offered hepatitis B immunizations.		
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.				Facility policies #401, Credentialing, and #402, Position Descriptions, are designed to insure that care is delivered by appropriate professional staff.		
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).				The detainee handbook dated October 11, 2010, distributed at intake was examined and was found to contain adequate information regarding access to care.		

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	\boxtimes			Compliance with NCCHC and JCAHO standards regarding personnel credentialing is not required at IGSAs, however PHS/DIHS routinely follows such procedures.		
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			In accordance with facility policy #800, General Medical Care, intake screening of detainees is conducted by healthcare staff. Therefore, no special training of officers is necessary		
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.	X			In keeping with facility policy #846, Communication, healthcare staff utilizes "Interpretalk" services when foreign language translations are needed.		
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			In compliance with local policies #305, Clinic Space, Equipment, & Supplies, and # 845, Patient Confidentiality, it was observed that care is delivered while respecting detainee privacy.		
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 healthcare staff was observed to be utilizing multiple care delivery areas within the security perimeter, all of which have restricted access.		
14.	The medical facility entrance includes a holding/waiting room.	\boxtimes			The entrance to the primary clinic area was observed to include a waiting room.		
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			The clinic waiting room was noted to be directly supervised by custody staff.		
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			The waiting room was found to contain a bathroom facility with running water.		
17.	 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	\boxtimes			Medical record files were observed to be maintained in an appropriate manner by healthcare staff, in compliance with the DIHS National Policy, Chapter 14-Health Records.		

	PART 4 – 22. MEDICAL CARE					
	S Detention Standard ensures that detainees have a vention and health education, so that their health care					
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			Detainee consent forms for medical treatment are obtained at intake in keeping with facility policy #856, Informed Consent. They were noted during a review of detainee medical records.	
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			The facility requires appropriate detainee authorization before the release of healthcare records.	
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Healthcare staff report that they usually receive adequate advanced notice of detainee releases.	
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				Healthcare staff report they routinely send transfer summaries with departing detainees, although no policies in this regard were found.	
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."				Healthcare staff report packaging transferred detainee records in an appropriate manner, although no policy on this topic could be located.	
23.	Medical screening includes a Tuberculosis (TB) test.	\boxtimes			In keeping with facility policy #800, General Medical Care, intake screening includes an immediate chest x-ray to screen for TB.	
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			In accordance with facility policy #811, Mental Health Evaluation, an intake mental-health screening is conducted by nursing staff, before detainee assignment to a housing unit.	
25.	The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			In keeping with facility policies # 800, General Medical Care, and #807, Health Assessment, transfer summaries are reviewed by healthcare staff for all arriving detainees. This was confirmed during record reviews.	
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.				A health appraisal and physical examination of each detainee is completed within 14 days as required by facility policy #807, Health Assessment/Physical Examination. This practice was confirmed by record review.	

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	\boxtimes			Detainees in the Special Management Unit have equal access to healthcare services in keeping with facility policy #826, Health Evaluations of Detainees in Segregation.		
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			In compliance with facility policy #854, Sick Call Triage Process, detainees can request Sick Call daily and then fill out a slip in conjunction with nursing staff. This is a recent change that eliminates the use of a sick call box and a pick-up of slips.		
	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	\boxtimes			The facility plan for emergency health care access is contained in facility policies #306, 24 Hour Emergency Care, and #822, Emergency Services.		
30.	The plan includes an on-call provider.	\boxtimes			An "On call" healthcare provider is included in the emergency plan.		
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			The emergency plan includes telephone numbers for ambulance and hospital services.		
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			The 24-hour Healthcare Emergency Plan provides for access to care consistent with security and safety.		
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health- related situations within four minutes and to properly use first aid kits, available in designated areas.	\boxtimes			In accordance with multiple facility policies, all staff is trained annually and is expected to be first responders in medical emergencies. Training records confirm this practice. First Aid kits are addressed in policy #1113.		
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.	\boxtimes			All medications at this facility are delivered by healthcare staff.		
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				In accordance with the "1100" series of facility policies, medications are handled in an appropriate manner. The facility has a licensed pharmacist and support staff.		

	PART 4 – 22. N													
	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									
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 													
	 A method for obtaining medicines not on the formulary. 				Detailed facility policies regarding pharmacy practices are contained in the "1100"									
	 Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. 	\boxtimes			series of policies. They address all expected elements of the PBNDS.									
	 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. 													
37.	All pharmaceuticals are stored in a secure area with the following features:													
	A secure perimeter;				The feellite sheets are seen as									
	 Access limited to authorized medical staff (never detainees); 	\boxtimes			The facility pharmacy area and medication carts were observed and found to be appropriately									
	 Solid walls from floor to ceiling and a solid ceiling; 				stored.									
	 A solid core entrance door with a high security lock (with no other access); and 													
	A secure medication storage area.													
38.	In SPCs and CDFs, the pharmacy has a locking pass-through window.													
	 Administration and management in accordance with state and federal law. 				Although a locking pharmacy pass-through window is not									
	 Supervision by properly licensed personnel. 				required at IGSAs, it is present									
	 Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. 	\boxtimes			at this facility. In keeping with the "1100" series of policies, staff and observed practices were									
	 Accountability for administering or distributing medications in a timely manner and according to physician orders. 				appropriate.									
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.				Medications are delivered in accordance with policy #1106, Dispensing of Medications, and policy #1019, Pill Line. Written records of medication delivery is maintained using a standard Medication Administration Record.									

	PART 4 – 22. N				
	Detention Standard ensures that detainees have a vention and health education, so that their health care				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	 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. 				At this facility, all medications are delivered by nursing staff.
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.				Officers are not used for medication distribution; and therefore, no special training is needed.
42.	The Warden/Facility receives notification that a detainee that has special medical needs.				In keeping with facility policy #803, Detainee Special Needs, healthcare staff informs the facility of any detainee special needs.
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			Although it is not in written policy, the facility reports that it has been willing and able to accommodate the rare requests for access to detainees by independent medical experts.
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 a written Infection Control Program that adequately addresses all of the elements expected by the PBNDS.

