Condition of Confinement Review Worksheet

(This document must be attached to each G-324A Inspection Form) **This Form to be used for Inspections of all Facilities Used Over 72 Hours**



ICE Detention Standards Review Worksheet

	Local Jail – IGSA State Facility – IGSA ICE Contract Detention Facility
Name	
Lared	o Processing Center
Addre	ss (Street and Name)
4702 E	ast Saunders
City, S	tate and Zip Code

	1
Laredo.	Texas 78041

County

Webb County

Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)

(b)(6),(b)(7)C

Name and Title of Lead Compliance Inspector

(b)(6),(b)(7)C

Date[s] of Review

July 6 - 8, 2010

Type of Review Headquarters

Special Assessment

Other

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

G-324A Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07

Operational

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

SECTION I

DETAINEE SERVICES STANDARDS

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	\boxtimes			
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.	\boxtimes			
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	\boxtimes			
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	\boxtimes			Two computers, a printer, and three typewriters are available for daily use by the detainees.
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	\boxtimes			LexisNexis has been installed on both computers. This inspector observed ICE staff successfully test the system.
Where provided, the Lexus Nexus library is updated and is current.	\boxtimes			ICE staff updates the LexisNexis software quarterly.
Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.	\boxtimes			Policy 14.8.5E allows for the submittal of legal material for inclusion in the legal library.
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	\boxtimes			ICE DRO staff inspects and updates the LexisNexis system on a regular basis.
Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	\boxtimes			The specific items described in this component are required by Policy 14.8.5A.
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within $3-5$ business days.	\boxtimes			Policy 14.8.5A allows detainees to request materials not in the library. The request is reviewed by ICE, who approves or denies the request.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes			
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	\boxtimes			
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes			
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			Policy 14.8.5B requires that detainees in Administrative Detention and Disciplinary Segregation be granted the same access as the general population. Under this policy, violent or uncooperative detainees may temporarily be denied access. The Library Coordinator verified that detainees from the Special Management Units are allowed access to the law library.

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	No	NA	REMARKS
All denials of access to the law library fully documented.	\boxtimes			
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			According to the Library Coordinator, no detainee has been denied access in the past year.
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RIS	K		REPEAT FINDING

REMARKS:

Facility Policy 18.8, Access to Courts, governs this area. The law library is part of the general facility library. The facility has set hours during which detainees may use the library. These hours are posted in the living units. During these hours, detainees are free to use the law library without restriction.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

ADMISSION AND RELEASE

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

COMPONENTS	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	\boxtimes			IGSAs are not required in the orientation to include the specific items detailed in the second sentence of this component. However, at this facility, all of the items are included. During the admissions process, the facility provides written information on how to contact ICE. A video is shown which covers all of the other information noted in this component. The detainee handbook, which also covers the same information, is issued during the admissions process.
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			Licensed Vocational Nurses perform all medical screenings at this facility using forms designed for this purpose. Their work is reviewed by a Registered Nurse.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	\boxtimes			ICE provides the facility with criminal history information upon arrival of each detainee. The facility uses information provided by ICE to classify each detainee during the admissions process.
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes			
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	X			Policy 17.100.4.E allows for strip searches only if authorized by the Shift Supervisor. In addition, the facility obtains approval from ICE before conducting a strip search.
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.	\boxtimes			During the admissions process, officers conduct an inventory of a detainee's possessions in his/her presence. A copy of the inventory is provided to the detainee, and a copy is retained in the detainee file. Contraband found during the inventory process is handled in accordance with the NDS regarding contraband.
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	\boxtimes			
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			Each detainee is issued three full sets of clothing during admission. In addition, detainees are issued coats between October through February.

ADMISSION AND RELEASE

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

COMPONENTS	YES	No	NA	REMARKS
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	\boxtimes			All detainees are issued soap, toothpaste, a toothbrush and a comb during the admissions process. These items are replenished free of charge upon request. Gender specific items (e.g. sanitary napkins) are issued to detainees free of charge upon request.
All releases are properly coordinated with ICE using a Form I-203.			\boxtimes	Though not required at an IGSA facility, the facility staff and ICE staff coordinate releases using the Form I-203.
Staff completes paperwork/forms for release as required.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-F	RISK		REPEAT FINDING

REMARKS:

Facility Policy 17.100, Admissions and Release Procedures, governs this area. The policy addresses all requirements of this standard. A review of records, interviews with staff, and direct observation of the admissions process confirm that the facility complies with the NDS regarding Admission and Release.

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CLASSIFICATION SYSTEM

PULICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE								
CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES								
COMPONENTS	YES	No	NA	REMARKS				
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	\boxtimes			An objective classification system is set forth in policy 18.01, Internal Classification Assessment System. The policy governs initial classification and reclassification.				
 The facility classification system includes: Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision. 	\boxtimes			All detainees are initially classified during the admissions process. Housing assignment is based on the initial classification. The Lieutenant in charge of classification reviews every decision.				
The intake/processing officer reviews work-folders, A- files, etc., to identify and classify each new arrival.	\boxtimes			ICE provides the facility with Forms I-203, I-213 and I-385 for each new arrival. The facility uses the information from these documents to classify each detainee during the admissions process.				
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.	\boxtimes							
Housing assignments are based on classification-level.	\boxtimes			All detainees are housed by classification level. Levels 1 and 2 are housed separately from Level 3.				
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			All detainees are afforded the same amount of recreation. Levels 1 and 2 may recreate together. Level 3 detainees have a separate recreation time.				
Detainee work assignments are based upon classification designations.	\boxtimes			Detainees must be classified Level 1 or Level 2 to qualify for work assignments. Level 3 detainees are not allowed to work.				
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	\boxtimes			Policy 18.1.4.E requires that detainees are reclassified 60 to 90 days after the initial classification. According to the Lieutenant in charge of classification, the Offender Management System triggers a reclassification 45 days after the initial classification, and every 45 days thereafter.				
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes			Although it is not required at IGSAs that only a designated supervisor or classification specialist has the authority to reduce a classification level on appeal, the facility requires that the Lieutenant or the Warden or designee make this decision. In addition, the facility obtains the approval of ICE before finalizing this decision.				
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.			\boxtimes	Although IGSAs are not required to comply with this component, facility policy requires that classification appeals are resolved within five business days. According to the Lieutenant in charge of classification, appeals are usually resolved within one day.				
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.			\boxtimes	Although IGSAs are not required to comply with this component, facility policy allows for appeals to the Warden or his designee.				

CLASSIFICATION SYSTEM

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

COMPONENTS	YES	No	NA	REMARKS
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes			Classification levels are explained in the Detainee Handbook.
ACCEPTABLE DEFICIENT			AT-RI	SK REPEAT FINDING

REMARKS:

Facility Policies 18.1, Internal Classification Assessment System and 18.2, Classification and Inmate Resident Management, govern detainee classification at the facility. All detainees receive an initial classification during the admissions process. The initial classification is based on objective information provided to the facility by ICE. Six detainee files, selected at random, were reviewed. Each of these files included initial classification documents that were completed on the day of arrival. Five other files, of detainees at the facility in excess of 45 days, included reclassification documents. All of these reclassifications were completed in a timely manner.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

CORRESPONDENCE AND OTHER MAIL

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

THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUT	E 115 GU	DELIN	25 CONC	ERNING CORRESPONDENCE AND OTHER MAIL.
COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.	\boxtimes			Although IGSAs are not required to post rules for correspondence and other mail in each housing unit or common areas, the facility posts these rules in each housing unit.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	\boxtimes			Key information is provided in English and Spanish. Spanish is 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			Incoming mail is received on each business day, and is distributed to detainees on the same day it is received.
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes			The Mail Officer collects outgoing correspondence from each housing unit during the morning of each business day, and delivers it to the postal service on the same day.
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.	\boxtimes			The Mail Officer delivers incoming mail unopened to each housing unit. In the units, he opens and inspects each piece of mail in the presence of the detainee.
Staff does not read incoming general correspondence without the Warden's prior written approval.			\boxtimes	Although IGSAs are not required to comply with this component, the facility staff does not read incoming mail without the Warden's approval.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
Staff is prohibited from reading or copying incoming special correspondence.	\boxtimes			
Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes			
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	\boxtimes			
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			Although IGSAs are not required to notify the addressee that incoming mail has been rejected, the facility sends a written notice to the sender with a copy to the addressee.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes			
Staff maintains a written record of every item removed from detainee mail.	\boxtimes			The facility keeps a record of items removed from detainees' mail in its Offender Management System.
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			Contraband discovered in the mail is handled in accordance with the facility's policy on contraband. Facility logs indicate that here have been no instances of contraband found in the mail in the past year.

CORRESPONDENCE AND OTHER MAIL

POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO					
THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE					
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			All mail is opened in the presence of the detainee. If mail contains money, it is counted in the presence of the detainee. The mail officer makes a written note and places the money in a secure pouch. After he finishes mail distribution, he returns to his office and records the amount of money received by each inmate in a batch receipt. He turns the money over to the Business Manager, along with a copy of the batch receipt for deposit into detainees' accounts. He also creates a separate receipt for each detainee who received money through the mail. The receipt is then taken back to the detainee, and is signed by the detainee, the mail officer, and an officer who witnessed the opening of the mail. The detainee retains the receipt.	
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	\boxtimes				
Staff provides the detainee a copy of his/her identity document(s) upon request.	\boxtimes			The facility makes a copy of any original identity document before sending it to ICE. The copy is placed in the detainee's file. The detainee is provided a copy upon request.	
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.	\boxtimes			When asked, the Mail Officer readily described the procedure for handling contraband found in correspondence that is in accordance with the contraband standard.	
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.					
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			Detainees may purchase stamps at the commissary.	
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes				
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING	

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At the facility, correspondence is governed by Policy 16.1, Correspondence Procedures. This policy is consistent with the requirements of the standard, and staff appear to perform in accordance with the policy. This was verified by interviews with the mail officer and other staff and by a review of logs and file information.

During the inspection of the system for accounting of money received in the mail, particularly cash, it became evident to the facility staff that there are two weaknesses in their system. First, the detainee does not sign for the receipt of the funds until after the fact, when the cash may have been mixed with that of other detainees. Second, the detainee is given an after-the-fact receipt, but the facility does not retain a copy. During the discussion, the staff stated that they understood the problem and would take steps to strengthen the system. Notwithstanding this weakness, the facility complies with the NDS regarding Funds and Personal Property. There have been no reported complaints of lost or missing funds.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

DETAINEE HANDBOOK

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

WILL RECEIVE A COPT OF THIS HANDBOOK OFON ADMISSION TO THIS	IACILI	-		
COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into				The detainee handbook is available in
Spanish, or into the next most-prevalent Language(s).				Spanish and English. Both handbooks were
	\boxtimes			reviewed. The detainee handbook was last
				revised in April 2009.
The handbook is supplemented by the facility orientation video,				The handbook is supplemented by an
where one is provided.				orientation video, which is shown to
······	\boxtimes			detainees in the holding rooms in the
				admissions area. The video in Spanish was
				also reviewed.
All staff members receive a handbook and training regarding the				Staff members receive a copy of the detainee
handbook contents.	\boxtimes			handbook and are trained in the handbook
handbook coments.				contents.
The handbook is revised as necessary and there are procedures in				The handbook is revised as necessary and
place for immediately communicating any revisions to staff and	\boxtimes			revisions when done are communicated to
detainees.				staff and detainees.
There an annual review of the handbook by a designated				The Quality Assurance Manager is
committee or staff member.	\boxtimes			responsible for the annual review of the
				detainee handbook.
The detainee handbook addresses the following issues:				
 Personal Items permitted to be retained by the detainee; 				
and	\boxtimes			
 Initial issue of clothes, bedding and personal hygiene 				
items.				
The detainee handbook states in clear language the basic detainee				
responsibilities.	\boxtimes			
The handbook clearly outlines the methods for classification of				
detainees, explains each level, and explains the classification	\boxtimes			
appeals process.				
The handbook states when a medical examination will be				
conducted.	\boxtimes			
The handbook describes the facility, housing units, dayrooms, in-				
dorm activities, and special housing units.	\boxtimes			
The handbook describes official count times and count				
procedures; meal times and feeding procedures; procedures for	\boxtimes			
medical or religious diets; smoking policy; clothing exchange				
schedules; and, if authorized, clothes washing and drying				
procedures, and expected personal hygiene practices.				The second se
The handbook describe times and procedures for obtaining				Razors are available every day as indicated
disposable razors, and allows that detainees attending court will	\boxtimes			in the detainee handbook. Any detainee who
be afforded the opportunity to shave first.	-			needs to attend court is able to shave on the
				day prior to the appearance.
The handbook describes barber hours and hair cutting restrictions.	\boxtimes			
The handbook describes the telephone policy; debit card				
procedures; direct and free calls; locations of telephones; policy	\boxtimes			
when telephone demand is high; and policy and procedures for				
emergency phone calls.				
The handbook addresses religious programming.	\mathbb{X}			
The handbook states times and procedures for commissary or				
vending machine usage, where available.	\boxtimes			

DETAINEE HANDBOOK

Q				D
WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO TH	IE FACILII	Y.		
OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUD	NG THE F.	ACILITY	, ICE, PI	RIVATE ORGANIZATIONS, ETC. EVERY DETAINEE
POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY.	THE HAN	NDBOOK	WILL A	LSO DESCRIBE THE SERVICES, PROGRAMS, AND
POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HA	NDBOOK	TO SERV	VE AS AI	NOVERVIEW OF, AND GUIDE TO, THE DETENTION

COMPONENTS	YES	No	NA	REMARKS
The handbook describes the detainee voluntary work program.	\boxtimes			
The handbook describes the library location and hours of	\boxtimes			
operation, and law library procedures and schedules.				
The handbook describes attorney and regular visitation hours,	\boxtimes			
policies, and procedures.				
The handbook describes the facility contraband policy.	\boxtimes			
The handbook describes the facility visiting hours and schedule,	\boxtimes			
and visiting rules and regulations.				
The handbook describes the correspondence policy and	\boxtimes			
procedures.				
The handbook describes the detainee disciplinary policy and				
procedures, including:				
 Prohibited acts and severity scale sanctions; 	\boxtimes			
 Time limits in the Disciplinary Process; and 				
 Summary of the Disciplinary Process. 				
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 CDF facilities: procedures for filing an appeal of a				
grievance with ICE.	\boxtimes			
• 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.				
The detainee handbook describes the medical sick call procedures	\boxtimes			
for general population and segregation.				
The handbook describes the facility recreation policy including:				
 Outdoor recreation hours. 	\boxtimes			
Indoor recreation hours.				
The handbook describes the detainee dress code for daily living;	\boxtimes			
and work assignments.				
The handbook specifies the rights and responsibilities of all	\boxtimes			
detainees.				
ACCEPTABLE DEFICIENT		AT-RI	SK	REPEAT FINDING

REMARKS:

The detainee handbook is detailed and comprehensive. Each detainee is provided a copy at admission and selected portions of the handbook are also posted in each living unit.

