Immigration and Customs Enforcement Office of Detention and Removal

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

State Facility – IGSA
ICE Contract Detention Facility
Name
North Georgia Detention Center
Address (Street and Name)
622 Main Street
City, State and Zip Code
Gainesville, GA 30501
County
Hall
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)(C) Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)(C)
Date[s] of Review
August 3-5, 2010
Type of Review
☑ Headquarters ☐ Operational ☐ Special Assessment ☐ Other

TABLE OF CONTENTS

DETAINEE SERVICES STANDARDS (SECTION I)
ACCESS TO LEGAL MATERIALS
ADMISSION AND RELEASE
CLASSIFICATION SYSTEM
CORRESPONDENCE AND OTHER MAIL
DETAINEE HANDBOOK
FOOD SERVICE
FUNDS AND PERSONAL PROPERTY
DETAINEE GRIEVANCE PROCEDURES
GROUP PRESENTATIONS ON LEGAL RIGHTS
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS
MARRIAGE REQUESTS
NON-MEDICAL ESCORTED TRIPS
RECREATION
RELIGIOUS PRACTICES
ACCESS TO TELEPHONES
VISITATION
VOLUNTARY WORK PROGRAM
HEALTH SERVICES STANDARDS (SECTION II)
HUNGER STRIKES
ACCESS TO MEDICAL CARE
SUICIDE PREVENTION AND INTERVENTION
TERMINAL ILLNESS, ADVANCED DIRECTIVES AND DEATH
Charles and Control Charles (Charles III)
SECURITY AND CONTROL STANDARDS (SECTION III)
CONTRABAND
DETENTION FILES.
DISCIPLINARY POLICY
EMERGENCY PLANS
ENVIRONMENTAL HEALTH AND SAFETY
HOLD ROOMS IN DETENTION FACILITIES
KEY AND LOCK CONTROL
POPULATION COUNTS
Post Orders.
SECURITY INSPECTIONS
SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION)
SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)
TOOL CONTROL
TRANSPORTATION (LAND)
USE OF FORCE
STAFF/DETAINEE COMMUNICATIONS
DETAINEE TRANSFER STANDARD

NOTE: FOR EACH STANDARD RATED <u>BELOW</u> 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 MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	\boxtimes			The facility has a designated law library available for the detainees.
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.			\boxtimes	The facility has two LexisNexis computer terminals and accompanying hardbound legal reference manuals.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	\boxtimes			The library has two chairs which has proven to be sufficient to meet the needs of the detainee population. The area is very bright and isolated from facility noise and distractions.
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	\boxtimes			The facility does not have typewriters but does have computers for the detainees to use with copy machines, writing paper and pens.
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	\boxtimes			There are two terminals in the law library.
Where provided, the Lexus Nexus library is updated and is current.	\boxtimes			Regular updates are provided by ICE personnel. The most recent update was installed on Friday, July 31, 2010
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			
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	\boxtimes			
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 schedule is posted in each housing unit with instructions regarding how to request access to the law library. Extra time is granted upon request.
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			Procedures for such requests are outlined in the Detainee handbook.
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			Policy states all such requests shall be submitted to the Library Coordinator.
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			

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 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 \times legal materials are documented and reviewed routinely for lifting of sanctions. All denials of access to the law library fully documented. According to an interview conducted with the Library \times Coordinator there have been no denials. Facility staff informs ICE Management when a detainee or group of \times detainees is denied access to the law library or law materials. Detainees who seek judicial relief on any matter are not subjected to There was no evidence of any reprisals, retaliation, or penalties. \times reprisals, retaliation, or penalties.

REMARKS:

The facility has written procedures outlining the access and use of the law library. Schedules are posted with instructions on how to request access to the library. The facility librarian is responsible for coordination of the law library and has stated that the law library only gets utilized for approximately 40 hours per week, leaving several open slots for detainees to utilize. The area is well lit, has a copier and the detainees have access to flash drives to save their legal work.

AT-RISK

REPEAT FINDING

DEFICIENT

(b)(6), (b)(7)(C) August 5, 2010

AUDITOR'S SIGNATURE / DATE

ACCEPTABLE

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			IGSA's are not required to include the following components in their initial orientation. Unacceptable activities and behavior, and corresponding sanctions; how to contact ICE; the availability of pro bono legal services, and how to pursue activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to the use of the law library and the general library; sick-call and procedures. The orientation at this facility includes a video and includes all of the specifics listed in this component.
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			
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		All detainees arriving at the facility are classified by ICE personnel using the detainee's criminal history and threat levels. Criminal history is not provided to facility staff for each detainee by the ICE field office.
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.	\boxtimes			The policy is specific that reasonable suspicion must be determined if a detainee is to be strip searched. Multiple factors that are to be considered for reasonable suspicion are listed in the policy.
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			
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			The facility uses a form similar to the I-387.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	\boxtimes			
All releases are properly coordinated with ICE using a Form I-203.			\boxtimes	This component is non-applicable for an IGSA; however, the facility does use the I-203 form for coordination of releases.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

ADMISSION AND RELEASE							
POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANN ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAPROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELON SAFEGUARDED AS NECESSARY.	AL SCRE	ENING; A	A FILE-E	BASED ASSESSMENT AND CLASSIFICATION			
COMPONENTS	YES	No	NA	REMARKS			
Staff completes paperwork/forms for release as required.	\boxtimes						
ACCEPTABLE DEFICIENT	AT-F	RISK		REPEAT FINDING			

The facility has local policy (17-100) Reception and Orientation that outlines the requirements of the standard for admission and release. The intake area is sufficient for temporary housing of the detainees admitted and released from this facility. Criminal history information is not shared with the facility staff.

CLASSIFICATION SYSTEM

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	\boxtimes			All detainees housed at this facility are classified using the ICE classification tool.
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			
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			The processing officers review the paperwork accompanying the new detainees but the detainees are classified upon arrival.
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			
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			
Detainee work assignments are based upon classification designations.	\boxtimes			Level 3's are not permitted to work outside of the housing unit.
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	\boxtimes			Detainees seldom remain at this facility long enough for a reclassification. The average length of stay is 10-14 days.
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 not a requirement at an IGSA, detainees may appeal their classification to the classification supervisor who has the authority to reduce the classification level. Final appeals may be forwarded to the Warden.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.			\boxtimes	It is not a requirement at an IGSA that classification appeals are resolved within five business days and the detainees are notified of the outcome within 10 business days. This facility has local policy that complies with time requirements of the component.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.			\boxtimes	Although not a requirement at an IGSA, the detainees at this facility may appeal their assigned classification to the Warden.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes			The detainee handbook has an extensive section outlining the classification process and the conditions and restrictions.
ACCEPTABLE DEFICIENT			AT-RI	SK REPEAT FINDING

REMARKS:

All inmates housed at this facility are classified by ICE using the ICE classification tool. Procedures exist for re-classification and for the detainees to appeal their classification.

(b)(6), (b)(7)(C) August 5, 2010 AUDITOR'S SIGNATURE / DATE

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.	\boxtimes			It is not a requirement for IGSA's to post the correspondence rules in each housing unit. The correspondence rules are included in the detainee handbook, covered by local policy 16-1 Correspondence Procedures and posted in the housing units.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	\boxtimes			
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes			
Staff 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			All mail is opened and inspected without the detainee being present. The Warden issued a memorandum stating that he authorized the facility investigator and the mail room personnel to open and inspect all mail (except legal and special correspondence) without the detainee being present. The memo resulted from a plan-of-action to address a previous "no" finding regarding this component. The plan -of-action was approved.
Staff does not read incoming general correspondence without the Warden's prior written approval.			\boxtimes	This component is non-applicable to IGSA's. The facility policy states that all mail is subject to being read.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			The detainee is present for the opening of all special correspondence.
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			It is not a requirement to notify the addressee of rejected mail at an IGSA. The detainee is notified at this facility.
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 Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			

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 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					
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	\boxtimes					
Staff provides the detainee a copy of his/her identity document(s) upon request.	\boxtimes					
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.	\boxtimes					
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.	\boxtimes			Indigent status is addressed in policy. A detainee must have less than \$15 for 30 days or more. Detainees are permitted to send out reasonable general correspondence and unrestricted legal mail.		
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	\boxtimes					
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			Detainees are issued writing materials at reception.		
□ DEFICIENT		AT-J	RISK	REPEAT FINDING		

The facility has written procedures (16-1 Correspondence Procedures) that governs the handling of mail. Rules and regulations are posted in the housing units and included in the detainee handbook. All mail is opened without the detainee being present however a plan of action was approved for the 2009 pre-occupancy review which included the Warden authorizing, via memo, for the facility investigator and the mail room staff to open all mail (except legal and special correspondence) without the detainee being present.

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.

ETC. EVERT BETTER, DE WEED WEED TOT THE THE TENTED BOOK	01 011 11	511110010	11 10 11	L'INCLUIT.
COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into	\boxtimes			The detainee handbook is written in English
Spanish, or into the next most-prevalent Language(s).				and Spanish.
The handbook is supplemented by the facility orientation				The facility has orientation videos produced
video, where one is provided.	\boxtimes			in English and Spanish.
All staff members receive a handbook and training regarding				All staff receives and signs for copies of the
the handbook contents.	\boxtimes		П	detainee handbook during initial orientation
the handbook contents.				training.
The 1 - 41 - 1 is seeind - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		<u> </u>		· ·
The handbook is revised as necessary and there are procedures				The handbook is revised as necessary.
in place for immediately communicating any revisions to staff		l _	l	Handbook revisions are communicated to
and detainees.	\boxtimes			staff via memorandums, and the detainees
				are notified through postings on detainee
				bulletin boards.
There an annual review of the handbook by a designated				A committee which may include the
committee or staff member.				Warden, Assistant Warden, Quality
				Assurance Manager, Chief of Security,
	\boxtimes			Chief of Unit Management, Training
		_		Manager, Business Manager and Human
				Resources Manager participate in an annual
				review of the detainee handbook.
The detainee handbook addresses the following issues:				The Allowable Personal Property List on
				pages thirty-four through forty of the
Personal Items permitted to be retained by the				
detainee; and		lг	l	handbook addresses the property that
 Initial issue of clothes, bedding and personal hygiene 	\boxtimes			detainees are allowed to possess. The
items.				"Initial Admissions" section, on page four of
				the handbook describes the initial issue of
				clothing provided to detainees.
The detainee handbook states in clear language the basic				Page three of the detainee handbook states
detainee responsibilities.	\boxtimes			in clear language the basic responsibilities
				expected for the detainees.
The handbook clearly outlines the methods for classification of				The method, levels and appeal process of the
detainees, explains each level, and explains the classification	\boxtimes			classification system is described on pages
appeals process.				five and six of the detainee handbook.
The handbook states when a medical examination will be				The medical exam timeframe is explained
conducted.	\boxtimes			on page five of the detainee handbook.
The handbook describes the facility, housing units, dayrooms,				on page five of the detained handsook.
in-dorm activities, and special housing units.	\boxtimes			
The handbook describes official count times and count				
procedures; meal times and feeding procedures; procedures for				
medical or religious diets; smoking policy; clothing exchange	\boxtimes	l 🖂		
		\square		
schedules; and, if authorized, clothes washing and drying				
procedures, and expected personal hygiene practices.				
The handbook describe times and procedures for obtaining				The procedures for obtaining razors, and the
disposable razors, and allows that detainees attending court	\boxtimes			allowance for detainees to shave before
will be afforded the opportunity to shave first.				attending court is described on page seven
				of the detainee handbook.
The handbook describes barber hours and hair cutting	\boxtimes			
restrictions.				
The handbook describes the telephone policy; debit card				Telephone policy and procedures are
procedures; direct and free calls; locations of telephones; policy	\square	I —	l —	
when telephone demand is high; and policy and procedures for	\boxtimes	🖳	🗀	discussed on page eleven of the detainee
emergency phone calls.				handbook.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

DETAINEE HANDBOOK

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

COMPONENTS	YES	No	NA	REMARKS
The handbook addresses religious programming.	\boxtimes			Religious programming is outlined on page twenty of the detainee handbook.
The handbook states times and procedures for commissary or vending machine usage, where available.	\boxtimes			Commissary procedures are addressed on page twenty of the detainee handbook.
The handbook describes the detainee voluntary work program.	\boxtimes			The detainee voluntary work program is delineated on page twenty of the detainee handbook.
The handbook describes the library location and hours of operation, and law library procedures and schedules.	\boxtimes			Page twenty-one of the detainee handbook states the hours of operation of the library. The location of the library is not described in the handbook, however, the location is not essential information due to the fact that all detainees are escorted everywhere within the facility.
The handbook describes attorney and regular visitation hours, policies, and procedures.	\boxtimes			Attorney and regular visitation hours, policies and procedures are described on page twenty-two of the detainee handbook.
The handbook describes the facility contraband policy.	\boxtimes			Contraband policy is detailed on page twenty-four of the detainee handbook.
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.	\boxtimes			Page twenty-two of the detainee handbook delineates the facility visiting hours, schedule and rules and regulations.
The handbook describes the correspondence policy and procedures.	\boxtimes			Correspondence policy and procedures are addressed on page twenty-five of the detainee handbook.
The handbook describes the detainee disciplinary policy and procedures, including: • Prohibited acts and severity scale sanctions; • Time limits in the Disciplinary Process; and • Summary of the Disciplinary Process.	\boxtimes			
 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. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 	\boxtimes			Staff and/or detainee availability to assist a detainee in preparing a grievance is included in the ICE National Detainee Handbook.
The detainee handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			
The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours.	\boxtimes			The detainee handbook advises detainees that the outdoor recreation schedules are posted on the housing unit bulletin boards. Indoor recreation activities commence at 0600 and end at lights out.
The handbook describes the detainee dress code for daily living; and work assignments.	\boxtimes			The detainee dress code is detailed on pages thirty-five and thirty-six of the detainee handbook.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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

The facility has developed a detainee handbook that serves as an overview of the detention policies, rules and procedures in effect at the facility. Every detainee arriving at the facility is provided a copy of the facility handbook in English or Spanish. The handbook describes the myriad of services, programs, and opportunities available from ICE, private organizations and/or the facility. Detainees also receive a copy of the ICE National Detainee Handbook.

FOOD SERVICE

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

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			The Food Service Director is Serv-Safe certified. He has also attended Morrison's, Aramark, and Canteen and military food service training. All staff duties are in outlined in writing, in the form of job descriptions.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.			\boxtimes	The facility is not required to meet this standard. The standard applies specifically to CDF and SPC facilities. However, the Food Service Director and his assistant are scheduled on each other's off duty days.
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			All food service staffs attend CCA's 40 hour initial employment training. The Food Service Director has also provided his staff with training regarding the Food Service National Detention Standard.
Knife cabinets close with an approved locking device, and the (b)(7)(e) maintains control of the key that locks the device.			\boxtimes	There is no knife cabinet in the Food Service Department. Knives are not utilized in food preparation. Dough cutters are used to process any food items that are not purchased in a precut state.
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	\boxtimes			Although staffs at an IGSA facility are not required to monitor the condition of knives and dining utensils, food service staff at this facility monitors the condition of all utensils in the department.
When necessary, special procedures govern the handling of food items that pose a security threat.			\boxtimes	The facility does not utilize any of the food items which are identified in the National Detention Standards as posing a threat to security.
Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.	\boxtimes			Staff is well trained in the facility's population count procedures.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	\boxtimes			
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			The rules and procedures for detainees working in food service are outlined in the "Inmate Kitchen Worker Rules" handout.
 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			All detainee workers are required to view an extensive orientation video on food service safety and work practices.

FOOD SERVICE

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

ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.				
COMPONENTS	YES	No	NA	REMARKS
The Cook Supervisor documents all training in individual detainee detention files.	\boxtimes			
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.	\boxtimes			IGSA facilities are not required to be paid in accordance with the voluntary work program standard. ICE detainees at this facility are authorized to participate in a voluntary work program and are paid according to CCA regulations.
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes			
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	There are no cafeteria style operations within the facility.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			Although not required in the standard, the facility has a 35 day menu cycle.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	\boxtimes			Italian Chicken, Burritos, Tacos, Chili Con Carne, Menudo, Beef Stroganoff, Enchilada Pie, Turkey Tetrazzini, Bean Tostados, Spanish Meatloaf and Fried Rice are among items programmed onto the cycle menu for ethnic diversity.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	\boxtimes			
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			Computerized recipes are available for preparing master cycle menu food items.
The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification With copy to FSA	\boxtimes			The standard requires "Cook Supervisor or equivalent" as having this authority. There are almost no instances where the need for a menu change would occur at this facility. Food service staff "pulls" food for three days worth of meals, assuring that needed menu items are available. If a "pull" results in a need for a menu change, the Food Service Director will make the substitution. In the event of an emergency substitution, the cooks would contact the Food Service Director for authorization. If no contact can be made, the cooks will make the substitution and document the justification as well as the new menu item.
All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes			Detainees requiring a particular religious diet are referred to the facility Chaplain.

FOOD SERVICE

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

ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.				_
COMPONENTS	YES	No	NA	REMARKS
A common-fare menu available to detainees whose dietary 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 recommended daily allowances (RDAs);]]	
 Staff routinely provide hot water for instant beverages and foods; Common-fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, 				
scoops, etc., to prepare the common-fare diet items.				
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	\boxtimes			
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.	\boxtimes			A schedule of ceremonial meals was available for review.
 The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	\boxtimes			The Common Fare program is available to accommodate detainees abstaining from particular foods or fasting for religious purposes during religious ceremonial meals.
The food service program addresses medical diets.	\boxtimes			The food service department provides medical diets as prescribed by the medical department.
Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	\boxtimes			Foods are maintained at the prescribed safe temperatures while prepared, held and served.
All meals are provided in nutritionally adequate portions.	\boxtimes			Serving sizes provided to detainees are consistent with the serving sizes listed on the nutritionally analyzed menus.
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 required to view an orientation video which includes personal hygiene, sanitary techniques for preparing, serving and storing foods and the care and operation of equipment.
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			

FOOD SERVICE									
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN									
ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.									
COMPONENTS	YES	No	NA	REMARKS					
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?	\boxtimes			The food service department is inspected daily by the Food Service Lead Supervisors. It is also inspected weekly by the Food Service Director. An inspection by the Warden and Quality					
				Assurance Manager is also conducted weekly.					
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?	\boxtimes			On February 16, 2010, the Georgia Department of Human Resources conducted an inspection of food service using the Food Service Establishment Inspection Report.					
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	\boxtimes			Reports from the health department are forwarded through the executive staff for review.					
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	\boxtimes			Dish machine temperatures are checked and documented during each meal.					
Staff documents the results of every refrigerator/freezer temperature check.	\boxtimes								
The cleaning schedule for each food service area is conspicuously posted.	\boxtimes			Cleaning schedules were posted for each food service area.					
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes			The Food Service Director inspects incoming food shipments. Staffs are trained to recognize signs of damage, contamination, pest infestation and temperature abuse.					
Storage areas are locked when not in use.	\boxtimes			All storage areas are secured when not in use.					
ACCEPTABLE DEFICIENT		AT	-RISK	REPEAT FINDING					

Food Service is provided through a contract with Canteen Corporation. The food service operation consists of two kitchen areas. One kitchen serves as a food preparation area and the second kitchen is utilized to plate food trays for delivery to the housing units. The Food Service Director has been professionally trained and the knowledge to operate the department in an efficient manner resonates throughout the department. Food is prepared and delivered to detainees through a satellite feeding system. Sanitation throughout the department is maintained in according to high standards. Staff is extremely responsive to the review process and it is evident that they are conscientious and take ownership in their program.

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 Facility policy 14-06, titled accessible only by designated supervisor(s). Inmate/Resident Property, facility \times effective date 04-01-2009, delineates the procedures for processing detainee personal property. Detainees' large valuables are secured in a location accessible to The facility does not accept large \times designated supervisor(s) or processing staff only. valuables. Staff itemizes the baggage and personal property of arriving detainees Property is itemized by inputting the (including funds and valuables). For IGSAs and CDFs, using a property descriptions into the personal property inventory form that meets the ICE standard? computerized Offender Management \times П System, which meets the ICE standard. Facility policy 14-06, section A, Staff forwards an arriving detainee's medication to the medical staff. paragraph 4b, states that the Property Officer will confiscate all incoming \boxtimes prescriptions and record them on a 14-6A form. The medications will then be forwarded to the medical department Audits of baggage and non-valuable property occur each quarter and This component is specific to a CDF audits are logged and verified. or SPC facility. IGSA facilities are not required to meet this standard. \times Audits of detainee baggage and nonvaluable property are not conducted at this facility. b)(7)(E)officers are present during the processing of detainee funds and Although not required at an IGSA facility, during in-processing(b)(7)(E) valuables during in-processing to the facility. (b)(7)(E)officers verify \times funds and valuables. staff verifies funds in excess of twenty-five dollars. Staff searches arriving detainees and their personal property for This component is not required at an IGSA facility, however, policy 17contraband. 100, titled Admissions and \times Orientation Procedures, requires that staff searches arriving detainees and their personal property for contraband. Staff procedures follow written policy for returning forgotten property Forgotten property is classified as to detainees. abandoned property (involuntarily \boxtimes deserted). Abandoned property is turned over to ICE. Only CDF and SPC facilities are Property discrepancies are immediately reported to the CDEO or Chief required to meet this standard. of Security. \times However, staff reports all property П discrepancies to the Chief of Security. Facility policy 14-06, section M, Staff follows written procedures when returning property to detainees. paragraph 9, outlines procedures for \bowtie returning property to detainees.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

FUNDS AND PERSONAL PROPERTY					
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONPROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, V. DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE FUNDS, VALUABLES, AND OTHER PROPERTY. STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE I	ALUABLE E INITIAI	S, BAG AND R	GAGE A EGULAF VALUA	AND OTHER PERSONAL PROPERTY; THE RLY SCHEDULED INVENTORYING OF ALL BLES AND PROPERTY ARE HANDLED	
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	IGSA facilities are not required to contact an out-processed detainee who has left property in the facility. The facility has, however, included these guidelines into their local policy.	
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			Although not required from an IGSA facility, written policy requires that abandoned property be forwarded to ICE.	
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING	

The facility has policy and procedures in place to adequately control and safeguard detainee's personal property. The procedures provide for the secure storage of funds, valuables and personal property. Documentation and receipting of surrendered property and the initial and subsequent inventorying of property meets the National Detention Standards.

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			CCA Policy 14-5, titled Inmate/Resident Grievance Procedures, with an effective date of 12-01-2002, effectively outlines the facility's procedures for the 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			
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			Staff is provided training on grievance policy (to include emergency grievances) during orientation training. The training is provided during the lesson on Management and Supervision of Inmates - Inmate Management Part 1.
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 or substantiated cases of staff harassing, disciplining, penalizing or otherwise retaliating against a detainee who lodged a complaint.
 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. 	\boxtimes			Although not required at an IGSA facility, nuisance complaints are identified and documented in the grievance log.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			CCA Policy 14-5, Section "T", titled Inmate/Resident Grievance Procedures, with an effective date of 12-01-2002, requires staff to forward any grievance that includes office misconduct to ICE.
ACCEPTABLE DEFICIENT	AT-RIS	SK		REPEAT FINDING

The facility has procedures in place to address detainee grievances in a timely manner. Facility practice ensures that every staff member knows how to identify emergency grievances and the procedures for expediting them. Grievances are documented and tracked via the Grievance Report Log.

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	ζ		REPEAT FINDING			

REMARKS:

There have been no group legal rights presentations since the last review.

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			The facility's policy describing the issuance of clothing, bedding and towels is outlined in policy 14-06, titled Inmate/Resident Property, facility effective date 4-01-2009. Policy 14-06 requires that the supply of excess clothing exceed 200% of the maximum funded detainee population.
 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. 				Although not required at an IGSA facility, detainees receive an initial issuance of clothing that includes, 3sets of outerwear, 3 pairs of socks, 3 pair of underwear, and one pair of facility issued footwear and a pair of shower shoes.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	\boxtimes			
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.	\boxtimes			This standard is specific to CDF and SPC facilities. However, detainees at this facility receive the minimum bedding, linens and towels as specified in the NDS. Detainees are issued clean bedding, linens and towels upon admission.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	\boxtimes			
Detainees are provided clean clothing, linen and towels. • Socks and undergarments - exchanged daily. • Outer garments - twice weekly. • Sheets - weekly. • Towels - weekly. • Pillowcases - weekly.	\boxtimes			
Food service detainee volunteer workers are permitted to exchange outer garments daily.			\boxtimes	Although it is not a requirement at an IGSA facility, detainees assigned to food service receive clean uniforms daily.
Volunteer detainee workers are permitted to exchange outer garments more frequently.			\boxtimes	The facility's standing as an IGSA contract does not require that detainee workers are permitted to exchange outer garments more frequently. However, an interview with laundry staff verifies the facility accommodates detainee workers with additional outerwear.
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

The facility has procedures in place to provide detainees clean clothing, bedding, linens and towels upon arrival. Procedures also facilitate regular exchanges of these items for as long as the detainee remains in detention.

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			CCA policy 14-7, titled Inmate/ Resident Marriages, facility effective date 08-01-2010, requires that the Warden shall notify and consult the respective Assistant Field Office Director who shall approve or deny the request.							
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	\boxtimes										
It is standard practice to require a written request for permission to marry.	\boxtimes			CCA policy 14-7.5, section A, requires detainees to submit a written request for marriage.							
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes			CCA policy 14-7.5, section A, number 1, sub-paragraph b, requires the written request to include a signed statement from the intended spouse.							
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.	×			Facility policy 14-7 states that in the event that a request is denied, ICE/DRO shall notify the detainee in writing, of the reasons for denial.							
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	\boxtimes										
△ ACCEPTABLE □ DEFICIENT □	AT-RISE	ζ.									

The policies and procedures are in place to ensure that all detainee marriage requests receive case by case consideration by ICE management. Three requests for marriage have been submitted to the facility. Due to the relatively short duration of confinement at this facility, all three detainees were not at the facility long enough for the process to come to fruition.