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			The facility has a group of "Short Stay" medical housing cells for treatment of selected medical conditions. This area includes negative pressure rooms, when needed.		
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			In keeping with facility policy #800, General Medical Care, a chest x-ray is routinely performed at intake and promptly read (within 4 hours) by contracted professional providers.		
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			In accordance with facility policy #843, On Site Respiratory Isolation for TB, appropriate cases are housed in the local negative pressure rooms.		
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 in need of outside care are transported there in keeping with facility policy #810, Hospitalization and Specialized Ambulatory 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			Appropriate care of chronic conditions is provided in keeping with facility policy #865, Chronic Care Clinics.		
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			Female detainees have access to necessary services in compliance with facility policy #801, Pregnancy Screening.		
	(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			Detainee chronic conditions are properly addressed in keeping with facility policy #865, Chronic Care Clinic.		
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			Healthcare notification to the facility administrator regarding detainee special needs is carried out in keeping with facility policies #803, Detainee Special Needs, and #819, Special Needs and Treatment Plans.		

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have a prevention and health education, so that their health care					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
53. Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			Although the facility Dentist position is currently vacant, arrangements are temporarily in place to access necessary dental services from licensed community sources.	
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			In accordance with facility policies # 811, Mental Health Evaluation, and #813, Mental Health Screening, detainee mental health conditions are identified and referrals are made as needed.	
55. Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			Emergency Room, community hospital and psychiatric hospital services are available as needed, for acute mental health episodes.	
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			In accordance with facility policy #204, Privacy of Care, detainee privacy rights are respected. When male healthcare staff is treating female detainees, it is the reported practice that female nurses assist in the process at all times.	
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.				Mental health referrals receive timely services in keeping with facility policy #811, Mental Health Evaluations.	
 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			Facility policy #827, Restraint and Seclusion, as well as DIHS policy #15.15.1, adequately address the expectations of the PBNDS.	

PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	 (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			Facility policy #1501, Forced Psychiatric Medication, and DIHS National Policy, Chapter 15, address involuntary medication practices. The facility healthcare staff indicates that it is employed only for occasional "chemical restraint" and never for clinical treatment purposes at this location.		
60.	An initial dental screening exam should be performed within $\frac{1}{10}$ days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.				Initial dental screening is conducted as directed by facility policy #807, Health Assessment, in a timely manner. Record review confirmed this practice.		
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.				In keeping with facility policy #1113, First Aid Kits, the facility Health and Safety Officer oversees first aid kits in conjunction with the healthcare staff.		
62.	An automatic external defibrillator should be available for use at the facility.				The facility has two automatic external defibrillators within the medical department (clinic area and emergency bag).		
63.	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	\boxtimes			ICE staff confirms that they are routinely informed regarding detainee refusals of care offered.		
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.				Although it is not required at IGSAs, the health services administrator and facility administrator formally meet at least quarterly		
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.				Medical waste and equipment decontamination is accomplished as directed by facility policy #734, BioHazardous Waste Management, in a proper manner.		

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have a prevention and health education, so that their health care					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	\boxtimes			The health authority has implemented a Performance Improvement/Quality Assurance program in keeping with the DIHS Performance Improvement Program Manual. Statistics, studies and reports generated by this effort were available.	
PART 4 – 22. MEDICAL CARE					
⊠ Meets Standard					

Remarks: (Record significant facts, observations, other sources used, etc.) Medical, nursing, pharmacy, dental, and mental health services are managed at this facility by the U.S. Public Health Service (DIHS) using a combination of their officers as well as multiple other professional staff furnished by a contract from "STG." The designed staffing pattern is appropriate for the timely delivery of expected services; however there are current vacant positions for two physicians, one psychiatrist, and one dentist. While temporary adjustments have been made, this leaves the facility with no physician (or psychiatrist) regularly on site, and is certainly less than ideal.

The facility is currently accredited by ACA and is considering applying for NCCHC accreditation.

In general, the policies and practices observed were appropriate, with expected services being delivered in a timely manner. A sampling of ten detainee medical records was reviewed and confirmed that policy mandates were being followed. Detainees interviewed by the inspection team voiced no significant healthcare complaints.

The facility reported no detainee deaths within the past year.

PART 4 – 23. PERSONAL HYGIENE					
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
 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			Local policy 11.1.3, Detainee Clothing, Bedding, Linen Supplies and Hygiene Kits, provide written procedures for the issuance and regular exchange of clothing and bedding items for all detainees. The supply of these items exceeds the minimum required for the number of detainees.	
 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			IGSAs are not required to issue a uniform shirt and pants, pair of socks, underwear or facility issued footwear. However, the facility issues three sets of uniform pants and shirts, three pair each of socks, underwear and t-shirts, one pair of shower shoes and one pair of facility issued footwear.	
 Additional clothing is available for changing weather conditions and as is seasonally appropriate. 				IGSAs are not required to issue additional clothing for changing weather conditions. Additional clothing will be issued as necessary for changing weather conditions per policy.	
 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. 				IGSAs are not required to issue a mattress, blanket, pillowcase, towel or two sheets. New detainees are issued one mattress, pillow, pillowcase, towel, washcloth, two sheets and sufficient blankets to provide comfort under existing conditions.	
 The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items. 	\boxtimes			Articles necessary for maintaining proper hygiene are available to all detainees free of charge.	

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PART 4 – 23. PERSONAL HYGIENE						
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 6. Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 		\boxtimes		Toilet areas are clean and accessible 24 hours per day. The facility currently houses females in two dorms. Those dorms have four toilets each and a capacity of 80 which does not meet the standard. The facility has written documentation requesting a waiver for this standard from ACA.		
 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. 				Bathing facilities are clean and operable. Water temperatures do not exceed 120 degrees. The facility has an adequate number of washbasins in each unit. The shower ratio is inadequate for detainees housed in Falcon-A Housing Unit and Eagle-A Housing Units.		
 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. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 				Laundry exchange is conducted twice weekly for all units.		
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.	\boxtimes			IGSAs are not required to permit daily garment exchange for food service detainee workers. The facility permits daily exchange of outer garments for detainee food service workers.		
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.				Although not an IGSA requirement, the facility permits more frequent outer garment exchange for detainee workers.		
PART 4 – 23. PEF	RSONA	L HYGIEN	E			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

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The facility provides clean clothing, bedding and linens with adequate opportunity for exchange. Detainee workers are permitted more frequent exchange of outer clothing. Detainees have access to toilets and bathing facilities with temperature controlled hot and cold running water. There are two dorms that do not meet the standard for number of showers to detainee ratio as required by ACA. Two dorms currently housing females do not meet the standard for number of toilets to detainee ratio. The facility has asked for a waiver on the female dorm and the visiting ACA committee supports the waiver request.