(b)(6),(b)(7)C / 7-8-2010 AUDITOR'S SIGNATURE / DATE

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.								
COMPONENTS	YES	No	NA	REMARKS				
The food service program is under the direct supervision of a <u>professionally trained</u> and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	\boxtimes			Food service is provided through a contract with Canteen Services. The FSA has been professionally certified and trained, and he holds a ServSafe Food Protection Manager Certification, and has worked in correctional food service for 14 years.				
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.			\boxtimes	This component is only required for SPCs/CDFs. However, a cook supervisor is on duty at all times the food service program is operational.				
 The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the ICE "Food Service" standard 	\boxtimes							
(b)(7)(e) abinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	\boxtimes			(b)(7)e				
All $(b)(7)(e)$ not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using (b)(7)(e) at these workstations. Staff monitors the condition of and dining utensils.				(b)(7)(e) IGSAs are not required to comply with the second sentence of this component. However, staff monitors the condition of other potentially dangerous utensils.				
When necessary, special procedures govern the handling of food items that pose a security threat.	\boxtimes							
Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			Security officers conduct daily searches and shakedowns of detainee work areas in the kitchen.				
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.	\boxtimes							
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	\boxtimes			Detainees working in the food service area were neat and clean at the time of the inspection. They are allowed to have clean clothes daily.				
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			Detainee worker job descriptions are reviewed annually by the FSA.				
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			Newly assigned detainee workers are trained in the rules and procedures of the food service department. This training is documented in the detainee files.				
 During orientation and training session(s), the CS explains and demonstrates: Safe work practices and methods; Safety features of individual products/pieces of equipment; and Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work. 	\boxtimes			The components of this requirement are covered in the detainee food service worker training program and documented in the detainee files.				

FOOD SERVICE

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

COMPONENTS	YES	No	NA	REMARKS
The Cook Supervisor documents all training in individual				All training of food service workers is
detainee detention files.	\boxtimes			documented in the detainee files.
Detainees at CDFs are paid in accordance with the "Voluntary				The first sentence of this component is not
Work Program" standard. Detainee workers at IGSAs are	\boxtimes			applicable to IGSAs. However, detainee
subject to local and state rules and regulations regarding				workers at this facility are paid \$1 per day for
detainee pay.				their work.
Detainees are served at least two hot meals every day. No more				The meal schedule was reviewed, and
than 14 hours elapse between the last meal served and the first	\boxtimes			complies with this requirement.
meal of the following day.				
For cafeteria style operations, a transparent "sneeze guard"			\bowtie	This facility does not utilize cafeteria style
protects both the serving line and salad bar line.				operations.
The facility has a standard 35-day menu cycle. IGSAs use a	\boxtimes			Although not required at an IGSA facility, this
35 day or similar system for rotating meals.				facility utilizes a 35-day menu cycle.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles	\boxtimes			
(Provide examples).				
A registered dietitian conducts a complete nutritional analysis				Policy requires a registered dietician to
of every master-cycle menu planned.	\boxtimes			conduct a complete nutritional analysis of
or every master eyere mena pramiea.				every master-cycle menu.
The FSA has established procedures to ensure that items on the				
master-cycle menu are prepared and presented according to	\boxtimes			
approved recipes.				
The Cook Foreman has the authority to change menu items if				
necessary.				Although not required at an IGSA facility, this
 If yes, documenting each substitution, along with its 	\boxtimes			facility allows the Cook Foreman to change
justification				the menu with the reasons documented.
With copy to FSA				
All staff and volunteers know and adhere to written "food	\boxtimes			
preparation" procedures.				
Detainees whose religious beliefs require the adherence to	\boxtimes			Facility policy requires a review by the
particular religious dietary laws are referred to the Chaplain or FSA.				Chaplain of special diets approved for religious reasons.
A common-fare menu available to detainees whose dietary				Tenglous reasons.
requirements cannot be met on the main line.				
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				A common-fare menu is available to detainees
recommended daily allowances (RDAs);	\boxtimes			whose dietary requirements cannot be met on
• Staff routinely provide hot water for instant beverages				the main serving line. The common-fare menu
and foods;				is readily available at all servings as needed.
 Common-fare meals are served with: 				
 Disposable plates and utensils. 				
 Reusable plates and utensils. 				
• Staff use separate cutting boards, knives, spoons,				
scoops, etc., to prepare the common-fare diet items.				
A supervisor at the command level must approve a detainee's removal from the Common Fare Program				Policy requires command level staff approval for a detainee's removal from the common-fare
removal from the Common-Fare Program.	\boxtimes			
The Warden, in conjunction with the chaplain and/or local				program. The FSA is provided with a schedule of
religious leaders, provides the FSA a schedule of the	\boxtimes			ceremonial meals for the upcoming year. This
ceremonial meals for the following calendar year.				is addressed in Policy 11.100.

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH					
THE HIGHEST SANITARY STANDARDS.					
COMPONENTS	YES	No	NA	REMARKS	

COMPONENTS	YES	NO	NA	KEMARKS
 The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosherfor- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	\boxtimes			The common-fare program accommodates detainee special diet requirements, as needed.
The food service program addresses medical diets.	\boxtimes			Medical diets are addressed as required and needed.
Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			The satellite feeding program at this facility follows appropriate sanitation guidelines.
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	\boxtimes			The food temperatures are taken twice during each serving period and logged. The logs were reviewed. Temperatures of food served was within the safe range during the time of the inspection.
All meals are provided in nutritionally adequate portions.	\mathbb{X}			
Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
 The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food; and The sanitary operation, care, and maintenance of equipment. 	\boxtimes			Detainee workers are trained in proper food service techniques, and the training is documented in the detainee files.
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			The food service area was clean and sanitary at the time of the inspection.
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?	\boxtimes			Weekly inspections of all food service areas are conducted by the FSA and/or his designee.
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?	\boxtimes			Equipment is inspected daily by the FSA and/or his designee.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	\boxtimes			
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	\boxtimes			Dishwater temperature logs are maintained.
Staff documents the results of every refrigerator/freezer temperature check.	\boxtimes			Temperatures of refrigerators and freezers are checked daily. The results of every check are documented.
The cleaning schedule for each food service area is conspicuously posted.	\boxtimes			The FSA utilizes and posts the Monthly Rigorous Cleaning Schedule to ensure the food service area is consistently cleaned.
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes			

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FOOD SERVICE							
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.							
COMPONENTS	YES	No	NA	REMARKS			
Storage areas are locked when not in use.				Storage areas were locked during the inspection.			
ACCEPTABLE DEFICIENT	AT-RISK		-RISK	REPEAT FINDING			

REMARKS:



FUNDS AND PERSONAL PROPERTY

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.

STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).	\boxtimes			Policy 14.6 covers this component. Funds and valuables are properly separated and stored. Access is limited to supervisors.
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			Large valuables are stored and secured as required.
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). <u>For IGSAs and CDFs</u> , using a personal property inventory form that meets the ICE standard?	\boxtimes			Baggage and personal property of arriving detainees is inventoried, as required.
Staff forwards an arriving detainee's medication to the medical staff.	\boxtimes			This component is covered in policy 14.6.A.4. Arriving detainee medication is forwarded to the medical department.
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.			\boxtimes	Although not required at an IGSA facility, audits of baggage and non- valuable property are conducted quarterly, logged and verified. Policy 14-6 .C. 8 covers this component.
(b)(7)e) fficers are present during the processing of detainee funds and valuables during in-processing to the facility. (b)(7)e officers verify funds and valuables.			\boxtimes	Although not required at an IGSA facility()(7)(e)fficers are present during the processing of funds when the amount exceeds \$25.
Staff searches arriving detainees and their personal property for contraband.			\boxtimes	Although not required at an IGSA facility, staff search arriving detainees and their personal property for contraband.
Staff procedures follow written policy for returning forgotten property to detainees.	\boxtimes			Forgotten property is considered abandoned and forwarded to ICE for disposition.
Property discrepancies are immediately reported to the CDEO or Chief of Security.			\boxtimes	Although not required at an IGSA facility, property discrepancies are immediately reported to the supervisor. Policy 14.6 addresses this component.
Staff follows written procedures when returning property to detainees.	\boxtimes			
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	\boxtimes			
 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; and The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 			\boxtimes	Although not required at an IGSA facility, all abandoned property is turned over to ICE for disposition.

FUNDS AND PERSONAL PROPERTY

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.

STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

 The facility disposes of abandoned property in accordance with written procedures. If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE. 	\boxtimes		The first sentence of this component does not apply to an IGSA. However, facility policy requires abandoned property to be promptly forwarded to ICE for disposition.
ACCEPTABLE DEFICIENT	AT-RI	SK	REPEAT FINDING

REMARKS:

(b)(6),(b)(7)C / 7-8-2010 AUDITOR'S SIGNATURE / DATE

DETAINEE GRIEVANCE PROCEDURES

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

COMPONENTS	YES	No	NA	REMARKS
 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/her concern known to a member of the staff. 	\boxtimes			Policy 14.5 addresses the grievance procedure and encourages informal resolution of oral grievances.
 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			Policy 14.5.C.3 addresses the requirements of this component. Detainees may seek help from other detainees or facility staff, as needed.
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				Staff are trained in policy 14.5, which addresses how to identify emergency grievances. Emergency grievances are expedited.
 There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: If yes, explain. 		\boxtimes		There are no documented cases of staff harassing, disciplining, penalizing or otherwise retaliating against detainees.
 Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complaints" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 				A Detainee Grievance Log is maintained at the facility. However, the facility has a procedure which requires staff to identify and document grievances which may be nuisance grievances. The Warden's approve is required before grievances can be classified as nuisance grievances. Bullets 2 and 3 of this component are not required in an IGSA.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RIS	SK		REPEAT FINDING

REMARKS:

There was only one formal grievance filed in the past year. Staff explained that the facility emphasizes communication with detainees and informal resolution of complaints whenever possible.

(b)(6),(b)(7)C / 7-8-2010

AUDITOR'S SIGNATURE / DATE

GROUP LEGAL RIGHTS PRESENTATIONS

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

CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET.

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

REMARKS:

There have been no requests for group legal presentations in the past year.

(b)(6),(b)(7)C

7-8-2010 **AUDITOR'S SIGNATURE / DATE**

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

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

COMPONENTS	YES	No	NA	REMARKS
 The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels. The supply of these items exceeds the minimum required for the number of detainees. 	\boxtimes			Regular issuance and exchange of clothing, bedding, linens and towels is covered in policy 14.6, Inmate/Resident Property.
 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive: One uniform shirt and one pair of uniform pants, or one jumpsuit; One pair of socks; One pair of underwear (Daily change); and One pair of facility-issued footwear. 	\boxtimes			Although IGSAs are not required to comply with the second sentence of this component and the bullets, this facility exceeds the number of clothing items identified for issuance to detainees.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	\boxtimes			Additional clothing is provided as necessary and seasonally appropriate.
 New detainees are issued clean bedding, linens, and towels. They receive at a minimum: One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions. 	X			Although IGSAs are not required to comply with the second sentence of this component or the bullets, this facility exceeds the number of bedding, linens and towels identified for issuance to detainees.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	\boxtimes			Detainees in special work details are clothed in accordance with the requirements of the job.
 Detainees are provided clean clothing, linen and towels. Socks and undergarments - exchanged daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 	\mathbb{X}			The facility exceeds the requirements of this component. The rules for laundry are covered in the detainee handbook.
Food service detainee volunteer workers are permitted to exchange outer garments daily.			\boxtimes	Although not required at an IGSA facility, food service workers are allowed to exchange outer garments daily.
Volunteer detainee workers are permitted to exchange outer garments more frequently.			\boxtimes	Although not required at an IGSA facility, volunteer detainee workers are allowed to exchange outer garments more frequently, as required.
ACCEPTABLE	AT-RI	SK		REPEAT FINDING

REMARKS:

The components required for compliance with the NDS regarding Issuance and Exchange of Clothing, Bedding, and Towels are included in policy 14.6, as well as the detainee handbook.

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AUDITOR'S SIGNATURE / DATE

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7-8-2010

MARRIAGE REQUESTS

POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.						
COMPONENTS	YES	No	NA	REMARKS		
The Field Office considers detainee marriage requests on a case-by-case basis.	\boxtimes			The AFOD reviews each marriage request when forwarded by the Warden of the facility.		
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	\boxtimes			The AFOD reviews a marriage request if it is rejected. However, no marriage request has ever been rejected by the Warden of this facility.		
It is standard practice to require a written request for permission to marry.	\boxtimes			Marriage requests are submitted on a written form.		
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes			The facility requires a copy of the marriage license or comparable documentation.		
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	\boxtimes					
When permission is denied, the Warden/OIC states the basis for his/her decision.	\boxtimes					
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	\boxtimes			The detainee is provided with an appropriate place within the facility to plan and have the wedding.		
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

REMARKS:

(b)(6),(b)(7)C / 7-8-2010 AUDITOR'S SIGNATURE / DATE

NON-MEDICAL EMERGENCY ESCORTED TRIPS

POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS.

STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS
 The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: Funeral; or Deathbed 				
The facility recognizes mother, father, brother, sister, spouse, child, step- parent, and foster parent as "immediate family".				
The IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required.				
Each escort includes at least(b)(7) officers.				
Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.				
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.				
Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.				
 Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE; Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. 				
Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
ACCEPTABLE DEFICIENT] AT-RISE	C C		REPEAT FINDING

REMARKS:

ICE handles all non-medical emergency escorted trips.