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	IES	110	INA	KEMAKKS			
basis, trips to an immediate family member's:		l					
Funeral; or	\boxtimes						
Deathbed							
The facility recognizes mother, father, brother, sister, spouse, child,							
step-parent, and foster parent as "immediate family".	\boxtimes						
The IGSA facility notifies ICE of all detainee requests for non-medical				All ICE detainee requests for			
escorts.				non-medical emergency escorts			
CSCOTES.	\boxtimes			are outlined in Policy 9-18			
				Transportation Procedures.			
The detainee's Deportation Officer reviews the file before forwarding				Transportation Trocedures.			
a detainee's request, with recommendation, to the approving official.		l _					
Each recommendation addresses the individual's suitability for travel;	\boxtimes						
e.g., the kind of supervision required.							
Each escort includes at leas(b)(7)(E)fficers.	\boxtimes						
Escorting officers report unexpected situations to the originating				Transporting staff is required to			
facility as a matter of procedure, and the ranking supervisor on duty				report any unexpected situations			
has the authority to issue instructions for completion of the trip.	\boxtimes			to the ranking supervisor at the			
, i				originating facility by Policy 9-			
				18 Transportation Procedures.			
Escorting officers have the discretion to increase or decrease minimum				•			
restraints in accordance with written procedures and classification	\boxtimes						
level of the detainee.							
Escort officers are precluded from accepting gifts/gratuities from a	\bowtie						
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 				Each of the elements of this			
the ICE;				component are listed in Policy			
 Do not violate federal, state, or local laws; 				9-18 Transportation Procedures.			
 Do not purchase, possess, use, consume, or administer narcotics, 	\boxtimes			The language in the policy is			
other drugs, or intoxicants;				identical to the language in the			
 Make no unauthorized phone calls; and 				ICE 2000 National Detention			
• Know they are subject to search, urinalysis, breathalyzer, or				Standards on the subject.			
comparable test upon return.							
Standard procedure requires the immediate return to the facility of any	\boxtimes						
detainee who violates trip rules.			<u> </u>				
ACCEPTABLE DEFICIENT	AT-RISE	ζ		REPEAT FINDING			

The facility has never taken an ICE detainee on a non-medical emergency escorted trip, but has the policy and procedures in place whenever the circumstance arises. The section of Policy 9-18 Transportation Procedures that deals with non-medical emergency escorted trips has the identical wording as the language from the ICE 2000 National Detention Standard (NDS) on Non-Medical Emergency Escorted Trips.

(b)(6), (b)(7)(C) / August 5, 2010

AUDITOR'S SIGNATURE / DATE

RECREATION

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

· ·				
COMPONENTS	YES	No	NA	REMARKS
The facility has a recreation program and facility.	\boxtimes			The facility has a recreation program which utilizes both indoor and outdoor recreation facilities.
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.			\boxtimes	This standard is specific to CDF and SPC facilities. IGSA facilities are exempt from the requirement. However, the facility has an officer designated as a Recreation Officer.
Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			Observation of the recreation areas verify that the facilities and equipment are maintained in good condition.
The recreational specialist or trained equivalent supervises detainee recreation workers.			\boxtimes	There are no detainees assigned to work in the recreation program.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.	\boxtimes			The Recreation Officer oversees recreation programs for special housing units and special needs detainees.
Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			Dayrooms activities include chess, checkers, TV, leisure reading and playing cards.
Outside activities are restricted to limited-contact sports.	\boxtimes			Outside activities are restricted to limited contact sports such as basketball, soccer and cardio vascular activities.
Each detainee has the opportunity to participate in daily recreation.	\boxtimes			
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	\boxtimes			
Staff checks all items for damage and condition when equipment is returned.	\boxtimes			CCA policy 20-100 titled Recreation and Leisure Time Programs, effective date 08-01- 2010, outlines the facility's recreation program. Section D, paragraph 3, requires staff to check all equipment for damage upon return.
Staff conducts searches of recreation areas before and after use.	\boxtimes			CCA policy 20-100, section C, paragraph 4, requires staff to conduct searches of recreation areas before and after each use.
All recreation areas under constant staff supervision.	\boxtimes			CCA policy 20-100, section C, paragraph 5, requires that all recreation areas are under constant staff supervision.
Supervising staff is equipped with radios.	\boxtimes			CCA policy 20-100, section C, paragraph 5, requires that all staff supervising recreation areas are equipped with radios.

RECREATION					
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGI				-	
POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROT	ECT THEIR	R SAFETY	AND WEI	FARE.	
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes				
Detainees in disciplinary/administrative segregation receive a written	\boxtimes				
explanation when a panel revokes his/her recreation privileges.					
Special programs or religious activities are available to detainees.				A 141 1- i4 i1i 1 -4	
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.			\boxtimes	Although it is only required at CDF and SPC facilities, volunteers sign a waiver of liability before entering a secure portion of the facility. It should be noted that the waiver of liability is limited to liability claims associated with the execution of the background investigation conducted on all new volunteers.	
Visitors, relatives or friends are not allowed to serve as volunteers.			\boxtimes	Although not required at an IGSA, the facility policy does not prohibit visitors, relatives and friends from serving as volunteers.	
$oxed{\boxtimes}$ If outdoor recreation is offered, check this box. No further inform	nation 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-RISE	ζ		REPEAT FINDING	

Policies and procedures provide ICE detainees with access to recreational activities, under conditions of security and supervision that protect their safety and welfare. All detainees receive at least one hour of outdoor recreation per day, five days per week.

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.

Cormonmo	T 7	37-	37.4	Description
COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed to engage in religious services.	\boxtimes			Detainees are offered a variety of religious programs in which to participate. The majority of the detainee population is of the Catholic faith.
Space is available for detainees to conduct religious services.	\boxtimes			Services are held in Q pod at the present time. If the facility fills to capacity, the religious services will be held in the training room.
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.	\boxtimes			
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	This component is specific to CDF and SPC facilities. Although not required, this facility accommodates the detainee's holy day observances with special meals, fasting, religious services and activity restriction as appropriate.
Each detainee is allowed religious items in his/her immediate possession.	\boxtimes			Detainees are allowed to possess religious texts, small crosses, rosaries, headwear, prayer rugs, and prayer beads.
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			A complete background investigation is conducted on all volunteer candidates.
Members of faiths not represented by clergy may conduct their own services within security allowances.	\boxtimes			
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			The facility Chaplain conducts pastoral rounds in the special housing unit as necessary. Pastoral visit can also be

REMARKS:

The facility ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security and the orderly operation of the facility.

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 permitted access to the Detainees are allowed access to telephones during established \times facility telephones from 0600 until 1130 facility waking hours. PM daily. Detainees are issued a hand book and Upon admittance, detainees are made aware of the facility's \times receive an orientation video. Both address telephone access policy. telephone procedures. Access rules are posted in housing units. X The facility makes a reasonable effort to provide key All key information is provided in both \times information to detainees in languages spoken by any significant English and Spanish. portion of the facility's population. Housing Unit "T" has 2 phones for 22 Telephones are provided at a minimum ratio of one telephone \times detainees. Housing Unit "E" had 6 phones per 25 detainees in the facility population. for 96 detainees. Telephones are inspected regularly by facility staff to ensure X that they are in good working order. The facility administration promptly reports out-of-order X telephones to the facility's telephone service provider. Repairs are monitored however I could not The facility administration monitors repair progress and takes locate a log that indicated the time from appropriate measures to ensure that required repairs are begun \times the report to corrective action being and completed timely. completed. Detainees are afforded a reasonable degree of privacy for legal All phones have privacy glass between X phone calls. them. A procedure exists to assist a detainee who is having trouble \boxtimes placing a confidential call. The facility provides the detainees with the ability to make non- \boxtimes collect (special access) calls. Special access numbers are posted and are Special Access calls are at no charge to the detainees. \times free for the detainees. The OIG phone number for reporting abuse is programmed into The OIG number was tested and verified to the detainee phone system and the phone number was checked \times be operational using the posted speed dial by the inspector during the review. number (518#). In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes The facility is able to meet this \times alternate arrangements to provide required access within 24 requirement. hours of a request by a detainee. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved \boxtimes "Free Legal Services List". Special arrangements are made to allow detainees to speak by Once approved by ICE and the Facility telephone with an immediate family member detained in another X OIC Facility. The facility phone administrator keeps a Any telephone restrictions are documented. \boxtimes log of restrictions. There have been no phone restrictions to date. The facility has a system for taking and delivering emergency The message system is outlined in policy X detainee telephone messages. and in the detainee handbook. Emergency phone call messages are immediately given to X Upon approval by the Shift Supervisor. detainees. Detainees are allowed to return emergency phone calls as soon X as possible.

DETAINEE TELEPHONE ACCESS							
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.							
COMPONENTS	YES	No	NA	REMARKS			
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						
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.	\boxtimes			Notifications were observed in all housing units. Special access calls are not monitored.			
☐ ACCEPTABLE ☐ DEFICIENT	AT-RISK			REPEAT FINDING			

The facility has an adequate phone system to meet the needs of the detainee population. Extensive directions are printed in the detainee handbook and a local policy (16-100 Access to Telephones) has been issued.

(b)(6), (b)(7)(C) / August 5, 2010

AUDITOR'S SIGNATURE / DATE

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		A schedule with the visiting hours was not included in the detainee handbook or the facility visiting policy; however, facility staff have indicated that the new detainee handbook and the local policy have been updated but not yet published. Schedules in the housing unit and the visitor lobby do reflect the days and hours of general and legal visiting.		
The visitation hours tailored to the detainee population and the demand for visitation.	\boxtimes			General visiting is on weekends and holidays from 8:00 - 4:00.		
The visitation schedule and rules are available to the public.	\boxtimes			The schedule and the visiting rules are posted in the visiting 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			All visits are logged in to a computerized log.		
The detainees are permitted to retain personal property items specified in the standard.	\boxtimes			Clothing items may be retained.		
A visitor dress code is available to the public.	\boxtimes					
Visitors are searched and identified according to standard requirements.	\boxtimes					
The requirement on visitation by minors is complied with.	\boxtimes					
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minors are permitted to visit if accompanied by an adult.		
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			\boxtimes	Minors are permitted to visit if accompanied by an adult.		
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			A lunch bag is provided if requested.		
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				If requested, the training room is utilized.		
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	Strip Searches are not required.		
Prior to each visit, legal service providers and assistants are identified per the standard.	\boxtimes					

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

VISITATION						
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.						
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes					
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	\boxtimes					
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	\boxtimes					
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	\boxtimes					
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	\boxtimes					
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes					
△ ACCEPTABLE □ DEFICIENT	AT-RISK			REPEAT FINDING		

The facility has written policy, 16-2 Visiting, and the rules and regulations are included in the detainee handbook, posted in the housing units, and posted in the visitor lobby. Each detainee is permitted one (1) one hour visit per week with a guarantee of 30 minutes if crowded conditions exist. The visiting is all non-contact and there appears to be ample visiting booths to accommodate the population.

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					
Detainee housekeeping meets neatness and cleanliness standards.	\boxtimes					
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.	\boxtimes			Detainees can participate in special work details; however, detainees are not authorized to work outside of the secure perimeter.		
Written procedures govern selection of detainees for the Voluntary Work Program.	×			Facility policy 19-100, titled Inmate Resident Voluntary Work Programs, facility effective date 4-01-2009, outlines the procedures that govern the voluntary work program.		
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	This standard is specific to CDF and SPC facilities. Although exempt from the requirement, detainee volunteer workers at this facility do not exceed eight hour work days and do not work in excess of forty hours per week.		
Detainee volunteers generally work according to fixed schedule.	X					
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	\boxtimes			Facility form 51C is utilized to document the removal of a detainee from a job assignment.		
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			All detainees must sign a voluntary work program agreement prior to being assigned to a work detail.		
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	×			Medical staff certifies all food service volunteers as being cleared to work before the assignment begins.		
Detainees receive safety equipment/ training sufficient for the assignment.	\boxtimes					
Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes					
ACCEPTABLE DEFICIENT	AT-RISE			REPEAT FINDING		

The facility has a voluntary work program that affords detainees the opportunity to work and earn money. Although not legally required, the facility provides detainees Occupational Safety and Health Administrations (OSHA) protections.

SECTION II HEALTH SERVICES STANDARDS

HUNGER STRIKES

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

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.			\boxtimes	This component is not applicable to an IGSA, however; the prompt referral of hunger strike cases to the medical department is outlined in local facility policy 13-46.
CDFs and IGSAs immediately report a hunger strike to the ICE.	\boxtimes			The immediate reporting of a detainee hunger strike to ICE is called for in local facility policy 13-46.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			In local facility policy 13-46 there are established procedures to ensure an immediate and appropriate staff 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?			\boxtimes	Although the isolation of a hunger striking detainee from others is not required at IGSAs, local facility policy 13-46 calls for placement into a medical observation room.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.			\boxtimes	Although it is not required at IGSAs, facility policy 13-46 authorizes medical staff to place a detainee in a locked medical observation room.
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.			\boxtimes	While it is not required at IGSAs, medical staff is directed to record weight and vital signs of hunger strikers by facility policy 13-46.
The OIC of the facility obtains a hunger striker's consent before medical treatment.	\boxtimes			The obtaining of detainee consent before treatment is addressed in facility policies 13-49 and 13-50. Its application to hunger strike cases is addressed in policy 13-46.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			\boxtimes	Although it is not required at IGSAs, policies 13-46 and 13-49 call for the completion of a Refusal of Treatment form (13-49B) for every refusal of care offered.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.			\boxtimes	While it is not required at IGSAs, facility policy 13-46 directs that 3 meals per day must be offered to hunger striking detainees, and documented.
Staff maintains the hunger striker's supply of drinking water/other beverages.			\boxtimes	Although maintaining beverages for hunger striking detainees is not required at IGSAs, it is called for in facility policy 13-46.
During a hunger strike, staff removes all food items from the hunger striker's living area.			\boxtimes	While the removal of all food from a hunger striker's area is not required at IGSAs, it is a practice mandated by facility policy 13-46.

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 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	Although it is not required at IGSAs, facility policy 13-46 directs staff to record the fluid and food consumption of hunger strikers. This is done using a local standard form.		
The medical staff has written procedures for treating hunger strikers.	\boxtimes			Medical staff procedures for treating hunger strikers are contained in policy 13-46 and medical protocols.		
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			\boxtimes	Although it is not required at IGSAs that staff document all efforts to treat or educate hunger strikers, it is local facility practice, in keeping with policy 13-46.		
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			At orientation and annually, both medical and custody staff have been trained regarding the facility policy on hunger strikes. The lesson plan was reviewed.		
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING		

Since their pre-occupancy inspection, the facility has updated their policy documents regarding hunger strikes, to incorporate all of the elements expected by the National Detention Standards. Their intended practices are now sound and complete. However, it is impossible to judge their actual practices, since they report experiencing no hunger strike events during the past year.

(b)(6), (b)(7)(C) August, 5, 2010 **AUDITOR'S SIGNATURE / DATE**

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINERS

THE GENERAL WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines. The facility's in-processing procedures for arriving detainees				In accordance with policy 13-56, the facility utilizes only properly licensed professional staff to render clinical healthcare services, in compliance with state and local laws and regulations. Medical screening of arriving detainees
include medical screening.	\boxtimes			is conducted by nursing staff in keeping with facility policy 13-50.
All detainees have access to and receive medical care.	\boxtimes			All detainees are provided access to healthcare services as directed by policy 13-77. A review of detainee records confirms this activity.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	\boxtimes			Facility healthcare staff describes regular communications with the PHS/DIHS Managed Health Care Coordinator via both internet and telephone.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.	\boxtimes			The facility is healthcare staffing is designed to service a population size beyond the current census. Record review confirms the prompt delivery of essential services.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	\boxtimes			The care delivery area was observed and found to be sufficient to afford detainee privacy as required by policy 13-7.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.			\boxtimes	Although it is not required that medical services have a restricted-access area within the secure perimeter at IGSAs, this is the case at this facility.
The medical facility entrance includes a holding/waiting room.			\boxtimes	While it is not required at IGSAs, the medical facility includes a holding/waiting room.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.			\boxtimes	While it is not required at IGSAs, the facility waiting room is under direct supervision of custody staff. This was observed in practice.
Detainees in the holding/waiting room have access to a drinking fountain.			\boxtimes	Although it is not required at IGSAs, detainees in the waiting room have access to a nearby toilet and drinking water with custody assistance.
Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files.	\boxtimes			Medical records are properly maintained and secured in keeping with facility policies 13-58 and 13-74. They are entirely electronic, with appropriate restrictions on access.
Pharmaceuticals are stored in a secure area.			\boxtimes	Although it is not required at IGSAs, pharmaceuticals are stored in a small secured area and locked medical carts in compliance with policy 13-70.

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 screening includes a Tuberculosis (TB) test. In accordance with policy 13-50, Every arriving detainee receives a TB test during the medical intake screening includes a TB test on the day of arrival, with general admission process; housing placement delayed until Detainee's TB-screening does not occur more than screening is complete. In keeping with one business day after his/her arrival at the facility; \times their ICE contract, this screening involves a symptom screening and Detainees not screened are housed separate from the digital chest X-ray, with a professional general population. "reading" within 4 hours. No PPD (skin) testing is routinely done. In accordance with policy 13-50, a All detainees receive a mental-health screening upon arrival. mental health screening of all detainees It is conducted: is performed by nursing staff upon By a health care provider or specially trained officer; \times arrival. Although it is not required at IGSAs, this is completed before Before a detainee's assignment to a housing unit. housing assignment. Referrals to mental health staff are made as needed. Although it is not required at IGSAs, The facility health care provider promptly reviews all I-794s any medical transfer documents (or equivalent) to identify detainees needing medical attention. received are immediately screened by \times healthcare staff and scanned into the electronic medical record. Such practices were noted during medical record review. In keeping with facility policy 13-40, The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the the health care provider completes a comprehensive health appraisal on all facility. detainees within 14 days of arrival. X Although many detainees do not stay at this facility for long periods, a sampling of medical charts showed 100% compliance with this standard. Facility policy 13-42 calls for detainees Detainees in the Special Management Unit have access to health care services. in the Special Management Unit to \times have full and equal access to healthcare services. At present, that unit is not occupied. Staff provides detainees with health services (sick call) Although not entirely required at request slips daily, upon request. IGSAs, in accordance with policy 13-Request slips are available in languages other than 80, bilingual sick call slips are English, including every language spoken by a \times available on all housing units and are sizeable number of the facility's detainee population. picked up daily by healthcare staff from Service-request slips are delivered in a timely locked boxes. fashion to the health care provider. The facility has a written plan for the delivery of 24-hour Healthcare staff is available at this emergency health care when no medical personnel are on duty facility at all times. Policy 13-34 \times at the facility, or when immediate outside medical attention is outlines procedures for the prompt access to outside medical services required. when necessary. The plan includes an on-call provider. Although not required at IGSAs, policy \times 13-34 and the local emergency plan includes an on-call medical provider.

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 plan includes a list of telephone numbers for local ambulance and hospital services.			\boxtimes	While it is not required at IGSAs, the facility emergency plan does include a list of telephone numbers for local ambulance and hospital services.				
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.			\boxtimes	Although it is not required at IGSAs, facility policy 13-34 provides for staff to access emergency healthcare services consistent with security and safety.				
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	\boxtimes			In accordance with policy 13-34, detention staff are all trained and expected to perform as first responders within 4 minutes on health-related emergencies.				
Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	This component is not applicable to an IGSA. However all medications at this facility are distributed by healthcare staff. There is no use of custody staff for this purpose.				
The medical unit keeps written records of medication that is distributed.	\boxtimes			In compliance with policies 13-58 and 13-70, record of all medication distribution is maintained within the electronic medical record. These records were examined.				
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.			\boxtimes	Although it is not required at IGSAs, in keeping with policy 13-82, healthcare staff advises the Warden of any detainee special medical needs.				
A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			In accordance with policies 13-49 and 13-50, a signed and dated general consent form is obtained from all detainees at intake, before any examination or treatment is administered. This completed consent form was observed in detainee medical record files.				
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			In accordance with policy 13-74, detainees use form 13-74B to authorize any release of medical records to outside sources.				
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Facility healthcare staff report that they receive sufficient advanced notice of detainee transfers or releases.				
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	\boxtimes			In keeping with facility policy 13-58, a medical transfer summary is sent with all departing detainees. Full medical records are available, if needed.				
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			All transferred medical records and medications are appropriately packaged in accordance with facility policies 13-58 and 13-86.				
igtherapprox Acceptable $igsquare$ Deficient		AT-RISI	K	REPEAT FINDING				

This recently opened facility is not currently accredited by the National Commission on Correctional Healthcare, American Correctional Association, or Joint Commission on Accreditation of Healthcare Organizations, although they are preparing for ACA consideration.

The facility is operated by the Corrections Corporation of America, and their entire healthcare staff are Georgia licensed personnel engaged by CCA. Staffing, space, and equipment appear to be sufficient to provide all required services. With corporate support, policy documents and practices are well developed

A sampling (11) of detainee electronic medical records were reviewed in detail. They confirmed timely delivery of all expected healthcare services (E.g. Intake screening, TB tests, Health Appraisals, Sick Call, etc.)

A sampling of willing and available detainees (5 male, 8 female) were interviewed. They voiced uniform satisfaction with the prompt availability of healthcare services.

The facility reported no detainee deaths during the past year.

(b)(6), (b)(7)(C) / August 5, 2010

AUDITOR'S SIGNATURE / 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 facility policies 13-66 and 13-84, all new staff receive suicide prevention training, during orientation and annually thereafter. Training records confirm this practice.			
Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.	\boxtimes			The Suicide Prevention lesson plan was reviewed and confirmed that the content of the training is appropriate to satisfy National Detention Standards expectations.			
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.				In accordance with policy 13-50, all detainees are screened for suicide potential by healthcare staff upon arrival.			
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	\boxtimes			Referrals of at-risk detainees to mental health staff are made in keeping with policy 13-50.			
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			In compliance with policy 13-84, there is a designated observation room for evaluation and treatment.			
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			The designated isolation room was observed and found to be physically appropriate for the intended purpose.			
Medical staff has approved the room for this purpose.	\boxtimes			Healthcare staff report that they have approved of the use of the observation room for housing detainees at-risk for suicide.			
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	\boxtimes			Facility policy 13-84 directs that staff observations of suicide-watch detainees be documented at least every 15 minutes. There were no suicide watches during the past year, so actual practices could not be confirmed.			
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING							

REMARKS:

Facility policies, intended practices and staff awareness of suicide prevention all appear to be in place, along with appropriate intake screening of arriving detainees for risk.

The facility reports no completed suicides, no serious suicide attempts, and no active suicide watches on record during the past year. Therefore, it is not currently possible to assess and confirm actual practices beyond intake screening efforts. A review of detainee medical records confirmed the timely completion of intake screening documents for all arrivals reviewed.

(b)(6), (b)(7)(C) / August 5, 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			Detainees requiring emergency or acute care are transported to appropriate community sources of specialty care. The facility does not operate an infirmary. Cases requiring infirmary level care are promptly transferred to other appropriate facilities by ICE authorities.
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			The facility promptly notifies the next of kin of a detainee's medical condition in accordance with policy 13-62.
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			Guidelines regarding Advanced Directives are contained in facility policy 13-3. This includes reference to state forms, generic DIHS forms, and the ability to appoint a healthcare proxy.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	\boxtimes			The guidelines contained in policy 13-3 include the detainee's opportunity to have a private lawyer prepare the documents.
There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			"Do Not Resuscitate Orders" are addressed in policy 13-3.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	\boxtimes			Policy 13-3 contains a reference to the fact that detainees with a Do Not Resuscitate order are entitled to maximum therapeutic efforts short of resuscitation.
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			The facility notifies ICE of detainee Do Not Resuscitate orders in keeping with policies 13-3 and 5-1.
The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			The facility procedures regarding detainee organ donations are contained in policy 13-77.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.				Facility procedures regarding notification to ICE officials, family members, and consulates regarding detained deaths are contained in policies 13-62 and 5-1.
The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			Facility policy 9-18 addresses appropriate actions to take in the case of a detainee death in transport.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			In accordance with facility policies 5-1 and 13-62, the disposal of remains of a deceased detainee is done in compliance with ICE standards.

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
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			Once the facility notifies ICE of a detainee death, any indigent burial is arranged by the ICE Field Office.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	\boxtimes			After the facility notifies ICE of a detainee death in accordance with policies 5-1 and 13-62, placement of a death certificates into the a-file is done by ICE authorities.
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.	\boxtimes			Facility policies 5-1 and 13-62 address any notification to the local coroner, autopsy, death certificates, and transportation of the body.
ICE staff follows established procedures to properly close the case of a deceased detainee.	\boxtimes			Once the facility notifies ICE of a detainee death in accordance with policy 5-1, procedures to properly close the case are the responsibility of ICE staff.
		AT-RIS	K	REPEAT FINDING

REMARKS:

Since the pre-occupancy inspection, facility policies regarding Advanced Directives, Organ Donations, Do Not Resuscitate Orders and related notifications have been revised and enhanced. They now adequately cover all of those infrequent but significant events. The facility reports that they have not encountered any of these issues during the past year. Therefore, it is impossible to confirm the facility's actual practices in such cases.

(b)(6), (b)(7)(C) August 5, 2010 AUDITOR'S SIGNATURE / DATE

SECURITY AND CONTROL STANDARDS

CONTRABAND

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

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.				Facility Policy 9-6 Contraband Control gives specific instructions to staff on the proper handling of illegal contraband. The policy does require staff to inventory, hold, and report the confiscation of illegal contraband when necessary to the proper authority for action or possible seizure even though IGSAs are not required to meet this portion of the component.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.			×	Although this component is not applicable to IGSAs, the facility retains contraband that is government property as evidence for potential disciplinary action or criminal prosecution.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.				The facility has written procedures for the return of government property not needed as evidence even though IGSAs are not required to comply with this component.
Altered property is destroyed following documentation and using established procedures.			\boxtimes	Although IGSAs are not required to comply with this component, the facility has procedures in place for the destruction of altered property.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.			\boxtimes	Staff contacts the facility chaplain to verify the legitimacy of religious items before confiscation even though IGSAs are not required to comply with this component.
Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes			
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	Policy 9-6 Contraband Control allows the facility to retain illegal hard contraband for training purposes even though this component is specific to SPCs and CDFs.
△ ACCEPTABLE	AT-RISE	ζ.		REPEAT FINDING

Facility Policy 9-6 Contraband Control governs the proper identification, handling, and disposal of contraband items. Once again, the facility has appropriated the ICE 2000 NDS language on the subject directly into their local policy. Contraband disposal records were checked by the inspector and found to be in accordance with the facility policy.