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.						
Meets Standard	Does Not Meet Standard	N/A	Remarks			
			Suicide Prevention is covered by facility policy #1505.			
			A review of the course outline/lesson plan for suicide prevention reveals appropriate content.			
			Facility policy # 1504, requires suicide prevention training be given at orientation and annually. A review of training records confirms this practice.			
\boxtimes			Training content regarding suicide prevention is appropriate to accomplish the objectives stated in the PBNDS.			
/	Standard	Weet Standard Weet Standard Image: Standard Image: Standard	Value Value <th< td=""></th<>			

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION						
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. Screening does not occur later than one working day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 	\boxtimes			In keeping with facility policy #811, Mental Health Evaluation, and #1505, Suicide Prevention, intake screening of detainees is performed by nursing staff on the day of arrival. Therefore, no special training of officers is needed or provided.		
 Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed. 	\boxtimes			Facility policy #1505 addresses the issue of referrals of at risk detainees.		
 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			Facility policy #1505 includes the release of suicidal detainees from close watch only by appropriate clinical staff.		
 The facility has a designated isolation room for evaluation and treatment. 	\boxtimes			The primary rooms designate for isolation observation are in the medical "Short Stay" area.		
 The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt. 	\boxtimes			The designated isolation rooms were observed and found to be structurally appropriate.		
10. Medical staff have approved the room for this purpose.	\boxtimes			The use of the isolation rooms for suicide watch is approved by healthcare staff.		
 Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation. 	\boxtimes			Facility policies #1505, Suicide Prevention, and #300, Responsibilities of GEO Officers Assigned to Medical, require 15- minute documentation of detainee observations.		
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			In keeping with facility policy #1505, Suicide Prevention, appropriate custody and medical documentation is maintained on suicide watch detainees.		
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			Medical and administrative staff at this facility indicates that they immediately inform ICE representatives regarding suicidal detainees. ICE staff confirms this practice.		

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	
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.				Facility policy #1504, Mental Health Awareness and Suicide Prevention, calls for after-action reviews of suicides and serious attempts.	
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

The facility has appropriate policies, training and practices in place regarding suicide prevention. They report no actual completed suicides and no serious suicide attempts by detainees during the past year.

PART 4 – 25. TERMINAL ILLNESS, A	DVAN		TIVES	S, AND DEATH
This Detention Standard ensures that each facility's contin fatal injury, and advance directives and provides specific g				
☐ Check this box if the facility does not accept ICE d NA in the appropriate box for this portion of the works 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. 				In keeping with facility policy #200, Care for the Terminally III, the facility retains and treats most serious conditions but accesses community specialists and hospitals, as needed.
 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. 				ICE officials confirm that they notify next-of-kin regarding serious detainee illnesses once they are informed by healthcare staff.

3.	 There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 		\boxtimes	Although there are extensive guidelines in place under facility policy #201, Advanced Directives, the policy is silent regarding the option of using a private attorney.
4.	There is a policy addressing "Do Not Resuscitate Orders"			Facility policy # 862, Do Not Resuscitate Orders, properly addresses that topic.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes		The receipt of maximal therapeutic efforts by "Do Not Resuscitate" cases is called for in facility policy #862.
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		ICE representatives confirm that they are routinely informed regarding all detainee medical issues including "Do Not Resuscitate Orders," although such events are rare.
7.	The facility has written procedures to address the issues of organ donation by detainees.			Facility policy #208 addresses the issue of Organ Donations.
8.	The facility has written procedures to notify ICE			Facility policy #834, Procedures

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officials, deceased family members and consulates,

The facility has a policy and procedure to address the

when a detainee dies while in custody.

death of a detainee while in transport.

9.

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Following the Death of a

interested parties.

transport.

Facility policy #10.14,

Detainee, requires notification to ICE, who in turn notifies other

Transportation of Detainees,

addresses the issue of a

detainee death while in

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 disposal of detainee remains is handled by ICE officials.	
 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 scheduling of any detainee burial is handled by ICE authorities.	
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.				Placement of Death Certificates into A-files is handled by ICE.	
 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			Procedures Following the Death of a Detainee are well outlined in facility policy #834.	
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	\boxtimes			The closing out of a deceased detainee case is an ICE responsibility.	
PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

Facility policies regarding serious illness or death of a detainee are generally in place, detailed, and appropriate. Because no such events are reported during the past year, it is difficult to confirm actual practice in these areas.

Section V ACTIVITIES

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

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.				IGSA facilities are not required to post policy and procedures for correspondence and other mail in the housing units; however, this facility posts policy in the units and provides written guidance in the handbook.		
 The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees. 						
 Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected. 	\boxtimes					
 Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays). 	\boxtimes					
 Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee. 				Although not an IGSA requirement, this facility maintains an electronic log recording the acceptance of priority, priority overnight, and certified mail for detainee.		
 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			IGSA facilities are not required to open all incoming mail in the presence of the detainee unless authorized in writing by the Facility Administrator. This facility inspects all incoming mail for cash, checks money orders and contraband.		
 Staff do not read incoming general correspondence without the Facility Administrator's prior approval. 	\boxtimes			IGSA facilities are required to obtain the Facility Administrator's approval prior to reading incoming general correspondence. Staff does not read incoming general mail unless authorized.		
 Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present. 	\boxtimes			Special mail is opened in the presence of the detainee and inspected at that time.		
 Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present. 	\boxtimes					

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
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			IGSA facilities are not required to inspect outgoing mail in the presence of the detainee. This facility does not routinely inspect outgoing mail unless there is reason to believe the mail contains contraband.		
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.				IGSA facilities are not required to send written notice of rejection of incoming mail to the sender. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.		
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes					
14. Staff maintain a written record of every item removed from detainee mail.	\boxtimes			The facility maintains 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			Records revealed that discovered contraband is turned over to the Facility Administrator for disposition.		
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	\boxtimes			Local policy 8.2.1, Detainee Correspondence and Inspection of Mail, outlines procedures for issuing a receipt for all incoming monies posted to 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.						
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	\boxtimes			Upon request, the detainee will be provided with a copy of an identity document certified by an ICE officer to be a true and correct copy.		
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".				Local policy 10.1.17, Contraband Control, outlines procedures for the disposal of prohibited items.		
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.						