7-8-2010

(b)(6),(b)(7)C

AUDITOR'S SIGNATURE / DATE

POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE. **COMPONENTS** YES REMARKS No NΔ The facility provides indoor and The facility has a recreation program and facility. \times \square \square outdoor recreation. A recreational specialist (for facilities with more than 350 detainees) tailors This component is only required for SPCs/CDFs. However, this the program activities and offerings to the detainee population. facility has a staff member who is in charge of recreation. \boxtimes Additionally(b)(7)(e)correctional officers are permanently assigned to supervise outdoor recreation. Regular maintenance keeps recreational facilities and equipment in good Recreation equipment was in \boxtimes good condition at the time of the condition. inspection. The recreational specialist or trained equivalent supervises detainee \times recreation workers. The recreational specialist or trainee equivalent oversees recreation \boxtimes programs for special housing units (SHU) and special-needs detainees. Dayrooms offer sedentary activities, e.g., board games, cards, television. Sedentary activities are offered \times in the davrooms. \times Outside activities are restricted to limited-contact sports. Outside recreation is offered Each detainee has the opportunity to participate in daily recreation. seven days a week, when \boxtimes weather permits. Each housing unit has scheduled recreation time daily. Outside recreation is offered to Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week. each housing unit for an hour a \times day, seven days a week, when weather permits. Equipment is inspected for Staff checks all items for damage and condition when equipment is returned. \boxtimes \square damage and condition when returned. Staff conducts searches of recreation areas before and after use. Security staff search recreation \boxtimes areas before and after use. All recreation areas under constant staff supervision. Х Supervising staff is equipped with radios. X The facility provides detainees in the SHU at least one hour of outdoor SHU and special need detainees recreation time daily, five times per week. \boxtimes receive one hour of recreation per day seven days a week of. Detainees in disciplinary/administrative segregation receive a written \times explanation when a panel revokes his/her recreation privileges. Special programs or religious activities are available to detainees. Religious activities and \times programs are available to detainees. Volunteers are required to sign a waiver of liability before entering a secure Even though IGSAs are not portion of the facility where detainees are present. required to meet this component, this facility requires \boxtimes volunteers to sign a waiver of liability before entering a secure portion of the facility.

RECREATION

RECREATION					
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.					
Visitors, relatives or friends are not allowed to serve as volunteers.			\boxtimes	Even though IGSAs are not required to meet this component, this facility does not allow visitors, friends or relatives to serve as volunteers.	
🛛 If outdoor recreation is offered, check this box. No further inform	mation is	required	when o	utdoor recreation is offered.	
 If the facility has no outside recreation, are detainees considered for transfer after six months? If yes, written procedures ensure timely review of all eligible detainees. 					
Case officers make written transfer recommendations about every six- month detainee to the OIC.					
The OIC documents all detainee-transfer decisions, whether yes or no.					
The detainee's written decision for or against an offered transfer documented in his/her A-file.					
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.					
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.					
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.					
The detainee's legal representative is notified of the detainee's/OIC's decision.					
ACCEPTABLE DEFICIENT	AT-RISH	K		REPEAT FINDING	

REMARKS:

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

RELIGIOUS PRACTICES

POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE					
PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND					
BUDGETARY CONSIDERATIONS.					
COMPONENTS	YES	No	NA	REMARKS	
Detainees are allowed to engage in religious services.	\boxtimes			Detainees are allowed to engage in religious services as outlined in the detainee handbook.	
Space is available for detainees to conduct religious services.	\boxtimes			Space is available in three different areas of the facility for religious services.	
The facility allows detainees to observe the major "holy days" of their religious faith.List any exceptions.	\boxtimes			Detainees are allowed to observe the major holy days of their religious faith.	
 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions; Honoring fasting requirements; Facilitating religious services; and Allowing activity restrictions. 			\boxtimes	Even though IGSAs are not required to meet this component, this facility accommodates recognized holy- day observances.	
Each detainee is allowed religious items in his/her immediate possession.	\boxtimes			Detainees are allowed to possess religious items as outlined in the detainee handbook.	
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			As supported by a review of three volunteer files, credentials of volunteers are verified and checked before the volunteer is allowed to participate in detainee programs.	
Members of faiths not represented by clergy may conduct their own services within security allowances.	\boxtimes			A time in the activity schedule is set aside on Fridays for services for faiths not represented by clergy.	
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			Religious services are provided to detainees housed in the SMU. If services are denied to detainees in the SMU, the reason for the denial is documented.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

(b)(6),(b)(7)C / 7-8-2010 AUDITOR'S SIGNATURE / DATE

DETAINEE TELEPHONE ACCESS

POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.								
COMPONENTS	YES	No	NA	REMARKS				
Detainees are allowed access to telephones during established facility waking hours.	\bowtie			Detainees are allowed to use the telephones daily from 6:00 a m. to 11:00 p m.				
Upon admittance, detainees are made aware of the facility's telephone access policy.				During the admissions process, detainees are shown an orientation video which includes information on access to telephones. In addition, each detainee is issued a handbook which includes this information.				
Access rules are posted in housing units.	X							
The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			A significant portion of the detainee population speaks Spanish. Rules are posted in housing units in English and Spanish. The detainee handbook is available in English and Spanish.				
Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes							
Telephones are inspected regularly by facility staff to ensure that they are in good working order.	\boxtimes			Facility policy 16.100.4A requires that staff check telephones daily. These checks are done just prior to formal head counts, which are conducted during every shift.				
The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	\boxtimes							
The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.	\boxtimes			The officer in charge of detainee telephones calls the vendor on the same day that he receives a report that a phone is out of order. Most problems are resolved within one day of being reported. If not, the officer follows up to insure that the vendor completes the repair in a timely manner.				
Detainees are afforded a <i>reasonable degree of privacy</i> for legal phone calls.	\boxtimes			Plexiglas partitions separate the telephones, affording users a reasonable degree of privacy.				
A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			A detainee who has trouble placing a confidential call is assisted by facility staff. If the call needs to be placed from an area away from other detainees, ICE is notified, and the detainee is allowed to place the call from the ICE office in the facility.				
The facility provides the detainees with the ability to make non- collect (special access) calls.	\boxtimes			A detainee can request in writing a non- collect call. If the request is approved by ICE, the detainee is taken to a staff office or the ICE office to place the call.				
Special Access calls are at no charge to the detainees.	X							
The OIG phone number for reporting abuse is programmed into the detainee phone system and the phone number was checked by the inspector during the review.	\boxtimes			The OIG phone number is programmed into the detainee phone system. A call was placed from a detainee telephone, and someone at the OIG Hot Line was successfully reached.				

DETAINEE TELEPHONE ACCESS

POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.							
COMPONENTS	YES	No	NA	REMARKS			
In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	The OIG phone number was working at the time of the inspection.			
No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	\boxtimes						
Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes			Requests to speak to a family member detained in another facility are referred to ICE.			
Any telephone restrictions are documented.	\boxtimes			When phone use by detainees is restricted, officers are required to file a report. This information is also logged at control stations. There have been no restrictions in the past year.			
The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes			Policy 16.100.4F establishes a procedure for taking and delivering emergency messages.			
Emergency phone call messages are immediately given to detainees.	\boxtimes						
Detainees are allowed to return emergency phone calls as soon as possible.	\boxtimes						
Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	\boxtimes						
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes			The consular/embassy and the OIG phone numbers are programmed into the phone in the segregation unit.			
Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes						
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes						
When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.				Detainees are informed in writing during the admissions process that their phone calls may be monitored. A signed copy of this notice is kept in the detainee's file. Also, such notices are posted in each housing unit in English and Spanish.			
ACCEPTABLE DEFICIENT		AT-RISH	K	REPEAT FINDING			

REMARKS:

Detainee telephone access is governed by policy 16.100, Access to Telephones. The policy appears to be consistent with the requirements of the NDS regarding Telephone Access, and staff appear to perform their duties in accordance with the policy.

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AUDITOR'S SIGNATURE / DATE

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VISITATION									
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.									
COMPONENTS	YES	No	NA	REMARKS					
There is a written visitation schedule and hours for general visitation.	\boxtimes								
The visitation hours tailored to the detainee population and the demand for visitation.	\boxtimes								
The visitation schedule and rules are available to the public.	\boxtimes			The visitation schedule and rules are posted in the front lobby.					
The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes								
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	\boxtimes								
A general visitation log is maintained.	\boxtimes			A computerized log is maintained by the officer at the front lobby of the facility.					
The detainees are permitted to retain personal property items specified in the standard.	\boxtimes								
A visitor dress code is available to the public.	\boxtimes			The visitor dress code is posted in the public area in the front lobby.					
Visitors are searched and identified according to standard requirements.	\boxtimes								
The requirement on visitation by minors is complied with.	\boxtimes			Minors are allowed to visit, if accompanied by a parent or legal guardian. Each adult visitor may bring in up to two minors.					
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.					
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.					
Detainees in special housing are afforded visitation.	\boxtimes								
Legal visitation is available seven (7) days a week, including holidays.	\boxtimes								
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	\boxtimes								
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			If a detainee chooses to continue a legal visit through a scheduled meal time, a meal is set aside, and the detainee is allowed to eat it after the completion of the visit.					
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			Two private rooms are available within the facility for attorney meetings. Detainees are able to meet with their legal representatives across an open table.					
There are written procedures governing detainee searches.	\boxtimes								
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.	\boxtimes			The facility does not require strip searches after legal visits.					

VISITATION							
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.							
Prior to each visit, legal service providers and assistants are identified per the standard.	\boxtimes			Legal service providers and assistants are required to show identification, including bar number and driver's license.			
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			The list is posted in English and Spanish.			
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	\mathbb{X}						
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	\boxtimes						
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	\boxtimes						
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	\boxtimes						
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			Policy 13.77 allows for examinations by independent medical service providers.			
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING							

REMARKS:

Facility Policy 16.2, Visitation, governs this area. The policy appears to be consistent with the requirements of the NDS regarding Visitation, and staff appear to perform in accordance with the policy.

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VOLUNTARY WORK PROGRAM

POLICY: IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN MONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS BASIC OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTECTIONS.

CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO WORK AT THE IGSA FACILITY. MARK NA ON FORM G-324A, PAGE 3 AND MOVE TO NEXT SECTION.

COMPONENTS	YES	No	NA	REMARKS
Does the facility have a voluntary work program?Do ICE detainees participate?	\boxtimes			ICE detainees participate in the voluntary work program.
Detainee housekeeping meets neatness and cleanliness standards.	\boxtimes			Detainee living areas are well- maintained, neat and clean.
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.	\boxtimes			Detainees do not work outside the facility's secure perimeter.
Written procedures govern selection of detainees for the Voluntary Work Program.	\boxtimes			Procedures for selection of detainees participating in the voluntary work program are covered in policy 19.100 and included in the detainee handbook.
Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes			
The facility complies with work-hour requirements for detainees, not exceeding:Eight hours a day and Forty hours a week.			\boxtimes	Although not required at an IGSA facility, the facility does not allow detainee workers to work more than 8 hours per day.
Detainee volunteers generally work according to fixed schedule.	\boxtimes			Detainee workers work according to a fixed schedule.
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	\boxtimes			Written justification is placed in the detainee's detention file if the detainee is removed from a work detail.
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			Staff review voluntary worker job descriptions with the detainee workers before the detainee joins the work program.
The voluntary work program meets:OSHA, NFPA, ACA standards	\boxtimes			
 Medical staff screen and formally certify detainee food service volunteers. Before the assignment begins; and As a matter of written procedure 	\boxtimes			Medical staff screen and formally certify detainees for food service volunteer jobs.
Detainees receive safety equipment/ training sufficient for the assignment.	X			Staff trains volunteer detainee workers regarding safety equipment. This training is documented in the detainee detention file. This process was observed in the food service area.
Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes			Policy 19.100.J addresses this component.
ACCEPTABLE DEFICIENT	AT-RISK	2		REPEAT FINDING

REMARKS:

Overall, the facility complies with the NDS regarding the Voluntary Work Program.

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SECTION II HEALTH SERVICES STANDARDS

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HUNGER STRIKES

POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES				
ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO				
SUSTAIN THEIR LIVES.		-	-	
COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.				This component is specific to SPCs/CDFs. Facility Policy 13.46, Hunger Strikes, requires that a detainee refusing food for 72 hours be referred to medical staff. Per the Health Services Administrator (HSA), in practice, such notification is given after the refusal of two meals.
CDFs and IGSAs immediately report a hunger strike to the ICE.	\boxtimes			In accordance with Policy 13.46 and as confirmed per the HSA and the AFOD, ICE is immediately notified of any detainee hunger strike.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Policy 13.46 requires an immediate response to a hunger strike.
 Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. If yes, in an observation room? 				This component is specific to SPCs/CDFs. Policy 13.46, however, requires that a hunger striker be isolated. Per the HSA, a hunger striker would normally be housed in one of the two observation cells in the medical unit. If it is determined the hunger strike is part of a suicide attempt, the detainee would be housed in the cell designated for suicide watches in the special management unit.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				This component is specific to SPCs/CDFs. In this facility, Policy 13.46 authorizes medical staff to place a hunger striker in one of the designated medical or SMU observation cells.
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.			\boxtimes	This component is specific to SPCs/CDFs. In accordance with Policy 13.46 and as confirmed by the HSA, medical staff do record the weight and vital signs of a hunger striker upon initial referral and at least daily thereafter.

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HUNGER STRIKES

POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.				
The OIC of the facility obtains a hunger striker's consent before medical treatment.	\boxtimes			In accordance with policy 13.50, Initial Intake Screening, and as confirmed by a review of detainee medical records, all detainees sign Form 13-50D, Health Care Services - General Consent, during the intake screening process. In accordance with policy 13.49, Informed Consent/Refusal of Care, a procedure-specific consent form would be used should a hunger striker's medical condition require invasive treatment.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			\boxtimes	This component is specific to SPCs/CDFs. In accordance with Policy 13.49, any detainee refusing medical treatment is required to sign Form 13-49B, Refusal to Accept Medical Treatment.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.			\boxtimes	This component is specific to SPCs/CDFs. At this facility, policy 13-49 requires the documentation and provision of three meals a day.
Staff maintains the hunger striker's supply of drinking water/other beverages.			\boxtimes	This component is specific to SPCs/CDFs. In this facility, when a hunger striker is housed in the medical unit, staff supply all drinking water/other beverages. Hunger strikers placed in the designated suicide watch cell in the SMU retain independent access to water. Detention officers assigned to suicide watch monitor and document the detainee's fluid intake.
During a hunger strike, staff removes all food items from the hunger striker's living area.			\boxtimes	This component is specific to SPCs/CDFs. However, in accordance with policy 13.46 and as confirmed by the HSA, hunger strikers in this facility are not permitted to possess commissary items when they are moved to one of the medical or SMU observation cells.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I- 839 or similar IGSA form.			\boxtimes	This component is specific to SPCs/CDFs. Per the HSA and in accordance with policy 13.63, Observation Beds, form 13-63A, Monitoring Form is used to document a hunger striker's fluid intake and food consumption.
The medical staff has written procedures for treating hunger strikers.	\boxtimes			Policy 13.46 establishes procedures for treating hunger strikers.