(b)(6), (b)(7)(C) / August 5, 2010 AUDITOR'S SIGNATURE / DATE

DETENTION FILES

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

COMPONENTS	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.				
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same	\boxtimes			Random detention files were reviewed and found to have facility generated documentation. Currently the disciplinary files are filed separately but are being merged into the official detention file.
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to (b)(7)(e)	\boxtimes			The detention files are stored in a secure lockable room with limited access. Although not a requirement at an IGSA to have lockable file cabinets with limited key distribution, the facility does have lockable cabinets with restricted access.
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.	\boxtimes			
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	\boxtimes			
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	\boxtimes			
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-	-RISK		REPEAT FINDING

REMARKS

The facility has an organized secure detention file room. A random review of the files found them to contain the proper documentation to include facility generated paperwork.

(b)(6), (b)(7)(c) August 5, 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.

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			Facility Policy 15-100 Disciplinary Procedures comprehensively describes the disciplinary system as well as 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:	\boxtimes			
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			The rules of conduct, sanctions, and procedures are communicated to ICE detainees in writing through the facility handbook and verbally through the orientation video. The video and handbook are produced in both English and Spanish.
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			Each of the four elements of this component are posted in English and Spanish in the housing units even though the last three "bulleted" elements are not required for IGSAs.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			\boxtimes	Informal resolutions for minor offenses are encouraged by Policy 15-100 Disciplinary Procedures even though IGSAs are not required to comply with this component.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.			\boxtimes	Staff is required to promptly forward incident reports and notice of disciplinary charges to the designated supervisor even though this component is not applicable to IGSAs.
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			
An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			

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			
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			The facility has a hearing officer that adjudicates disciplinary cases. Facility Policy 15-100 specifically mandates adherence with all of the "bulleted" elements of this component even though IGSAs are not required to comply.			
A staff representative is available if requested for a detainee facing a disciplinary hearing.			\boxtimes	Although IGSAs are not required to comply with this component, the facility makes staff representatives available for detainees upon request.			
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						
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	\boxtimes						
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes						
ACCEPTABLE DEFICIENT	AT-RISE	ζ.		REPEAT FINDING			

Facility Policy 15-100 Disciplinary Procedures comprehensively describes the disciplinary system as well as the progressive levels of reviews and appeals. Staff is encouraged by policy and practice to utilize informal resolutions to mitigate minor offenses. The facility is fully compliant with all aspects of this ICE standard.

(b)(6), (b)(7)(C) August 5, 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 STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.

COMPONENTS	YES	No	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.	\boxtimes			Facility Policy 14-4 Inmate/Resident Rights precludes detainees or detainee groups from exercising control or authority over other detainees.
Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees	\boxtimes			Detainee protection from each of the elements of this component is mandated in Policy 14-4 Inmate/Resident Rights.
Staff is trained to identify signs of detainee unrest. • What type of training and how often?	\boxtimes			Staff is trained annually in a one hour block of instruction entitled "Detection of Institutional Tensions".
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	\boxtimes			
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			The Chief of Security is the individual responsible for the emergency plans and their implementation.
The plans address the following issues:	\boxtimes			
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	\boxtimes			
The facility has cooperative contingency plans with applicable: • Local law enforcement agencies • State agencies • Federal agencies			X	Although this component is specific to SPCs and CDFs, the facility has a number of cooperative contingency plans with other governmental entities to provide mutual aid.
All staff receives copies of Hostage Situation Management policy and procedures.			\boxtimes	Staff do not receive copies of the facility hostage plan. IGSAs are not required to comply with this component. (b)(7)(e)

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
Staff is trained to (b)(7)(e) (b)(7)(e) Within 24 hours after release, hostages are screened for medical and psychological effects.				The facility trains staff to (b)(7)(e) (b)(7)(e) and provides medical and psychological screening for hostages immediately after release even though IGSAs are not required to comply with this component.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			\boxtimes	Although this component is specific to SPCs and CDFs, all emergency plans at the facility mandate that emergency medical treatment be readily available for staff and ICE detainees during and after an incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.			\boxtimes	The facility maintains a supply of three days of emergency meals for staff and ICE detainees even though this component is not applicable to IGSAs.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).			\boxtimes	The facility has photos of the location of all shut-off valves and switches for all utilities in the emergency plan even though this component is specific to SPCs and CDFs.
Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances	\boxtimes			The facility has a comprehensive emergency plan for each of the elements of this component.
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING

REMARKS:

The Chief of Security efficiently manages the updating and implementation of all emergency plans. All plans are updated annually in accordance with ICE requirements. Mutual aid assistance agreements are in place with the Gainesville Fire Department, the Gainesville Police Department, the Hall County Public Safety Department, the Hall County Sheriff's Office, the Northeast Georgia Medical Center, the Coffee Correctional Center, the Stewart Detention Center, the Wheeler Correctional Facility, and Transcor. The facility is in full compliance with every applicable component of this standard.

(b)(6), (b)(7)(c) August 5, 2010 AUDITOR'S SIGNATURE / DATE

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			Facility policy 8-7, titled Control of Hazardous Chemicals and Materials, effective date 10-01-2006, outlines the procedures for the storage, issuance and inventory of hazardous materials.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	\boxtimes			The control of all hazardous chemicals is restricted to the Fire Safety Administrator. Inventories are accurate and up to date for all flammable, caustic and toxic substances.
 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			
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			Personal protective equipment was observed to be available in all areas where flammable, toxic and caustic materials are used and/or stored.
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.				Detainees only handle diluted chemicals. Staff maintains control over all chemicals and detainees are well supervised during use.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	\boxtimes			
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	\boxtimes			
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	\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			Temperatures are appropriately set according to industry standards. Observation of HVAC summer settings indicated the housing unit temperatures are set at 74.5 degrees. Winter settings were reported to be set between 71-74 degrees.

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
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	\boxtimes			Observation of the water mixing valve for the shower and sink water supply was observed to be set at 111 degrees.
All toxic and caustic materials are stored in their original containers in a secure area.	\boxtimes			All chemicals are properly stored in their original containers, in secure storage areas.
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	\boxtimes			
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	There are no known chemicals containing methyl alcohol in use at this facility.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	\boxtimes			Employees obtain hazardous communications training during initial orientation training as well as during annual refresher training.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	\boxtimes			
A technically qualified officer conducts the fire and safety inspections.		\boxtimes		The Fire Safety Administrator has been scheduled for OSHA 511 training; however, she has not received any Fire/Safety Training to date.
The Safety Office (or officer) maintains files of inspection reports.	\boxtimes			
The facility has an approved fire prevention, control, and evacuation plan.				The facility has received a Certificate of Occupancy from the State of Georgia office of Georgia Safety Fire Commissioner. The document certifies that the building is in compliance with the minimum standards required by the Georgia Safety Fire Laws. A component of the safety fire laws requires a Fire Safety and Evacuation Plan. There is also documentation on file from the fire department that acknowledges receipt of the facility's Fire Safety and Evacuation Plan.

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

COMPONENTS	YES	No	NA	REMARKS
The 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 monthly according to a pre- determined schedule. The drills are conducted in all areas of the facility on all shifts.
A sanitation program covers barbering operations.	\boxtimes			
The barber shop has the facilities and equipment necessary to meet sanitation requirements.	×			The barber shop has the required facilities and equipment as required by the National Detention Standard on Environmental Health and Safety.
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			Sanitation requirements for the barber shop are conspicuously posted in English and Spanish.
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 follows standard cleaning procedures.	\boxtimes			
Spill kits are readily available.	\boxtimes			Spill kits are available on all posts and in all facility vehicles.
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			The facility has a contract with Steri-Cycle for the disposal of infectious/bio-hazardous waste.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			Staff receives training on blood borne pathogens during their initial orientation as well as annually during refresher training.
Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			

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	
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			Terminex Pest Control is contracted to conduct monthly pest control services which includes preventative spraying for indigenous insects.	
Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			The City of Gainesville regularly tests drinking water and wastewater. An annual report is sent to the facility and maintained on file.	
Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements).		\boxtimes		The emergency generators are tested every week; however, the test is not run for one hour as required in the NDS. Also the emergency generators are not tested quarterly by an external generator servicing company as required.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

The facility has excellent controls in place for flammable, toxic and caustic materials. The environmental health and safety program has been well developed to provide detainees with protection in accordance with the ICE National Detention Standards.

(b)(6), (b)(7)(C) August 5, 2010 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 PROCESSING INTO OR OUT OF THE FACILITY

				T THE THEELITT.
COMPONENTS	YES	No	NA	REMARKS
The hold rooms are situated within the secure perimeter.			\boxtimes	All five hold rooms are located within the secure perimeter even though IGSAs are not required to comply with this component.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.			\boxtimes	Although this component is specific to SPCs and CDFs, all hold rooms at the facility are well ventilated, well illuminated, and all activating switches are located outside each room.
The hold rooms contain sufficient seating for the number of detainees held.			\boxtimes	This component does not apply to IGSAs, but the capacity in the hold rooms are more than adequate to sufficiently seat the number of ICE detainees being held.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.			\boxtimes	There are no bunks, cots, beds, or other related make-shift sleeping apparatuses in the hold rooms even though IGSAs are not required to comply with this component.
The walls and ceilings of the hold rooms are tamper and escape proof.			\boxtimes	Although this component is not applicable to IGSAs, the walls and ceilings of all five hold rooms are constructed with solid concrete ceilings and filled cinder block walls rendering them tamper and escape proof.
Individuals are not held in hold rooms for more than 12 hours.	\boxtimes			ICE detainees are usually detained in the hold rooms for no more than an hour.
Male and females are segregated from each other.	\boxtimes			
Detainees under the age of 18 are not held with adult detainees.	\boxtimes			
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	\boxtimes			Two of the five hold rooms are outside the immediate view of the officer working the booking station. However, all five hold rooms are equipped with a functioning combination sink and toilet.
All detainees are given a pat down search for weapons or contraband before being placed in the room.	\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			
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.	\boxtimes			Two of the five hold rooms are outside the immediate view of the officer working the booking station. The officer assigned to the booking area performs a 15 minute check on each hold room and documents the results.			
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						
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	\boxtimes						
△ ACCEPTABLE	AT-RIS	SK		REPEAT FINDING			

The usage and administration of the facility hold rooms is regulated by Policy 9-105 Hold Rooms. The facility fully complies with all aspects of this ICE standard.

(b)(6), (b)(7)(c) August 5, 2010
AUDITOR'S SIGNATURE / DATE

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	\boxtimes			The facility Maintenance Supervisor has attended an approved locksmith training program.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			The (b)(7)(E) Officer is the designated Key Control Officer for the facility.
The security officer, or equivalent in IGSAs, provides training to employees in key control.	\boxtimes			
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	\boxtimes			
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			The Key Control Officer has documentation that shows a comprehensive preventive maintenance program is in place for all locks, keys, and locking devices at the facility.
Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Facility Policy 9-3 Key Control addresses the proper handling of compromised keys and locks.
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			The (b)(7)(e) at the facility is responsible for maintaining the integrity of safe combinations.
Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	\boxtimes			Only detention grade locks are utilized in ICE detainee accessible areas of the facility.
Grand master keying systems are prohibited.	\boxtimes			
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			
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			
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.				
Emergency keys are available for all areas of the facility.	\boxtimes			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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.

OF ALL KEYS AND LOCKS.				
COMPONENTS	YES	No	NA	REMARKS
The facilities use a key accountability system.	\boxtimes			
Authorization is necessary to issue any restricted key.	\boxtimes			
Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access.	\boxtimes			All individual gun boxes are located in areas that allow for constant visual observation. None of the gun boxes is located in public access areas.
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			Facility policy 9-3 Key Control governs key accountability. The keys are counted daily at the beginning of each shift even though IGSAs are not required to comply with this element of the component.
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			Facility Policy 9-3 Key Control outlines the training and responsibility for adherence of proper handling of keys, locks, and locking devices. All three "bulleted" elements of this component are mandated in the policy even though IGSAs are not required to comply with those areas.
ACCEPTABLE DEFICIENT	AT-RIS	K		REPEAT FINDING

REMARKS:	
----------	--

(b)(7)(E)

(b)(6), (b)(7)(C) August 5, 2010 AUDITOR'S SIGNATURE / DATE

POPULATION COUNTS

POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY 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 seven counts daily. Each shift conducts at least one count.
Activities cease or are strictly controlled while a formal count is being conducted.			\boxtimes	The Control Center Officer makes an announcement for all activities to cease just prior to the beginning of each count even though IGSAs are not required to comply with this component.
Certain operations cease during formal counts.			\boxtimes	Although this component is specific to SPCs and CDFs, all operations cease during each count.
All movement ceases for the duration of a formal count.			\boxtimes	All movement ceases for the duration of a count even though this component is specific to SPCs and CDFs.
Formal counts in all units take place simultaneously.			\boxtimes	Even though IGSAs are not required to comply with this component, the count in all units takes place simultaneously.
Detainee participation in counts is prohibited.			\boxtimes	IGSAs are not required to comply with this component, but the facility does prohibit ICE detainee participation in counts.
A face-to-photo count follows each unsuccessful recount.			\boxtimes	Although this component is specific to SPCs and CDFs, the facility does conduct a face-to-photo count following an unsuccessful recount.
Officers positively identify each detainee before counting him/her as present.			\boxtimes	Count officers positively identify each ICE detainee for count purposes even though IGSAs are not required to comply with this component.
Written procedures cover informal and emergency counts. • They are followed during informal counts and emergencies.	\boxtimes			Informal and emergency counts are covered in Policy 9-13 Count Principles and Procedures.
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.				The Control Center supervisor is responsible for maintaining the out-count records.
This training is documented in each officer's training folder.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

Population counts are governed by Policy 9-13 Count Principles and Procedures. The facility is in compliance with all components of this ICE standard.

(b)(6), (b)(7)(C) August 5, 2010 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.				All posts inspected had a current set of post orders.
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.			\boxtimes	Even though IGSAs are not required to comply with this component, each set of post orders inspected had a section for inserts and revisions.
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	\boxtimes			The Warden is the individual responsible for maintaining upto-date sets of post orders.
The IGSA maintains a complete set (central file) of post orders.	\boxtimes			A complete set of post orders is available in the office of the Chief of Security and on the facility share drive.
The central file is accessible to all staff.			\boxtimes	A complete set of post orders is available for inspection by any staff member in the office of the Chief of Security during normal business hours and on the facility share drive at any time. The facility complies with this component even though it is specific to SPCs and CDFs.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.			\boxtimes	The Warden initiates and authorizes all post order changes even though IGSAs are not required to comply with this component.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.			\boxtimes	Although this component is specific to SPCs and CDFs, the Warden signs and dates the last page of every section of the post orders.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	\boxtimes			Facility Policy 9-10 requires that post orders be reviewed annually.
Procedures keep post orders and logbooks secure from detainees at all times.			\boxtimes	All post orders inspected were found to be secure from the ICE detainees even though IGSAs are not required to comply with this component.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty. Armed-post post orders provide instructions for escape attempts.			\boxtimes	Although this component is specific to SPCs and CDFs, the Transportation Officer that is designated to carry the weapon on each transport is weapons qualified. (b)(7)(e)
. 1 1				

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	
The post orders for housing units track the event schedule.			\boxtimes	All post orders inspected had a current activity/event schedule even though this component is specific to SPCs and CDFs.	
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.			\boxtimes	All ICE detainee activities are manually recorded in a log book at the officer's station even though IGSAs are not required to comply with this component.	
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING					

Post orders are available at every fixed post. The officer assigned to each post is required to review the post orders at the beginning of the shift and sign a form in the back of the folder acknowledging the review. All post orders are reviewed annually. Updates and revisions that occur between the annual reviews are added to the post orders with the authorization of the Warden. Facility Policy 9-10 Post Orders gives comprehensive guidance on how post orders are to be used and maintained.

(b)(6), (b)(7)(c) August 5, 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.

SOMEONE WITH A THOROUGH GROUND				
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				Facility Policy 9-7 Security Inspections mandates all areas of the facility that are expected to be inspected, who is responsible for the inspections, and the frequency the inspections are to be performed. All five elements of this component are included in the policy even though the first two "bulleted" elements are not applicable to IGSAs.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.			\boxtimes	Although this component is specific to SPCs and CDFs, the facility requires every officer to conduct a security check on his/her assigned area with the results documented.
Documentation of security inspections is kept on file.			\boxtimes	Security inspections are documented and kept on file even though this component is non-applicable to IGSAs.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.			X	Staff report recurring problems in their assigned areas to appropriate personnel at the beginning of each shift even though this component is specific to SPCs and CDFs.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			
All visits are officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
The facility has a secure visitor pass system.	\boxtimes			
Every Control Center officer receives specialized training.				Officers are trained for the Control Center by working alongside experienced staff until the supervisor deems the trainee ready to man the post alone.
The Control Center is staffed around the clock.	\boxtimes			
Policy restricts staff access to the Control Center.				A notice is posted on the entry door to the Control Center that clearly states who is authorized to enter that area.
Detainees are restricted from access to the Control Center.	X	\square		
Communications are centralized in the Control Center.	\boxtimes			
Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			Officers in the Control Center monitor all vehicular traffic entering and leaving the facility.

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			\boxtimes	Facility Policy 9-7 Security Inspections mandates that all of the information required by this component is to be recorded in a log even though this component is not applicable to IGSAs.		
Officers thoroughly search each vehicle entering and leaving the facility.			\boxtimes	Although this component is specific to SPCs and CDFs, all vehicles are searched 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.	\boxtimes					
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.			\boxtimes	The maintenance staff is responsible for inventorying all tools before entering and prior to departure from the facility even though this component is not applicable to IGSAs		
The SMU entrance has a sally port.		\boxtimes		The segregation housing unit does not have a sally port.		
Written procedures govern searches of detainee housing units and personal areas.	\boxtimes					
Housing area searches occur at irregular times.			\boxtimes	Facility Policy 9-7 Security Inspections mandates that housing areas are to be searched at irregular times even though this component is specific to SPCs and CDFs.		
Every search of the SMU and other housing units is documented.	\boxtimes					
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	\boxtimes					
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes					
Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence: and	\boxtimes			(h)(7)(e)		

The facility is fully compliant with all components of this ICE standard with the exception of not having a sally port at the entry to the segregation housing unit. The Warden is considering adding a sally port in order to comply with this component. Facility Policy 9-7 Security Inspections mandates all areas of the facility that are expected to be inspected, who is responsible for the inspections, and the frequency the inspections are to be performed.

AT-RISK

REPEAT FINDING

DEFICIENT

(b)(6), (b)(7)(C) August 5, 2010 AUDITOR'S SIGNATURE / DATE

Documenting the results.

Visitation areas receive frequent, irregular inspections. **ACCEPTABLE**

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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 from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.	\boxtimes			Facility Policy 10-100 Segregation Management details the process for placement and review of ICE detainees into administrative segregation housing.
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	Policy 10-100 Segregation Management mandates that a supervisory officer is to conduct a review of each ICE detainee placed in administrative segregation within 72 hours of initial placement even though this component is not applicable to IGSAs.
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	Although this component is specific to SPCs and CDFs, a supervisory officer is required by policy to conduct a review of ICE detainees in administrative segregation every seven days for two months and every thirty days thereafter.
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 not applicable to IGSAs. The facility does not provide a copy of the decision and justification for each review. Detainees may appeal the reviewer's decision through the grievance procedure.
 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 and CDFs. However, the facility complies with this component by making the required notification to the ICE Field Office Director whenever an ICE detainee exceeds thirty days of placement in administrative segregation.
 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	The component is specific to SPCs and CDFs. The facility makes a written record of any ICE detainee who has been housed in administrative segregation after thirty days, but the ICE detainee does not receive a copy of this record.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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 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	Although this component is not applicable to IGSAs, ICE detainees who have been housed in administrative segregation for seven consecutive days may appeal the reviewer's decision through the grievance procedure.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	\boxtimes			
The SMU is: Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition.	\boxtimes			
All cells are equipped with beds. • Every bed is securely fastened to the floor or wall.	\boxtimes			All administrative segregation beds are secured to the wall and the floor.
The number of detainees in any cell does not exceed the occupancy limit. • When occupancy exceeds recommended capacity, do basic living standards decline? • Do criteria for objectively assessing living standards exist? • If yes, are the criteria included in the written procedures?	\boxtimes			The facility has never exceeded the rated capacity for administrative segregation.
The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the general population.	\boxtimes			
Detainees receive three nutritious meals per day, from the general population's menu of the day. • Do detainees eat only with disposable utensils? • Is food ever used as punishment?	\boxtimes			
 Each detainee maintains a normal level of personal hygiene in the SMU. The detainees have the opportunity to shower and shave at least three times a week. If not, explain. 	\boxtimes			ICE detainees in administrative segregation are allowed to shower and shave every Monday, Wednesday, and Friday.
The detainees are provided: • Barbering services; • Recreation privileges in accordance with the "Detainee Recreation" standard; • Non-legal reading material; • Religious material; • The same correspondence privileges as detainees in the general population; • Telephone access similar to that of the general population; and • Personal legal material.	\boxtimes			

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

"SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).						
COMPONENTS	YES	No	NA	REMARKS		
A health care professional visits every detainee at least three times a week. The shift supervisor visits each detainee daily. Weekends and holidays.	\boxtimes			Health care professionals and shift supervisors visit every ICE detainee housed in administrative segregation every shift, every day, to include weekends and holidays.		
Procedures comply with the "Visitation" standard. • The detainee retains visiting privileges; and • The visiting room is available during normal visiting hours.	\boxtimes					
Visits from clergy are allowed.	\boxtimes					
 Detainees have the same law-library access as the general population. Are they required to use the law library Separately, or As a group? Are legal materials brought to them? 	\boxtimes			ICE detainees in administrative segregation have legal materials delivered to their cell.		
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	\boxtimes					
SPC procedures 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. • CDFs and IGSA facilities use Form I-888 (or local equivalent).	\boxtimes			A Segregation Activity Record form (a local equivalent to Form I-888) is utilized by staff to record all segregation activities. Although IGSA's are not required to include completing the I-888 at the end of the shift, the staff at this facility does meet this requirement.		
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	Although this component is specific to SPCs and CDFs, the staff record all of the required elements of this component onto an individual Segregation Activity Record.		
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	A weekly Segregation Activity Record is created for each week an ICE detainee is housed in administrative segregation even though this component is not applicable to IGSAs.		
	AT-RI	SK		REPEAT FINDING		

REMARKS:

Facility Policy 10-100 Segregation Management details the process for placement and review of ICE detainees into administrative segregation housing. The facility is fully compliant with all applicable components of this ICE standard.

(b)(6), (b)(7)(C) August 5, 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 SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	\boxtimes			Facility Policy 10-100 Segregation Management details the process for placement and review of ICE detainees into disciplinary segregation housing.
The sanctions for violations committed during one incident are limited to 60 days.	\boxtimes			
A completed Disciplinary Segregation Order accompanies the detainee into the SMU. • The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.	\boxtimes			
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. • After each formal review, the detainee receives a written copy of the decision and supporting reasons.	\boxtimes			ICE detainees housed in disciplinary segregation are reviewed within 72 hours of initial placement, and then every seven days until release. The facility does not provide the ICE detainee with a copy of the reviewer's decision since the "bulleted" portion of this component is not applicable to IGSAs.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	\boxtimes			
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	\boxtimes			
Living conditions in disciplinary SMUs remain the same regardless of behavior. • If no, does staff prepare written documentation for this action? • Does the OIC sign to indicate approval.	\boxtimes			
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	\boxtimes			
The quarters used for segregation are: • Well-ventilated. • Adequately lighted. • Appropriately heated. • Maintained in a sanitary condition.	\boxtimes			
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	\boxtimes			All disciplinary segregation beds are secured to the wall and the floor.
The number of detainees confined to each cell or room is limited to the number for which the space was designate. • Does the OIC approve excess occupancy on a temporary basis?	\boxtimes			The facility has never exceeded the rated capacity for disciplinary segregation.

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
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	\boxtimes			ICE detainees who are housed in "close watch" are relocated to an observation cell adjacent to the medical offices. ICE detainees housed in "close watch" are monitored by detention staff with the results documented. All removed items are returned as soon as the supervisor considers it safe.
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	\boxtimes			
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. • Food is not used as punishment.	\boxtimes			
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	\boxtimes			ICE detainees in disciplinary segregation are allowed to shower and shave every Monday, Wednesday, and Friday.
Detainees receive, unless documented as a threat to security:	\boxtimes			
 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 matters; Calls to consular/embassy officials; and Calls during family emergencies (as determined by the OIC/Warden). 	\boxtimes			
A health care professional visits every detainee in disciplinary segregation every week day. • The shift supervisor visits each segregated detainee daily • Weekends and holidays.	\boxtimes			Health care professionals and shift supervisors visit every ICE detainee housed in disciplinary segregation every shift, every day, to include weekends and holidays.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	\boxtimes			
SMU detainees receive legal visits, as provided in the "Visitation" standard. • Legal service providers are notified of security concerns arising before a visit.	\boxtimes			
Visits from clergy are allowed. • The clergy member is given the option of visiting/not visiting the segregated detainee. • Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.	\boxtimes			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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.

No	NA	REMARKS ICE detainees in disciplinary segregation have legal materials delivered to their cell.
		All activities that occur in disciplinary segregation are recorded onto a Segregation Activity Record that is kept for each ICE detainee.
		Although this component is specific to SPCs, the facility completes a Segregation Activity Record (a local equivalent to Form I-888) for each ICE detainee in disciplinary segregation at the end of each shift.
	\boxtimes	The facility is compliant with each of the elements of this ICE standard even though this component is not applicable to IGSAs.
		SK

REMARKS:

The philosophy of the Warden at this facility is to utilize disciplinary segregation only when it is deemed absolutely necessary. As a result, the facility does not routinely place ICE detainees in disciplinary segregation. When it is determined that an ICE detainee must be placed in disciplinary segregation, the placement and subsequent reviews of that status is governed by Policy 10-100 Segregation Management.

(b)(6), (b)(7)(C) <u>August 5, 2010</u> **AUDITOR'S SIGNATURE / 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.