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	Remarks	
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.	\boxtimes			General correspondence is not routinely limited, as long as the postage expense is incurred by the detainee.	
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes				
23. SMU detainees have the same correspondence privileges as general population.	\bowtie				
24. Detainees have access to outside publications.	\boxtimes			Outside publications must come directly from the publisher.	
PART 5 – 26. CORRESPON	IDENC	e and ot	HER I	MAIL	
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

General incoming mail is inspected per policy for money, checks, money orders, unauthorized items and contraband. Legal or special mail is logged and sent to the unit to be opened in the presence of the detainee.

	PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
de to	This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.						
	Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	 The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: Funeral Deathbed 						
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common- law spouse).						
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.						
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.						
5.	Detainees who require overnight housing are placed in approved IGSA facilities.						
6.	Each escort detail includes at least(b)(7)eofficers.						
7.	The detainee remains under constant, direct visual supervision of escorting staff.						
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.						
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.						
10	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.						

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.						
Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
11. Escort officers ensure that detainees:						
 Conduct themselves in a manner that does not bring discredit to ICE/DRO. 						
 Do not violate federal, state, or local laws. 						
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 						
 Do not arrange to visit family or friends unless approved before the trip. 						
 Make no unauthorized phone calls. 						
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 						
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.						
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.						
14. The Field Office Director is the approving official for all non-medical escorted trips.						
15. Facility procedures comply with the following ICE Standards:						
 Transportation (Land Transportation 						
 Restraints applied strictly in accordance with the Use of Force Standard. 						
PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDIC/	L EM	ERGENCIES		
☐ Meets Standard						

Remarks: (Record significant facts, observations, other sources used, etc.) All escorted trips for non-medical emergencies are handled by the ICE Field Office.

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. 				Marriage requests are sent to the ICE officer in charge through the Facility Administrator. The ICE officer reviews the requests on a case-by-case basis.	
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.				Local policy 9.1.5, Marriage Requests, outlines procedures for a Field Office review of all rejected marriage requests.	
 It is standard practice to require a written request for permission to marry. 	\boxtimes				
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.					
 The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative. 	\boxtimes				
 When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal. 	\boxtimes				
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	\boxtimes				
 The detainee handbook explains the marriage request process. 	\boxtimes			The detainee handbook provides specific information on the marriage request process.	
 In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry. 	\boxtimes			This component does not apply to IGSAs. The highest ranking on-site ICE official approves/denies all marriage requests.	
PART 5 – 28. MAR	RIAGE	REQUES	TS		
⊠ Meets Standard					

In the past year, 36 marriage requests packets were requested. Seven of 36 completed requests were forwarded for review and all were approved. Three ceremonies were completed at the facility. No denials were recorded.

PART 5 - 29.	RECRE	ATION				
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.						
\square If outdoor recreation is offered check this box. Iter	ns 19-2	27 should	then	be marked "N/A".		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. The Facility provides:						
An indoor recreation program.	\boxtimes					
An outdoor recreation program.						
2. A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				IGSA facilities are not required to employee a recreation specialist for a detainee population exceeding 350. This facility currently has(b)(7) full-time recreation specialist and b)(7) e open position.		
3. Regular maintenance keeps recreational facilities and equipment in good condition.				Equipment is inspected and regular maintenance conducted.		
4. The recreational specialist or trained equivalent supervises detainee recreation workers.						
 The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees. 						
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes					
7. Outside activities are restricted to limited-contact sports.	\boxtimes			Outside recreation opportunities include basketball, soccer and some exercise equipment.		
8. Each detainee has the opportunity to participate in daily recreation.	\boxtimes					
 Detainees have access to recreation activities outside the housing units for at least one hour daily. 	\boxtimes			Detainees in general population may participate in one hour of outdoor recreation seven days per week.		
10. Staff check all items for damage and condition when equipment is returned.	\boxtimes					
11. Staff conduct searches of recreation areas before and after use.						
12. Recreation areas are under constant staff supervision.				Recreation and security staff supervise the recreation areas.		
13. Supervising staff are equipped with radios.	\boxtimes					
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.				Detainees in SMU are permitted one hour of outdoor recreation five days per week.		
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.				Local policy 8.1.3, Recreation Programs, ensures detainees receive written explanation when a panel revokes recreation privileges.		

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.				
\boxtimes If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".				
	ą	g g		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Ste -	δ, D		
16. Special programs or religious activities are available to detainees.	\boxtimes			
17. All volunteers have completed an orientation program with documentation required before entering a secure				Although not an IGSA requirement, volunteers are
portion of the facility where detainees are present.				required to sign a waiver of liability during their orientation, prior to serving as a volunteer.
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.				Although not an IGSA requirement, local policy 8.1.7
				Recruitment, Selection and Orientation of Volunteers does not allow a volunteer to serve if
				they have a relative incarcerated at this facility.
19. If the facility has no outside recreation, are detainees considered for transfer after six months?	\boxtimes			Sufficient outside recreation is available for detainees.
20. If yes, written procedures ensure timely review of all eligible detainees.				Sufficient outside recreation is available for detainees.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.				Sufficient outside recreation is available for detainees.
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.				Sufficient outside recreation is available for detainees.
 The detainee's written decision for or against an offered transfer documented in his or her A-file. 				Sufficient outside recreation is available for detainees.
 Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer. 	\boxtimes			Sufficient outside recreation is available for detainees.
 If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after(b)(7)days. 	\boxtimes			Sufficient outside recreation is available for detainees.
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a				Cufficient cutoide recordation is
transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.				Sufficient outside recreation is available for detainees.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.	\bowtie			Sufficient outside recreation is available for detainees.
PART 5 - 29.	RECRE	ATION		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard			☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.) Indoor and outdoor recreation opportunities are offered daily to all detainees. The outdoor recreation areas are spacious and well maintained.

	PART 5 – 30. RELIGIOUS PRACTICES						
oppor	This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.						
	Components	Meets Standards	Does Not Meet Standards	V/N	Remarks		
s p	Detainees are allowed to engage in religious ervices. When available, these services are provided in major languages spoken within the acility.	\boxtimes					
	Space is available for detainees to participate in eligious services.	\boxtimes					
"	The facility allows detainees to observe the major holy days" of their religious faith. .ist any exceptions.	\boxtimes					
4. T 0	 he facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 				IGSA facilities are not required to accommodate holy day observances by special meals, fasting, religious services or allowing activity restrictions. This facility currently allows all observances with the exception of religious services conducted by outside volunteers.		
ir	Each detainee is allowed religious items in his/her mmediate possession; refer to the Funds and Personal Property Standard.	\boxtimes					
	/olunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes					
re	Nembers of faiths not represented by clergy may equest to present their own services within security illowances.						
p	Detainees in the Special Management Unit may participate in religious practices unless otherwise locumented for the safety and security of the facility.				Outside religious groups are not currently visiting the facility; however, detainees in SMU have participated in religious practices in the past.		
	RELIGIOUS	PRACT	FICES				
	🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

Religious Services has a coordinator who ensures all volunteers are screened for security purposes and receive appropriate orientation training prior to serving as volunteers. Outside volunteers are not currently permitted into the facility due to a reduction in staff. Detainees are allowed to retain religious items that do not post a security threat and conduct their own services.