HUNGER STRIKES

POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.					
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			\boxtimes	This component is specific to SPCs/CDFs. In accordance with policy 13.46, all treatment attempts are documented in the detainee's medical record.	
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.	\boxtimes			Per the facility training officer and as confirmed per a review of staff training records, all staff receive training on the identification of hunger strikes during pre-service training and annually thereafter. Per the HSA, medical staff are trained on the evaluation and treatment of hunger strikers during the initial staff orientation and periodically thereafter.	
ACCEPTABLE DEFICIENT] AT-RI	SK		REPEAT FINDING	

REMARKS:

Per the HSA, there were no detainee hunger strikes at this facility during the past 12 months. Policies are in place and staff are trained to recognize and respond to a hunger strike and provide appropriate evaluation and treatment. At the time of the inspection, compliance with the actual practice could not be determined since there were no hunger striker medical records were available for review.

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7-8-2010 AUDITOR'S SIGNATURE / DATE

ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
<u>Facilities</u> operate a health care facility in compliance with state and local laws and guidelines.	\boxtimes			A review of credentialing files maintained by the Health Services Administrator (has) confirmed the active status of staff licenses. A current satellite pharmacy license, facility DEA registration and lab Clinical Laboratory Improvement Amendment (CLIA) waiver were posted in the medical unit.
The facility's in-processing procedures for arriving detainees include medical screening.				In accordance with Policy 13.50, Initial Intake Screening, in-processing procedures include medical screening. Upon arrival at the facility, detainees are pre-screened by medical staff for communicable diseases and any urgent medical concerns before they are accepted into the facility. Using form 13-50A, Initial Health Screening, medical staff completes a full medical intake screening as soon as facility intake documentation has been initiated by detention officers and the detainee has changed into facility clothing.

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ACCESS TO MEDICAL CARE POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES. All detainees have access to and receive medical care. As confirmed by a review of detainee medical records and per direct observations of the intake process and the medical and detainee housing units, detainees have access to and receive medical care through intake screenings and assessments, scheduled appointments, written sick call requests and direct requests to staff for more urgent concerns. In accordance with policy 13.44, Health Services Information, instructions for accessing medical care are provided during intake screening and are included in the detainee handbook which is available in \boxtimes both English and Spanish. Medical and dental outpatient services, mobile x-ray, and lab specimen collection are provided on-site. Chronically ill detainees are medically monitored and scheduled for periodic follow up. Specialty medical services are available through community providers. Outpatient mental health services are provided on site. EMS emergency response and transport services are provided by the Laredo Fire Department. Hospital-based emergency and in-patient services are provided by the Laredo Medical Center. The facility has access to a PHS/DIHS Managed Health Care Per the HSA, the Treatment Coordinator. Administration Record (TAR) Web \ge system is used to access a PHS/DIHS Managed Health Care Coordinator.

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POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.					
The medical staff is large enough to provide, examine, and treat the facility's detainee population.	\boxtimes			On-site medical coverage is provided 24 hours/7 days per week. In addition to the Health Services Administrator (has), coverage is provided by (b)(7)e Registered Nurse (RN)(b)(7)eLicensed Vocational Nurses (LVNS) and(b)(7)e Emergency Medical Technicians (EMTs), with the support of a medical records clerk. The HSA and the RN are on call when not on site. A nurse practitioner is on site two to five days per week, as needed, for a total of eight hours a week. A physician and a dentist provide on-site services once a week and are on call when not on site. Mental health services include a licensed mental health coordinator who is on site 20 hours per week. A psychiatrist is on site as needed and is also on call. A review of detainee medical records confirmed timely completion of intake screenings and physical exams, prompt response to medical requests, and timely provision of medical evaluation and treatment.	
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	\boxtimes			The medical unit includes an appropriately equipped examination room for the evaluation and treatment of detainees. In accordance with policy 13.74, Privacy of Protected Health Information, and as confirmed by direct observations in the medical unit, privacy is maintained during health care encounters.	
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.			\boxtimes	This component is specific to SPCs/CDFs. In this facility, the medical unit is located within the secure perimeter and has restricted access.	
The medical facility entrance includes a holding/waiting room.			\boxtimes	This component is specific to SPCs/CDFs. There is a waiting room just inside the entrance to the medical unit.	
The medical facility's holding/waiting room is under the direct supervision of custodial staff.			\boxtimes	This component is specific to SPCs/CDFs. In accordance with Post Order #4, Health Services Detention Officer Post, the detention officer posted in the medical unit maintains supervision of detainees in the waiting room.	
Detainees in the holding/waiting room have access to a drinking fountain.			\boxtimes	This component is specific to SPCs/CDFs. In this facility, the waiting room does have a drinking fountain.	

ACCESS TO MEDICAL CARE					
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE					
GENERAL WELL-BEING OF ICE DETAINEES. Medical records are kept apart from other files. They are:				Medical records in this facility are	
 Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files. 	\boxtimes			computerized. All paper medical documentation generated or received is scanned into the electronic record and then shredded. In accordance with facility policy 13.58, Medical Records, access to the computerized medical records is password protected and limited to authorized medical staff.	
Pharmaceuticals are stored in a secure area.				This component is specific to SPCs/CDFs. In accordance with facility policy 13.70, Pharmaceuticals,	
				(b)(7)e	
 Medical screening includes a Tuberculosis (TB) test. Every arriving detainee receives a TB test during the admission process; Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and Detainees not screened are housed separate from the general population. 	\boxtimes			Per the Health Services Administrator (HSA) and in accordance with Policy 13.6, "Chronic Care," all detainees are given a chest x-ray to screen for TB within 24 hours of their arrival at the facility. Per a review of 23 medical records, 22 detainees received a chest x-ray within the required timeframe. Per discussions with the HSA and as confirmed per a review of the medical record, the one detainee not tested was uncooperative and was removed from the facility within the first 24 hours. A review of detainee medical records confirmed use of the medical observation/negative pressure rooms for housing potentially infectious detainees pending TB clearance.	
 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; and Before a detainee's assignment to a housing unit. 	\boxtimes			In accordance with Policy 13.50 and as confirmed per a review of detainee medical records, mental health screening is included in the intake screening completed by medical staff. Although IGSAs are not required to complete mental health screening before a detainee is assigned to a housing unit, in this facility the screening is completed before a housing unit assignment is made.	

ACCESS TO MEDICAL CARE						
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.						
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.			\boxtimes	This component is specific to SPCs/CDFs. In this facility, the HSA states all completed intake screening forms are reviewed by the RN. As confirmed per a review of detainee medical records, the identification of any medical concerns during intake screening triggers a prompt referral to the nurse practitioner.		
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				In accordance with Policy 13.40, "Full Health Appraisal," a physical exam and an assessment are completed by the nurse practitioner within 14 days on all detainees remaining in the facility. Per a review of 23 detainee medical records, all detainees remaining in the facility were examined within the first 11 days. Those with medical concerns identified during intake were examined within the first 24 to 48 hours. The two detainees not examined were transferred out of the facility within their first six days.		
Detainees in the Special Management Unit have access to health care services.	\boxtimes			Detainees in SMU have access to health care services through submission of a Sick Call Request or through a direct request to staff for more urgent concerns. In accordance with policy 13.42, Segregation Access to Health Care, and as confirmed by the HSA and a review of detainee medical records, nursing staff also complete and document at least daily rounds on detainees housed in SMU.		
 Staff provides detainees with health services (sick call) request slips daily, upon request. Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	\boxtimes			IGSAs are not required to provide detainees with health service requests slips daily or to have them available in languages spoken by a sizeable number of the facility's detainee population. In this facility and in accordance with policy 13.80, Sick Call, Sick Call Requests (Form 13-80A) are available in English and Spanish. Detainees place completed requests in specially marked health care collection boxes. Requests are collected daily by medical staff. Per documentation found in detainee medical records, detainees submitting requests are seen within 24 hours.		

	LDICA				
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.					
The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	\boxtimes			Medical staff are on duty 24 hours/7 days a week. Policies 13.34, Emergency Medical Care, and 81, Emergency Response, establish a written plan for the delivery of 24-hour emergency health care when immediate outside medical attention is required.	
The plan includes an on-call provider.			\boxtimes	This component is specific to SPCs/CDFs. The physician, dentist, and a mental health provider are on call when not on site.	
The plan includes a list of telephone numbers for local ambulance and hospital services.			\boxtimes	This component is specific to SPCs/CDFs. In this facility, the ambulance and hospital numbers are posted in the medical unit and in the facility control center.	
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.			\boxtimes	This component is specific to SPCs/CDFs. Policies 13.34 and 8.1 include emergency health care procedures consistent with security and safety.	
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	\boxtimes			As required by policy 13.34 and as confirmed per the facility training officer as well as a review of staff training records, all staff are trained in first aid and certified in CPR and use of the Automated External Defibrillator (AED) during pre-service training and annually thereafter.	
Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	This component is specific to SPCs/CDFs. All medications in this facility are distributed by medical staff.	
The medical unit keeps written records of medication that is distributed.	\boxtimes			In accordance with policy 13.70 and as confirmed per direct observations in the medical unit and per a review of detainee medical records, the distribution of all prescription and over- the-counter medication is documented by medical staff in detainee-specific electronic medical records. Detainees sign for all medication received, including individual doses as well as multi-dose cards of those medications approved and distributed as keep-on- person medications.	
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.			\boxtimes	This component is specific to SPCs/CDFs. In this facility, and as confirmed per a review of detainee medical records, notification of detainee special medical needs is provided via e-mail.	

ACCESS TO MEDICAL CARE

ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.				
A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			In accordance with policy 13.50 and as confirmed per a review of detainee medical records, all detainees sign Form 13-50D, Health Care Services - General Consent, during the intake screening process.
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				In accordance with policy 13.74 and as confirmed per a review of detainee medical records, Form 13-74B, Authorization for Release of Protected Health Information, is used by detainees to authorize the release of confidential medical records.
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			The HSA indicated sufficient advance notification is provided to allow for the preparation of medical summary information and any needed medications. As part of the facility's Pandemic Influenza Preparedness Plan, a Pre-Transfer Screening Form is also completed for all detainees before transfer.
Detainee's medical records or a copy thereof, are available and transferred with the detainee.				A medical summary is prepared for transfer with the detainee. The original medical record is retained by the facility.
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	\boxtimes			In accordance with policy 13.86, Transfer Screening, medical summary documentation is placed in a sealed and appropriately marked envelope.
ACCEPTABLE DEFICIENT		AT-RISH	к	REPEAT FINDING

REMARKS:

Per the Warden, all facility staff speak both English and Spanish. Medical forms completed by detainees are also available in both languages. Telephone-based interpretation services are available for detainees unable to speak English or Spanish. A review of 23 detainee medical records and observations in the medical unit revealed no unresolved detainee complaints. The facility has not pursued NCCHC, Joint Commission or ACA accreditation.

(b)(6),(b)(7)C 7-8-2010 ATURE / DATE

SUICIDE PREVENTION AND INTERVENTION

POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL				
HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.				
COMPONENTS	YES	No	NA	REMARKS
Every new staff member receives suicide-prevention training. Suicide- prevention training occurs during the employee orientation program.	\boxtimes			In accordance with policy 9.19, Suicide Prevention/Risk Reduction, and as confirmed per the facility training officer and a review of staff training records, all staff receive suicide prevention training during pre-service training and annually thereafter.
 Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques. 	\boxtimes			In accordance with policy 9.19 and as confirmed by a review of the facility's suicide prevention lesson plan, all required components are included in the training program.
 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. 	\boxtimes			In accordance with policy 13.50, Initial Intake Screening, and as confirmed per a review of detainee medical records, screening for suicide potential is included in the intake screening completed by medical staff. Per a review of 23 detainee medical records, all detainees were screened during in- processing.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	\boxtimes			Policies 9.19 and 13.84, Suicide Management/Risk Reduction, establish procedures for the referral of at-risk detainees to medical staff. A review of detainee medical records confirmed timely referral to and follow up by health care staff.
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			Cell #1 in the SMU is designated for the evaluation and treatment of detainees at risk for suicide.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				The designated room contains no elevated accessible structures to which the end of a noose could be secured. It offers good visibility for the supervising officer. The room does include a single metal bed with tied down loops along its upper edge but still near the floor. Detainees placed on suicide watch are given suicide-resistant mattresses and gowns and/or blankets and are maintained on constant one-on-one observation.
Medical staff has approved the room for this purpose.	\boxtimes			Per the Health Services Administrator (has), facility mental health staff approve use of the designated room for suicide watches.

SUICIDE PREVENTION AND INTERVENTION

POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.				
COMPONENTS	YES	No	NA	REMARKS
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	\boxtimes			In accordance with policy 13.84, and as confirmed per a review of completed Monitoring Forms (13- 84A) scanned into detainee medical records, detention officers observe and document the status of a detainee on suicide watch at least once every 15 minutes.
ACCEPTABLE DEFICIENT] AT-RI	SK		REPEAT FINDING

REMARKS:

Suicide prevention posters were seen in various locations throughout the facility. Per the facility training officer, laminated cards listing suicide potential warning signs were distributed to facility staff.