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 Armory Officer is the designated Tool Control Officer.
Department heads are responsible for implementing this standard in their departments.			\boxtimes	Facility Policy 9-8 Control of Tools and Equipment mandates that department heads are responsible for implementing tool control accountability in their departments even though this component is not applicable to IGSAs.
Tool inventories are required for the: • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory.	\boxtimes			Tool control inventories are in place for the Maintenance Department, the Medical Department, the Food Service Department, the Armory, the Barber Shop, and the Control Center.
 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			Facility Policy 9-8 Control of Tools and Equipment outlines the proper tool accountability procedures.
The facility has a tool classification system. Tools are classified according to: • Restricted (dangerous/hazardous); and • Non-Restricted (non-hazardous).	\boxtimes			IGSAs are not required to classify tools as restricted or non-restricted. However, this facility classifies tools as Class A (restricted) and Class B (non-restricted).
Department heads are responsible for implementing tool-control procedures.			\boxtimes	Although this component is specific to SPCs and CDFs, the department heads are responsible by policy for implementing tool control procedures.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	\boxtimes			Every tool is etched with an identification number and a letter designating it as a Class A or Class B tool.
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			Shadow boards are used in every department that has tools.
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.	\boxtimes			

POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHAPPOLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTE TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STOREADILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING	R GENERA ORED. TH	TED OR THESE INV	TYPEWRI	TTEN MASTER INVENTORY LIST OF
COMPONENTS	YES	No	NA	REMARKS
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes			
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.	\boxtimes			The maintenance staff is responsible for inventorying all tools (to include those of contract workers) prior to admittance into or departure from the facility.
ACCEPTABLE DEFICIENT	AT-RISE	ζ		REPEAT FINDING

TOOL CONTROL

REMARKS:

The facility practices good tool accountability. Every department that issues tools knows the proper accountability procedures outlined in Policy 9-8 Control of Tools and Equipment. The facility is in full compliance with all components of this ICE standard.

(b)(6), (b)(7)(C) August 5, 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.

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.	HANDLEI	ONLY B	YIHEIC	LE FIELD OFFICE OR SUB-OFFICE	
COMPONENTS	YES	No	NA	REMARKS	
Transporting officers comply with applicable local, state, and federal	125	110	1112	TEMMIN	
motor vehicle laws and regulations. Records support this finding of	\boxtimes				
compliance.		_			
Every transporting officer required to drive a commercial size bus has				The facility only utilizes twelve-	
a valid Commercial Driver's License (CDL) issued by the state of			\boxtimes	passenger buses to transport ICE	
employment.				detainees.	
Supervisors maintain records for each vehicle operator.				The vehicle records were	
				inspected and found to be in	
	\boxtimes			compliance with the guidelines	
				detailed in Policy 9-18	
				Transportation Procedures.	
Officers use a checklist during every vehicle inspection.					
 Officers report deficiencies affecting operability; and 	\boxtimes				
 Deficiencies are corrected before the vehicle goes back into 			'''		
service.					
Transporting officers:					
 Limit driving time to 10 hours in any 15 hour period; 					
 Drive only after eight consecutive off-duty hours; 				Policy 9-18 Transportation	
• Do not receive transportation assignments after having been				Procedures includes each of the	
on duty, in any capacity, for 15 hours;	\boxtimes			elements of this component.	
• Drive a 50-hour maximum in a given work week; a 70-hour			"	However, the average duration	
maximum during eight consecutive days;				of trips is approximately 45	
 During emergency conditions (including bad weather), 				minutes, one way.	
officers may drive as long as necessary and safe to reach a					
safe area-exceeding the 10-hour limit.					
b)(7)(E)officers with valid CDLs required in any bus transporting					
detainees.		l		The facility only uses twelve-	
 When buses travel in tandem with detainees, there are b)(7)(E) \square		\boxtimes	passenger vans to transport ICE	
qualified officers per vehicle.				detainees.	
• An (b)(7)(e) driver may transport an empty vehicle.					
Before the start of each detail, the vehicle is thoroughly searched.	\boxtimes				
Positive identification of all detainees being transported is confirmed.				Although this component is not	
				applicable to IGSAs, the	
			\boxtimes	transportation staff positively	
				identifies each ICE detainee	
A11 datainana ann ann 1-d iomhadhan ainn ta 1-a-dina dha an 1-1-1				being transported.	
All detainees are searched immediately prior to boarding the vehicle	\boxtimes				
by staff controlling the bus or vehicle. The facility ensures that the number of detainees transported does not		-		The facility does not exceed the	
exceed the vehicles manufacturer's occupancy level.				capacity of the passenger vans	
exceed the vehicles manufacturer is occupancy level.	\boxtimes			utilized to transport ICE	
				detainees.	
(b)(7)(e) are provided to all transporting officers.	\boxtimes			Commercial	
(b)(i)(c)]	_		

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 vehicle crew conducts a visual count once all passengers are on Policy 9-18 Transportation Procedures mandates that visual board and seated. Additional visual counts are made whenever the vehicle counts are to be made at the \boxtimes makes a scheduled or unscheduled stop. onset of the trip and periodically throughout the duration of the trip. Policies and procedures are in place addressing the use of restraining \bowtie equipment on transportation vehicles. Officers ensure that no one contacts the detainees. \bowtie • (b)(7)(E) fficer remains in the vehicle at all times when detainees Meals are provided during long distance transfers. The facility does not routinely provide meals to detainees The meals meet the minimum dietary standards, as identified because the average duration of by dieticians utilized by ICE. transports of ICE detainees is 45 minutes, one way. However, \boxtimes Policy 9-18 Transportation Procedures mandates that detainees are to be provided meals on trips that are expected to go beyond six hours in duration. 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 \times 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. Vehicles have: \times (b)(7)(E)The vehicles are clean and sanitary at all times. Personal property of a detainee transferring to another facility is: Inventoried: X Inspected; and Accompanies the detainee.

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 procedur vehicle crews: • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list includes women or minors	res for			Each of the elements of this component are covered in detail in Policy 9-18 Transportation Procedures.	
ACCEPTABLE DEFICIENT	AT_RIST	~		REPEAT FINDING	

REMARKS:

Facility Policy 9-18 Transportation Procedures governs the transportation process for ICE detainees. The facility has incorporated into this policy the identical language that is found in the respective ICE 2000 National Detention Standards on the subject. All vehicles inspected were found to be mechanically sound and free of refuse.

(b)(6), (b)(7)(C) / August 5, 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:

COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use- of-force situation without a supervisor's presence or direction.	\boxtimes			Facility Policy 9-1 Use of Force allows staff to respond to immediate use of force situations without a supervisor present.
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 to force.	\boxtimes			The facility strongly encourages staff through training to resolve potentially explosive situations with verbal persuasion if possible.
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
The facility subscribes to the prescribed Confrontation Avoidance Procedures. • Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			Confrontation avoidance techniques are taught annually as a part of the in-service training program.
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, (b)(7)(E) • Under staff supervision.	\boxtimes			
Staff members are trained in the performance of the (b)(7)(E)	\boxtimes			
All use-of-force incidents are documented and reviewed.	\boxtimes			The last use of force incident at this facility was in December 2009. The report was reviewed and found to be properly investigated and reviewed by the Chief of Security, the Warden, and Corrections Corporation of America legal staff.
Staff: Do not use force as punishment; Attempt to gain the detainee's voluntary cooperation before resorting to force; Use only as much force as necessary to control the detainee; and Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.	\boxtimes			
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes			
(b)(7)(E) follows written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			The written procedures that attempt to prevent injury and exposure to communicable diseases are clearly spelled out in 9-1 Use of Force.

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
(b)(7)(E)	\boxtimes			(b)(7)(E)
The shift supervisor monitors the detainee's position/condition				
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 (b)(7)(e) (b)(7)(e) • Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.	\boxtimes			The language that provides the guidance for this procedure is identical to the language in the ICE 2000 National Detention Standards on 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			
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 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			All officers receive training in self- defense, confrontation avoidance techniques, and the proper use of force to control detainees as part of their annual in- service training.
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	\boxtimes			Although this component is specific to SPCs, the facility utilizes a local equivalent use of force form to document all use of force events.
□ ACCEPTABLE □ DEFICIENT		AT-RISI	K	REPEAT FINDING

REMARKS: a very comprehensive and detailed plan for the proper application of force. Facility Policy 9-(b)(7)(E)

(b)(7)(e) Uses of force at this facility occur very infrequently, but the staff is

(b)(7)(e)
Uses of force at this facility occur very infrequently, but the staff is well prepared through training to deal with whatever situation might arise. The last use of force incident at this facility occurred in December 2009. It was properly documented and reviewed in accordance with the controlling policy.

(b)(6), (b)(7)(C) August 5, 2010 AUDITOR'S SIGNATURE / DATE

STAFF DETAINER	COMMUNICATIONS

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

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	\boxtimes			Although not a requirement at an IGSA to visit the facility weekly, ICE staff visit the facility weekly on Thursdays.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	\boxtimes			
Scheduled visits are posted in ICE detainee areas.	\boxtimes			A posting was observed that informed the detainee the name of deportation officer and the day that he/she would visit the housing unit.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	\boxtimes			
ICE information request Forms are available at the IGSA for use by ICE detainees.	\boxtimes			
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			
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	ζ.		REPEAT FINDING

REMARKS:

Staff detainee communication at the facility meets the requirements of the standard

(b)(6), (b)(7)(C) / August 5, 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			
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			
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.		\boxtimes		Detainees are informed up to 24 hours prior to their transfer of where they will be transferring to and not restricted from access to the phones and other detainees.
The detainee is provided with a completed Detainee Transfer Notification Form.	\bowtie			
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	There are no DIHS staff at the facility.
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			
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.	\boxtimes			

DETAINEE TRANSFER	CSTAND	AKD		
POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETA VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERA IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR W	S), ICE WI TION WHE TLL CONSI	ILL ADHE THER TH DER THE	RE TO J. E DETAIN DETAINE	PATS PROTOCOLS. IN DECIDING NEE IS REPRESENTED BEFORE THE E'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
△ ACCEPTABLE	AT-RISK			REPEAT FINDING

REMARKS:

Interviews were conducted with the ICE SDDO and the ICE DO relative to the detainee transfer process. The only item of concerns was that the detainee may have access to other detainees and access to the phone after being informed of their pending transfer.

(b)(6), (b)(7)(C) / August 5, 2010 AUDITOR'S SIGNATURE / DATE

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



SEP 10 2010

MEMORANDUM FOR:

Felicia S. Skinner

Field Office Director

Atlanta Field Office

FROM:

Robert P. Helwig

Assistant Director for Detention and Removal Management

nu

SUBJECT:

North Georgia Detention Center Annual Review

The annual review of the North Georgia Detention Center conducted on August 3-5, 2010, in Gainesville, Georgia has been received. A final rating of **Good** 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):

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before August 3, 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(6), (b)(7)(C)

cc: Official File

ICE:HODRO (b)(6), (b)(7)(C) 08/27/2010

(b)(7)(e)

Immigration and Customs Enforcement Office of Detention and Removal

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
North Georgia Detention Center
Address (Street and Name)
622 Main Street
City, State and Zip Code
Gainesville, GA 30501
County
Hall
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)(C) Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)(C)
Date[s] of Review
August 3-5, 2010
Type of Review
Headquarters Decrational Special Assessment Other
<u>-</u>

TABLE OF CONTENTS

DETAINEE SERVICES STANDARDS (SECTION I)
ACCESS TO LEGAL MATERIALS
ADMISSION AND RELEASE
CLASSIFICATION SYSTEM
CORRESPONDENCE AND OTHER MAIL
DETAINEE HANDBOOK
FOOD SERVICE
FUNDS AND PERSONAL PROPERTY
DETAINEE GRIEVANCE PROCEDURES
GROUP PRESENTATIONS ON LEGAL RIGHTS
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS
MARRIAGE REQUESTS
NON-MEDICAL ESCORTED TRIPS
RECREATION
RELIGIOUS PRACTICES
ACCESS TO TELEPHONES
VISITATION
VOLUNTARY WORK PROGRAM
HEALTH SERVICES STANDARDS (SECTION II)
HUNGER STRIKES
ACCESS TO MEDICAL CARE
SUICIDE PREVENTION AND INTERVENTION.
TERMINAL ILLNESS, ADVANCED DIRECTIVES AND DEATH
SECURITY AND CONTROL STANDARDS (SECTION III)
CONTRABAND
DETENTION FILES
DISCIPLINARY POLICY
EMERGENCY PLANS
ENVIRONMENTAL HEALTH AND SAFETY
HOLD ROOMS IN DETENTION FACILITIES
KEY AND LOCK CONTROL
POPULATION COUNTS
Post Orders
SECURITY INSPECTIONS
SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION)
SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)
Tool Control
Transportation (Land)
Use of Force
STAFF/DETAINEE COMMUNICATIONS
DETAINEE TRANSFER STANDARD

NOTE: FOR EACH STANDARD RATED <u>BELOW</u> 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, <u>INCLUDING</u> THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

SECTION I DETAINEE SERVICES STANDARDS

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	No	NI A	1 5
The facility provides a designated law library for detainee use.	IES	No	NA	REMARKS
				The facility has a designated law library available for the detainees.
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.			\boxtimes	The facility has two LexisNexis computer terminals and accompanying hardbound legal reference manuals.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.				The library has two chairs which has proven to be sufficient to meet the needs of the detainee population. The area is very bright and isolated from facility noise and distractions.
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.				The facility does not have typewriters but does have computers for the detainees to use with copy machines, writing paper and pens.
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.				There are two terminals in the law library.
Where provided, the Lexus Nexus library is updated and is current.	\boxtimes			Regular updates are provided by ICE personnel. The most recent update was installed on Friday, July 31, 2010
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			
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.				
Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.				The schedule is posted in each housing unit with instructions regarding how to request access to the law library. Extra time is granted upon request.
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.				Procedures for such requests are outlined in the Detainee handbook.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.				
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.				Policy states all such requests shall be submitted to the Library Coordinator.
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			

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
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.	×			
All denials of access to the law library fully documented.				According to an interview conducted with the Library Coordinator there have been no denials.
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.				There was no evidence of any reprisals, retaliation, or penalties.
ACCEPTABLE □ DEFICIENT □	AT-Ris	K		REPEAT FINDING

REMARKS:

The facility has written procedures outlining the access and use of the law library. Schedules are posted with instructions on how to request access to the library. The facility librarian is responsible for coordination of the law library and has stated that the law library only gets utilized for approximately 40 hours per week, leaving several open slots for detainees to utilize. The area is well lit, has a copier and the detainees have access to flash drives to save their legal work.

(b)(6), (b)(7)(C) / Au; AUDITOR'S SIGNATURE/

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.				IGSA's are not required to include the following components in their initial orientation. Unacceptable activities and behavior, and corresponding sanctions; how to contact ICE; the availability of pro bono legal services, and how to pursue activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to the use of the law library and the general library; sick-call and procedures. The orientation at this facility includes a video and includes all of the specifics listed in this component.
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.				
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.				All detainees arriving at the facility are classified by ICE personnel using the detainee's criminal history and threat levels. Criminal history is not provided to facility staff for each detainee by the ICE field office.
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.				The policy is specific that reasonable suspicion must be determined if a detainee is to be strip searched. Multiple factors that are to be considered for reasonable suspicion are listed in the policy.
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.				
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.				The facility uses a form similar to the I-387.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.				
All releases are properly coordinated with ICE using a Form I-203.			\boxtimes	This component is non-applicable for an IGSA; however, the facility does use the I-203 form for coordination of releases.

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
Staff completes paperwork/forms for release as required.		
ACCEPTABLE DEFICIENT	☐ AT-RISK	REPEAT FINDING

REMARKS:

The facility has local policy (17-100) Reception and Orientation that outlines the requirements of the standard for admission and release. The intake area is sufficient for temporary housing of the detainees admitted and released from this facility. Criminal history information is not shared with the contraction of the standard for admission and released from this facility.

(b)(6), (b)(7)(C) / Augu.
AUDITOR'S SIGNATURE / D

CLASSIFICATION SYSTEM

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.				All detainees housed at this facility are classified using the ICE classification tool.
 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. 				
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				The processing officers review the paperwork accompanying the new detainees but the detainees are classified upon arrival.
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				
Housing assignments are based on classification-level.				
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.				
Detainee work assignments are based upon classification designations.				Level 3's are not permitted to work outside of the housing unit.
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.				Detainees seldom remain at this facility long enough for a reclassification. The average length of stay is 10-14 days.
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.				Although not a requirement at an IGSA, detainees may appeal their classification to the classification supervisor who has the authority to reduce the classification level. Final appeals may be forwarded to the Warden.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.				It is not a requirement at an IGSA that classification appeals are resolved within five business days and the detainees are notified of the outcome within 10 business days. This facility has local policy that complies with time requirements of the component.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.				Although not a requirement at an IGSA, the detainees at this facility may appeal their assigned classification to the Warden.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				The detainee handbook has an extensive section outlining the classification process and the conditions and restrictions.
ACCEPTABLE DEFICIENT			AT-RIS	SK REPEAT FINDING

REMARKS:

All immates housed at this facility are classified by ICE using the ICE classification tool. Procedures exist for re-classification and for the detainees to appeal the

(b)(6), (b)(7)(C)
Aug
AUDITOR'S SIGNATURE /]

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.				It is not a requirement for IGSA's to post the correspondence rules in each housing unit. The correspondence rules are included in the detainee handbook, covered by local policy 16-1 Correspondence Procedures and posted in the housing units.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.				
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.				
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes			
Staff 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.				All mail is opened and inspected without the detainee being present. The Warden issued a memorandum stating that he authorized the facility investigator and the mail room personnel to open and inspect all mail (except legal and special correspondence) without the detainee being present. The memo resulted from a plan-of-action to address a previous "no" finding regarding this component. The plan -of-action was approved.
Staff does not read incoming general correspondence without the Warden's prior written approval.			\boxtimes	This component is non-applicable to IGSA's. The facility policy states that all mail is subject to being read.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				The detainee is present for the opening of all special correspondence.
Staff is prohibited from reading or copying incoming special correspondence.				
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.				It is not a requirement to notify the addressee of rejected mail at an IGSA. The detainee is notified at this facility.
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 Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to 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 procedure for safeguarding cash removed from a detaine protects the detainee from loss of funds and theft. The amount of cash credited to detaine accounts is accurated Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	e i.							
Original identity documents (e.g., passports, birth certificates are immediately removed and forwarded to ICE staff for placement in A-files.								
Staff provides the detainee a copy of his/her identity document(s) upon request.	y 🛛							
Staff disposes of prohibited items found in detainee mail is accordance with the "Control and Disposition of Contraband Standard or the similar prevailing policy in IGSAs.								
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a lega matter, in three one ounce letters per week and packages deemed necessary by ICE.				Indigent status is addressed in policy. A detainee must have less than \$15 for 30 days or more. Detainees are permitted to send out reasonable general correspondence and unrestricted legal mail.				
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of spieces of general correspondence per week.								
The facility provides writing paper, envelopes, and pencils a no cost to ICE detainees.	t 🖂			Detainees are issued writing materials at reception.				
□ ACCEPTABLE □ DEFICIENT		AT-l	Risk	REPEAT FINDING				
REMARKS: The facility has written procedures (16-1 Correspondence Procedures) that governs the handling of mail. Rules and regulations are posted in the housing units and included in the detainee handbook. All mail is opened without the detainee being present however a plan of action was approved for the 2009 pre-occupancy review which included the Warden authorizing, via memo, for the facility investigator and the mail room staff to open all mail (except legal and special correspondence) without the detainee being present. (b)(6), (b)(7)(C) / Aug AUDITOR'S SIGNATURE/ (b)(6), (b)(7)(C)								

DETAINEE HANDBOOK

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY. COMPONENTS YES NO NA REMARKS The detainee handbook is written in English and translated into The detainee handbook is written in English \boxtimes Spanish, or into the next most-prevalent Language(s). and Spanish. The handbook is supplemented by the facility orientation The facility has orientation videos produced X video, where one is provided. in English and Spanish. All staff members receive a handbook and training regarding All staff receives and signs for copies of the the handbook contents. \boxtimes П \Box detainee handbook during initial orientation training. The handbook is revised as necessary and there are procedures The handbook is revised as necessary. in place for immediately communicating any revisions to staff Handbook revisions are communicated to and detainees. \boxtimes \Box staff via memorandums, and the detainees are notified through postings on detainee bulletin boards. There an annual review of the handbook by a designated A committee which may include the committee or staff member. Warden, Assistant Warden, Quality Assurance Manager, Chief of Security, \boxtimes П Chief of Unit Management, Training Manager, Business Manager and Human Resources Manager participate in an annual review of the detainee handbook. The detainee handbook addresses the following issues: The Allowable Personal Property List on Personal Items permitted to be retained by the pages thirty-four through forty of the detainee; and handbook addresses the property that \boxtimes П П Initial issue of clothes, bedding and personal hygiene detainees are allowed to possess. The "Initial Admissions" section, on page four of items. the handbook describes the initial issue of clothing provided to detainees. Page three of the detainee handbook states The detainee handbook states in clear language the basic detainee responsibilities. \boxtimes in clear language the basic responsibilities expected for the detainees. The handbook clearly outlines the methods for classification of The method, levels and appeal process of the detainees, explains each level, and explains the classification П \square П classification system is described on pages appeals process. five and six of the detainee handbook. The handbook states when a medical examination will be The medical exam timeframe is explained \boxtimes conducted. on page five of the detainee handbook. The handbook describes the facility, housing units, dayrooms, X in-dorm activities, and special housing units. The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange M schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices. The handbook describe times and procedures for obtaining The procedures for obtaining razors, and the disposable razors, and allows that detainees attending court allowance for detainees to shave before \boxtimes П will be afforded the opportunity to shave first. attending court is described on page seven of the detainee handbook. The handbook describes barber hours and hair cutting \boxtimes ... restrictions. The handbook describes the telephone policy; debit card Telephone policy and procedures are procedures; direct and free calls; locations of telephones; policy \boxtimes \Box discussed on page eleven of the detainee when telephone demand is high; and policy and procedures for handbook. emergency phone calls.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

DETAINEE HANDBOOK

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

COMPONENTS	YES	No	NA	REMARKS
The handbook addresses religious programming.				Religious programming is outlined on page twenty of the detainee handbook.
The handbook states times and procedures for commissary or vending machine usage, where available.				Commissary procedures are addressed on page twenty of the detainee handbook.
The handbook describes the detainee voluntary work program.				The detainee voluntary work program is delineated on page twenty of the detainee handbook.
The handbook describes the library location and hours of operation, and law library procedures and schedules.	\boxtimes			Page twenty-one of the detainee handbook states the hours of operation of the library. The location of the library is not described in the handbook, however, the location is not essential information due to the fact that all detainees are escorted everywhere within the facility.
The handbook describes attorney and regular visitation hours, policies, and procedures.				Attorney and regular visitation hours, policies and procedures are described on page twenty-two of the detainee handbook.
The handbook describes the facility contraband policy.				Contraband policy is detailed on page twenty-four of the detainee handbook.
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.	\boxtimes			Page twenty-two of the detainee handbook delineates the facility visiting hours, schedule and rules and regulations.
The handbook describes the correspondence policy and procedures.				Correspondence policy and procedures are addressed on page twenty-five of the detainee handbook.
The handbook describes the detainee disciplinary policy and procedures, including: • Prohibited acts and severity scale sanctions; • Time limits in the Disciplinary Process; and • Summary of the Disciplinary Process.				
 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. 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 				Staff and/or detainee availability to assist a detainee in preparing a grievance is included in the ICE National Detainee Handbook.
procedures for general population and segregation.				
The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours.				The detainee handbook advises detainees that the outdoor recreation schedules are posted on the housing unit bulletin boards. Indoor recreation activities commence at 0600 and end at lights out.
The handbook describes the detainee dress code for daily living; and work assignments.				The detainee dress code is detailed on pages thirty-five and thirty-six of the detainee handbook.

DETAINEE HANDBOOK POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE PETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY. COMPONENTS YES No REMARKS The handbook specifies the rights and responsibilities of all \boxtimes П detainees. ☐ DEFICIENT **ACCEPTABLE** ☐ AT-RISK ☐ REPEAT FINDING REMARKS: The facility has developed a detainee handbook that serves as an overview of the detention policies, rules and procedures in effect at the facility. Every detainee arriving at the facility is provided a copy of the facility handbook in English or Spanish. The handbook describes the myriad of services, programs, and opportunities available from ICE, private organizations and/or the facility. Detainees also receive a copy of the ICE National Detainee Handbook. (b)(6), (b)(7)(C)/August 5, (b)(6), (b)(7)(C)AUDITOR'S SIGNATURE

FOOD SERVICE

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

COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a <u>professionally trained</u> and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.				The Food Service Director is Serv-Safe certified. He has also attended Morrison's, Aramark, and Canteen and military food service training. All staff duties are in outlined in writing, in the form of job descriptions.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.				The facility is not required to meet this standard. The standard applies specifically to CDF and SPC facilities. However, the Food Service Director and his assistant are scheduled on each other's off duty days.
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				All food service staffs attend CCA's 40 hour initial employment training. The Food Service Director has also provided his staff with training regarding the Food Service National Detention Standard.
Knife cabinets close with an approved locking device, and the (b)(7)(e) maintains control of the key that locks the device.				There is no knife cabinet in the Food Service Department. Knives are not utilized in food preparation. Dough cutters are used to process any food items that are not purchased in a precut state.
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	\boxtimes			Although staffs at an IGSA facility are not required to monitor the condition of knives and dining utensils, food service staff at this facility monitors the condition of all utensils in the department.
When necessary, special procedures govern the handling of food items that pose a security threat.				The facility does not utilize any of the food items which are identified in the National Detention Standards as posing a threat to security.
Operating procedures include daily searches (shakedowns) of detainee work areas.				
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.				Staff is well trained in the facility's population count procedures.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.				
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.				The rules and procedures for detainees working in food service are outlined in the "Inmate Kitchen Worker Rules" handout.
 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. 				All detainee workers are required to view an extensive orientation video on food service safety and work practices.

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 detainee detention files.				
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.				IGSA facilities are not required to be paid in accordance with the voluntary work program standard. ICE detainees at this facility are authorized to participate in a voluntary work program and are paid according to CCA regulations.
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.				
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				There are no cafeteria style operations within the facility.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.				Although not required in the standard, the facility has a 35 day menu cycle.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).				Italian Chicken, Burritos, Tacos, Chili Con Carne, Menudo, Beef Stroganoff, Enchilada Pie, Turkey Tetrazzini, Bean Tostados, Spanish Meatloaf and Fried Rice are among items programmed onto the cycle menu for ethnic diversity.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.				
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				Computerized recipes are available for preparing master cycle menu food items.
The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification With copy to FSA				The standard requires "Cook Supervisor or equivalent" as having this authority. There are almost no instances where the need for a menu change would occur at this facility. Food service staff "pulls" food for three days worth of meals, assuring that needed menu items are available. If a "pull" results in a need for a menu change, the Food Service Director will make the substitution. In the event of an emergency substitution, the cooks would contact the Food Service Director for authorization. If no contact can be made, the cooks will make the substitution and document the justification as well as the new menu item.
All staff and volunteers know and adhere to written "food preparation" procedures.				
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes			Detainees requiring a particular religious diet are referred to the facility Chaplain.