(b)(6), (b)(7)c / October 14, 2010 Reviewer's Signature / Date

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	PART 5 – 31. TELEPHONE ACCESS						
	This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.						
	Components	Meets Standard	Does Not Meet Standard	NIA	Remarks		
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.				If a TTY device is needed, the case manager assigned to the detainee will make the necessary arrangements.		
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			This is part of the orientation program and is included in the detainee handbook.		
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes					
4.	Access rules, including updated telephone and consulate number, are posted in housing units.				On-site observation in various housing units confirmed compliance.		
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.						
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.				On-site observation in various housing units confirmed compliance.		
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes			Inspections were confirmed by checking entries in housing unit logbooks.		
8.	Telephones are located a reasonable distance from televisions.	\boxtimes					
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes					
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes			The telephone service provider has a technician permanently assigned to the facility. Telephone repairs are completed in a timely manner.		
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			The case manager will make the necessary arrangements to provide this type of phone call.		
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			The case manager will make the necessary arrangements to provide this type of phone call.		
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes					
	Special Access calls are at no charge to the detainees.	\boxtimes					
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.				Special access calls are provided at no expense to the detainee.		

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	Remarks			
 No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List". 	\boxtimes						
17. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.				When approved by the warden, the case manager will make the necessary arrangements to provide this type of phone call.			
18. All telephone restrictions are documented.				To date, there has been no telephone restrictions imposed on any detainee. If this were to occur, it will be documented.			
19. The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes						
20. Phone call messages are given to detainees as soon as possible.				Once the emergency is confirmed, the detainee is given the message.			
21. Detainees are allowed to return emergency phone calls as soon as possible.				The case manager will make the required arrangements.			
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.							
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.							
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.							
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes			To provide detainees in special housing with telephone privileges, the facility has a portable telephone in the special housing units.			
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			This notice is posted above the telephones in the housing units and is stated in the detainee handbook.			
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			This reviewer made contact with the OIG using the phone system from a detainee housing unit.			
 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. TEL	EPHON	IE ACCES	S				
🛛 Meets Standard 🛛 🗌 Does Not Meet St							

A review of Facility Policy 8.2.2, Detainee Access to Telephones, staff interviews and on-site observations of various housing units confirms that the facility ensures detainees have the opportunity to maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.

	PART 5 – 32. VISITATION						
Th co	This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	There is a written visitation procedure, schedule, and hours for general visitation.				Facility Policy 8.2.3, Detainee Visitation, includes the requirements of this component		
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	\boxtimes					
3.	The visitation schedule and rules are available to the public.	\boxtimes			Visitation schedule and rules are available upon request from the lobby officer.		
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			On-site observation confirmed compliance.		
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.				Visiting regulations are available upon request from the lobby officer.		
6.	A general visitation log is maintained.	\boxtimes					
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes			Personal property may be retained by detainee only with prior approval from the warden.		
8.	A visitor dress code is available to the public.	\boxtimes					
9.	Visitors are searched and identified according to standard requirements.						
10.	The requirement on visitation by minors is complied with.				Minors are allowed to visit when accompanied by an adult.		
	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 adult.		
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.	\boxtimes			Minors are allowed to visit when accompanied by an adult.		
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			To date, no detainee has had a visit denied. If this were to occur, written justification would be required.		
14.	Detainees in special housing are afforded visitation.	\boxtimes					
15.	Legal visitation is available seven (7) days a week, including holidays.						
	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.						
17.	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			A meal will be provided for the detainee that continues a meeting with a legal representative through a scheduled meal.		

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PART 5 – 32	. VISIT/	ATION				
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents. 	\boxtimes					
19. There are written procedures governing detainee searches.	\boxtimes			Facility Policy 10.1.10, Search of Detainees, addresses.		
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.						
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes					
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes					
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.				Even though the requirements of this component do not apply to IGSAs, the facility submits these types of request to the 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		Current facility policy allows the lobby officer to approve this type of visit. Facility policy is being revised to comply with this requirement.		
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.		\boxtimes		Current facility policy allows the lobby officer to approve this type of visit. Facility policy is being revised to comply with this requirement		
PART 5 – 32	. VISIT/	ATION				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

A review of Facility Policy 8.2.3, Detainee Visitation; operating procedures; staff interviews; and on-site observations confirmed that this facility ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials.

PART 5 – 33. VOLUNTARY WORK PROGRAM

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facilit	y has a voluntary work program.				The facility has a voluntary work program for detainees.
	housekeeping meets acceptable levels of cleanliness and sanitation standards.	\boxtimes			
the secure SPCs and the opport the secure	detainees are never allowed to work outside e perimeter. I CDFs detainees classified as level 1 have tunity to participate in special details outside e perimeter under direct supervision.				Detainees are only alowed to work outside the secure perimeter at a SPC or CDF. Detainees are not allowed to work outside the secure perimeter at this facility.
the Volum The s worke Staff	rocedures govern selection of detainees for tary Work Program. same procedures apply for replacement ers as for "new" workers. follow written procedures.				
	pssible, physically and mentally challenged participate in the program.				If medically cleared and the safety of the detainee is not at risk, the detainee may participate in the program.
detainees Eight hour 	y complies with work-hour requirements for , not exceeding: rs a day. rs a week.				The requirements of this component do not apply to IGSAs. This facility does not allow detainees to work more than eight hours a day or for more than forty hours a week.
7. Detainee fixed sche	volunteers ordinarily work according to a edule.				
places the	nee is removed from a work detail, staff e written justification for the action in the s detention file.				The voluntary work program coordinator ensures that written justification for the action is placed in the detainee's detention file.
that de	ccordance with written procedure, ensures tainee volunteers understand their ilities as workers before they join the work				
OSHA NFPA	tary work program meets: A standards A standards Standards	\boxtimes			Even though the requirements of this component do not apply to IGSAs; the voluntary work program meets the requirements of OSHA, NFPA, and ACA.