Per the Significant Incident Summary and as confirmed by the HSA, there have been no suicides or suicide attempts at this facility in the past 12 months. Per a review of detainee medical records, several detainees were placed on suicide watch as a precautionary measure. All were referred to and evaluated by mental health staff and were later released from suicide watch when determined to no longer be suicidal.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.	\boxtimes			As confirmed by the Health Services Administrator (HSA), the facility does not accept severely or terminally ill detainees. Any detainee already housed at the facility who develops the need for more intensive medical treatment is transported to the Laredo Medical Center pending transfer from the facility in accordance with policy 13.82, Special Needs Treatment Plan.
 The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: The detainee's location; and The limitations placed on visiting. 	\boxtimes			Per the HSA and the AFOD and in accordance with policy 13.82, the facility notifies ICE of detainee medical concerns. As confirmed per the AFOD, ICE notifies the next of kin, when applicable.
 There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her. 	\boxtimes			The facility does not accept severely or terminally ill detainees. Policy 13.3, Advance Directives: Living Wills/Durable Power of Attorney for Health Care, establishes guidelines addressing advanced directives. Directions for obtaining information on advanced directives is also included in the detainee handbook. Per the HSA, no detainee has requested additional information on advanced directives.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	\boxtimes			The facility does not accept severely or terminally ill detainees. Policy 13.3, does establish procedures giving the detainee the option of having a private attorney prepare the documents.
There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			The facility does not accept severely or terminally ill detainees. Policy 13.3, however, does address Do Not Resuscitate (DNR) orders. Per the HSA, no detainee at this facility has had a DNR order.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	\boxtimes			The facility does not accept severely or terminally ill detainees. Policy 13.3, however, does require the provision of maximum therapeutic efforts short of resuscitation for any detainee with a DNR order.
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			The facility does not accept severely or terminally ill detainees. Policy 13.3 does require applicable notifications. The AFOD confirmed that ICE would provide the necessary notifications. Per the HSA, no detainee at this facility has had a DNR order.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Policy 13.77, Scope of Services, establishes procedures addressing organ donation by detainees. The recipient of any such donation is limited to a member of the detainee's immediate family. All associated costs are the responsibility of the detainee.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	\boxtimes			Policies 51, Incident Reporting, and 13.62, Notification of Next of Kin/Others, establish procedures for the notification of ICE in the event of a detainee death. The AFOD confirmed timely receipt of such notification.
The facility has a policy and procedure to address the death of a detainee while in transport.			\boxtimes	With the exception of short trips to local medical providers, the facility does not transport detainees.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			Per discussions with the AFOD, ICE would insure disposal of a detainee's remains in accordance with the provisions of this standard.
 In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified? 	\boxtimes			Per the AFOD, ICE would arrange for the burial of unclaimed remains in accordance with the provisions of this standard.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	\boxtimes			Per the AFOD, ICE would place a copy of the detainee's death certificate in the subject's A-file.
 The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: Performance of an autopsy; Who will perform the autopsy; Obtaining state approved death certificates; and Local transportation of the body. 	\boxtimes			Policies 5.1 and 13.62 establish procedures for contacting the local coroner in the event of a detainee death. There have been no detainee deaths at this facility in the past 12 months.
ICE staff follows established procedures to properly close the case of a deceased detainee.	\boxtimes			Per the AFOD, ICE would close the case of a deceased detainee in accordance with established procedures.
ACCEPTABLE DEFICIENT		T-RIS	к	REPEAT FINDING

REMARKS:

Per the Significant Incident Summary and as confirmed by the Health Services Administrator (HAS) and the AFOD, there have been no detainee deaths at this facility during the past 12 months. The facility does not accept severely or terminally ill detainees due to limited medical unit and staffing resources.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

SECTION III SECURITY AND CONTROL STANDARDS

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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CONTRABAND

POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF				
CONTRABAND DESTRUCTION IS REQUIRED.	Vac	No		Drawner
COMPONENTS	YES	No	NA	REMARKS
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.	\boxtimes			Though not required at an IGSA facility, the staff inventory, hold and report contraband when necessary to the proper authority for action/possible seizure. Policy 9.6, Contraband Control, provides direction for staff to follow when handling illegal contraband.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				This component is specific to SPCs/CDFs. However, the facility has procedures in place to retain government property as evidence for potential disciplinary or criminal prosecution. The facility kept proper chain of custody forms for contraband that may be used for criminal prosecution.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.			\boxtimes	This component is specific to SPCs/CDFs. However, the facility has written procedures in place to cover the return of such property.
Altered property is destroyed following documentation and using established procedures.			\boxtimes	This component is specific to SPCs/CDFs. However, policy 9.6, Contraband Control, gives direction on destroying altered property. The facility maintains a log of all contraband destroyed.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.			\boxtimes	This component is specific to SPCs/CDFs. However, the Chief of Security does check with a religious authority before confiscating religious items.
Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes			The facility has written procedures on destroying hard contraband that is illegal and maintains a log.
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes.If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.			\boxtimes	This component is specific to SPCs/CDFs. However, policy 9.6, Contraband Control, gives direction on retaining and using hard contraband for official use.
ACCEPTABLE DEFICIENT	AT-RISE	c .		REPEAT FINDING

REMARKS:

At the time of the inspection, the facility maintained thorough documentation of contraband found, retained and destroyed.

The facility complies with the NDS regarding Contraband.

(b)(6),(b)(7)C / 7-8-2010 AUDITOR'S SIGNATURE / DATE

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DETENTION FILES

POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF					
SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACIL				· · · · · · · · · · · · · · · · · · ·	
INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.					
COMPONENTS	YES	No	NA	REMARKS	
A detention file is created for every new arrival whose stay will exceed	\boxtimes				
24 hours.					
The detainee detention file contains either originals or copies of	\boxtimes				
documentation and forms generated during the admissions process.					
The detainee's detention file also contains documents generated during					
the detainee's custody.	!				
Special requests	!			Six detainee detention files were	
 Any G-589s and/or I-77s closed-out during the detainee's 	\boxtimes			reviewed and contained the required	
stay	1 !			documents.	
 Disciplinary forms/Segregation forms 	1 !				
 Grievances, complaints, and the disposition(s) of same 	<u> </u>				
The detention files are located and maintained in a secure area. If not,				Although IGSAs are not required to	
the cabinets are lockable and distribution of the keys is limited to				comply with the second sentence of this	
supervisors.	\boxtimes			component, the facility keeps the	
				detention files in locked cabinets. Keys	
	!			are controlled and issued only to	
	<u> </u>			designated supervisors.	
The detention file remains active during the detainee's stay. When the				During the inspection, the facility was in	
detainee is released from the facility, staff adds copies of completed	1 !			the process of releasing 13 detainees.	
release documents, the original closed-out receipts for property and	1 _ !			This Inspector observed staff closing the	
valuables, the original I-385 or equivalent, and other documentation.	\boxtimes			files for these detainees. Copies of	
				release documents, closed-out property	
				receipts, form I-385, and other	
	<u> </u>			documentation was added to the files.	
The officer closing the detention file makes a notation that the file is	[!			The Lieutenant in charge of receiving	
complete and ready to be archived.	\boxtimes			and discharge reviews all files before	
				they are closed, and signs off that they	
	L!			are ready to be archived.	
Staff makes copies and sends documents from the file when properly					
requested by supervisory personnel at the receiving facility or office.	\boxtimes				
Appropriate staff has access to the detention files, and other				The Business Manager controls the key	
departmental requests are accommodated by making a request for the	\boxtimes			to the file cabinet, and maintains a log	
file. Each file is properly logged out and in by a representative of the				of any file taken out of the immediate	
responsible department.	L!			work area.	
ACCEPTABLE DEFICIENT	AT	-RISK		REPEAT FINDING	

REMARKS:

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

DISCIPLINARY POLICY					
POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.					
COMPONENTS	YES	No	NA	REMARKS	
The facility has a written disciplinary system using progressive levels of reviews and appeals.	\boxtimes			Policy 15.100, Detainee Discipline, explains the progressive levels of reviews and appeals.	
The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes				
 Written rules prohibit staff from imposing or permitting the following sanctions: corporal punishment deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of physical exercise 	\boxtimes				
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			Rules of conduct, sanctions, and procedures for violations are defined in writing in the detainee handbook and are posted on detainee bulletin boards in the housing units. They are also explained during detainee orientation.	
 The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions 	\boxtimes			Though it is not required at an IGSA facility, the facility conspicuously posts Rights and Responsibilities as well as Prohibited Acts, Disciplinary Severity Scale and Sanctions in the housing units. All postings are in English and Spanish.	
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			\boxtimes	This component is specific to SPCs/CDFs. The facility does have written procedures in place to handle minor rule violations using informal resolutions.	
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.			\boxtimes	This component is specific to SPCs/CDFs. Incident reports and notice of charges are promptly forwarded to the shift supervisor.	
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	\boxtimes			All incident reports are investigated within 24 hours of the reported incident.	
An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes				

DISCIPLINARY POLICY

POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO COMPLIANCE WITH FACILITY RULES AND REGULATIONS.	IMPOSE DI	SCIPLINE	ON DETA	INEES WHOSE BEHAVIOR IS NOT IN
COMPONENTS	YES	No	NA	REMARKS
 A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC; Considers written reports, statements, physical evidence, and oral testimony; Hears pleadings by detainees and staff representatives; Bases its findings on the preponderance of evidence; and Imposes only authorized sanctions 	\boxtimes			Though it is not required at an IGSA facility, Policy 15.100, Detainee Discipline, includes all information noted in this component.
A staff representative is available if requested for a detainee facing a disciplinary hearing.			\boxtimes	This component is specific to SPCs/CDFs. However, facility policy allows a staff representative to be available for a detainee facing a disciplinary hearing.
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	\boxtimes			
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.	\boxtimes			The average stay in disciplinary segregation at the facility is less than seven days. Most detainees are transferred from the facility within a few days.
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"		\boxtimes		Facility policy mentions the use of information from confidential-informants. However, there is no written procedure in place governing the handling of information received from confidential informants.
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RISE	C C		REPEAT FINDING

REMARKS:

Overall, the facility complies with the NDS regarding the Disciplinary Policy with one exception. The facility policy mentions the use of information from confidential-informants for hearings. However, there is no written policy or procedure governing the handling of information received from confidential-informants. Staff who were interviewed confirmed there is nothing in writing regarding the handling of information from confidential-informants.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

EMERGENCY (CONTINGENCY) PLANS

POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE				
THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCs AND CDFs ENTER INTO AGREEMENT, VIA				
MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND S				
COMPONENTS Policy precludes detainees or detainee groups from exercising control or	YES	No	NA	REMARKS Policy 8.1, Emergency
authority over other detainees.				Response, precludes detainees
autionity over other detainees.	\boxtimes			from exercising control or
				authority over other detainees.
Detainees are protected from:				autionty over other detailees.
Personal abuse				
Corporal punishment				
 Personal injury 	\boxtimes			
• Disease				
Property damage				
 Harassment from other detainees 				
Staff is trained to identify signs of detainee unrest.				Detainee unrest is part of the
• What type of training and how often?				Emergency Plan training.
······································				Training on the Emergency
	\boxtimes			Plan is part of the annual
				training provided to facility
				staff.
Staff effectively disseminates information on facility climate, detainee	\boxtimes			
attitudes, and moods to the Officer In Charge (OIC)				
There is a designated person or persons responsible for emergency plans				The facility's Chief of Security
and their implementation. Sufficient time is allotted to the person or group	\boxtimes			is responsible for emergency
for development and implementation of the plans.				plans and their implementation.
The plans address the following issues: Confidentiality				
	\bowtie			
Accountability (copies and storage locations)Annual review procedures and schedule				
 Revisions 				
Contingency plans include a comprehensive general section with				Policy 8.1, Emergency Plans, is
procedures applicable to most emergency situations.				thorough and includes a
	\boxtimes			comprehensive general section
				with procedures applicable to
				most emergency situations.
The facility has cooperative contingency plans with applicable:				This component is specific to
 Local law enforcement agencies 				SPCs/CDFs. However, the
State agencies			\boxtimes	facility has a memorandum of
Federal agencies				understanding with local law
				enforcement agencies, state
				agencies and federal agencies.
All staff receives copies of Hostage Situation Management policy and				This component is specific to
procedures.			\boxtimes	SPCs/CDFs. However, staff
				receives training on Hostage
Staff is trained to disregard instructions from hostages, regardless of rank.				Situation Management. This component is specific to
Within 24 hours after release, hostages are screened for medical and				SPCs/CDFs. However, staff,
psychological effects.			\boxtimes	regardless of rank, is trained to
pojenorogieni enceto.				disregard instructions from
				hostages.
				0

EMERGENCY (CONTINGENCY) PLANS

POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE				
THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA				
MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY. COMPONENTS YES NO NA REMARKS				
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				This component is specific to SPCs/CDFs. Policy 8.1, Emergency Response, includes medical treatment for staff and detainees during and after an incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.			\boxtimes	This component is specific to SPCs/CDFs. However, the facility Food Service Department maintains at least three days of emergency meals.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).			\boxtimes	This component is specific to SPCs/CDFs. However, facility policy includes written plans to identify locations of shut-off valves and switches for all utilities.
 Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances 				Policy 8.1, Emergency Response, includes written procedure for all emergency situations noted in this component.
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING

REMARKS:

Policy 8-1, Emergency Response, is comprehensive. The policy includes numerous potential emergency situations and direction on the handling of each individual emergency.

(b)(6),(b)(7)C / 7-8-2010 AUDITOR'S SIGNATURE / DATE

ENVIRONMENTAL HEALTH AND SAFETY

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

SALE HARDERO I ROCEDORES				
COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			This process was observed in the facility.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	\boxtimes			Constant inventories are maintained for all flammable, toxic and caustic substances in each section of the facility.
 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	\boxtimes			MSDS sheets are maintained in each area of the facility where hazardous substances are used. Master copies of the MSDS sheets of all substances used in the facility are maintained in the safety office and the medical area.
 All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: Wear personal protective equipment; and Report hazards and spills to the designated official. 	\boxtimes			Protective equipment was observed in areas of the facility where flammable, toxic and/or caustic substances are stored. Hazards and spills are immediately reported.
The MSDSs are readily accessible to staff and detainees in work areas.	\boxtimes			
 Hazardous materials are always issued under proper supervision. Quantities are limited; and Staff always supervises detainees using these substances. 	\boxtimes			
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			The storage area for flammable and combustible materials was observed. These materials are stored and used in accordance with the label recommendations.
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	\boxtimes			
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	\boxtimes			There are sufficient ventilation and clean air exchanges in the facility.
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	\boxtimes			
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)	\boxtimes			The temperatures are checked and logged weekly.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	\boxtimes			Water temperatures are checked and logged weekly.
All toxic and caustic materials are stored in their original containers in a secure area.	\boxtimes			The storage area for caustic and toxic materials was inspected. These materials are stored in their original containers in a secure area.
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	\boxtimes			

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	Products containing methyl alcohol are not utilized in this facility.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	\boxtimes			Employees are trained in the use, storage and disposal of flammable, toxic and caustic materials.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	\boxtimes			Pursuant to National Fire Protection Association (NFPA), the sprinkler system is tested quarterly by facility staff and once a year by an outside source.
A technically qualified officer conducts the fire and safety inspections.	\boxtimes			The Fire and Safety Officer has received training from Corrections Corporation of America (CCA), the facility's parent company, in fire and safety inspections and OSHA procedures.
The Safety Office (or officer) maintains files of inspection reports.	\boxtimes			Inspections reports are maintained in the Safety Office and were reviewed during the inspection.
The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The plan is approved by the City of Laredo and CCA administrators.
 The plan requires: Monthly fire inspections; Fire protection equipment strategically located throughout the facility; Public posting of emergency plans with accessible building/room floor plans; Exit signs and directional arrows; and An area-specific exit diagram conspicuously posted in the diagrammed area. 	\boxtimes			
Fire drills are conducted and documented monthly.	\boxtimes			Fire drills are conducted as required. The documentation, maintained in the Fire and Safety Office, was reviewed during the inspection.
A sanitation program covers barbering operations.	\boxtimes			
The barber shop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			

ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIN PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AN				
APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION				
SAFE-HANDLING PROCEDURES				
COMPONENTS	YES	No	NA	REMARKS
The sanitation standards are conspicuously posted in the barbershop.				The barber shop was inspected as well as the barber shop equipment. Sanitation standards are posted in two places in the barber shop.
Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			
 Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			The facility maintains a schedule of cleaning and utilizes specific equipment, cleansers, disinfectants and detergents.
The facility follows standard cleaning procedures.	\boxtimes			
Spill kits are readily available.	\boxtimes			Spill kits are maintained in facility first aid kits.
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				A licensed medical waste contractor disposes of infectious/biohazardous waste. These waste products are picked up every two weeks and also, if needed, when the facility calls. An annual contract with a company is utilized.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			This is part of the annual training requirements of the facility.
Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			An annual contract is utilized for this service.
 A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventative spraying for indigenous insects. 	\boxtimes			An annual contract is utilized for this service.
Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			The facility water is supplied by the City of Laredo. The facility maintains a copy of the City's annual water certification.
 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). 				The facility has one emergency generator. The generator is tested weekly and a full-load test is conducted monthly. These tests are documented. The documentation is maintained in the Maintenance Office and was reviewed during the inspection.
ACCEPTABLE DEFICIENT	AT-RISK	ζ.		REPEAT FINDING

REMARKS:

Overall, the facility complies with the NDS regarding Environmental Health and Safety.