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
A common-fare menu available to detainees whose dietary 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 recommended daily allowances (RDAs); Staff routinely provide hot water for instant beverages and foods; Common-fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items. 				
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.				
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.				A schedule of ceremonial meals was available for review.
 The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 				The Common Fare program is available to accommodate detainees abstaining from particular foods or fasting for religious purposes during religious ceremonial meals.
The food service program addresses medical diets.				The food service department provides medical diets as prescribed by the medical department.
Satellite-feeding programs follow guidelines for proper sanitation.				
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.				Foods are maintained at the prescribed safe temperatures while prepared, held and served.
All meals are provided in nutritionally adequate portions.				Serving sizes provided to detainees are consistent with the serving sizes listed on the nutritionally analyzed menus.
Food is not used to punish or reward detainees based upon behavior.				
 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. 				Detainee workers are required to view an orientation video which includes personal hygiene, sanitary techniques for preparing, serving and storing foods and the care and operation of equipment.
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			

FO	$\Delta \mathbf{D}$	C	rn	T/T	\sim
FU.	W	-3	СK		C.E.

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
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?				The food service department is inspected daily by the Food Service Lead Supervisors. It is also inspected weekly by the Food Service Director. An inspection by the Warden and Quality Assurance Manager is also conducted weekly.
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?	×			On February 16, 2010, the Georgia Department of Human Resources conducted an inspection of food service using the Food Service Establishment Inspection Report.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.				Reports from the health department are forwarded through the executive staff for review.
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	\boxtimes			Dish machine temperatures are checked and documented during each meal.
Staff documents the results of every refrigerator/freezer temperature check.				
The cleaning schedule for each food service area is conspicuously posted.				Cleaning schedules were posted for each food service area.
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.				The Food Service Director inspects incoming food shipments. Staffs are trained to recognize signs of damage, contamination, pest infestation and temperature abuse.
Storage areas are locked when not in use.				All storage areas are secured when not in use.
☐ ACCEPTABLE ☐ DEFICIENT		□ Ат	-Risk	REPEAT FINDING

REMARKS:

Food Service is provided through a contract with Canteen Corporation. The food service operation consists of two kitchen areas. One kitchen serves as a food preparation area and the second kitchen is utilized to plate food trays for delivery to the housing units. The Food Service Director has been professionally trained and the knowledge to operate the department in an efficient manner resonates throughout the department. Food is prepared and delivered to detainees through a satellite feeding system. Sanitation throughout the department is maintained in according to high standards. Staff is extremely responsive to the review process and it is evident that they are conscientious and take ownership in their program.

(b)(6), (b)(7)(C) August
AUDITOR'S SIGNATU

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 Facility policy 14-06, titled accessible only by designated supervisor(s). Inmate/Resident Property, facility \boxtimes П effective date 04-01-2009, delineates the procedures for processing detainee personal property. Detainees' large valuables are secured in a location accessible to The facility does not accept large \boxtimes designated supervisor(s) or processing staff only. valuables. Staff itemizes the baggage and personal property of arriving detainees Property is itemized by inputting the (including funds and valuables). For IGSAs and CDFs, using a property descriptions into the personal property inventory form that meets the ICE standard? computerized Offender Management \boxtimes \Box System, which meets the ICE standard. Staff forwards an arriving detainee's medication to the medical staff. Facility policy 14-06, section A, paragraph 4b, states that the Property Officer will confiscate all incoming \boxtimes prescriptions and record them on a 14-6A form. The medications will then be forwarded to the medical department This component is specific to a CDF Audits of baggage and non-valuable property occur each quarter and audits are logged and verified. or SPC facility. IGSA facilities are not required to meet this standard. \boxtimes П Audits of detainee baggage and nonvaluable property are not conducted at this facility. b)(7)(E)officers are present during the processing of detainee funds and Although not required at an IGSA valuables during in-processing to the facility. (b)(7)(E) officers verify facility, during in-processing (7)(E) П П X funds and valuables. staff verifies funds in excess of twenty-five dollars. This component is not required at an Staff searches arriving detainees and their personal property for contraband. IGSA facility, however, policy 17-100, titled Admissions and П X Orientation Procedures, requires that staff searches arriving detainees and their personal property for contraband. Staff procedures follow written policy for returning forgotten property Forgotten property is classified as to detainees. abandoned property (involuntarily \boxtimes deserted). Abandoned property is turned over to ICE. Property discrepancies are immediately reported to the CDEO or Chief Only CDF and SPC facilities are of Security. required to meet this standard. \Box \boxtimes However, staff reports all property discrepancies to the Chief of Security. staff follows written procedures when returning property to detainees. Facility policy 14-06, section M, \boxtimes paragraph 9, outlines procedures for returning property to detainees.

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 OCCUMENTATION 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.					
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.					
 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. 				IGSA facilities are not required to contact an out-processed detainee who has left property in the facility. The facility has, however, included these guidelines into their local policy.	
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.				Although not required from an IGSA facility, written policy requires that abandoned property be forwarded to ICE.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

The facility has policy and procedures in place to adequately control and safeguard detainee's personal property. The procedures provide for the secure storage of funds, valuables and personal property. Documentation and receipting of surrendered property and the initial and subsequent inventorying of property meets the National Detention Standards.

b)(6), (b)(7)(C) / August AUDITOR'S SIGNATI

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.				CCA Policy 14-5, titled Inmate/Resident Grievance Procedures, with an effective date of 12-01-2002, effectively outlines the facility's procedures for the 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.				
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				Staff is provided training on grievance policy (to include emergency grievances) during orientation training. The training is provided during the lesson on Management and Supervision of Inmates - Inmate Management Part 1.
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.				There are no documented or substantiated cases of staff harassing, disciplining, penalizing or otherwise retaliating against a detainee who lodged a complaint.
 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. 				Although not required at an IGSA facility, nuisance complaints are identified and documented in the grievance log.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				CCA Policy 14-5, Section "T", titled Inmate/Resident Grievance Procedures, with an effective date of 12-01-2002, requires staff to forward any grievance that includes office misconduct to ICE.
$oxed{oxed}$ Acceptable $oxed{oxed}$ Deficient	☐ AT-Ris	K		REPEAT FINDING

REMARKS:

The facility has procedures in place to address detainee grievances in a timely manner. Facility practice ensures that every staff member knows how to identify emergency grievances and the procedures for expediting them. Grievances are documented and tracked via the Grievance Report Log.

(b)(6), (b)(7)(C)/ August 5 AUDITOR'S SIGNATUR

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 \Box . 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 П to attorneys or accredited representatives. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the П attorney or accredited representative. Posters announcing presentations appear in common areas at least 48 П 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 \Box denial. When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so \Box П that all detainees signed up may attend. Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. П Such requests are locumented. Interpreters are admitted when necessary to assist attorneys and other П П legal representatives. Presenters are afforded a minimum of one hour to make the П П 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 П \Box П detention staff is present but do not monitor conversations with legal 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 П 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 П П attachments, is available to detainees upon request **ACCEPTABLE** ☐ DEFICIENT AT-RISK ☐ REPEAT FINDING

_						
к	EM	Δ	R	K	c	٠

There have been no group legal rights presentations since the last review.

(b)(6), (b)(7)(C) / Augus Auditor's Signature / D

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.				The facility's policy describing the issuance of clothing, bedding and towels is outlined in policy 14-06, titled Inmate/Resident Property, facility effective date 4-01-2009. Policy 14-06 requires that the supply of excess clothing exceed 200% of the maximum funded detainee population.
 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. 				Although not required at an IGSA facility, detainees receive an initial issuance of clothing that includes, 3 sets of outerwear, 3 pairs of socks, 3 pair of underwear, and one pair of facility issued footwear and a pair of shower shoes.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	\boxtimes			
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.				This standard is specific to CDF and SPC facilities. However, detainees at this facility receive the minimum bedding, linens and towels as specified in the NDS. Detainees are issued clean bedding, linens and towels upon admission.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	\boxtimes			
Detainees are provided clean clothing, linen and towels. • Socks and undergarments - exchanged daily. • Outer garments - twice weekly. • Sheets - weekly. • Towels - weekly. • Pillowcases - weekly.				
Food service detainee volunteer workers are permitted to exchange outer garments daily.				Although it is not a requirement at an IGSA facility, detainees assigned to food service receive clean uniforms daily.
Volunteer detainee workers are permitted to exchange outer garments more frequently.				The facility's standing as an IGSA contract does not require that detainee workers are permitted to exchange outer garments more frequently. However, an interview with laundry staff verifies the facility accommodates detainee workers with additional outerwear.
	AT-RIS	SK		REPEAT FINDING

REMARKS:

The facility has procedures in place to provide detainees clean clothing, bedding, linens and towels upon arrival. Procedures also facilitate regular exchanges of these items for as long as the detainee remains in detention.

b)(6), (b)(7)(C)/ August 5, 20 AUDITOR'S SIGNATURE / I

POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CA COMPONENTS	YES	No	NA	REMARKS
The Field Office considers detainee marriage requests on a case-by-case basis.				CCA policy 14-7, titled Inmate/ Resident Marriages, facility effective date 08-01-2010, requires that the Warden shall notify and consult the respective Assistant Field Office Director who shall approve or deny the request.
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.				
It is standard practice to require a written request for permission to marry.				CCA policy 14-7.5, section A, requires detainees to submit a written request for marriage.
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.				CCA policy 14-7.5, section A, number 1, sub-paragraph b, requires the written request to include a signed statement from the intended spouse.
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.				Facility policy 14-7 states that in the event that a request is denied, ICE/DRO shall notify the detainee in writing, of the reasons for denial.
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	\boxtimes			
△ ACCEPTABLE □ DEFICIENT □	AT-RISE	ζ		REPEAT FINDING

The policies and procedures are in place to ensure that all detainee marriage requests receive case by case consideration by ICE management. Three requests for marriage have been submitted to the facility. Due to the relatively short duration of confinement at this facility, all three detainees were not at the facility long enough for the process to come to fruition.

(b)(6), (b)(7)(C) / Aus AUDITOR'S SIGN

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: \boxtimes Funeral: or Deathbed The facility recognizes mother, father, brother, sister, spouse, child, \square step-parent, and foster parent as "immediate family". The IGSA facility notifies ICE of all detainee requests for non-medical All ICE detainee requests for escorts. non-medical emergency escorts \boxtimes \Box are outlined in Policy 9-18 Transportation Procedures. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. \boxtimes Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required. Each escort includes at least (7)(e)fficers. X Escorting officers report unexpected situations to the originating Transporting staff is required to facility as a matter of procedure, and the ranking supervisor on duty report any unexpected situations has the authority to issue instructions for completion of the trip. \boxtimes \Box to the ranking supervisor at the originating facility by Policy 9-18 Transportation Procedures. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification \boxtimes level of the detainee. Escort officers are precluded from accepting gifts/gratuities from a \boxtimes П 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 Each of the elements of this the ICE: component are listed in Policy Do not violate federal, state, or local laws; 9-18 Transportation Procedures. Do not purchase, possess, use, consume, or administer narcotics, \boxtimes The language in the policy is other drugs, or intoxicants; identical to the language in the ICE 2000 National Detention • Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or Standards on the subject. comparable test upon return. Standard procedure requires the immediate return to the facility of any \boxtimes \Box detainee who violates trip rules. **ACCEPTABLE DEFICIENT** AT-RISK REPEAT FINDING

REMARKS:

The facility has never taken an ICE detainee on a non-medical emergency escorted trip, but has the policy and procedures in place whenever the circumstance arises. The section of Policy 9-18 Transportation Procedures that deals with non-medical emergency escorted trips has the identical wording as the language from the ICE 2000 National Detention Standard (NDS) on Non-Medical Emergency Escorted Trips.

(b)(6), (b)(7)(C) / August 5, 2010

RECREATION

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

COMPONENTS	YES	No	NA.	REMARKS
The facility has a recreation program and facility.				The facility has a recreation program which utilizes both indoor and outdoor recreation facilities.
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				This standard is specific to CDF and SPC facilities. IGSA facilities are exempt from the requirement. However, the facility has an officer designated as a Recreation Officer.
Regular maintenance keeps recreational facilities and equipment in good condition.				Observation of the recreation areas verify that the facilities and equipment are maintained in good condition.
The recreational specialist or trained equivalent supervises detainee recreation workers.				There are no detainees assigned to work in the recreation program.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.				The Recreation Officer oversees recreation programs for special housing units and special needs detainees.
Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			Dayrooms activities include chess, checkers, TV, leisure reading and playing cards.
Outside activities are restricted to limited-contact sports.				Outside activities are restricted to limited contact sports such as basketball, soccer and cardio vascular activities.
Each detainee has the opportunity to participate in daily recreation.				
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.				
Staff checks all items for damage and condition when equipment is returned.				CCA policy 20-100 titled Recreation and Leisure Time Programs, effective date 08-01- 2010, outlines the facility's recreation program. Section D, paragraph 3, requires staff to check all equipment for damage upon return.
Staff conducts searches of recreation areas before and after use.				CCA policy 20-100, section C, paragraph 4, requires staff to conduct searches of recreation areas before and after each use.
All recreation areas under constant staff supervision.				CCA policy 20-100, section C, paragraph 5, requires that all recreation areas are under constant staff supervision.
Supervising staff is equipped with radios.				<u> </u>

RECREATION						
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRED						
POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTE	CI THEN	C SAFEI Y	AND WE	LFARE.		
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.						
Detainees in disciplinary/administrative segregation receive a written	<u> </u>	 				
explanation when a panel revokes his/her recreation privileges.						
Special programs or religious activities are available to detainees.			 			
Volunteers are required to sign a waiver of liability before entering a		 	 	Although it is only required at		
secure portion of the facility where detainees are present.				CDF and SPC facilities, volunteers sign a waiver of liability before entering a secure portion of the facility. It should be noted that the waiver of liability is limited to liability claims associated with the execution of the background investigation conducted on all new volunteers.		
Visitors, relatives or friends are not allowed to serve as volunteers.				Although not required at an IGSA, the facility policy does not prohibit visitors, relatives and friends from serving as volunteers.		
If outdoor recreation is offered, check this box. No further inform	ation 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-RISK			REPEAT FINDING		
REMARKS: Policies and procedures provide ICE detainees with access to recreational activities, under conditions of security and supervision that protect their safety and welfare. All detainees receive at least one hour of outdoor recreation per day, five days per week.						

(b)(6), (b)(7)(C) August 5, 201(AUDITOR'S SIGNATURE / D4

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.

YES	No	NA	REMARKS
\boxtimes			Detainees are offered a variety of religious programs in which to participate. The majority of the detainee population is of the Catholic faith.
			Services are held in Q pod at the present time. If the facility fills to capacity, the religious services will be held in the training room.
\boxtimes			
			This component is specific to CDF and SPC facilities. Although not required, this facility accommodates the detainee's holy day observances with special meals, fasting, religious services and activity restriction as appropriate.
			Detainees are allowed to possess religious texts, small crosses, rosaries, headwear, prayer rugs, and prayer beads.
\boxtimes			A complete background investigation is conducted on all volunteer candidates.
\boxtimes			
			The facility Chaplain conducts pastoral rounds in the special housing unit as necessary. Pastoral visit can also be arranged with volunteer clergy.

REMARKS:

The facility ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security and the orderly operation of the facility.

(b)(6), (b)(7)(C)/ August 5,
AUDITOR'S SIGNATURE (b)(6), (b)(7)(C)

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 permitted access to the Detainees are allowed access to telephones during established X facility telephones from 0600 until 1130 facility waking hours. PM daily. Detainees are issued a hand book and Upon admittance, detainees are made aware of the facility's \boxtimes \Box receive an orientation video. Both address telephone access policy. telephone procedures. Access rules are posted in housing units. \boxtimes The facility makes a reasonable effort to provide key All key information is provided in both information to detainees in languages spoken by any significant X П П English and Spanish. portion of the facility's population. Housing Unit "T" has 2 phones for 22 Telephones are provided at a minimum ratio of one telephone X П П detainees. Housing Unit "E" had 6 phones per 25 detainees in the facility population. for 96 detainees. Telephones are inspected regularly by facility staff to ensure \boxtimes \Box that they are in good working order. The facility administration promptly reports out-of-order X telephones to the facility's telephone service provider. Repairs are monitored however I could not The facility administration monitors repair progress and takes locate a log that indicated the time from appropriate measures to ensure that required repairs are begun \boxtimes the report to corrective action being and completed timely. completed. Detainees are afforded a reasonable degree of privacy for legal All phones have privacy glass between M П П phone calls. them. A procedure exists to assist a detainee who is having trouble X blacing a confidential call. The facility provides the detainees with the ability to make non-X П collect (special access) calls. Special access numbers are posted and are Special Access calls are at no charge to the detainees. M \Box free for the detainees. The OIG phone number for reporting abuse is programmed into The OIG number was tested and verified to the detainee phone system and the phone number was checked \boxtimes П П be operational using the posted speed dial by the inspector during the review. number (518#). In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes The facility is able to meet this \Box X alternate arrangements to provide required access within 24 requirement. hours of a request by a detainee. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved \boxtimes "Free Legal Services List". Special arrangements are made to allow detainees to speak by Once approved by ICE and the Facility telephone with an immediate family member detained in another \boxtimes \Box OIC Facility. The facility phone administrator keeps a Any telephone restrictions are documented. \boxtimes log of restrictions. There have been no phone restrictions to date. The facility has a system for taking and delivering emergency The message system is outlined in policy \boxtimes detainee telephone messages. and in the detainee handbook. Emergency phone call messages are immediately given to \boxtimes П Upon approval by the Shift Supervisor. detainees. Detainees are allowed to return emergency phone calls as soon M П П as possible.

DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. COMPONENTS YES No NA REMARKS Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, \boxtimes П П including consultation calls. Detainees in disciplinary segregation are allowed phone calls to \boxtimes consular/embassy officials. Detainees in disciplinary segregation are allowed phone calls for \boxtimes family emergencies. Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general \boxtimes П population. When detainee phone calls are monitored, notification is posted Notifications were observed in all housing by detainee telephones that phone calls made by the detainees \boxtimes units. Special access calls are not may be monitored. Special Access calls are not monitored. monitored. **ACCEPTABLE** ☐ DEFICIENT AT-RISK ☐ REPEAT FINDING REMARKS: The facility has an adequate phone system to meet the needs of the detainee population. Extensive directions are printed in the detainee handbook and a local policy (16-100 Access to Telephones) has been issued. (b)(6), (b)(7)(C) AUDITOR'S SIGNATURE / (b)(6), (b)(7)(C)

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		A schedule with the visiting hours was not included in the detainee handbook or the facility visiting policy; however, facility staff have indicated that the new detainee handbook and the local policy have been updated but not yet published. Schedules in the housing unit and the visitor lobby do reflect the days and hours of general and legal visiting.
The visitation hours tailored to the detainee population and the demand for visitation.				General visiting is on weekends and holidays from 8:00 - 4:00.
The visitation schedule and rules are available to the public.				The schedule and the visiting rules are posted in the visiting 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.				
A general visitation log is maintained.	\boxtimes			All visits are logged in to a computerized log.
The detainees are permitted to retain personal property items specified in the standard.	\boxtimes			Clothing items may be retained.
A visitor dress code is available to the public.	\boxtimes			
Visitors are searched and identified according to standard requirements.	\boxtimes			
The requirement on visitation by minors is complied with.	\boxtimes			
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minors are permitted to visit if accompanied by an adult.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.				Minors are permitted to visit if accompanied by an adult.
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.				
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				A lunch bag is provided if requested.
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				If requested, the training room is utilized.
There are written procedures governing detainee searches.				
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.				Strip Searches are not required.
Prior to each visit, legal service providers and assistants are identified per the standard.	\boxtimes			

VISI	VISITATION						
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, THE NEWS MEDIA.	FRIEND	S, LEGA	L REPRI	ESENTATIVES, SPECIAL INTEREST GROUPS, AND			
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			V 10 Capt 1			
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	\boxtimes						
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	\boxtimes						
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	\boxtimes						
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	\boxtimes						
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes						
ACCEPTABLE DEFICIENT		AT-RI	SK	REPEAT FINDING			
REMARKS: The facility has written policy, 16-2 Visiting, and the rules and re housing units, and posted in the visitor lobby. Each detainee is perminutes if crowded conditions exist. The visiting is all non-contain population. (b)(6), (b)(7)(C) / August AUDITOR'S SIGNATURE / DA (b)(6), (b)(7)(c)	ermitted	one (1)	one ho	ur visit per week with a guarantee of 30			

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? \boxtimes П \Box • Do ICE detainees participate? Detainee housekeeping meets neatness and cleanliness standards. X Detainees have the opportunity to participate in special details, Detainees can participate in however, are never allowed to work outside the secure perimeter. special work details; however, \boxtimes detainees are not authorized to work outside of the secure perimeter. Written procedures govern selection of detainees for the Voluntary Facility policy 19-100, titled Work Program. Inmate Resident Voluntary Work Programs, facility \boxtimes effective date 4-01-2009. outlines the procedures that govern the voluntary work program. Where possible, physically and mentally challenged detainees \boxtimes П П participate in the program. The facility complies with work-hour requirements for detainees, not This standard is specific to CDF exceeding: and SPC facilities. Although exempt from the requirement, Eight hours a day and Forty hours a week. detainee volunteer workers at \boxtimes this facility do not exceed eight hour work days and do not work in excess of forty hours per week. Detainee volunteers generally work according to fixed schedule. X If a detainee is removed from a work detail, staff places the written Facility form 51C is utilized to justification for the action in the detainee's detention file. \boxtimes document the removal of a detainee from a job assignment. Staff, in accordance with written procedure, ensures that detainee All detainees must sign a volunteers understand their responsibilities as workers before they join voluntary work program \boxtimes \Box the work program. agreement prior to being assigned to a work detail. The voluntary work program meets: \boxtimes П П OSHA, NFPA, ACA standards Medical staff screen and formally certify detainee food service Medical staff certifies all food volunteers. service volunteers as being \boxtimes П Before the assignment begins; and cleared to work before the As a matter of written procedure assignment begins. Detainees receive safety equipment/ training sufficient for the \boxtimes П assignment. Proper procedure is followed when an ICE detainee is injured on the \boxtimes \Box job. ☐ DEFICIENT **ACCEPTABLE** AT-RISK REPEAT FINDING

REMARKS:

The facility has a voluntary work program that affords detainees the opportunity to work and earn money. Although not legally required, the facility provides detainees Occupational Safety and Health Administrations (OSHA) protections.

(b)(6), (b)(7)(C)/ August 5, AUDITOR'S SIGNATURE

SECTION II HEALTH SERVICES STANDARDS

HUNGER STRIKES

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

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.			\boxtimes	This component is not applicable to an IGSA, however; the prompt referral of hunger strike cases to the medical department is outlined in local facility policy 13-46.
CDFs and IGSAs immediately report a hunger strike to the ICE.				The immediate reporting of a detainee hunger strike to ICE is called for in local facility policy 13-46.
The facility has established procedures to ensure staff respond immediately to a hunger strike.				In local facility policy 13-46 there are established procedures to ensure an immediate and appropriate staff 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?				Although the isolation of a hunger striking detainee from others is not required at IGSAs, local facility policy 13-46 calls for placement into a medical observation room.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				Although it is not required at IGSAs, facility policy 13-46 authorizes medical staff to place a detainee in a locked medical observation room.
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.			\boxtimes	While it is not required at IGSAs, medical staff is directed to record weight and vital signs of hunger strikers by facility policy 13-46.
The OIC of the facility obtains a hunger striker's consent before medical treatment.				The obtaining of detainee consent before treatment is addressed in facility policies 13-49 and 13-50. Its application to hunger strike cases is addressed in policy 13-46.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			\boxtimes	Although it is not required at IGSAs, policies 13-46 and 13-49 call for the completion of a Refusal of Treatment form (13-49B) for every refusal of care offered.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.			\boxtimes	While it is not required at IGSAs, facility policy 13-46 directs that 3 meals per day must be offered to hunger striking detainees, and documented.
Staff maintains the hunger striker's supply of drinking water/other beverages.				Although maintaining beverages for hunger striking detainees is not required at IGSAs, it is called for in facility policy 13-46.
During a hunger strike, staff removes all food items from the hunger striker's living area.				While the removal of all food from a hunger striker's area is not required at IGSAs, it is a practice mandated by facility policy 13-46.

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 is directed to record the hunger s consumption; Does staff always use Hun 839 or similar IGSA form.	ger Strike Monitoring Form I-			\boxtimes	Although it is not required at IGSAs, facility policy 13-46 directs staff to record the fluid and food consumption of hunger strikers. This is done using a local standard form.	
The medical staff has written procedures	for treating hunger strikers.				Medical staff procedures for treating hunger strikers are contained in policy 13-46 and medical protocols.	
Staff documents all treatment attempts, i hunger striker of medical risks.	ncluding attempts to persuade				Although it is not required at IGSAs that staff document all efforts to treat or educate hunger strikers, it is local facility practice, in keeping with policy 13-46.	
Staff has received training in identifications staff receives early training in hunger-staff remains current in evaluation and training in training in hunger-staff remains current in evaluation and training in identifications.	rike evaluation and treatment.				At orientation and annually, both medical and custody staff have been trained regarding the facility policy on hunger strikes. The lesson plan was reviewed.	
⊠ ACCEPTABLE	☐ DEFICIENT ☐] AT-RI	SK		☐ REPEAT FINDING	
REMARKS: Since their pre-occupancy inspection, the facility has updated their policy documents regarding hunger strikes, to incorporate all of the elements expected by the National Detention Standards. Their intended practices are now sound and complete. However, it is impossible to judge their actual practices, since they report experiencing no hunger strike events during the past year. (b)(6), (b)(7)(C) / August. AUDITOR'S SIGNATURE / D						

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
Facilities operate a health care facility in compliance with state and local laws and guidelines.	\boxtimes			In accordance with policy 13-56, the facility utilizes only properly licensed professional staff to render clinical healthcare services, in compliance with state and local laws and regulations.
The facility's in-processing procedures for arriving detainees include medical screening.				Medical screening of arriving detainees is conducted by nursing staff in keeping with facility policy 13-50.
All detainees have access to and receive medical care.				All detainees are provided access to healthcare services as directed by policy 13-77. A review of detainee records confirms this activity.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.				Facility healthcare staff describes regular communications with the PHS/DIHS Managed Health Care Coordinator via both internet and telephone.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				The facility is healthcare staffing is designed to service a population size beyond the current census. Record review confirms the prompt delivery of essential services.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.				The care delivery area was observed and found to be sufficient to afford detainee privacy as required by policy 13-7.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.			\boxtimes	Although it is not required that medical services have a restricted-access area within the secure perimeter at IGSAs, this is the case at this facility.
The medical facility entrance includes a holding/waiting room.			\boxtimes	While it is not required at IGSAs, the medical facility includes a holding/waiting room.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.				While it is not required at IGSAs, the facility waiting room is under direct supervision of custody staff. This was observed in practice.
Detainees in the holding/waiting room have access to a drinking fountain.			\boxtimes	Although it is not required at IGSAs, detainees in the waiting room have access to a nearby toilet and drinking water with custody assistance.
 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files. 				Medical records are properly maintained and secured in keeping with facility policies 13-58 and 13-74. They are entirely electronic, with appropriate restrictions on access.
Pharmaceuticals are stored in a secure area.			\boxtimes	Although it is not required at IGSAs, pharmaceuticals are stored in a small secured area and locked medical carts in compliance with policy 13-70.