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MARCH 2015 ICE2012FOIA03030.0000916 G-324A Detention Review Worksheet - Rev: 5/11/09

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.						
Combouents Standard N/A N/A N/A N/A						
 11. Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 	\boxtimes			Documentation was reviewed that confirmed medical staff screen and formally certify detainee workers prior to working.		
12. Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes			A review of the detainee training records confirmed that safety equipment and training is provided.		
13. Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes					
PART 5 – 33. VOLUNTARY WORK PROGRAM						
🛛 Meets Standard 🛛 🗌 Does Not Meet St						

A review of documentation, Facility Policy 8.1.1, Voluntary Work Program, and staff interviews confirmed that detainees are provided with opportunities to work and earn money while confined within the constraints of safety, security and good order.

Section VI JUSTICE

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

	PART 6 - 34. DETAINEE HANDBOOK						
ma pro	This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.				Detainees receive a site-specific handbook and the ICE National Detainee Handbook upon arrival.		
	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes					
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.						
5.	The handbook supplements the facility orientation video where one is provided.	\boxtimes			An orientation video available in both English and Spanish supplements the handbook.		
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			Revisions are currently posted in the units. The revised handbook is currently in the printing phase.		
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.	\boxtimes					
	 Initial issue of clothes, bedding and personal hygiene items. 						
	How to access care.						
	The detainee handbook states in clear language basic detainee responsibilities.						
10	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.	\boxtimes					
13	The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.						

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	
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.					
15. The handbook describes barber hours and hair cutting restrictions.	\boxtimes				
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes				
17. The handbook addresses religious programming.	\boxtimes				
18. The handbook states times and procedures for commissary or vending machine usage. (where available)					
19. The handbook describes the detainee voluntary work program.					
20. The handbook describes the library location and hours of operation and law library procedures and schedules.					
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				
22. The handbook/supplement provides local ICE contact information.				The communications section of the handbook clearly outlines procedures for contacting ICE and other facility staff or departments.	
23. The handbook describes the facility contraband policy.	\boxtimes				
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes				
25. The handbook describes the correspondence policy and procedures.	\boxtimes				
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. 	M				
 Time limits in the Disciplinary Process. 					
Summary of Disciplinary Process.					

PART 6 - 34. DET/	AINEE I	HANDBOO	Ж			
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		
 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			IGSAs are not required to provide information on how to appeal a grievance directly with ICE. A detainee dissatisfied with the response of a grievance may communicate directly with ICE as outlined in the Grievance Section in the detainee handbook.		
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes					
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. 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 handbook specifies the rights and responsibilities of all detainees. 	\boxtimes					
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes					
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.						
PART 6 - 34. DET/	AINEE I	HANDBOO	Ж	1		
Meets Standard Does Not Meet St				Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)						

Detainees are issued a site specific handbook and the ICE National Detainee Handbook upon arrival. The handbooks and orientation video are available in English and Spanish. The local handbook is well written, comprehensive and provides required orientation information.

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		
 Detainees are informed about the facility's informal and formal grievance system. 				The handbook addresses the informal and formal grievance system.		
2. The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).				Detainees are required to sign a form stating they received a handbook during admission.		
 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. 						
 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. 				Local policy 9.1.3, Detainee Grievances, outlines procedures for informal resolution. The detainee has five days to make their concern know to staff.		
 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. 	\boxtimes					
6. Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			There are written procedures for identifying and handling time- sensitive grievances.		
 Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them. 	\boxtimes			Staff receives training on how to identify emergency grievances during orientation and in-service training.		
 Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance. 	\boxtimes			The handbook states detainees are guaranteed protection for retaliation in the handbook.		

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		
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	\boxtimes			Grievances are recorded on an electronic log. Date of receipt and responses are tracked for timely resolution.		
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.				The handbook discusses the consequences of abusing the grievance system.		
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes					
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	\boxtimes					
13. Staff complies with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	\boxtimes			Policy and practice require the immediate reporting of officer misconduct to a supervisor.		
 14. <u>In SPCs and CDFs</u>, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook 	\boxtimes			IGSAs are not required to allow a detainee who does not accept the grievance committee's decision to appeal to the ICE Facility Administrator. Detainees are allowed to appeal directly to the Warden or ICE.		
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.				IGSAs are not required to allow a reasonable time frame after the incident or informal grievance outcome to file a formal grievance. Local policy allows five days.		
PART 6 – 35. GRI	EVANC	E SYSTE	M			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other souther facility has a grievance coordinator who oversees a week as the facility has a grievance coordinator who oversees a week as the facility has a grievance coordinator who oversees a week as the fact of the fa			nce s	vstem Electronic logs are used to		

The facility has a grievance coordinator who oversees a well managed grievance system. Electronic logs are used to log grievances and track responses ensuring timely resolution.

	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
Thi	s Detention Standard protects detainees' rights by ensu	uring th	eir access	to cou	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.	\boxtimes			The facility has a designated law library 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 	\boxtimes			ICE detainees have access to the LexisNexis electronic law library.	
3.	 electronic law library. 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 	\boxtimes				
4.	• Supplies for both. The library contains a sufficient number of chairs, is	\boxtimes				
	well lit and is reasonably isolated from noisy areas.					
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	\boxtimes			The law library is adequately equipped with computers and supplies are provided to the detainees as needed by the library technician.	
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	\boxtimes			The library technician will copy legal work onto a CD when requested by the detainee.	
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	\boxtimes				
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	\boxtimes				
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	\boxtimes			The facility has a library technician that performs the duties required by this component.	
10.	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	\boxtimes				
11.	Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	\boxtimes			This type of request is forwarded to ICE by the library technician and accommodated within 5 business days.	

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensu	uring th	eir access	to cou	irts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes				
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	\boxtimes			The library technician is fluent in English and Spanish and will assist detainees requesting her assistance.	
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes				
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			Detainees in Administrative Segregation and Disciplinary Segregation are escorted to the law library after submitting a written request. To date, no detainee has been denied access to legal materials.	
16. All denials of access to the law library fully documented.	\boxtimes			To date, no detainee has been denied access to legal materials. If this were to occur, it would be fully documented.	
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			To date, no detainee has been denied access to legal materials. If this were to occur, ICE management would be informed.	
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes				
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	\boxtimes				
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

Staff interviews, a review of Facility Policy 8.1.4, Library Services, and on-site observations confirmed that the facility protects detainees' rights by ensuring their access to courts, legal counsel and legal materials.