(b)(6),(b)(7)C <u>7-8-2010</u>

AUDITOR'S SIGNATURE / DATE

HOLD ROOMS IN DETENTION FACILITIES					
POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS,					
MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSIN					
COMPONENTS	YES	No	NA	REMARKS	
The hold rooms are situated within the secure perimeter.			\boxtimes	This component is specific to SPCs/CDFs. However, the facility hold rooms are located within the secure perimeter.	
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.				This component is specific to SPCs/CDFs. However, the hold rooms in the facility were well ventilated and well lighted, and all activating switches are located outside the room.	
The hold rooms contain sufficient seating for the number of detainees held.			\boxtimes	This component is specific to SPCs/CDFs. However, the hold rooms had adequate seating.	
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.			\boxtimes	This component is specific to SPCs/CDFs. However, the facility had no sleeping apparatus in the hold rooms.	
The walls and ceilings of the hold rooms are tamper and escape proof.			\boxtimes	This component is specific to SPCs/CDFs. However, the facility hold rooms were tamper and escape proof.	
Individuals are not held in hold rooms for more than 12 hours.	\boxtimes			The time a detainee is held in a hold room is documented. A review of the documentation occurred and revealed no detainees had been held for more than 12 hours.	
Male and females are segregated from each other.	\boxtimes				
Detainees under the age of 18 are not held with adult detainees.	\square				
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			Detainees in the hold room were issued a basic personal hygiene kit.	
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	\boxtimes			Toilet facilities were located inside the hold rooms.	
All detainees are given a pat down search for weapons or contraband before being placed in the room.	\boxtimes				
 Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.). Hold rooms are irregularly monitored every 15 minutes. Unusual behavior or complaints are noted. 				The hold rooms are under direct supervision. Monitoring times are documented on the hold room log.	
When the last detainee has been removed from the hold room, it is given a thorough inspection.	\boxtimes				
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	\boxtimes				

HOLD ROOMS IN DETENTION FACILITIES

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

COMPONENTS	YES	No	NA	REMARKS
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	\boxtimes			Procedures are in place to handle medical emergencies while detainees are in hold rooms.
	AT-RISK			REPEAT FINDING

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REMARKS:

Overall, the facility complies with the NDS regarding Hold Rooms.

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KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

KETS AND LOCKS.				_
COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	\boxtimes			The facility key control officer has completed training on locks from the Southern Steel Folger Adam Company.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			
The security officer, or equivalent in IGSAs, provides training to employees in key control.	\boxtimes			The facility key control officer trains employees in key control.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	\boxtimes			The facility maintains inventories of all keys, locks etc. in the key control officer's office, main control center and the armory.
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			
Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Policy 9.3, Key Control, addresses the issue of compromised keys and locks.
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			
Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			Compliance with this component was observed during this inspector's tour of the facility.
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	\boxtimes			
Grand master keying systems are prohibited.	\boxtimes			Policy 9.3, Key Control, prohibits grand master key use.
All worn or discarded keys and locks are cut up and properly disposed of.	\boxtimes			
Padlocks and/or chains are prohibited from use on cell doors.	\boxtimes			Padlocks and/or chains are prohibited from use on cell doors.
 The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101. 	\boxtimes			During tours of the facility housing units, all entrance/exit door locks to detainee living quarters complied with the Occupational Safety and Environmental Health Manual, Ch. 3, and the National Fire Protection Association Life Safety Code 101.
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	\boxtimes			(b)(7)e
 Procedures are in place to ensure that key rings are: Identifiable; The numbers of keys are cited; and Keys cannot be removed. 	\boxtimes			This is addressed in policy 9.3, Key Control.

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.				
COMPONENTS	YES	No	NA	REMARKS
Emergency keys are available for all areas of the facility.	\boxtimes			(b)(7)e
The facilities use a key accountability system.	\bowtie			
Authorization is necessary to issue any restricted key.	\boxtimes			Authorization for any restricted key is approved through the shift commander.
 Individua(b)(7)(e)ockers 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			(b)(7)e
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			Though it is not required at an IGSA facility, the keys are physically counted twice per shift.
 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			Though it is not required at an IGSA, policy 9.3, Key Control, addresses all aspects of this component.
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING				

REMARKS:

The facility Key Control Policy is comprehensive. Overall, the facility complies with the NDS regarding Key and Lock Control.

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POPULATION COUNTS

CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS						
CONDUCTED AS NECESSARY.						
COMPONENTS	YES	No	NA	REMARKS		
Staff conduct a formal count at least once each shift.	\boxtimes			The facility conducts two formal counts per shift.		
Activities cease or are strictly controlled while a formal count is being conducted.			\boxtimes	This component is specific to SPCs/CDFs. Facility activities cease while a formal count is being conducted.		
Certain operations cease during formal counts.			\boxtimes	This component is specific to SPCs/CDFs. With the exception of the kitchen, operations cease during formal counts.		
All movement ceases for the duration of a formal count.			\boxtimes	This component is specific to SPCs/CDFs. However, all movement ceases for the duration of a formal count.		
Formal counts in all units take place simultaneously.			\boxtimes	This component is specific to SPCs/CDFs. However, all formal counts in the facility are done simultaneously.		
Detainee participation in counts is prohibited.			\boxtimes	This component is specific to SPCs/CDFs. However, there is no detainee participation in the count procedure.		
A face-to-photo count follows each unsuccessful recount.			\boxtimes	This component is specific to SPCs/CDFs. However, facility policy includes face-to-photo counts during regular counts and after an unsuccessful recount.		
Officers positively identify each detainee before counting him/her as present.			\boxtimes	This component is specific to SPCs/CDFs. However, detention officers at the facility use face-to- photo identification during each formal count.		
 Written procedures cover informal and emergency counts. They are followed during informal counts and emergencies. 	\boxtimes			Policy 9.3, Population Counts, has procedures to include informal and emergency counts.		
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.				The facility control officer and receiving and discharge officer both maintain an out count record of detainees temporarily removed from the facility.		
This training is documented in each officer's training folder.	\boxtimes					
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

REMARKS:

The facility complies with the NDS regarding Population Counts. The facility conducts eight formal counts per day in addition to several informal counts performed at irregular times. During a formal count which was observed, there was a discrepancy in the total count number. The control center officer and Captain immediately checked the logbook and identified the problem.

(b)(6),(b)(7)C <u>7-8-2010</u>

AUDITOR'S SIGNATURE / DATE

POST ORDERS

POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.					
COMPONENTS	YES	NO	NA	REMARKS	
Every fixed post has a set of post orders.	\boxtimes			All fixed posts observed while touring the facility had post orders present. Post orders were signed by staff and supervisors.	
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.			\boxtimes	This component is specific to SPCs/CDFs. However, the post orders that were checked contained the latest revisions.	
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	\boxtimes			The facility security officer is responsible for keeping all post orders current.	
The IGSA maintains a complete set (central file) of post orders.	\boxtimes			The facility maintains a complete set of post orders in the control center.	
The central file is accessible to all staff.			\boxtimes	This component is specific to SPCs/CDFs. The complete set of post orders is available to all staff for review.	
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.			\boxtimes	This component is specific to SPCs/CDFs. All of the facility's post orders were authorized and signed by the Warden.	
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.			\boxtimes	This component is specific to SPCs/CDFs. All of the post orders were signed and dated by the Warden of the facility.	
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	\boxtimes			The facility's post orders are reviewed annually.	
Procedures keep post orders and logbooks secure from detainees at all times.			\boxtimes	This component is specific to SPCs/CDFs. The facility's post orders and logbooks are maintained outside of the detainee housing units at the officer's station.	
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.			\boxtimes	This component is specific to SPCs/CDFs. The facility uses only non-lethal weapons. All staff assigned to posts using the weapons are qualified.	
Armed-post post orders provide instructions for escape attempts.	\boxtimes			Instructions for escape attempts are included in armed-post post orders.	
The post orders for housing units track the event schedule.			\boxtimes	This component is specific to SPCs/CDFs. Post orders reviewed in the housing units tracked event schedules.	
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.			\boxtimes	This component is specific to SPCs/CDFs. There were logbooks available in every housing unit. The logbook entries showed detainee activity.	

POST ORDERS					
POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS					
ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.					
COMPONENTS YES NO NA REMARKS					
Acceptable Deficient	AT-RIS	К		REPEAT FINDING	

REMARKS:

Overall, the facility complies with the NDS regarding Post Orders.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

SECURITY INSPECTIONS

POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.					
COMPONENTS	YES	No	NA	REMARKS	
 The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected; Required inspection forms; Frequency of inspections; Guidelines for checking security features; and Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 				Policy 9.7, Security Inspections, specifies the frequency of inspections, guidelines for checking security features and procedures for reporting weak spots or areas needing improvement. Though it is not required at an IGSA facility, the facility policy specifies posts to be inspected and required forms to be used.	
Every officer is required to conduct a security check of his/her assigned area. The results are documented.			\boxtimes	This component is specific to SPCs/CDFs. However, every officer conducts a security check of his/her assigned area. The results are documented in the respective area logbook.	
Documentation of security inspections is kept on file.			\boxtimes	This component is specific to SPCs/CDFs. Documentation of security inspections is kept on file in the Shift Commander's office.	
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.			\boxtimes	This component is specific to SPCs/CDFs. The facility had procedures in place to address problems found during inspections.	
The front-entrance officer checks the ID of everyone entering or exiting the facility.				The inspection team had to show photo ID before entering the facility. As the team awaited clearance, staff were observed swiping their identification into an electronic system while under the observation of the front- entrance officer.	
All visits are officially recorded in a visitor logbook or electronically recorded.	\boxtimes			All visits are recorded in a visitor logbook in addition to being electronically recorded in an automated system.	
The facility has a secure visitor pass system.	\boxtimes				
Every Control Center officer receives specialized training.	\boxtimes			All officers at the facility receive training when working in the Control Center.	
The Control Center is staffed around the clock.	\boxtimes				
Policy restricts staff access to the Control Center.	\boxtimes			Facility policy permits only certain staff access to the Control Center.	
Detainees are restricted from access to the Control Center.				Detainees are never permitted access to the Control Center.	
Communications are centralized in the Control Center.					
Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes				

SECURITY INSPECTIONS

POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.				
COMPONENTS	YES	NO	NA	REMARKS
 The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name; Company represented; Vehicle contents; Delivery date and time; Date and time out; Vehicle license number; and Name of employee responsible for the vehicle during the visit 				This component is specific to SPCs/CDFs. However, the facility maintains a log of all incoming and departing vehicles. The log is maintained in the Control Center.
Officers thoroughly search each vehicle entering and leaving the facility.			\boxtimes	This component is specific to SPCs/CDFs. However, the facility has an officer thoroughly search each vehicle entering and leaving the facility.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\bowtie			
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.			\boxtimes	This component is specific to SPCs/CDFs. The facility has a comprehensive tool control policy. All tools being taken into the facility are inventoried and when they are removed from the facility.
The SMU entrance has a sally port.		\boxtimes		The facility SMU entrance does not have a sally port.
Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			Policy 9.7 contains direction on searches of detainee housing units.
Housing area searches occur at irregular times.			\boxtimes	This component is specific to SPCs/CDFs. However, records of the facility noted that searches of housing units occurred at irregular times.
Every search of the SMU and other housing units is documented.	\boxtimes			
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.				Searches of these areas were documented in the respective area logbook.
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				Facility staff conducts a thorough check of the fences and windows. In addition, every housing unit has a rubber mallet that is used by officers on each shift to pound the window bars to check for tampering.
 Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results. 				The facility does not have any perimeter alarm systems. The facility does perform a perimeter check on each shift. This check is documented on the Outside Security Inspection Checklist.
Visitation areas receive frequent, irregular inspections.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RISI			REPEAT FINDING

REMARKS:

The facility SMU does not have a sally port. However, the physical size of the facility SMU does not allow for a sally port.

The facility has a comprehensive Security Inspection Policy. Security inspections are routinely performed by staff and documentation is maintained.

During the inspection, housing unit officers were observed using a rubber mallet to pound the bars, screens and security glass to check for tampering. Also a check of the outside perimeter fence was observed during the inspection.

Overall, the facility complies with the NDS regarding Security Inspections.

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SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

 POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION.

 THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR

 THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).