ACCESS TO M	EDIC A	L CAI	Œ	
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN THE GENERAL WELL-BEING OF ICE DETAINEES.	ACCRE	DITED/A	ACCRED	ITATION-WORTHY HEALTH PROGRAM FOR
 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. 				In accordance with policy 13-50, medical intake screening includes a TB test on the day of arrival, with general housing placement delayed until screening is complete. In keeping with their ICE contract, this screening involves a symptom screening and digital chest X-ray, with a professional "reading" within 4 hours. No PPD (skin) testing is routinely done.
 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. 				In accordance with policy 13-50, a mental health screening of all detainees is performed by nursing staff upon arrival. Although it is not required at IGSAs, this is completed before housing assignment. Referrals to mental health staff are made as needed.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				Although it is not required at IGSAs, any medical transfer documents received are immediately screened by healthcare staff and scanned into the electronic medical record. Such practices were noted during medical record review.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				In keeping with facility policy 13-40, the health care provider completes a comprehensive health appraisal on all detainees within 14 days of arrival. Although many detainees do not stay at this facility for long periods, a sampling of medical charts showed 100% compliance with this standard.
Detainees in the Special Management Unit have access to health care services.	\boxtimes			Facility policy 13-42 calls for detainees in the Special Management Unit to have full and equal access to healthcare services. At present, that unit is not occupied.
 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. 				Although not entirely required at IGSAs, in accordance with policy 13-80, bilingual sick call slips are available on all housing units and are picked up daily by healthcare staff from locked boxes.
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			Healthcare staff is available at this facility at all times. Policy 13-34 outlines procedures for the prompt access to outside medical services when necessary.
The plan includes an on-call provider.			\boxtimes	Although not required at IGSAs, policy 13-34 and the local emergency plan includes an on-call medical provider.

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.	3X	<u>. 1888</u>					
The plan includes a list of telephone numbers for local ambulance and hospital services.				While it is not required at IGSAs, the facility emergency plan does include a list of telephone numbers for local ambulance and hospital services.			
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.			\boxtimes	Although it is not required at IGSAs, facility policy 13-34 provides for staff to access emergency healthcare services consistent with security and safety.			
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				In accordance with policy 13-34, detention staff are all trained and expected to perform as first responders within 4 minutes on health-related emergencies.			
Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	This component is not applicable to an IGSA. However all medications at this facility are distributed by healthcare staff. There is no use of custody staff for this purpose.			
The medical unit keeps written records of medication that is distributed.	\boxtimes			In compliance with policies 13-58 and 13-70, record of all medication distribution is maintained within the electronic medical record. These records were examined.			
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.			\boxtimes	Although it is not required at IGSAs, in keeping with policy 13-82, healthcare staff advises the Warden of any detainee special medical needs.			
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				In accordance with policies 13-49 and 13-50, a signed and dated general consent form is obtained from all detainees at intake, before any examination or treatment is administered. This completed consent form was observed in detainee medical record files.			
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, detainees use form 13-74B to authorize any release of medical records to outside sources.			
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				Facility healthcare staff report that they receive sufficient advanced notice of detainee transfers or releases.			
Detainee's medical records or a copy thereof, are available and transferred with the detainee.				In keeping with facility policy 13-58, a medical transfer summary is sent with all departing detainees. Full medical records are available, if needed.			
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".				All transferred medical records and medications are appropriately packaged in accordance with facility policies 13-58 and 13-86.			
ACCEPTABLE DEFICIENT		AT-RISE	ζ.	☐ REPEAT FINDING			

REMARKS:

This recently opened facility is not currently accredited by the National Commission on Correctional Healthcare, American Correctional Association, or Joint Commission on Accreditation of Healthcare Organizations, although they are preparing for ACA consideration.

The facility is operated by the Corrections Corporation of America, and their entire healthcare staff are Georgia licensed personnel engaged by CCA. Staffing, space, and equipment appear to be sufficient to provide all required services. With corporate support, policy documents and practices are well developed

A sampling (11) of detainee electronic medical records were reviewed in detail. They confirmed timely delivery of all expected healthcare services (E.g. Intake screening, TB tests, Health Appraisals, Sick Call, etc.)

A sampling of willing and available detainees (5 male, 8 female) were interviewed. They voiced uniform satisfaction with the prompt availability of healthcare services.

The facility reported no detained deaths during the past year

(b)(6), (b)(7)(C) / Au AUDITOR'S SIGNATUR

SUICIDE PREVENTION AND INTERVENTION

POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINES 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.				In accordance with facility policies 13-66 and 13-84, all new staff receive suicide prevention training, during orientation and annually thereafter. Training records confirm this practice.
Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.	\boxtimes			The Suicide Prevention lesson plan was reviewed and confirmed that the content of the training is appropriate to satisfy National Detention Standards expectations.
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, all detainees are screened for suicide potential by healthcare staff upon arrival.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.				Referrals of at-risk detainees to mental health staff are made in keeping with policy 13-50.
The facility has a designated isolation room for evaluation and treatment.				In compliance with policy 13-84, there is a designated observation room for evaluation and treatment.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				The designated isolation room was observed and found to be physically appropriate for the intended purpose.
Medical staff has approved the room for this purpose.				Healthcare staff report that they have approved of the use of the observation room for housing detainees at-risk for suicide.
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.				Facility policy 13-84 directs that staff observations of suicide-watch detainees be documented at least every 15 minutes. There were no suicide watches during the past year, so actual practices could not be confirmed.
■ ACCEPTABLE □ DEFICIENT □	AT-RI	SK		REPEAT FINDING

REMARKS:

Facility policies, intended practices and staff awareness of suicide prevention all appear to be in place, along with appropriate intake screening of arriving detainees for risk.

The facility reports no completed suicides, no serious suicide attempts, and no active suicide watches on record during the past year. Therefore, it is not currently possible to assess and confirm actual practices beyond intake screening efforts. A review of detainee medical records confirmed the timely completion of intake screening documents for all arrivals reviewed.

(b)(6), (b)(7)(C) /_AUDITOR'S SIGNATI

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.				Detainees requiring emergency or acute care are transported to appropriate community sources of specialty care. The facility does not operate an infirmary. Cases requiring infirmary level care are promptly transferred to other appropriate facilities by ICE authorities.
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.				The facility promptly notifies the next of kin of a detainee's medical condition in accordance with policy 13-62.
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.				Guidelines regarding Advanced Directives are contained in facility policy 13-3. This includes reference to state forms, generic DIHS forms, and the ability to appoint a healthcare proxy.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	\boxtimes			The guidelines contained in policy 13-3 include the detainee's opportunity to have a private lawyer prepare the documents.
There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			"Do Not Resuscitate Orders" are addressed in policy 13-3.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?				Policy 13-3 contains a reference to the fact that detainees with a Do Not Resuscitate order are entitled to maximum therapeutic efforts short of resuscitation.
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			The facility notifies ICE of detainee Do Not Resuscitate orders in keeping with policies 13-3 and 5-1.
The facility has written procedures to address the issues of organ donation by detainees.				The facility procedures regarding detainee organ donations are contained in policy 13-77.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.				Facility procedures regarding notification to ICE officials, family members, and consulates regarding detained deaths are contained in policies 13-62 and 5-1.
The facility has a policy and procedure to address the death of a detainee while in transport.				Facility policy 9-18 addresses appropriate actions to take in the case of a detainee death in transport.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				In accordance with facility policies 5-1 and 13-62, the disposal of remains of a deceased detainee is done in compliance with ICE standards.

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
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?				Once the facility notifies ICE of a detainee death, any indigent burial is arranged by the ICE Field Office.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.				After the facility notifies ICE of a detainee death in accordance with policies 5-1 and 13-62, placement of a death certificates into the a-file is done by ICE authorities.
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.				Facility policies 5-1 and 13-62 address any notification to the local coroner, autopsy, death certificates, and transportation of the body.
ICE staff follows established procedures to properly close the case of a deceased detainee.				Once the facility notifies ICE of a detainee death in accordance with policy 5-1, procedures to properly close the case are the responsibility of ICE staff.
□ ACCEPTABLE □ DEFICIENT		T-RISI	K	REPEAT FINDING

REMARKS:

Since the pre-occupancy inspection, facility policies regarding Advanced Directives, Organ Donations, Do Not Resuscitate Orders and related notifications have been revised and enhanced. They now adequately cover all of those infrequent but significant events. The facility reports that they have not encountered any of these issues during the past year. Therefore, it is impossible to confirm the facility's actual practices in

(b)(6), (b)(7)(C) August
AUDITOR'S SIGNATURE / D

SECURITY AND CONTROL STANDARDS

CONTRABAND

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

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.				Facility Policy 9-6 Contraband Control gives specific instructions to staff on the proper handling of illegal contraband. The policy does require staff to inventory, hold, and report the confiscation of illegal contraband when necessary to the proper authority for action or possible seizure even though IGSAs are not required to meet this portion of the component.	
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				Although this component is not applicable to IGSAs, the facility retains contraband that is government property as evidence for potential disciplinary action or criminal prosecution.	
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.				The facility has written procedures for the return of government property not needed as evidence even though IGSAs are not required to comply with this component.	
Altered property is destroyed following documentation and using established procedures.				Although IGSAs are not required to comply with this component, the facility has procedures in place for the destruction of altered property.	
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.				Staff contacts the facility chaplain to verify the legitimacy of religious items before confiscation even though IGSAs are not required to comply with this component.	
Staff follows written procedures when destroying hard contraband that is illegal.					
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.				Policy 9-6 Contraband Control allows the facility to retain illegal hard contraband for training purposes even though this component is specific to SPCs and CDFs.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

Facility Policy 9-6 Contraband Control governs the proper identification, handling, and disposal of contraband items. Once again, the facility has appropriated the ICE 2000 NDS language on the subject directly into their local policy. Contraband disposal records were checked by the inspector and found to be in accordance with the facility policy.

(b)(6), (b)(7)(C) / Augus AUDITOR'S SIGNATUI

DETENTION FILES

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

PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.				
Components	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.				
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.				
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same	×			Random detention files were reviewed and found to have facility generated documentation. Currently the disciplinary files are filed separately but are being merged into the official detention file.
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to (b)(7)(e)	×			The detention files are stored in a secure lockable room with limited access. Although not a requirement at an IGSA to have lockable file cabinets with limited key distribution, the facility does have lockable cabinets with restricted access.
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.				
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	\boxtimes			
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	\boxtimes			
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.				
ACCEPTABLE DEFICIENT	AT-	Risk		REPEAT FINDING

REMARKS:

The facility has an organized secure detention file room. A random review of the files found them to contain the proper documentation to include facility generated paperwork.

(b)(6), (b)(7)(C) Augu Auditor's Signature / D	

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.				Facility Policy 15-100 Disciplinary Procedures comprehensively describes the disciplinary system as well as the progressive levels of reviews and appeals.
The facility rules state that disciplinary action shall not be capricious or retaliatory.				
Written rules prohibit staff from imposing or permitting the following sanctions:				
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The rules of conduct, sanctions, and procedures are communicated to ICE detainees in writing through the facility handbook and verbally through the orientation video. The video and handbook are produced in both English and Spanish.
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				Each of the four elements of this component are posted in English and Spanish in the housing units even though the last three "bulleted" elements are not required for IGSAs.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			\boxtimes	Informal resolutions for minor offenses are encouraged by Policy 15-100 Disciplinary Procedures even though IGSAs are not required to comply with this component.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.				Staff is required to promptly forward incident reports and notice of disciplinary charges to the designated supervisor even though this component is not applicable to IGSAs.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.				
An intermediate disciplinary process is used to adjudicate minor infractions.				

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
 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 				The facility has a hearing officer that adjudicates disciplinary cases. Facility Policy 15-100 specifically mandates adherence with all of the "bulleted" elements of this component even though IGSAs are not required to comply.
A staff representative is available if requested for a detainee facing a disciplinary hearing.				Although IGSAs are not required to comply with this component, the facility makes staff representatives available for detainees upon request.
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.				
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"				
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.				
□ ACCEPTABLE □ DEFICIENT □	AT-RISK	<u></u>		REPEAT FINDING

REMARKS:

Facility Policy 15-100 Disciplinary Procedures comprehensively describes the disciplinary system as well as the progressive levels of reviews and appeals. Staff is encouraged by policy and practice to utilize informal resolutions to mitigate minor offenses. The facility is fully compliant with all aspects of this ICE standard.

(b)(6), (b)(7)(C) Augus
AUDITOR'S SIGNATU

EMERGENCY (CONTINGENCY) PLANS

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

COMPONENTS	YES	No	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.				Facility Policy 14-4 Inmate/Resident Rights precludes detainees or detainee groups from exercising control or authority over other detainees.
Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees				Detainee protection from each of the elements of this component is mandated in Policy 14-4 Inmate/Resident Rights.
Staff is trained to identify signs of detainee unrest. • What type of training and how often?				Staff is trained annually in a one hour block of instruction entitled "Detection of Institutional Tensions".
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	\boxtimes			
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				The Chief of Security is the individual responsible for the emergency plans and their implementation.
The plans address the following issues:				
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	\boxtimes			
The facility has cooperative contingency plans with applicable: • Local law enforcement agencies • State agencies • Federal agencies				Although this component is specific to SPCs and CDFs, the facility has a number of cooperative contingency plans with other governmental entities to provide mutual aid.
All staff receives copies of Hostage Situation Management policy and procedures.				Staff do not receive copies of the facility hostage plan. IGSAs are not required to comply with this component. (b)(7)(e)

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
Staff is trained to (b)(7)(e) (b)(7)(e) Within 24 hours after release, hostages are screened for medical and psychological effects.			⊠	The facility trains staff to (b)(7)(e) (b)(7)(e) and provides medical and psychological screening for hostages immediately after release even though IGSAs are not required to comply with this component.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				Although this component is specific to SPCs and CDFs, all emergency plans at the facility mandate that emergency medical treatment be readily available for staff and ICE detainees during and after an incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.				The facility maintains a supply of three days of emergency meals for staff and ICE detainees even though this component is not applicable to IGSAs.
Written plans identify locations of shut-off valves and switches for all attilities (water, gas, electric).			\boxtimes	The facility has photos of the location of all shut-off valves and switches for all utilities in the emergency plan even though this component is specific to SPCs and CDFs.
Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances				The facility has a comprehensive emergency plan for each of the elements of this component.
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISK			REPEAT FINDING

REMARKS:

The Chief of Security efficiently manages the updating and implementation of all emergency plans. All plans are updated annually in accordance with ICE requirements. Mutual aid assistance agreements are in place with the Gainesville Fire Department, the Gainesville Police Department, the Hall County Public Safety Department, the Hall County Sheriff's Office, the Northeast Georgia Medical Center, the Coffee Correctional Center, the Stewart Detention Center, the Wheeler Correctional Facility, and Transcor. The facility is in full compliance with averaged leading purponent of this standard.

(b)(6), (b)(7)(C) August 5, 20 AUDITOR'S SIGNATURE / D

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				Facility policy 8-7, titled Control of Hazardous Chemicals and Materials, effective date 10-01-2006, outlines the procedures for the storage, issuance and inventory of hazardous materials.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.				The control of all hazardous chemicals is restricted to the Fire Safety Administrator. Inventories are accurate and up to date for all flammable, caustic and toxic substances.
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.				
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			Personal protective equipment was observed to be available in all areas where flammable, toxic and caustic materials are used and/or stored.
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. 				Detainees only handle diluted chemicals. Staff maintains control over all chemicals and detainees are well supervised during use.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.				
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	\boxtimes			
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	\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			Temperatures are appropriately set according to industry standards. Observation of HVAC summer settings indicated the housing unit temperatures are set at 74.5 degrees. Winter settings were reported to be set between 71-74 degrees.

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
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	\boxtimes			Observation of the water mixing valve for the shower and sink water supply was observed to be set at 111 degrees.
All toxic and caustic materials are stored in their original containers in a secure area.				All chemicals are properly stored in their original containers, in secure storage areas.
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.				
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.				There are no known chemicals containing methyl alcohol in use at this facility.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.				Employees obtain hazardous communications training during initial orientation training as well as during annual refresher training.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).				
A technically qualified officer conducts the fire and safety inspections.				The Fire Safety Administrator has been scheduled for OSHA 511 training; however, she has not received any Fire/Safety Training to date.
The Safety Office (or officer) maintains files of inspection reports.				
The facility has an approved fire prevention, control, and evacuation plan.				The facility has received a Certificate of Occupancy from the State of Georgia office of Georgia Safety Fire Commissioner. The document certifies that the building is in compliance with the minimum standards required by the Georgia Safety Fire Laws. A component of the safety fire laws requires a Fire Safety and Evacuation Plan. There is also documentation on file from the fire department that acknowledges receipt of the facility's Fire Safety and Evacuation Plan.

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 CCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	YES	No	NA	REMARKS
The plan requires:				
 Monthly fire inspections; 				
• Fire protection equipment strategically located throughout the				
facility;		l		
 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.				
Fire drills are conducted and documented monthly.				Fire drills are conducted
				monthly according to a pre-
				determined schedule. The drills
				are conducted in all areas of the
A sanitation program covers barbering operations.		<u> </u>		facility on all shifts.
71 samation program covers our oring operations.				
The barber shop has the facilities and equipment necessary to meet				The barber shop has the
sanitation requirements.				required facilities and
				equipment as required by the National Detention Standard on
				Environmental Health and
				Safety.
The sanitation standards are conspicuously posted in the barbershop.				Sanitation requirements for the
				barber shop are conspicuously
Weitter and advance and the first live and the second second				posted in English and Spanish.
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	5-3			
detergents.	\boxtimes			
 An established schedule of cleaning and follow-up inspections. 				
The facility follows standard cleaning procedures.				•
Spill kits are readily available.	\boxtimes			Spill kits are available on all
A licensed medical waste contractor disposes of infectious/bio-				posts and in all facility vehicles. The facility has a contract with
hazardous waste.	\boxtimes			for the disposal of
	_	_	_	infectious/bio-hazardous waste.
Staff is trained to prevent contact with blood and other body fluids and				Staff receives training on blood
written procedures are followed.	57			borne pathogens during their
				initial orientation as well as
				annually during refresher training.
Do the methods for handling/disposing of refuse meet all regulatory				ttannig.
requirements?	\boxtimes			

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	
 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. 				Terminex Pest Control is contracted to conduct monthly pest control services which includes preventative spraying for indigenous insects.	
Drinking water and wastewater is routinely tested according to a fixed schedule.				The City of Gainesville regularly tests drinking water and wastewater. An annual report is sent to the facility and maintained on file.	
 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 emergency generators are tested every week; however, the test is not run for one hour as required in the NDS. Also the emergency generators are not tested quarterly by an external generator servicing company as required.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

The facility has excellent controls in place for flammable, toxic and caustic materials. The environmental health and safety program has been well developed to provide detainees with protection in accordance with the ICE National Detention Standards.

(b)(6), (b)(7)(C)/Augus

HOLD ROOMS IN DETENTION FACILITIES

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

COMPONENTS	YES	No	NA	REMARKS
The hold rooms are situated within the secure perimeter.			\boxtimes	All five hold rooms are located within the secure perimeter even though IGSAs are not required to comply with this component.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.				Although this component is specific to SPCs and CDFs, all hold rooms at the facility are well ventilated, well illuminated, and all activating switches are located outside each room.
The hold rooms contain sufficient seating for the number of detainees held.				This component does not apply to IGSAs, but the capacity in the hold rooms are more than adequate to sufficiently seat the number of ICE detainees being held.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.				There are no bunks, cots, beds, or other related make-shift sleeping apparatuses in the hold rooms even though IGSAs are not required to comply with this component.
The walls and ceilings of the hold rooms are tamper and escape proof.				Although this component is not applicable to IGSAs, the walls and ceilings of all five hold rooms are constructed with solid concrete ceilings and filled cinder block walls rendering them tamper and escape proof.
Individuals are not held in hold rooms for more than 12 hours.				ICE detainees are usually detained in the hold rooms for no more than an hour.
Male and females are segregated from each other.				
Detainees under the age of 18 are not held with adult detainees. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.				
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	⊠			Two of the five hold rooms are outside the immediate view of the officer working the booking station. However, all five hold rooms are equipped with a functioning combination sink and toilet.
All detainees are given a pat down search for weapons or contraband before being placed in the room.				

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 Officers closely supervise the detention hold rooms using direct Two of the five hold rooms are supervision (Irregular visual monitoring.). outside the immediate view of Hold rooms are irregularly monitored every 15 minutes. the officer working the booking \boxtimes Unusual behavior or complaints are noted. П station. The officer assigned to the booking area performs a 15 minute check on each hold room and documents the results. When the last detainee has been removed from the hold room, it is X given a thorough inspection. There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building \boxtimes П evacuation. An appropriate emergency service is called immediately upon a \boxtimes determination that a medical emergency may exist. **ACCEPTABLE** ☐ DEFICIENT ☐ AT-RISK REPEAT FINDING **REMARKS:**

The usage and administration of the facility hold rooms is regulated by Policy 9-105 Hold Rooms. The facility fully complies with all aspects of this ICE standard.

(b)(6), (b)(7)(C) / August (AUDITOR'S SIGNATURE

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 MALKLIG RUD LOCKS.		<u> </u>		
COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.				The facility Maintenance Supervisor has attended an approved locksmith training program.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.				The (b)(7)(e) is the designated Key Control Officer for the facility.
The security officer, or equivalent in IGSAs, provides training to employees in key control.	\boxtimes			
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.				
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				The Key Control Officer has documentation that shows a comprehensive preventive maintenance program is in place for all locks, keys, and locking devices at the facility.
Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Facility Policy 9-3 Key Control addresses the proper handling of compromised keys and locks.
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.				The (b)(7)(e) at the facility is responsible for maintaining the integrity of safe combinations.
Only dead bolt or dead lock functions are used in detainee accessible areas.				
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.				Only detention grade locks are utilized in ICE detainee accessible areas of the facility.
Grand master keying systems are prohibited.				
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.				
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.				
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.				
Emergency keys are available for all areas of the facility.				

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	Remarks
The facilities use a key accountability system.				
Authorization is necessary to issue any restricted key.				
 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 				All individual gun boxes are located in areas that allow for constant visual observation. None of the gun boxes is located in public access areas.
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			Facility policy 9-3 Key Control governs key accountability. The keys are counted daily at the beginning of each shift ever though IGSAs are not required to comply with this element of the component.
 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. 				Facility Policy 9-3 Key Contro outlines the training and responsibility for adherence of proper handling of keys, locks, and locking devices. All three "bulleted" elements of this component are mandated in the policy even though IGSAs are not required to comply with those areas.
□ DEFICIENT	AT-RIS	K		REPEAT FINDING

REMARKS:		
	(b)(7)(E)	
(b)(6), (b)(7)(C) Augus AUDITOR'S SIGNATU	· · · · · · · · · · · · · · · · · · ·	

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

POPULATION COUNTS

POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY 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.				The facility conducts seven counts daily. Each shift conducts at least one count.
Activities cease or are strictly controlled while a formal count is being conducted.			⊠	The Control Center Officer makes an announcement for all activities to cease just prior to the beginning of each count even though IGSAs are not required to comply with this component.
Certain operations cease during formal counts.				Although this component is specific to SPCs and CDFs, all operations cease during each count.
All movement ceases for the duration of a formal count.				All movement ceases for the duration of a count even though this component is specific to SPCs and CDFs.
Formal counts in all units take place simultaneously.			\boxtimes	Even though IGSAs are not required to comply with this component, the count in all units takes place simultaneously.
Detainee participation in counts is prohibited.				IGSAs are not required to comply with this component, but the facility does prohibit ICE detainee participation in counts.
A face-to-photo count follows each unsuccessful recount.				Although this component is specific to SPCs and CDFs, the facility does conduct a face-to-photo count following an unsuccessful recount.
Officers positively identify each detainee before counting him/her as present.				Count officers positively identify each ICE detainee for count purposes even though IGSAs are not required to comply with this component.
Written procedures cover informal and emergency counts. • They are followed during informal counts and emergencies.				Informal and emergency counts are covered in Policy 9-13 Count Principles and Procedures.
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.				The Control Center supervisor is responsible for maintaining the out-count records.
This training is documented in each officer's training folder.				
☐ ACCEPTABLE ☐ DEFICIENT	AT-RI	SK		REPEAT FINDING

REMARKS:

Population counts are governed by Policy 9-13 Count Principles and Procedures. The facility is in compliance with all components of this ICE standard.