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Check here if No Group Presentations were cone Acceptable overall and continue						
 The Field Office is responsive to requests by attorneys and accredited representatives for group presentations. 						
 Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner. 						
 The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative. 						
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.						
 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. 						
 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. 						
 Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented. 						
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.						
 Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session. 						
10. Staff permit presenters to distribute ICE/DRO- approved materials.						
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.						
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.						

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

Remarks: (Record significant facts, observations, other sources used, etc.) The facility has not received a request for a Legal Rights Presentation during the past twelve months.

Performance-Based National Detention Standards

Section VII ADMINISTRATION & MANAGEMENT

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

PART 7 – 38. DE				
This Detention Standard contributes to efficient and respon booked into a facility for more than 24 hours a file of all sig				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 A Detention File is created for every new arrival whose stay will exceed 24 hours. 				Facility policy requires that a detention file is created for every new detainee 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 	X			A review of five detainee files confirmed that detainee files contain the documents required by this component.
 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 located and maintained in a secure area. This facility use lockable cabinets and key distribution is limited supervisors, although not an IGSA requirement.
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			
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			
 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. 				Only staff approved by the warden has access to the detention files. The case manager logs detention files in and out.
 Electronic record-keeping systems and data are protected from unauthorized access. 	\boxtimes			
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.				

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
11. Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	\boxtimes				
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	\boxtimes			The department supervisor confirmed that equipment and supplies are sufficient.	
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			To-date, no detainee files have been purged and ICE approval is required prior to purging any archived detainee file.	
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. DETENTION FILES					
⊠ Meets Standard					

A review of Facility Policy 5.1.1, Records Management, staff interviews and on-site observations confirmed compliance with the requirement to have a detention file of all significant information about the person for every detainee.

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS						
This Detention Standard ensures that the public and the responsibility through interviews and tours.	This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.					
Components	Meets Standards	Does Not Meet Standards	V/N	Remarks		
1. The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.	\boxtimes			The facility requests FOD- approval for all media interviews.		
2. All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.	\boxtimes			This function is performed by the ICE Field Office. A copy of authorization form is filed in the facility detention file.		
3. The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.	\boxtimes					
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.	\boxtimes			A review of facility detainee file confirms.		
 5. All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 				To date, the facility has not had the need for press pools. If this were to occur all functions will be performed by the ICE Field Office to ensure compliance.		
PART 7 - 39. NEWS MEDIA		VIEWS A		URS		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

Interviews with ICE staff assigned to the facility confirmed that all news media interviews and tours must be approved by the ICE Field Office. The ICE Field Office Public Information Officer will ensure that all interviews and tours, if approved are conducted in accordance with the requirements of the ICE PBNDS.

PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	\boxtimes			A review of training files and annual training plans confirmed compliance.		
 The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes					
At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	\boxtimes			An experienced Deputy Warden provides oversight for the staff development and training program.		
Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes			The Warden reviews and approves the annual training plan.		
 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					

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 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 organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. 				A review of annual training plans, staff training records, training curricula for various courses and staff interviews confirms compliance.	

PART 7 – 40. S	PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 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. 				A review of annual training plans, staff training records, training curricula for various courses and staff interviews confirms compliance.		

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	_ <u>1</u> 2	ă î			
 8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: Security procedures and regulations Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of suicide risk and hunger strike Suicide precautions Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/First aid 				A review of annual training plans, staff training records, training curricula for various courses and staff interviews confirms compliance.	
Counseling techniquesSexual harassment/sexual misconduct					
awareness.National Detention Standards.					

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations Key control; appropriate conduct with detainees Responsibilities and rights of employees Standard precautions 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. 				A review of annual training plans, staff training records, training curricula for various courses and staff interviews confirms compliance.	

	PART 7 – 40. STAFF TRAINING				
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Security personnel (including contractors) will receive training on the following subjects, at a minimum:				
	 Security procedures and regulations 				
	Supervision of detainees				
	 Searches of detainees, housing units, and work areas 				
	 Signs of suicide risk, precaution, prevention and intervention. 				
	Code of Ethics				
	 Health-related emergencies 				
	Drug-free workplace				
	Suicide precautions				
	 Self-defense techniques 				A review of annual training
	 Use-of-force regulations and tactics 	_	_		plans, staff training records,
	Report writing	\boxtimes			training curricula for various courses and staff interviews
	 Detainee rules and regulations 				confirms compliance.
	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:	\boxtimes			Confirmed through a review of
	 Specialized training before undertaking their assignments. 				training records.
12.	Facility management and supervisory staff receive:	\boxtimes			
	Management and Supervisory training				
	(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			The facility maintains a current and up-to-date list of staff authorized to use firearms that have received specialized training before being assigned to a post involving the possible use of a firearm.

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	\boxtimes			A review of training records confirmed that personnel authorized to use firearms must demonstrate competency in their use at least annually.
15. (MANDATORY) Personnel authorized to use (b)(7)e (b)(7)e receive training in the use of (b)(7)e and in the (b)(7)e (b)(7)e before being assigned to a post involving their possible use.	X			The facility maintains a current and up-to-date list of staff authorized to use (b)(7)e (b)(7)e A review of training records confirmed that personnel authorized to use (b)(7)e received training in the use of (b)(7)e (b)(7)e (b)(7)e before being assigned to a post involving their possible use.
 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. 				A review of the annual training plan confirms compliance with all of the requirements of this component.
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug- free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			
 18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 	\boxtimes			A review of annual training plans, staff training records, training curricula for various courses and staff interviews confirms compliance.

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.				
 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). 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. 				A review of training records, training schedules, facility training plan and annual training curriculum confirmed that the facility provides annual training to its entire correctional staff to comply with every requirement of this component.
 21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: Understanding that sexual abuse or assault is never an acceptable consequence of detention. Recognizing housing or other situations where sexual abuse or assault may occur. Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				A review of the annual training plan and staff training records confirms compliance.