 COMPONENTS
 YES
 NO
 NA
 REMARKS

 The Administrative Segregation unit provides non-punitive protection
 Due to limited space, the facility

 The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation. Detainees are placed in the SMU (administrative) in accordance with written criteria. 		\boxtimes		Due to limited space, the facility has only one area with four cells which is used as a Special Management Unit (SMU). As such, detainees in Administrative Segregation and Disciplinary Segregation are housed in the same area.
 In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved. A copy of the order given to the detainee within 24 hours. 	\boxtimes			
 The OIC (or equivalent) regularly reviews the status of detainees in administrative detention. A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative). 			\boxtimes	This component is specific to SPCs/CDFs. The facility supervisor or his designee does conduct a review within 72 hours of the detainee's placement in the SMU.
 A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and: Every week thereafter for the first month; and Every 30 days after the first month. Does each review include an interview with the detainee? Is a written record made of the decision and the justification? 			\boxtimes	This component is specific to SPCs/CDFs. Policy 10.100, Special Management of Detainees, addresses this issue.
 The detainee is given a copy of the decision and justification for each review. The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility. 			\boxtimes	This component is specific to SPCs/CDFs. Policy 10.100 addresses this issue.
 The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO. 			\boxtimes	This component is specific to SPCs/CDFs. Policy 10.100 addresses this issue.
 The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. A written record is made of the decision and the justification. The detainee receives a copy of this record. 			\boxtimes	This component is specific to SPCs/CDFs. Policy 10.100 addresses this issue.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.			\boxtimes	This component is specific to SPCs/CDFs. Policy 10.100 addresses this issue.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	\boxtimes			Detainees in administrative segregation receive the same privileges as the detainees in general population.

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

DISCIPLINARI SEGREGATION STANDARD).				
COMPONENTS	YES	No	NA	REMARKS
The SMU is:				
 Well ventilated; 				The CM (I I are a second large of large 1
 Adequately lighted; 	\boxtimes			The SMU was well ventilated,
 Appropriately heated; and 				adequately lighted and clean.
 Maintained in a sanitary condition. 				
All cells are equipped with beds.				
 Every bed is securely fastened to the floor or wall. 	\boxtimes			
The number of detainees in any cell does not exceed the occupancy				
limit.				The facility does not routinely
				have detainees housed in the
 When occupancy exceeds recommended capacity, do basic 	\boxtimes			SMU. There have been no
living standards decline?				instances in the past year where
• Do criteria for objectively assessing living standards exist?				occupancy exceeded capacity.
 If yes, are the criteria included in the written procedures? 				
The segregated detainees have the same opportunities to	-	_	_	
exchange/launder clothing, bedding, and linen as detainees in the	\boxtimes			
general population.				
Detainees receive three nutritious meals per day, from the general				
population's menu of the day.				
 Do detainees eat only with disposable utensils? 	\boxtimes			
 Is food ever used as punishment? 				
Each detainee maintains a normal level of personal hygiene in the SMU.				
• The detainees have the opportunity to shower and shave at				Detainees in the SMU have the
least three times a week.	\boxtimes			opportunity to shower every
 If not, explain. 				day.
The detainees are provided:				
Barbering services;				
• Recreation privileges in accordance with the "Detainee				
Recreation" standard;				Detainees receive outside
 Non-legal reading material; 	\boxtimes			recreation every day. There is a
 Religious material; 				telephone in the unit for the
 The same correspondence privileges as detainees in the general 				detainees to use.
population;				
 Telephone access similar to that of the general population; and 				
Personal legal material.				
A health care professional visits every detainee at least three times a				
week.			_	Health care staff visits the SMU
The shift supervisor visits each detainee daily.	\boxtimes			daily. All visits were
 Weekends and holidays. 				documented in the logbook.
Procedures comply with the "Visitation" standard.				
• The detainee retains visiting privileges; and	\boxtimes			
• The visiting room is available during normal visiting hours.				
Visits from clergy are allowed.	\boxtimes			
Detainees have the same law-library access as the general population.				Detainees in administrative
 Are they required to use the law library <u>Separately</u>, or 	\boxtimes			segregation are separately
As a group?				escorted to the law library.
 Are legal materials brought to them? 				esconcer to the law notary.
The SMU maintains a permanent log of detainee-related activity, e.g.,				The SMU logbook is maintained
meals served, recreation, visitors etc.	\boxtimes			in the unit.

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).					
COMPONENTS	YES	No	NA	REMARKS	
 <u>SPC procedures</u> include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU. Staff completes the form at the end of each shift. <u>CDFs and IGSA</u> facilities use Form I-888 (or local equivalent). 	\boxtimes			The facility uses Form 10-100A, Segregation Confinement Record, upon a detainee's placement in SMU. Although IGSAs are not required to comply with the first bulleted item of this component, staff completes the form at the end of each shift when there are detainees in segregation.	
 Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift. Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc; The medical officer/health care professional signs each individual's record during each visit; and The housing officer initials the record when all detainee services are completed or at the end of the shift. 			\boxtimes	This component is specific to SPFs/CDFs. The facility SMU logbook contained documentation requested by this component.	
 A new record is created for each week the detainee is in Administrative Segregation. The weekly records are retained in the SMU until the detainee's return to the general population. 			\boxtimes	This component is specific to SPFs/CDFs. The facility does create a new record weekly if the detainee remains in Administrative Segregation.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

Staff advised the SMU is rarely used since detainees placed in administrative custody are usually transferred within a few days. However, if there were a detainee in administrative custody and a detainee in disciplinary custody they would be housed in the same unit, which does not meet the component of the standard.

In all other aspect, the facility is compliant with the standard for SMU (administrative segregation).

(b)(6),(b)(7)C / 7-8-2010 AUDITOR'S SIGNATURE / DATE

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL				
POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIO	NS, ONE F	OR DETAIN	NEES IN AI	DMINISTRATIVE SEGREGATION; THE
OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.	T/ma	No	N7 4	Descueres
COMPONENTS Officers placing detainees in disciplinary segregation follow written	YES	No	NA	REMARKS
procedures.	\boxtimes			
The sanctions for violations committed during one incident are limited				The maximum sanction for any
to 60 days.				one incident is 60 days
	\boxtimes			according to policy 10.100,
				Special Management of
				Detainees.
A completed Disciplinary Segregation Order accompanies the detainee				
into the SMU.	\boxtimes			
• The detainee receives a copy of the order within 24 hours of				
placement in disciplinary segregation.				
Standard procedures include reviewing the cases of individual detainees				Cases of detainees housed in
housed in disciplinary detention at set intervals.				disciplinary segregation are
 After each formal review, the detainee receives a written copy of the decision and supporting reasons. 				reviewed every seven days. Although not required at an
the decision and supporting reasons.	\boxtimes			IGSA facility, the detainee
				receives a written copy of the
				decision and supporting
				rationale.
The conditions of confinement in the SMU are proportional to the	\boxtimes			
amount of control necessary to protect detainees and staff.				
Detainees in disciplinary segregation have fewer privileges than those		_		Detainees in disciplinary
housed in administrative segregation.	\boxtimes			segregation have restricted
Tining and distingtion of the second				access to commissary.
Living conditions in disciplinary SMUs remain the same regardless of behavior.				
 If no, does staff prepare written documentation for this action? 	\boxtimes			
 Does the OIC sign to indicate approval. 				
Every detainee in disciplinary segregation receives the same humane	57			
treatment, regardless of offense.	\boxtimes			
The quarters used for segregation are:				
Well-ventilated.				At the time of the inspection, the
Adequately lighted.	\boxtimes			SMU was well ventilated,
 Appropriately heated. 				adequately lighted, and clean.
 Maintained in a sanitary condition. 				
All cells are equipped with beds that are securely fastened to the floor or	\boxtimes			
wall of the cell.				
The number of detainees confined to each cell or room is limited to the				The SMU at the facility is
number for which the space was designate.				seldom used. Staff advised that
 Does the OIC approve excess occupancy on a temporary basis? 	\boxtimes			detainees receiving disciplinary
				time are normally transferred
				from the facility within a few days.
When a detainee is segregated without clothing, mattress, blanket, or				Policy 9.1000, Dry Cell
pillow (in a dry cell setting), a justification is made and the decision is	\boxtimes			Watches, addresses the
reviewed each shift. Items are returned as soon as it is safe.				requirements of this component.
Detainees in the SMU have the same opportunities to exchange clothing,				•
bedding, etc., as other detainees.	\bowtie			

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNI					
POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE					
OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS. COMPONENTS	YES	No	NA	REMARKS	
Detainees in the SMU receive three nutritious meals per day, selected	IES	NU	NA	REMARKS	
from the Food Service's menu of the day.	\boxtimes				
 Food is not used as punishment. 					
Detainees are allowed to maintain a normal level of personal hygiene,				Detainees in disciplinary	
including the opportunity to shower and shave at least three times/week.				segregation are offered the	
	\boxtimes			opportunity to shower every	
				day.	
Detainees receive, unless documented as a threat to security:					
 Barbering services; 				Detainees in disciplinary	
 Recreation privileges; 				segregation receive the same	
 Other-than-legal reading material; 	\boxtimes			privileges as those in general	
 Religious material; 				population except for the	
 The same correspondence privileges as other detainees; and 				restriction of commissary items.	
Personal legal material.					
When phone access is limited by number or type of calls, the following					
areas are exempt:					
• Calls about the detainee's immigration case or other legal				Detainees in disciplinary	
matters;	\boxtimes			custody receive the same phone	
Calls to consular/embassy officials; and				access as general population.	
• Calls during family emergencies (as determined by the					
OIC/Warden).				The CMULTeche of the summer test	
A health care professional visits every detainee in disciplinary segregation every week day.				The SMU logbook documented that health care staff visited the	
The shift supervisor visits each segregated detainee daily	\boxtimes			unit every day. The entries	
 Weekends and holidays. 				indicate visits to the unit even	
- weekends and nondays.				when there were no detainees.	
SMU detainees are allowed visitors, in accordance with the "Visitation"					
standard.	\boxtimes				
SMU detainees receive legal visits, as provided in the "Visitation"					
standard.	\boxtimes				
 Legal service providers are notified of security concerns 					
arising before a visit.					
Visits from clergy are allowed.					
The clergy member is given the option of visiting/not visiting				Visits from clergy are permitted	
the segregated detainee.	\boxtimes			and are coordinated by the	
Violent/uncooperative detainees are denied access to religious				facility recreation officer.	
services when safety and security would otherwise be affected.					
 SMU detainees have law library access. Violent/uncooperative detainees retain access to the law library 					
unless adjudicated a security threat in writing.				SMU detainees are permitted to	
 Legal material brought to individuals in the SMU on a case-by- 	\boxtimes			go to the law library if they do	
case basis.				not present a security risk.	
 Staff documents every incident of denied access to the law 					
library.					
All detainee-related activities are documented, e.g. meals served,				Detainee activity is documented	
recreation activities, visitors, etc.				in the unit logbook and on	
	\boxtimes			facility Form 10-100A,	
				Segregation Confinement	
				Record.	

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
 The <u>SPC's</u>, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU. All I-888s are filled out by the end of each shift. The <u>CDF/IGSA</u> facility use Form. I-888 (or equivalent local form). 			\boxtimes	This component is specific to SPCs/CDFs. The facility uses Form 10-100A, Segregation Confinement Record, an equivalent local form.
 SMU staff record whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU. 			\boxtimes	This component is specific to SPCs/CDFs. All information required by this component is included on form 10-100A, Segregation Confinement Record.
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

REMARKS:

Facility staff advised that the SMU is rarely used since detainees housed there are normally transferred from the facility within a few days. At the time of the inspection, the unit was clean and well lighted. Review of the logbook showed that health care staff and supervisory staff visit the SMU even when detainees were not housed there.

Overall, the facility complies with the NDS regarding Disciplinary Segregation.

(b)(6),(b)(7)C	7-8-2010
AUDITOR'S SIGNATU	RE / DATE

TOOL CONTROL

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

TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.				
COMPONENTS	YES	No	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			The facility has an officer assigned as the Key and Tool Control Officer.
Department heads are responsible for implementing this standard in their departments.			\boxtimes	This component is specific to SPCs/CDFs. At this facility, department heads are responsible for implementing the tool control standard.
 Tool inventories are required for the: Maintenance Department; Medial Department; Food Service Department; Electronics Shop; Recreation Department; and Armory. 				All areas of the facility that used tools were required to have tool inventories.
 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	\boxtimes			Policy 9.8, Control of Tools, addresses the requirements of this component.
 The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous). 	\boxtimes			Though it is not required at an IGSA facility, the facility does classify its restricted tools as Class A tools and the non- restricted tools as Class B tools.
Department heads are responsible for implementing tool-control procedures.			\boxtimes	This component is specific to SPCs/CDFs. However, the department heads are responsible for tool control in their respective areas.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	\boxtimes			The facility tools are logged and etched with an identifying number by the Tool Control Officer.
 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice. 	\boxtimes			Tools are kept on shadow boards. They are etched with an identifying number. When a tool is removed, a chit is placed on the area from where the tool was removed.
Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			
 The facility has policies and procedures to address the issue of lost tools. The policy and procedures include: Verbal and written notification; Procedures for detainee access; and Necessary documentation/review for all incidents of lost tools. 				Policy 9.8, Control of Tools, addresses the issue of lost tools.

TOOL CONTROL

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

COMPONENTS	YES	No	NA	REMARKS
Broken or worn out tools are surveyed and disposed of in an appropriate				Broken or worn out tools are
and secure manner.	\bowtie			turned over to the Tool Control
				Officer to be removed from the
				inventory and for disposal.
All private or contract repairs and maintenance workers under contract to				Outside contractors are required
ICE, or other visitors, submit an inventory of all tools prior to admittance	\bowtie			to submit an inventory before
into or departure from the facility.				entering and upon exiting the
				facility.
ACCEPTABLE DEFICIENT	AT-RISE	C		REPEAT FINDING

REMARKS:

The facility's tool control policy is comprehensive. The Tool Control Officer was familiar with the facility's tool control policy. All areas in the facility which have tools had proper inventories. The tools were stored on shadow boards in secure cages.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

TRANSPORTATION (LAND TRANSPORTATION)

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

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes			
Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.			\boxtimes	Facility staff transports detainees for medical and dental appointments only. There is no commercial size bus used for transport.
Supervisors maintain records for each vehicle operator.			\boxtimes	There are no CDL licenses required for transports done at the facility. All staff is trained on the requirements of transporting detainees.
 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability; and Deficiencies are corrected before the vehicle goes back into service. 	\boxtimes			Policy 9.200, Inmate Transportation, addresses the reporting of deficiencies.
 Transporting officers: Limit driving time to 10 hours in any 15 hour period; 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 and safe to reach a safe area-exceeding the 10-hour limit. 			X	Transport of detainees to medical or dental appointments are to destinations within close proximity to the facility.
 (b)(7)eofficers with valid CDLs required in any bus transporting detainees. When buses travel in tandem with detainees, there are (b)(7)eof(2) (b)(7			\boxtimes	Bus transports are not done by the facility. There is a Memorandum Of Understanding with TransCor if bus travel is necessary.
Before the start of each detail, the vehicle is thoroughly searched.	\boxtimes			Transport vehicles are searched before every detail.
Positive identification of all detainees being transported is confirmed.			\boxtimes	This component is specific to SPCs/CDFs. However, facility policy mandates positive identification before any trip.
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.			\boxtimes	Transports of detainees are only done for medical and dental appointments.