(b)(6), (b)(7)(C) Augus
AUDITOR'S SIGNATU

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

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.				All posts inspected had a current set of post orders.
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				Even though IGSAs are not required to comply with this component, each set of post orders inspected had a section for inserts and revisions.
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	\boxtimes			The Warden is the individual responsible for maintaining upto-date sets of post orders.
The IGSA maintains a complete set (central file) of post orders.	\boxtimes			A complete set of post orders is available in the office of the Chief of Security and on the facility share drive.
The central file is accessible to all staff.				A complete set of post orders is available for inspection by any staff member in the office of the Chief of Security during normal business hours and on the facility share drive at any time. The facility complies with this component even though it is specific to SPCs and CDFs.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.				The Warden initiates and authorizes all post order changes even though IGSAs are not required to comply with this component.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.				Although this component is specific to SPCs and CDFs, the Warden signs and dates the last page of every section of the post orders.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.				Facility Policy 9-10 requires that post orders be reviewed annually.
Procedures keep post orders and logbooks secure from detainees at all times.				All post orders inspected were found to be secure from the ICE detainees even though IGSAs are not required to comply with this component.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty. Armed-post post orders provide instructions for escape attempts.				Although this component is specific to SPCs and CDFs, the Transportation Officer that is designated to carry the weapon on each transport is weapons qualified. (b)(7)(e)
mineu-post post orders provide instructions for escape attempts.			ı ⊔	

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 The post orders for housing units track the event schedule. All post orders inspected had a current activity/event schedule \boxtimes even though this component is specific to SPCs and CDFs. Housing-unit post officers record all detainee activity in a log. All ICE detainee activities are post order includes instructions on maintaining the logbook. manually recorded in a log book \boxtimes at the officer's station even though IGSAs are not required to comply with this component. ☐ DEFICIENT **ACCEPTABLE** ☐ AT-RISK REPEAT FINDING

POST ORDERS

REMARKS:

Post orders are available at every fixed post. The officer assigned to each post is required to review the post orders at the beginning of the shift and sign a form in the back of the folder acknowledging the review. All post orders are reviewed annually. Updates and revisions that occur between the annual reviews are added to the post orders with the authorization of the Warden. Facility Policy 9-10 Post Orders gives comprehensive guidance on how post orders are to be used and maintained.

(b)(6), (b)(7)(C) / August AUDITOR'S SIGNATUR

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

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				Facility Policy 9-7 Security Inspections mandates all areas of the facility that are expected to be inspected, who is responsible for the inspections, and the frequency the inspections are to be performed. All five elements of this component are included in the policy even though the first two "bulleted" elements are not applicable to IGSAs.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.				Although this component is specific to SPCs and CDFs, the facility requires every officer to conduct a security check on his/her assigned area with the results documented.
Documentation of security inspections is kept on file.				Security inspections are documented and kept on file even though this component is non-applicable to IGSAs.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				Staff report recurring problems in their assigned areas to appropriate personnel at the beginning of each shift even though this component is specific to SPCs and CDFs.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			
All visits are officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
The facility has a secure visitor pass system.	\boxtimes			
Every Control Center officer receives specialized training.				Officers are trained for the Control Center by working alongside experienced staff until the supervisor deems the trainee ready to man the post alone.
The Control Center is staffed around the clock.				
Policy restricts staff access to the Control Center.				A notice is posted on the entry door to the Control Center that clearly states who is authorized to enter that area.
Detainees are restricted from access to the Control Center.	\boxtimes		<u> </u>	
Communications are centralized in the Control Center.				
Officers monitor all vehicular traffic entering and leaving the facility.				Officers in the Control Center monitor all vehicular traffic entering and leaving the facility.

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				Facility Policy 9-7 Security Inspections mandates that all of the information required by this component is to be recorded in a log even though this component is not applicable to IGSAs.
Officers thoroughly search each vehicle entering and leaving the facility.			\boxtimes	Although this component is specific to SPCs and CDFs, all vehicles are searched 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.	\boxtimes			
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.				The maintenance staff is responsible for inventorying all tools before entering and prior to departure from the facility even though this component is not applicable to IGSAs
The SMU entrance has a sally port.		\boxtimes		The segregation housing unit does not have a sally port.
Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			
Housing area searches occur at irregular times.				Facility Policy 9-7 Security Inspections mandates that housing areas are to be searched at irregular times even though this component is specific to SPCs and CDFs.
Every search of the SMU and other housing units is documented.				
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	\boxtimes			
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			
Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.				(b)(7)(e)
Visitation areas receive frequent, irregular inspections.	\boxtimes			
⊠ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISK	~		REPEAT FINDING

REMARKS:

The facility is fully compliant with all components of this ICE standard with the exception of not having a sally port at the entry to the segregation housing unit. The Warden is considering adding a sally port in order to comply with this component. Facility Policy 9-7 Security Inspections mandates all areas of the facility that are expected to be inspected, who is responsible for the inspections, and the frequency the inspections are to be performed.

(b)(6), (b)(7)(C) August 5, 201

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

AUDITOR'S SIGNATURE / DA

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).

	1 37-00	Nia	NT A	B
COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.				Facility Policy 10-100 Segregation Management details the process for placement and review of ICE detainees into administrative segregation housing.
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.				
 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). 				Policy 10-100 Segregation Management mandates that a supervisory officer is to conduct a review of each ICE detainee placed in administrative segregation within 72 hours of initial placement even though this component is not applicable to IGSAs.
 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? 				Although this component is specific to SPCs and CDFs, a supervisory officer is required by policy to conduct a review of ICE detainees in administrative segregation every seven days for two months and every thirty days thereafter.
The detainee is given a copy of the decision and justification for each review. • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.				This component is not applicable to IGSAs. The facility does not provide a copy of the decision and justification for each review. Detainees may appeal the reviewer's decision through the grievance procedure.
 The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO. 				This component is specific to SPCs and CDFs. However, the facility complies with this component by making the required notification to the ICE Field Office Director whenever an ICE detainee exceeds thirty days of placement in administrative segregation.
 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. 				The component is specific to SPCs and CDFs. The facility makes a written record of any ICE detainee who has been housed in administrative segregation after thirty days, but the ICE detainee does not receive a copy of this record

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 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.			⊠	Although this component is not applicable to IGSAs, ICE detainees who have been housed in administrative segregation for seven consecutive days may appeal the reviewer's decision through the grievance procedure.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.				
The SMU is: Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition.				
All cells are equipped with beds. • Every bed is securely fastened to the floor or wall.	\boxtimes			All administrative segregation beds are secured to the wall and the floor.
 The number of detainees in any cell does not exceed the occupancy limit. When occupancy exceeds recommended capacity, do basic living standards decline? Do criteria for objectively assessing living standards exist? If yes, are the criteria included in the written procedures? 	×			The facility has never exceeded the rated capacity for administrative segregation.
The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the general population.	\boxtimes			
Detainees receive three nutritious meals per day, from the general population's menu of the day. • Do detainees eat only with disposable utensils? • 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 least three times a week. If not, explain.				ICE detainees in administrative segregation are allowed to shower and shave every Monday, Wednesday, and Friday.
 The detainees are provided: Barbering services; Recreation privileges in accordance with the "Detainee Recreation" standard; Non-legal reading material; Religious material; The same correspondence privileges as detainees in the general population; Telephone access similar to that of the general population; and Personal legal material 				

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).

YES	No	NA	REMARKS
\boxtimes			Health care professionals and shift supervisors visit every ICE detainee housed in administrative segregation every shift, every day, to include weekends and holidays.
			ICE detainees in administrative segregation have legal materials delivered to their cell.
\boxtimes			
			A Segregation Activity Record form (a local equivalent to Form I-888) is utilized by staff to record all segregation activities. Although IGSA's are not required to include completing the I-888 at the end of the shift, the staff at this facility does meet this requirement.
			Although this component is specific to SPCs and CDFs, the staff record all of the required elements of this component onto an individual Segregation Activity Record.
			A weekly Segregation Activity Record is created for each week an ICE detainee is housed in administrative segregation even though this component is not applicable to IGSAs.

REMARKS:

Facility Policy 10-100 Segregation Management details the process for placement and review of ICE detainees into administrative segregation housing. The facility is fully compliant with all applicable components of this ICE standard.

(b)(6), (b)(7)(C) / August 5 AUDITOR'S SIGNATURE	(b)(6), (b)(7)(C)
---	-------------------

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	\boxtimes			Facility Policy 10-100 Segregation Management details the process for placement and review of ICE detainees into disciplinary segregation housing.
The sanctions for violations committed during one incident are limited to 60 days.				
 A completed Disciplinary Segregation Order accompanies the detainee into the SMU. The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation. 	\boxtimes			
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. • After each formal review, the detainee receives a written copy of the decision and supporting reasons.				ICE detainees housed in disciplinary segregation are reviewed within 72 hours of initial placement, and then every seven days until release. The facility does not provide the ICE detainee with a copy of the reviewer's decision since the "bulleted" portion of this component is not applicable to IGSAs.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	\boxtimes			
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	\boxtimes			
 Living conditions in disciplinary SMUs remain the same regardless of behavior. If no, does staff prepare written documentation for this action? Does the OIC sign to indicate approval. 				
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	\boxtimes			
The quarters used for segregation are: • Well-ventilated. • Adequately lighted. • Appropriately heated. • Maintained in a sanitary condition.	\boxtimes			
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	\boxtimes			All disciplinary segregation beds are secured to the wall and the floor.
The number of detainees confined to each cell or room is limited to the number for which the space was designate. • Does the OIC approve excess occupancy on a temporary basis?				The facility has never exceeded the rated capacity for disciplinary segregation.

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 NA	REMARKS
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.				ICE detainees who are housed in "close watch" are relocated to an observation cell adjacent to the medical offices. ICE detainees housed in "close watch" are monitored by detention staff with the results documented. All removed items are returned as soon as the supervisor considers it safe.
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	\boxtimes			
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. • Food is not used as punishment.	\boxtimes			
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.				ICE detainees in disciplinary segregation are allowed to shower and shave every Monday, Wednesday, and Friday.
Detainees receive, unless documented as a threat to security:	×			
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 matters; • Calls to consular/embassy officials; and • Calls during family emergencies (as determined by the OIC/Warden).	\boxtimes			
A health care professional visits every detainee in disciplinary segregation every week day. • The shift supervisor visits each segregated detainee daily • Weekends and holidays.				Health care professionals and shift supervisors visit every ICE detainee housed in disciplinary segregation every shift, every day, to include weekends and holidays.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	\boxtimes			
SMU detainees receive legal visits, as provided in the "Visitation" standard. • Legal service providers are notified of security concerns arising before a visit.				
 Visits from clergy are allowed. The clergy member is given the option of visiting/not visiting the segregated detainee. Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected. 	\boxtimes			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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
 SMU detainees have law library access. Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. Legal material brought to individuals in the SMU on a case-by-case basis. Staff documents every incident of denied access to the law library. 				ICE detainees in disciplinary segregation have legal materials delivered to their cell.
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.				All activities that occur in disciplinary segregation are recorded onto a Segregation Activity Record that is kept for each ICE detainee.
 The SPC's, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU. All I-888s are filled out by the end of each shift. The CDF/IGSA facility use Form. I-888 (or equivalent local form). 				Although this component is specific to SPCs, the facility completes a Segregation Activity Record (a local equivalent to Form I-888) for each ICE detainee in disciplinary segregation at the end of each shift.
 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. 				The facility is compliant with each of the elements of this ICE standard even though this component is not applicable to IGSAs.
△ ACCEPTABLE □ DEFICIENT □	AT-RIS	SK		REPEAT FINDING

REMARKS:

The philosophy of the Warden at this facility is to utilize disciplinary segregation only when it is deemed absolutely necessary. As a result, the facility does not routinely place ICE detainees in disciplinary segregation. When it is determined that an ICE detainee must be placed in disciplinary segregation, the placement and subsequent reviews of that status is governed by Policy 10-100 Segregation Management.

(b)(6), (b)(7)(C) August	
AUDITOR'S SIGNATURE	(b)(6), (b)(7)(C)

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
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			
Department heads are responsible for implementing this standard in their departments.				Facility Policy 9-8 Control of Tools and Equipment mandates that department heads are responsible for implementing tool control accountability in their departments even though this component is not applicable to IGSAs.
Tool inventories are required for the: • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory.				Tool control inventories are in place for the Maintenance Department, the Medical Department, the Food Service Department, the Armory, the Barber Shop, and the Control Center.
 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			Facility Policy 9-8 Control of Tools and Equipment outlines the proper tool accountability procedures.
The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous).	\boxtimes			IGSAs are not required to classify tools as restricted or non-restricted. However, this facility classifies tools as Class A (restricted) and Class B (non-restricted).
Department heads are responsible for implementing tool-control procedures.			\boxtimes	Although this component is specific to SPCs and CDFs, the department heads are responsible by policy for implementing tool control procedures.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	\boxtimes			Every tool is etched with an identification number and a letter designating it as a Class A or Class B tool.
 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. 				Shadow boards are used in every department that has tools.
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: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT. COMPONENTS YES No NA REMARKS Broken or worn out tools are surveyed and disposed of in an \boxtimes appropriate and secure manner. All private or contract repairs and maintenance workers under contract The maintenance staff is to ICE, or other visitors, submit an inventory of all tools prior to responsible for inventorying all admittance into or departure from the facility. tools (to include those of \boxtimes П contract workers) prior to admittance into or departure from the facility. ACCEPTABLE ☐ DEFICIENT AT-RISK REPEAT FINDING **REMARKS:** The facility practices good tool accountability. Every department that issues tools knows the proper accountability procedures outlined in Policy 9-8 Control of Tools and Equipment. The facility is in full compliance with all components of this ICE standard.

TOOL CONTROL

(b)(6), (b)(7)(C) / Augus AUDITOR'S SIGNATUI

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

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.

COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				
Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.				The facility only utilizes twelve- passenger buses to transport ICE detainees.
Supervisors maintain records for each vehicle operator.				The vehicle records were inspected and found to be in compliance with the guidelines detailed in Policy 9-18 Transportation Procedures.
 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability; and Deficiencies are corrected before the vehicle goes back into service. 				
 Transporting officers: Limit driving time to 10 hours in any 15 hour period; 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. 				Policy 9-18 Transportation Procedures includes each of the elements of this component. However, the average duration of trips is approximately 45 minutes, one way.
 b)(7)(E) officers with valid CDLs required in any bus transporting detainees. When buses travel in tandem with detainees, there areb)(7)(qualified officers per vehicle. An (b)(7)(e) driver may transport an empty vehicle. 				The facility only uses twelve- passenger vans to transport ICE detainees.
Before the start of each detail, the vehicle is thoroughly searched.				
Positive identification of all detainees being transported is confirmed.				Although this component is not applicable to IGSAs, the transportation staff positively identifies each ICE detainee being transported.
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.				
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.				The facility does not exceed the capacity of the passenger vans utilized to transport ICE detainees.
(b)(7)(e) are provided to all transporting officers.				

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.

COMPONENTS	YES	No	NA	REMARKS
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.				Policy 9-18 Transportation Procedures mandates that visual counts are to be made at the onset of the trip and periodically throughout the duration of the trip.
Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			
Officers ensure that no one contacts the detainees. • (b)(7)(E)fficer 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.	×			The facility does not routinely provide meals to detainees because the average duration of transports of ICE detainees is 45 minutes, one way. However, Policy 9-18 Transportation Procedures mandates that detainees are to be provided meals on trips that are expected to go beyond six hours in duration.
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.				
Vehicles have: (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			

TRANSPORTATION (LAND TRANSPORTATION)

POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, AFETY, 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. YES COMPONENTS No NA REMARKS The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Each of the elements of this Detainee death component are covered in detail \boxtimes \Box Vehicle fire in Policy 9-18 Transportation Riot Procedures. Traffic accident Mechanical problems Natural disasters Severe weather Passenger list includes women or minors

REMARKS:

Facility Policy 9-18 Transportation Procedures governs the transportation process for ICE detainees. The facility has incorporated into this policy the identical language that is found in the respective ICE 2000 National Detention Standards on the subject. All vehicles inspected were found to be mechanically sound and free of refuse.

AT-RISK

REPEAT FINDING

DEFICIENT

(b)(6), (b)(7)(C) Aug Auditor 5 Signat

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

ACCEPTABLE

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: No COMPONENTS YES NA REMARKS Written policy authorizes staff to respond in an immediate-use-Facility Policy 9-1 Use of Force allows of-force situation without a supervisor's presence or direction. \boxtimes staff to respond to immediate use of force situations without a supervisor present. When the detainee is in an area that is or can be isolated (e.g., a The facility strongly encourages staff locked cell, a range), posing no direct threat to the detainee or through training to resolve potentially \boxtimes others, officers must try to resolve the situation without explosive situations with verbal persuasion resorting to force. if possible. Written policy asserts that calculated rather than immediate use X of force is feasible in most cases. The facility subscribes to the prescribed Confrontation Avoidance Procedures. Confrontation avoidance techniques are Ranking detention official, health professional, \boxtimes П taught annually as a part of the in-service and others confer before every calculated use of training program. 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-M Force Team Technique. Under staff supervision. Staff members are trained in the performance of the (b)(7)(E) \boxtimes (b)(7)(E)All use-of-force incidents are documented and reviewed. The last use of force incident at this facility was in December 2009. The report was reviewed and found to be properly \boxtimes П investigated and reviewed by the Chief of Security, the Warden, and Corrections Corporation of America legal staff. Staff: Do not use force as punishment; Attempt to gain the detainee's voluntary cooperation before resorting to force; Use only as much force as necessary to control M П the detainee; and Use restraints only when other nonmeans, confrontational including verbal persuasion, have failed or are impractical. Medication may only be used for restraint purposes when \boxtimes П \Box authorized by the Medical Authority as medically necessary. follows written procedures that attempt to The written procedures that attempt to prevent injury and exposure to communicable disease(s). prevent injury and exposure to \boxtimes communicable diseases are clearly spelled out in 9-1 Use of Force.

USE OF FORCE

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

COMPONENTS	YES	No	NA	REMARKS
Standard procedures associated with using (b)(7)(E)				
include: (b)(7)(E)				The procedures that cover the use of b)(7)(E) (b)(7)(E) are detailed in Policy 9-1 Use of Force. The language that provides the guidance for this procedure is identical to the language in the ICE 2000 National Detention Standards on Use of Force.
The shift supervisor monitors the detainee's position/condition				
He/she allows the detainee to use the rest room at these times under safeguards.				
All detainee checks are logged.				
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 (b)(7)(e) • Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.				The language that provides the guidance for this procedure is identical to the language in the ICE 2000 National Detention Standards on Use of Force
Special precautions are taken when restraining pregnant detainees. • Medical personnel are consulted				
Protective gear is worn when restraining detainees with open cuts or wounds.				
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 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			All officers receive training in self- defense, confrontation avoidance techniques, and the proper use of force to control detainees as part of their annual in- service training.
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	⊠			Although this component is specific to SPCs, the facility utilizes a local equivalent use of force form to document all use of force events.
☐ ACCEPTABLE ☐ DEFICIENT		AT-RISI	K	☐ REPEAT FINDING

REMARKS:

Facility Policy 9-1 (b)(7)(E) offers a very comprehensive and detailed plan for the proper application of force. This facility does not use either the (b)(7)(E) for control purposes. (b)(7)(E) at this facility occur very infrequently, but the staff is well prepared through training to deal with whatever situation might arise. The last use of force incident at this facility occurred in December 2009. It was properly documented and reviewed in accordance with the controlling policy.

(b)(6), (b)(7)(C) / A AUDITOR'S SIGN

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

STAFF DETAINEE COMMUNICATIONS

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

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	\boxtimes			Although not a requirement at an IGSA to visit the facility weekly, ICE staff visit the facility weekly on Thursdays.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	\boxtimes			
Scheduled visits are posted in ICE detainee areas.				A posting was observed that informed the detainee the name of deportation officer and the day that he/she would visit the housing unit.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	\boxtimes			
ICE information request Forms are available at the IGSA for use by ICE detainees.	\boxtimes			
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			
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-RISK			REPEAT FINDING

REMARKS:

Staff detainee communication at the facility meets the requirements of the standard

(b)(6), (b)(7)(C)	Au
AUDITOR'S SIGNATU	RE.

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

DETAINEE TRANSFER STANDARD

POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED TA 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.

		1 1 1 1 1 1 1 1 1 1 1 1		
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				
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			
 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. 				Detainees are informed up to 24 hours prior to their transfer of where they will be transferring to and not restricted from access to the phones and other detainees.
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.				
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.	×			
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.				There are no DIHS staff at the facility.
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			
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.				
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				

DETAINEE TRANSFER STANDARD

ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING

REMARKS:

Interviews were conducted with the ICE SDDO and the ICE DO relative to the detainee transfer process. The only item of concerns was that the detainee may have access to other detainees and access to the phone after being informed of their pending transfer.

(b)(6), (b)(7)(C)
AUDITOR'S SIGNATURI

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

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
North Georgia Detention Center
Address (Street and Name)
622 Main Street
City, State and Zip Code
Gainesville, GA 30501
County
Hall
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)c Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)c
Date[s] of Review
August 3-5, 2010
Type of Review
Headquarters Degrational Special Assessment Other
_

TABLE OF CONTENTS

DETAINEE SERVICES STANDARDS (SECTION I)
ACCESS TO LEGAL MATERIALS
ADMISSION AND RELEASE
CLASSIFICATION SYSTEM
CORRESPONDENCE AND OTHER MAIL
DETAINEE HANDBOOK
FOOD SERVICE
FUNDS AND PERSONAL PROPERTY
DETAINEE GRIEVANCE PROCEDURES
GROUP PRESENTATIONS ON LEGAL RIGHTS
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS
MARRIAGE REQUESTS
NON-MEDICAL ESCORTED TRIPS
RECREATION
RELIGIOUS PRACTICES
ACCESS TO TELEPHONES
VISITATION
VOLUNTARY WORK PROGRAM
HEALTH SERVICES STANDARDS (SECTION II)
HUNGER STRIKES
ACCESS TO MEDICAL CARE
SUICIDE PREVENTION AND INTERVENTION
TERMINAL ILLNESS, ADVANCED DIRECTIVES AND DEATH
SECURITY AND CONTROL STANDARDS (SECTION III)
CONTRABAND
DETENTION FILES
DISCIPLINARY POLICY
EMERGENCY PLANS
ENVIRONMENTAL HEALTH AND SAFETY
HOLD ROOMS IN DETENTION FACILITIES
KEY AND LOCK CONTROL
POPULATION COUNTS
Post Orders
SECURITY INSPECTIONS
SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION)
SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)
TOOL CONTROL
Transportation (Land)
USE OF FORCE
STAFF/DETAINEE COMMUNICATIONS
Detainee Transfer Standard

NOTE: FOR EACH STANDARD RATED <u>BELOW</u> 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, <u>INCLUDING</u> THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

SECTION I DETAINEE SERVICES STANDARDS

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	. A. 8213	1110	1323	The facility has a designated
The latting provides a designation law motary for domined and.				law library available for the
			⊔	detainees.
The law library contains all materials listed in the "Access to Legal	 	 	 	The facility has two LexisNexis
Materials" Standard, Attachment A. The listing of materials is posted		<u> </u>		computer terminals and
in the law library.				accompanying hardbound legal
				reference manuals.
The library contains a sufficient number of chairs, is well lit, and is		 	 	The library has two chairs
reasonably isolated from noisy areas.	1			which has proven to be
		Ī		sufficient to meet the needs of
			🗇	the detainee population. The
	_		_	area is very bright and isolated
				from facility noise and
				distractions.
The law library is adequately equipped with typewriters and/or	<u> </u>			The facility does not have
computers, and has sufficient supplies for daily use by the detainees.]			typewriters but does have
	\boxtimes			computers for the detainees to
]			use with copy machines, writing
				paper and pens.
In addition to the physical law library, detainees have access to the	\boxtimes			There are two terminals in the
Lexus Nexus electronic law library.				law library.
Where provided, the Lexus Nexus library is updated and is current.				Regular updates are provided by
				ICE personnel. The most recent
				update was installed on Friday,
Outside meaning and appropriations are normalitied to make it will be a	ļ			July 31, 2010
Outside persons and organizations are permitted to submit published	[Z]			
legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.				
There is a designated ICE or facility employee who inspects, updates,				
and maintains/replaces legal materials and equipment on a routine				
basis.		│ └─ │		
Detainees are offered a minimum 5 hours per week in the law library.				The schedule is posted in each
Detainees are not required to forego recreation time in lieu of library				housing unit with instructions
usage. Detainees facing a court deadline are given priority use of the			П	regarding how to request access
law library.			<u></u>	to the law library. Extra time is
				granted upon request.
Detainees may request materials not currently in the law library. Each				
request is reviewed and, where appropriate, an acquisition request is	5 7	_		Procedures for such requests are
timely initiated. Requests for copies of court decisions are	\boxtimes			outlined in the Detainee
accommodated within 3 – 5 business days.		, 		handbook.
Detainees are permitted to assist other detainees, voluntarily and free				
of charge, in researching and preparing legal documents, consistent	\boxtimes			
with security.				
Illiterate or non-English-speaking detainees without legal				Policy states all such requests
representation receive access to more than just English-language law	\boxtimes			shall be submitted to the Library
books after indicating their need for help.				Coordinator.
Detainees may retain a reasonable amount of personal legal material in	E-3			
the general population and in the special management unit. Stored	\boxtimes			
legal materials are accessible within 24 hours of a written request.				ı

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
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.				
All denials of access to the law library fully documented.				According to an interview conducted with the Library Coordinator there have been no denials.
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.				There was no evidence of any reprisals, retaliation, or penalties.
ACCEPTABLE □ DEFICIENT □	AT-RIS	K		REPEAT FINDING

REMARKS:

The facility has written procedures outlining the access and use of the law library. Schedules are posted with instructions on how to request access to the library. The facility librarian is responsible for coordination of the law library and has stated that the law library only gets utilized for approximately 40 hours per week, leaving several open slots for detainees to utilize. The area is well lit, has a copier and the detainees have access to flash drives to save their legal work.

(b)(6), (b)(7)c / A
AUDITOR'S SIGNATURE

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

ADMISSION AND RELEASE

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

COMPONENTS	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				IGSA's are not required to include the following components in their initial orientation. Unacceptable activities and behavior, and corresponding sanctions; how to contact ICE; the availability of pro bono legal services, and how to pursue activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to the use of the law library and the general library; sick-call and procedures. The orientation at this facility includes a video and includes all of the specifics listed in this component.
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.				
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.				All detainees arriving at the facility are classified by ICE personnel using the detainee's criminal history and threat levels. Criminal history is not provided to facility staff for each detainee by the ICE field office.
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.				The policy is specific that reasonable suspicion must be determined if a detainee is to be strip searched. Multiple factors that are to be considered for reasonable suspicion are listed in the policy.
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			
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.				The facility uses a form similar to the I-387.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.				
All releases are properly coordinated with ICE using a Form I-203.			\boxtimes	This component is non-applicable for an IGSA; however, the facility does use the I-203 form for coordination of releases.