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: 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 level procedures, and Follow-up monitoring of detainees who have attempted suicide. 	\boxtimes			A review of training records, training schedules, facility training plan and annual training curriculum, and staff interviews confirmed that the facility provides its correctional staff annual training that includes the Suicide Prevention and Intervention Program including all requirements addressed.
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	\boxtimes			The annual training curriculum includes this requirement.
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.				The annual training curriculum includes this requirement.
 25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity 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. 				A review of annual training plans, staff training records, training curricula for various courses, and staff interviews confirms compliance with all of the requirements of this component.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) MARCH 2015 ICE2012FOIA03030.0000940 G-324A Detention Review Worksheet - Rev: 5/11/09

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.			etent in their assigned duties by	
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	\boxtimes			Staff can request training for their professional development by submitting a request to the facility training coordinator. Each request is evaluated on an individual basis.
PART 7 – 40. STAFF TRAINING				
⊠ Meets Standard				

A review of annual training plans, staff training records, training curricula for various courses and staff interviews confirms that the facility ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.

	PART 7 - 41. TRANSFER OF DETAINEES				
res	s Detention Standard ensures that transfers of detai ponsibly managed in regard to notifications, detainee re d personal property.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer. The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 	\boxtimes			If there is a G-28 on file, the ICE Field Office will make the required notification within 24 hours and record the notification in the detainee's file.
2.	Notification includes the reason for the transfer and the location of the new facility,				
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			This information is provided by the ICE Field Office when notification of transfer is given.
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.	\bowtie			
	• 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			
	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			The G-391 is provided by ICE staff assigned to the facility.
8.	 For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of prescription medications. 	\boxtimes			All medical transfers must be approved by the DIHS Medical Director and are coordinated through the local ICE office.
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.				If necessary, medical staff will provide transporting officers with instructions regarding any medical issues.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) MARCH 2015 ICE2012FOIA03030.0000942 G-324A Detention Review Worksheet - Rev: 5/11/09

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.				
Combonents Meets Standard Meets Standard N/A N/A N/A		Remarks		
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	\boxtimes			
12. Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes			
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.	\boxtimes			
14. Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			If necessary, the facility food service operation will provide the necessary sack lunches.
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	\boxtimes			
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	\boxtimes			A-files for detainees at this facility are maintained and handled by the ICE Field Office.
PART 7 - 41. TRANS	FER O	F DETAIN	EES	
⊠ Meets Standard				

Remarks: (*Record significant facts, observations, other sources used, etc.*) Detainee transfers meet the requirements of the PBNDS for Transfer of Detainees.

A. Type of Facility Reviewed

7	ICE Servi	ce Processing	g Center

- ICE Contract Detention Facility
 - ICE Intergovernmental Service Agreement

B. Current Inspection

 \boxtimes

Type of Inspection
Field Office HQ Inspection
Date[s] of Facility Review
October 12-14, 2010

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
October 13-15, 2009
Previous Rating
Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
LaSalle Detention Facility
Address (Street and Name)
830 Pinehill Road
City, State and Zip Code
Jena, Louisiana 71342
County
LaSalle Parish
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
(b)(6), (b)(7)c Warden
Telephone # (Include Area Code)
(318) 992 (6), (b)(7)c
Field Office / Sub-Office (List Office with oversight responsibilities)
New Orleans/Oakdale
Distance from Field Office
225 miles / 77 miles

E. ICE Information

	Name of LCI (Last Name, Title and Duty Station)
	(b)(6),(b)(7/cLCI / MGT of America
	Name of Team Member / Title / Duty Location
()(6), (b)(7)CI-Security / MGT of America
	Name of Team Member / Title / Duty Location
	b)(6),(b)(7) CI-Food Service / MGT of America
	Name of Team Member / Title / Duty Location
(b)(6), (b)(7)CI-Environmental Health and Safety / MGT of
	America
	Name of Team Member / Title / Duty Location
(b)(6), (b)(7/2CI-Medical Care / MGT of America

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA	
DROIGSA-70-0015	07/24/2007	
Basic Rates per Man-Day		
(b)(4) heads = $$75.00$ (b)(6),(b)(7)c heads = $$45.00$		
Other Charges: (If None, Indicate N/A)		
Off site guard services/transportation = (b)(4) per hour		
Estimated Man-days Per Year:		
29,200		

G. Accreditation Certificates

List all State or National Accreditation[s] received: ACA January 12, 2009

Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

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

I. Facility History

Date Built		
1998		
Date Last Remodeled or Upgraded		
05/13/10		
Date New Construction / Bed space Added		
05/13/10 / N/A		
Future Construction Planned		
Yes X No Date: N/A		
Current Bed space Future Bed space (# New Beds only)		
1160 Number: N/A Date: N/A		

J. Total Facility Population

Total Facility Intake for previous 12 months	
22,685	
Total ICE Man-days for Previous 12 months	
303,336	

K. Classification Level (ICE SPCs and CDFs Only)

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

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	1096	944	1096
Adult Female 232 216 2			232
Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	749	0	0
Adult Female	86	0	0

N. Facility Staffing Level

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

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	4	13	6	28
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	0	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	1	0	6
Number of Forced Moves, incl. Forced Cell moves ³		0	0	1	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		1	2	1	1
Number of Times Special Reaction Team Deployed/Used		0	1	1	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		5	2	4	5
Escapes	Attempted	0	1	1	0
	Actual	0	0	0	0
Grievances:	# Received	53	369	95	118
	# Resolved in favor of Offender/Detainee	1	24	14	21
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	57	44	48	74
	# Psychiatric Cases referred for Outside Care	4	2	2	11

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

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting ³ Barties and a statempted penetration involving at least 2 parties, whether it is consenting or non-consenting

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

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

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

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6),(b)(7)c	
Title & Duty Location	Date
Lead Compliance Inspector, MGT of America	October 14, 2010

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

⊠ Meets Standards □ Does Not Meet Standards

Comments:

(b)(7)e

The facility has one Major Litigation issue pending: A Notice of Lawsuit was filed with the United States District Court, Western District of Louisiana on 8/3/09, by a former detainee who alleged that a former correctional officer forced him to have oral sex while he was housed in protective custody in segregation. The facility states that it believes the former detainee filed the lawsuit thinking that he would get to remain in the United States. The detainee was subsequently deported to Mexico. The court case is still pending.

There was a major increase in the number of grievances received in the second quarter (April to June). There was an increase from 53 grievances received in the first quarter (January to March) to 369 grievances received in the second quarter. The Warden and the ICE OIC assigned to the facility both stated that this significant increase in grievances was directly related to the fact that during the reporting period for April to June, a large number of Haitians were housed in the facility. The Haitian detainees, as a group, believed that grieving about everything at the facility would force ICE to accelerate their release, deportation or transfer.