TRANSPORTATION (LAND TRANSPORTATION)

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

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS
(b)(7)e are provided to all transporting officers.	\boxtimes			Transport officers are required to wear (b)(7)e during transports.
 The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 	\boxtimes			
Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			Policy 9.200, Inmate Transportation, addresses the 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			
 Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 			\boxtimes	The facility does not conduct long distance transports. As such, meals are not required.
 The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. 			\boxtimes	The facility transports detainees for medical needs. Meals are not needed for these short time transports.
Vehicles have: (b)(7)e		\boxtimes		The facility transport vehicles do not have (b)(7)e They are equipped with (b)(7)e (b)(7)e
The vehicles are clean and sanitary at all times.	\boxtimes			
 Personal property of a detainee transferring to another facility is: Inventoried; Inspected; and Accompanies the detainee. 			\boxtimes	The facility does not process detainee transfers to other facilities.

TRANSPORTATION (LAND TRANSPORTATION)

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

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS
The following contingencies are included in the written procedures for				
vehicle crews:				
Attack				
• Escape				
Hostage-taking				
Detainee sickness				
Detainee death				
Vehicle fire	\boxtimes			
Riot				
Traffic accident				
Mechanical problems				
 Natural disasters 				
Severe weather				
 Passenger list includes women or minors 				
ACCEPTABLE DEFICIENT	AT-RISK	C C		REPEAT FINDING

REMARKS:

The facility only transports detainees for medical or dental appointments. Transfers of detainees to other facilities are arranged by ICE. Overall, the facility complies with the NDS regarding Transportation with one exception. Vehicles used to transport detainees are not equipped with two-way radios.

(b)(6),(b)(7)C / 7-8-2010 AUDITOR'S SIGNATURE / DATE

USE OF FORCE

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

APPEARS TO BE DANGEROUS MAT BE EMPLOTED WHEN THE DETAIN	EE.			
COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use-of-	\boxtimes			Policy 9.1, Use of Force, addresses
force situation without a supervisor's presence or direction.				immediate use of force situations.
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, officers must try to resolve the situation without resorting	\boxtimes			
to force.				
Written policy asserts that calculated rather than immediate use of				Policy 9.1, Use of Force, addresses
force is feasible in most cases.	\boxtimes			calculated use of force training as well as
				the annual training all staff receive.
The facility subscribes to the prescribed Confrontation Avoidance				
Procedures.				This is addressed in the policy 9.1, Use of
Ranking detention official, health professional, and	\boxtimes			Force.
others confer before every calculated use of force.				
When a detainee must be forcibly moved and/or restrained, and				
there is time for a calculated use of force, staff uses the Use-of-				
Force Team Technique.	\boxtimes			
Under staff supervision.				
Staff members are trained in the performance of the Use-of-Force				The facility has staff trained in the Use-of-
Team Technique.	\boxtimes			Force Team Technique.
All use-of-force incidents are documented and reviewed.				All use of force incidents are reviewed by
An use-or-torce meldents are documented and reviewed.	\boxtimes			staff from the Security Office.
Staff:				starr nom the occurry office.
 Do not use force as punishment; 				
•				
 Attempt to gain the detainee's voluntary cooperation before recerting to foreast 				
before resorting to force;				
• Use only as much force as necessary to control the	\boxtimes			
detainee; and				
Use restraints only when other non-confrontational				
means, including verbal persuasion, have failed or				
are impractical.				
Medication may only be used for restraint purposes when	\boxtimes			
authorized by the Medical Authority as medically necessary.	1			
Use-of-Force Team follows written procedures that attempt to	\boxtimes			
prevent injury and exposure to communicable disease(s).	1			
Standard procedures associated with using four-point restraints				
include:				
 Soft restraints (e.g., vinyl); 				
 Dressing the detainee appropriately for the 				
temperature;				
 A bed, mattress, and blanket/sheet; 				Procedures for the use of four-point
 Checking the detainee at least every 15 minutes; 	\boxtimes			restraints are addressed in policy 13.69,
 Logging each check; 				Personal Restraints and Seclusion.
 Turning the bed-restrained detainee often enough to 				reisonar restantis and Sectusion.
prevent soreness or stiffness;				
 Medical evaluation of the restrained detainee twice 				
per eight hour shift; and				
• When qualified medical staff is not immediately				
available staff position the detainee "face-up"				

USE OF FORCE

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

COMPONENTS	YES	No	NA	REMARKS
 The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the rest room at these times under safeguards. 	\boxtimes			
All detainee checks are logged.	\boxtimes			
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	\boxtimes			
 When the OIC authorizes use of non-lethal weapons: Medical staff is consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 	\boxtimes			This is addressed in policy 9.1, Use of Force.
Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted	\boxtimes			
Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes			Policy 9.1, Use of Force, addresses this requirement.
Staff documents every use of force and/or non-routine application of restraints.	\boxtimes			
It is standard practice to review any use of force and the non- routine application of restraints.	\boxtimes			All incidents involving the use of force are reviewed by the Security Office.
 All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given and Officers are certified in all devices they use. 	\boxtimes			Training in self-defense, confrontation avoidance techniques and the use of force is part of the yearly training mandated for staff at the facility.
<u>In SPCs.</u> is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	\boxtimes			Though it is not required at an IGSA, the facility does use a Use of Force form.
ACCEPTABLE DEFICIENT			ĸ	REPEAT FINDING

REMARKS:

The facility has had minimal use of force incidents. The last planned use of force was more than a year ago. The facility has a comprehensive policy on use of force and yearly training is mandated for all staff.

(b)(6),(b)(7)C	7-8-2010
AUDITOR'S SIGNAT	URE / DATE

STAFF DETAINEE COMMUNICATIONS

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

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	\boxtimes			Although weekly visits by the Field Office are not required at IGSAs, the AFOD conducts weekly unannounced visits. These visits are documented in facility logs. Reports are sent to the Field Office.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	\boxtimes			The DROs and IEAs conduct scheduled twice-weekly visits with detainees in each housing unit.
Scheduled visits are posted in ICE detainee areas.	\boxtimes			
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	\boxtimes			This inspector accompanied the AFOD and his staff on an inspection. During this inspection, the climate and conditions in the living units were observed. The DRO staff also observe and note the climate and conditions in the living units during their scheduled twice weekly visits.
ICE information request Forms are available at the IGSA for use by ICE detainees.	\boxtimes			A secure box reserved for written requests to ICE is located in each housing unit. Only ICE staff have the keys to these boxes. Request forms are placed next to these boxes.
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	\boxtimes			
ICE staff responds to a detainee request from an IGSA within 72 hours.	\boxtimes			A review of ICE logs for June 2010 indicates that ICE staff responded to all requests within 72 business hours after receipt.
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RISE	C C		REPEAT FINDING

REMARKS:

Detainees have ample opportunity to communicate with ICE staff. The AFOD makes weekly unannounced inspections, during which he visits some housing units. The DROs visit each housing unit twice a week. During these visits, any detainee can speak to them. The DROs also check on the climate and conditions in the living units during these visits. In addition, the IEA staff has an office in the facility. They meet with detainees in this office, and they also make twice weekly visits to the housing units, to check on conditions. Most requests from detainees are handled informally and immediately through face to face contact. Detainees can also make written requests. A review of logs for the month of June indicates that all written requests are handled in a timely manner.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

DETAINEE TRANSFER STANDARD

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

COMPONENTS	YES	No	NA	REMARKS
 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer. The notification is recorded in the detainee's file; and When the A File is not available, notification is noted within DACS 	\boxtimes			The DRO notifies the detainee's legal counsel or representative of a transfer on the day after the transfer is affected.
Notification includes the reason for the transfer and the location of the new facility.	\boxtimes			
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			The Detainee Transfer Notification Form states that the detainee is responsible for notifying family members of the transfer.
 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; and The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 				
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			
 For medical transfers: The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; Medical transfers are coordinated through the local ICE office; and A medical transfer summary is completed and accompanies the detainee. 	\boxtimes			
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.	\boxtimes			
For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes			
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	\boxtimes			
Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes			
Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			Sack meals are provided to detainees who are transferred during normal meal periods.

DETAINEE TRANSFER STANDARD

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TAKING FLACE.				
COMPONENTS	YES	No	NA	REMARKS
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	\boxtimes			
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				
ACCEPTABLE DEFICIENT	AT-RISE	C C		REPEAT FINDING

REMARKS:

Interviews with ICE and facility staff as well as . Direct observation of the process confirm compliance with the NDS regarding Detainee Transfer.

(b)(6),(b)(7)C 7-8-2010 AUDITOR'S SIGNATURE / DATE

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: Michael J. Pitts Field Office Director San Antonio Field Office

FROM:

(b)(6),(b)(7)C Assistant Director for Detention and Removal Management

SUBJECT: Laredo Processing Center Annual Review

The annual review of the Laredo Processing Center conducted on July 6-8, 2010, in Laredo, Texas has been received. A final rating of <u>Good</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 July 6, 2011.

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

cc:	Official File		_	
	ICE:HQERO	(b)(6),(b)(7)C	07/27/2010	
			(b)(7)e	

www.ice.gov

A. Type of Facility Reviewed

ICE Service Processing Center

- **ICE Contract Detention Facility** 1 1 \boxtimes
 - ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
Field Office HQ Inspection
Date[s] of Facility Review
July 6-8, 2010

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
August 4-6, 2009
Previous Rating
Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Corrections Corporation of America- Laredo Processing
Center
Address (Street and Name)
4702 East Saunders
City, State and Zip Code
Laredo, Texas 78041
County
Webb
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
(b)(6),(b)(7)C CCA Warden
Telephone <u># (Inclu</u> de Area Code)
(956)72(<u>b</u>)(6),(b)(7)C
Field Office / suo-Office (List Office with oversight responsibilities)
San Antonio, Texas
Distance from Field Office
170 miles

E. ICE Information

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

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA		
IGA # 79-02-0106	April 1, 2005		
Basic Rates per Man-Day			
\$59.79			
Other Charges: (If None, Indicate N/A)			
N/A			

Estimated Man-days Per Year: 97,418

G. Accreditation Certificates

List all State or National Accreditation[s] received:

Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

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

I. Facility History

Date Built			
1985			
Date Last Remodeled	or Upgraded		
August 2009			
Date New Construction / Bed space Added			
N/A	N/A		
Future Construction Planned			
Yes X No Date:			
Current Bed space	Future Bed space (# New Beds only)		
400	Number: N/A Date: N/A		

J. Total Facility Population

Total Facility Intake for previous 12 months
8,186
Total ICE Man-days for Previous 12 months
91,675

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	264	33	36
Adult Female	18	3	0

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	320	332	332
Adult Female	80	80	80
Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	222.12	0	0
Adult Female	29.04	0	0

N. Facility Staffing Level

Security:	Su	pport:
(b)(7)e		
(b)(7)e	(D)(A)e

Significant Incident Summary Worksheet

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

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

¹ Any attempted physical contact or physical contact that involves two or more offenders ² Oral analog regime contaction or attempted parateticin involves the other 2 parties wh

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

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

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.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

DHS/	ICE Detention Standards Review Summary Report					
	eptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable					
	nee Services	1.	2.	3.	4.	5.
1.	Access to Legal Materials	\boxtimes				
2.	Admission and Release	$\overline{\boxtimes}$				
3.	Classification System	$\overline{\boxtimes}$				
4.	Correspondence and Other Mail	$\overline{\boxtimes}$				
5.	Detainee Handbook	\boxtimes				
6.	Food Service	\boxtimes				
7.	Funds and Personal Property	\boxtimes				
8.	Detainee Grievance Procedures	\boxtimes				
9.	Group Presentation On Legal Rights	\boxtimes				
10.	Issuance of Clothing, Bedding and Towels	\boxtimes				
11.	Marriage Requests	\boxtimes				
12.	Non-Medical Emergency Escorted Trips					\boxtimes
13.	Recreation	\boxtimes				
14.	Religious Practices	\boxtimes				
15.	Access to Telephones	\boxtimes				
16.	Visitation	\boxtimes				
17.	Voluntary Work Program	\boxtimes				
Healt	h Services					
18.	Hunger Strikes	\boxtimes				
19.	Access to Medical Care	\boxtimes				
20.	Suicide Prevention and Intervention	\boxtimes				
21.	Terminal Illness, Advanced Directives and Death	\boxtimes				
Secur	ity and Control					
22.	Contraband	\boxtimes				
23.	Detention Files	\boxtimes				
24.	Disciplinary Policy	\boxtimes				
25.	Emergency Plans	\boxtimes				
26.	Environmental Health and Safety	\boxtimes				
27.	Hold Rooms in Detention Facilities	\boxtimes				
28.	Key and Lock Control	\boxtimes				
29.	Population Counts	\boxtimes				
30.	Post Orders	\boxtimes				
31.	Security Inspections	\boxtimes				
32.	Special Management Units (Administrative Segregation)	\boxtimes				
33.	Special Management Units (Disciplinary Segregation)	\boxtimes				
34.	Tool Control	\boxtimes				
35.	Transportation (Land Transportation)	\boxtimes				
36.	Use of Force	\boxtimes				
37.	Staff / Detainee Communication (Added August 2003)	\boxtimes				
38.	Detainee Transfer (Added September 2004)	\boxtimes				

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

LCI Review Assurance Statement

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

LEAD COMPLIANCE INSPECTOR	
Lead Compliance Inspector: (Print Name)	Signature
(b)(6),(b)(7)C Lead Compliance Inspector	
Title & Duty Location	Date
MGT of America	July 8, 2010

TEAM MEMBERS		
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	
(b)(6),(b)(7)C CI - Food Service and Safety, MGT of America	(b)(6),(b)(7)C CI - Security, MGT of America	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	
(b)(6),(b)(7)C CI - Medical Care, MGT of America		

Recommended Rating:

	Superior
\boxtimes	Good
	Acceptable
	Deficient
	At-Risk

Comments:

There were no deaths or planned use of force incidents in the past year. There were four detainee-on-detainee and one detainee-on-staff assaults in the past year. None of the assaults involved weapons, and none resulted in medical treatment.

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