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
Staff completes paperwork/forms for release as required.		
ACCEPTABLE DEFICIENT	☐ AT-RISK	REPEAT FINDING

REMARKS:

The facility has local policy (17-100) Reception and Orientation that outlines the requirements of the standard for admission and release. The intake area is sufficient for temporary housing of the detainees admitted and released from this facility. Criminal history information is not shared with

(b)(6), (b)(7)c / Augus **AUDITOR'S SIGNATURE / D**

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

CLASSIFICATION SYSTEM

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.				All detainees housed at this facility are classified using the ICE classification tool.
 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. 				
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				The processing officers review the paperwork accompanying the new detainees but the detainees are classified upon arrival.
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				
Housing assignments are based on classification-level.				
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.				
Detainee work assignments are based upon classification designations.				Level 3's are not permitted to work outside of the housing unit.
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.				Detainees seldom remain at this facility long enough for a reclassification. The average length of stay is 10-14 days.
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.				Although not a requirement at an IGSA, detainees may appeal their classification to the classification supervisor who has the authority to reduce the classification level. Final appeals may be forwarded to the Warden.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.				It is not a requirement at an IGSA that classification appeals are resolved within five business days and the detainees are notified of the outcome within 10 business days. This facility has local policy that complies with time requirements of the component.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.				Although not a requirement at an IGSA, the detainees at this facility may appeal their assigned classification to the Warden.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				The detainee handbook has an extensive section outlining the classification process and the conditions and restrictions.
ACCEPTABLE DEFICIENT			AT-RIS	SK REPEAT FINDING

REMARKS:

All immates housed at this facility are classified by ICE using the ICE classification tool. Procedures exist for re-classification and for the detainees to appeal the

(b)(6), (b)(7)c Augranutrok's Signature/

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

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.				It is not a requirement for IGSA's to post the correspondence rules in each housing unit. The correspondence rules are included in the detainee handbook, covered by local policy 16-1 Correspondence Procedures and posted in the housing units.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	\boxtimes			
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.				
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).				
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.				All mail is opened and inspected without the detainee being present. The Warden issued a memorandum stating that he authorized the facility investigator and the mail room personnel to open and inspect all mail (except legal and special correspondence) without the detainee being present. The memo resulted from a plan-of-action to address a previous "no" finding regarding this component. The plan -of-action was approved.
Staff does not read incoming general correspondence without the Warden's prior written approval.			\boxtimes	This component is non-applicable to IGSA's. The facility policy states that all mail is subject to being read.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				The detainee is present for the opening of all special correspondence.
Staff is prohibited from reading or copying incoming special correspondence.				
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			It is not a requirement to notify the addressee of rejected mail at an IGSA. The detainee is notified at this facility.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.				
Staff maintains a written record of every item removed from detainee mail.				
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.				

	NCE AI	TO OF	HER M	All
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEN	D AND I	RECEIVI	E CORRI	ESPONDENCE IN A TIMELY MANNER, SUBJECT TO
LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORD	ERLY O	PERATIO	ON OF T	HE FACILITY. OTHER MAIL WILL BE PERMITTED,
SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WILL	DELY DE	STRIBU	TE ITS C	UIDELINES CONCERNING CORRESPONDENCE AND
OTHER MAIL.				
The procedure for safeguarding cash removed from a detainee				The second secon
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.				
Original identity documents (e.g., passports, birth certificates)		1		
are immediately removed and forwarded to ICE staff for				
placement in A-files.				
Staff provides the detainee a copy of his/her identity		 		
document(s) upon request.				
Staff disposes of prohibited items found in detainee mail in			<u> </u>	
accordance with the "Control and Disposition of Contraband"			Ιп	
Standard or the similar prevailing policy in IGSAs.			''	
Every indigent detainee has the opportunity to mail, at			<u></u>	Indigent status is addressed in policy. A
government expense, reasonable correspondence about a legal				detainee must have less than (b)(4 for 30 days
		l		
matter, in three one ounce letters per week and packages				or more Detainees are nermitted to send out
matter, in three one ounce letters per week and packages deemed necessary by ICE.				or more. Detainees are permitted to send out
matter, in three one ounce letters per week and packages deemed necessary by ICE.				reasonable general correspondence and
deemed necessary by ICE.				
deemed necessary by ICE. The facility has a system for detainees to purchase stamps and				reasonable general correspondence and
deemed necessary by ICE.				reasonable general correspondence and
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			reasonable general correspondence and unrestricted legal mail.
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				reasonable general correspondence and
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. The facility provides writing paper, envelopes, and pencils at	\boxtimes			reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at
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. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at reception.
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. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at reception.
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. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees. Acceptable	dures) t	AT-I	RISK	reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at reception. REPEAT FINDING
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. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees. Acceptable	dures) t	AT-I	RISK	reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at reception. REPEAT FINDING
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. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees. ACCEPTABLE DEFICIENT REMARKS: The facility has written procedures (16-1 Correspondence Proce posted in the housing units and included in the detainee handbor plan of action was approved for the 2009 pre-occupancy review	dures) tok. All	AT-l	RISK verns the opened d the W	reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at reception. REPEAT FINDING c handling of mail. Rules and regulations are without the detainee being present however a arden authorizing, via memo, for the facility
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. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees. ACCEPTABLE DEFICIENT REMARKS: The facility has written procedures (16-1 Correspondence Proce posted in the housing units and included in the detainee handbor plan of action was approved for the 2009 pre-occupancy review	dures) tok. All	AT-l	RISK verns the opened d the W	reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at reception. REPEAT FINDING c handling of mail. Rules and regulations are without the detainee being present however a arden authorizing, via memo, for the facility
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. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees. ACCEPTABLE DEFICIENT REMARKS: The facility has written procedures (16-1 Correspondence Procedures of the housing units and included in the detainee handbook posted in the housing units and included in the detainee handbook procedures.	dures) tok. All	AT-l	RISK verns the opened d the W	reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at reception. REPEAT FINDING c handling of mail. Rules and regulations are without the detainee being present however a arden authorizing, via memo, for the facility
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. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees. ACCEPTABLE DEFICIENT REMARKS: The facility has written procedures (16-1 Correspondence Proce posted in the housing units and included in the detainee handbor plan of action was approved for the 2009 pre-occupancy review	dures) tok. All	AT-l	RISK verns the opened d the W	reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at reception. REPEAT FINDING c handling of mail. Rules and regulations are without the detainee being present however a arden authorizing, via memo, for the facility
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. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees. ACCEPTABLE DEFICIENT REMARKS: The facility has written procedures (16-1 Correspondence Proceposted in the housing units and included in the detainee handbor plan of action was approved for the 2009 pre-occupancy review investigator and the mail room staff to open all mail (except leg	dures) tok. All	AT-l	RISK verns the opened d the W	reasonable general correspondence and unrestricted legal mail. Detainees are issued writing materials at reception. REPEAT FINDING c handling of mail. Rules and regulations are without the detainee being present however a arden authorizing, via memo, for the facility

DETAINEE HANDBOOK

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY. COMPONENTS YES NO NA REMARKS The detainee handbook is written in English and translated into The detainee handbook is written in English \boxtimes Spanish, or into the next most-prevalent Language(s). and Spanish. The handbook is supplemented by the facility orientation The facility has orientation videos produced X video, where one is provided. in English and Spanish. All staff members receive a handbook and training regarding All staff receives and signs for copies of the the handbook contents. \boxtimes П \Box detainee handbook during initial orientation training. The handbook is revised as necessary and there are procedures The handbook is revised as necessary. in place for immediately communicating any revisions to staff Handbook revisions are communicated to and detainees. \boxtimes \Box staff via memorandums, and the detainees are notified through postings on detainee bulletin boards. There an annual review of the handbook by a designated A committee which may include the committee or staff member. Warden, Assistant Warden, Quality Assurance Manager, Chief of Security, \boxtimes П Chief of Unit Management, Training Manager, Business Manager and Human Resources Manager participate in an annual review of the detainee handbook. The detainee handbook addresses the following issues: The Allowable Personal Property List on Personal Items permitted to be retained by the pages thirty-four through forty of the detainee; and handbook addresses the property that \boxtimes П П Initial issue of clothes, bedding and personal hygiene detainees are allowed to possess. The "Initial Admissions" section, on page four of items. the handbook describes the initial issue of clothing provided to detainees. Page three of the detainee handbook states The detainee handbook states in clear language the basic detainee responsibilities. \boxtimes in clear language the basic responsibilities expected for the detainees. The handbook clearly outlines the methods for classification of The method, levels and appeal process of the detainees, explains each level, and explains the classification П \square П classification system is described on pages appeals process. five and six of the detainee handbook. The handbook states when a medical examination will be The medical exam timeframe is explained \boxtimes conducted. on page five of the detainee handbook. The handbook describes the facility, housing units, dayrooms, X in-dorm activities, and special housing units. The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange M schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices. The handbook describe times and procedures for obtaining The procedures for obtaining razors, and the disposable razors, and allows that detainees attending court allowance for detainees to shave before \boxtimes П will be afforded the opportunity to shave first. attending court is described on page seven of the detainee handbook. The handbook describes barber hours and hair cutting \boxtimes ... restrictions. The handbook describes the telephone policy; debit card Telephone policy and procedures are procedures; direct and free calls; locations of telephones; policy \boxtimes \Box discussed on page eleven of the detainee when telephone demand is high; and policy and procedures for handbook. emergency phone calls.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

DETAINEE HANDBOOK

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

COMPONENTS	YES	No	NA	REMARKS
The handbook addresses religious programming.				Religious programming is outlined on page twenty of the detainee handbook.
The handbook states times and procedures for commissary or vending machine usage, where available.				Commissary procedures are addressed on page twenty of the detainee handbook.
The handbook describes the detainee voluntary work program.				The detainee voluntary work program is delineated on page twenty of the detainee handbook.
The handbook describes the library location and hours of operation, and law library procedures and schedules.				Page twenty-one of the detainee handbook states the hours of operation of the library. The location of the library is not described in the handbook, however, the location is not essential information due to the fact that all detainees are escorted everywhere within the facility.
The handbook describes attorney and regular visitation hours, policies, and procedures.				Attorney and regular visitation hours, policies and procedures are described on page twenty-two of the detainee handbook.
The handbook describes the facility contraband policy.				Contraband policy is detailed on page twenty-four of the detainee handbook.
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.				Page twenty-two of the detainee handbook delineates the facility visiting hours, schedule and rules and regulations.
The handbook describes the correspondence policy and procedures.				Correspondence policy and procedures are addressed on page twenty-five of the detainee handbook.
The handbook describes the detainee disciplinary policy and procedures, including: • Prohibited acts and severity scale sanctions; • Time limits in the Disciplinary Process; and • Summary of the Disciplinary Process.				
 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. 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. 				Staff and/or detainee availability to assist a detainee in preparing a grievance is included in the ICE National Detainee Handbook.
The detainee handbook describes the medical sick call procedures for general population and segregation.				
The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours.	\boxtimes			The detainee handbook advises detainees that the outdoor recreation schedules are posted on the housing unit bulletin boards. Indoor recreation activities commence at 0600 and end at lights out.
The handbook describes the detainee dress code for daily living; and work assignments.	\boxtimes			The detainee dress code is detailed on pages thirty-five and thirty-six of the detainee handbook.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

DETAIL	NEE HANI)BOO!	K	[문화기 : 유리미 호텔 기통철 기교육] 기급 - 경		
POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETA DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT A PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIO ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBO	AT THE FACI OUS SOURCE	LITY. S, INCI	THE HA	NDBOOK WILL ALSO DESCRIBE THE SERVICES, THE FACILITY, ICE, PRIVATE ORGANIZATIONS.		
COMPONENTS	YES	No	NA	REMARKS		
The handbook specifies the rights and responsibilities of a detainees.	all 🖂					
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						
REMARKS:						

The facility has developed a detainee handbook that serves as an overview of the detention policies, rules and procedures in effect at the facility. Every detainee arriving at the facility is provided a copy of the facility handbook in English or Spanish. The handbook describes the myriad of services, programs, and opportunities available from ICE, private organizations and/or the facility. Detainees also receive a copy of the ICE National Detainee Handbook.

(b)(6), (b)(7)c August 5 AUDITOR'S SIGNATUR

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 professionally trained and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.				The Food Service Director is Serv-Safe certified. He has also attended Morrison's, Aramark, and Canteen and military food service training. All staff duties are in outlined in writing, in the form of job descriptions.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.				The facility is not required to meet this standard. The standard applies specifically to CDF and SPC facilities. However, the Food Service Director and his assistant are scheduled on each other's off duty days.
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				All food service staffs attend CCA's 40 hour initial employment training. The Food Service Director has also provided his staff with training regarding the Food Service National Detention Standard.
Knife cabinets close with an approved locking device, and the maintains control of the key that locks the device.				There is no knife cabinet in the Food Service Department. Knives are not utilized in food preparation. Dough cutters are used to process any food items that are not purchased in a precut state.
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	\boxtimes			Although staffs at an IGSA facility are not required to monitor the condition of knives and dining utensils, food service staff at this facility monitors the condition of all utensils in the department.
When necessary, special procedures govern the handling of food items that pose a security threat.				The facility does not utilize any of the food items which are identified in the National Detention Standards as posing a threat to security.
Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.				Staff is well trained in the facility's population count procedures.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.				
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			The rules and procedures for detainees working in food service are outlined in the "Inmate Kitchen Worker Rules" handout.
 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. 				All detainee workers are required to view an extensive orientation video on food service safety and work practices.

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 detainee detention files.				
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.				IGSA facilities are not required to be paid in accordance with the voluntary work program standard. ICE detainees at this facility are authorized to participate in a voluntary work program and are paid according to CCA regulations.
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.				
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				There are no cafeteria style operations within the facility.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			Although not required in the standard, the facility has a 35 day menu cycle.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).				Italian Chicken, Burritos, Tacos, Chili Con Carne, Menudo, Beef Stroganoff, Enchilada Pie, Turkey Tetrazzini, Bean Tostados, Spanish Meatloaf and Fried Rice are among items programmed onto the cycle menu for ethnic diversity.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.				
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	⊠			Computerized recipes are available for preparing master cycle menu food items.
The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification With copy to FSA				The standard requires "Cook Supervisor or equivalent" as having this authority. There are almost no instances where the need for a menu change would occur at this facility. Food service staff "pulls" food for three days worth of meals, assuring that needed menu items are available. If a "pull" results in a need for a menu change, the Food Service Director will make the substitution. In the event of an emergency substitution, the cooks would contact the Food Service Director for authorization. If no contact can be made, the cooks will make the substitution and document the justification as well as the new menu item.
All staff and volunteers know and adhere to written "food preparation" procedures.				
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.				Detainees requiring a particular religious diet are referred to the facility Chaplain.

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
A common-fare menu available to detainees whose dietary 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 recommended daily allowances (RDAs); Staff routinely provide hot water for instant beverages and foods; Common-fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items. 				
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.				
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.				A schedule of ceremonial meals was available for review.
 The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 				The Common Fare program is available to accommodate detainees abstaining from particular foods or fasting for religious purposes during religious ceremonial meals.
The food service program addresses medical diets.				The food service department provides medical diets as prescribed by the medical department.
Satellite-feeding programs follow guidelines for proper sanitation.				
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.				Foods are maintained at the prescribed safe temperatures while prepared, held and served.
All meals are provided in nutritionally adequate portions.				Serving sizes provided to detainees are consistent with the serving sizes listed on the nutritionally analyzed menus.
Food is not used to punish or reward detainees based upon behavior.				
 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. 				Detainee workers are required to view an orientation video which includes personal hygiene, sanitary techniques for preparing, serving and storing foods and the care and operation of equipment.
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			

EO	OD	C	rn	171	\sim
FV)	W	-3	СK		C.E.

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
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?				The food service department is inspected daily by the Food Service Lead Supervisors. It is also inspected weekly by the Food Service Director. An inspection by the Warden and Quality Assurance Manager is also conducted weekly.
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?	×			On February 16, 2010, the Georgia Department of Human Resources conducted an inspection of food service using the Food Service Establishment Inspection Report.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	\boxtimes			Reports from the health department are forwarded through the executive staff for review.
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	\boxtimes			Dish machine temperatures are checked and documented during each meal.
Staff documents the results of every refrigerator/freezer temperature check.	\boxtimes			
The cleaning schedule for each food service area is conspicuously posted.				Cleaning schedules were posted for each food service area.
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.				The Food Service Director inspects incoming food shipments. Staffs are trained to recognize signs of damage, contamination, pest infestation and temperature abuse.
Storage areas are locked when not in use.	\boxtimes			All storage areas are secured when not in use.
□ ACCEPTABLE □ DEFICIENT		Ат	-Risk	☐ REPEAT FINDING

REMARKS:

Food Service is provided through a contract with Canteen Corporation. The food service operation consists of two kitchen areas. One kitchen serves as a food preparation area and the second kitchen is utilized to plate food trays for delivery to the housing units. The Food Service Director has been professionally trained and the knowledge to operate the department in an efficient manner resonates throughout the department. Food is prepared and delivered to detainees through a satellite feeding system. Sanitation throughout the department is maintained in according to high standards. Staff is extremely responsive to the review process and it is evident that they are conscientious and take or machining their manner.

(b)(6), (b)(7)c August
AUDITOR'S SIGNATU

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 Facility policy 14-06, titled accessible only by designated supervisor(s). Inmate/Resident Property, facility \boxtimes П effective date 04-01-2009, delineates the procedures for processing detainee personal property. Detainees' large valuables are secured in a location accessible to The facility does not accept large \boxtimes designated supervisor(s) or processing staff only. valuables. Staff itemizes the baggage and personal property of arriving detainees Property is itemized by inputting the (including funds and valuables). For IGSAs and CDFs, using a property descriptions into the personal property inventory form that meets the ICE standard? computerized Offender Management \boxtimes \Box System, which meets the ICE standard. Staff forwards an arriving detainee's medication to the medical staff. Facility policy 14-06, section A, paragraph 4b, states that the Property Officer will confiscate all incoming \boxtimes prescriptions and record them on a 14-6A form. The medications will then be forwarded to the medical department Audits of baggage and non-valuable property occur each quarter and This component is specific to a CDF audits are logged and verified. or SPC facility. IGSA facilities are not required to meet this standard. \boxtimes П Audits of detainee baggage and nonvaluable property are not conducted at this facility. (b)(7)e officers are present during the processing of detainee funds and Although not required at an IGSA valuables during in-processing to the facility. (b)(7)e)fficers verify facility, during in-processing (b)(7)e П П X funds and valuables. staff verifies funds in excess of twenty-five dollars. This component is not required at an Staff searches arriving detainees and their personal property for contraband. IGSA facility, however, policy 17-100, titled Admissions and П X Orientation Procedures, requires that staff searches arriving detainees and their personal property for contraband. Staff procedures follow written policy for returning forgotten property Forgotten property is classified as to detainees. abandoned property (involuntarily \boxtimes П deserted). Abandoned property is turned over to ICE. Property discrepancies are immediately reported to the CDEO or Chief Only CDF and SPC facilities are of Security. required to meet this standard. \Box \boxtimes However, staff reports all property discrepancies to the Chief of Security. staff follows written procedures when returning property to detainees. Facility policy 14-06, section M, \boxtimes paragraph 9, outlines procedures for returning property to detainees.

FUNDS AND PERSONA	AL PRO	PERTY	7	
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CON- PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, V OCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE FUNDS, VALUABLES, AND OTHER PROPERTY. STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DESCRIPTION ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN	ALUABLI IE INITIA TAINEE]	ES, BAG L AND R Funds,	GAGE A EGULA VALUA	AND OTHER PERSONAL PROPERTY; THE RLY SCHEDULED INVENTORYING OF ALL BLES AND PROPERTY ARE HANDLED
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.				
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.				IGSA facilities are not required to contact an out-processed detainee who has left property in the facility. The facility has, however, included these guidelines into their local policy.
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.				Although not required from an IGSA facility, written policy requires that abandoned property be forwarded to ICE.
ACCEPTABLE DEFICIENT	AT-R	SK		REPEAT FINDING
REMARKS: The facility has policy and procedures in place to adequately control and provide for the secure storage of funds, valuables and personal property the initial and subsequent inventorying of property meets the National Description of Signation (b)(6), (b)(7)c AUDITOR'S SIGNATION (b)(6), (b)(7)c	Docum	entation	n and re	

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			CCA Policy 14-5, titled Inmate/Resident Grievance Procedures, with an effective date of 12-01-2002, effectively outlines the facility's procedures for the 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.				
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				Staff is provided training on grievance policy (to include emergency grievances) during orientation training. The training is provided during the lesson on Management and Supervision of Inmates - Inmate Management Part 1.
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.				There are no documented or substantiated cases of staff harassing, disciplining, penalizing or otherwise retaliating against a detainee who lodged a complaint.
 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. 				Although not required at an IGSA facility, nuisance complaints are identified and documented in the grievance log.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				CCA Policy 14-5, Section "T", titled Inmate/Resident Grievance Procedures, with an effective date of 12-01-2002, requires staff to forward any grievance that includes office misconduct to ICE.
$oxed{oxed}$ Acceptable $oxed{oxed}$ Deficient	☐ AT-Ris	K		REPEAT FINDING

REMARKS:

The facility has procedures in place to address detainee grievances in a timely manner. Facility practice ensures that every staff member knows how to identify emergency grievances and the procedures for expediting them. Grievances are documented and tracked via the Grievance Report Log.

(b)(6), (b)(7)c / August 5
AUDITOR'S SIGNATUR

4

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 \Box . 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 П to attorneys or accredited representatives. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the П attorney or accredited representative. Posters announcing presentations appear in common areas at least 48 П 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 П \Box denial. When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so \Box П that all detainees signed up may attend. Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. П Such requests are locumented. Interpreters are admitted when necessary to assist attorneys and other П П П legal representatives. Presenters are afforded a minimum of one hour to make the П П 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 П П 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 П 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-RISK ☐ REPEAT FINDING **REMARKS:** There have been no group legal r review.

(b)(6), (b)(7)c/ Augus AUDITOR'S SIGNATURE / D

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.				The facility's policy describing the issuance of clothing, bedding and towels is outlined in policy 14-06, titled Inmate/Resident Property, facility effective date 4-01-2009. Policy 14-06 requires that the supply of excess clothing exceed 200% of the maximum funded detainee population.
 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. 				Although not required at an IGSA facility, detainees receive an initial issuance of clothing that includes, 3 sets of outerwear, 3 pairs of socks, 3 pair of underwear, and one pair of facility issued footwear and a pair of shower shoes.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	\boxtimes			
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.				This standard is specific to CDF and SPC facilities. However, detainees at this facility receive the minimum bedding, linens and towels as specified in the NDS. Detainees are issued clean bedding, linens and towels upon admission.
Detainees assigned to special work areas 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.				
Food service detainee volunteer workers are permitted to exchange outer garments daily.				Although it is not a requirement at an IGSA facility, detainees assigned to food service receive clean uniforms daily.
Volunteer detainee workers are permitted to exchange outer garments more frequently.				The facility's standing as an IGSA contract does not require that detainee workers are permitted to exchange outer garments more frequently. However, an interview with laundry staff verifies the facility accommodates detainee workers with additional outerwear.
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RIS	SK		☐ REPEAT FINDING

REMARKS:

The facility has procedures in place to provide detainees clean clothing, bedding, linens and towels upon arrival. Procedures also facilitate regular exchanges of these items for as long as the detainee remains in detention.

(b)(6), (b)(7)c August 5, 20

AUDITOR'S SIGNATURE / I

POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CA COMPONENTS	YES	No	NA	REMARKS
The Field Office considers detainee marriage requests on a case-by-case basis.				CCA policy 14-7, titled Inmate/ Resident Marriages, facility effective date 08-01-2010, requires that the Warden shall notify and consult the respective Assistant Field Office Director who shall approve or deny the request.
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.				
It is standard practice to require a written request for permission to marry.				CCA policy 14-7.5, section A, requires detainees to submit a written request for marriage.
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.				CCA policy 14-7.5, section A, number 1, sub-paragraph b, requires the written request to include a signed statement from the intended spouse.
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.				Facility policy 14-7 states that in the event that a request is denied, ICE/DRO shall notify the detainee in writing, of the reasons for denial.
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	\boxtimes			
△ ACCEPTABLE □ DEFICIENT □	AT-RISH	ζ		REPEAT FINDING

REMARKS:

The policies and procedures are in place to ensure that all detainee marriage requests receive case by case consideration by ICE management. Three requests for marriage have been submitted to the facility. Due to the relatively short duration of confinement at this facility, all three detainees were not at the facility long enough for the process to come to fruition.

(b)(6), (b)(7)c / Aug AUDITOR'S SIGN

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: \boxtimes П Funeral: or Deathbed The facility recognizes mother, father, brother, sister, spouse, child, \square step-parent, and foster parent as "immediate family". The IGSA facility notifies ICE of all detainee requests for non-medical All ICE detainee requests for escorts. non-medical emergency escorts \boxtimes \Box are outlined in Policy 9-18 Transportation Procedures. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. \boxtimes Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required. Each escort includes at leas(b)(7)eofficers. X Escorting officers report unexpected situations to the originating Transporting staff is required to facility as a matter of procedure, and the ranking supervisor on duty report any unexpected situations has the authority to issue instructions for completion of the trip. \boxtimes \Box to the ranking supervisor at the originating facility by Policy 9-18 Transportation Procedures. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification \boxtimes level of the detainee. Escort officers are precluded from accepting gifts/gratuities from a X П 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 Each of the elements of this the ICE: component are listed in Policy Do not violate federal, state, or local laws; 9-18 Transportation Procedures. Do not purchase, possess, use, consume, or administer narcotics, \boxtimes The language in the policy is other drugs, or intoxicants; identical to the language in the ICE 2000 National Detention • Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or Standards on the subject. comparable test upon return. Standard procedure requires the immediate return to the facility of any X detainee who violates trip rules. **ACCEPTABLE DEFICIENT** AT-RISK REPEAT FINDING

REMARKS:

The facility has never taken an ICE detainee on a non-medical emergency escorted trip, but has the policy and procedures in place whenever the circumstance arises. The section of Policy 9-18 Transportation Procedures that deals with non-medical emergency escorted trips has the identical wording as the language from the ICE 2000 National Detention Standard (NDS) on Non-Medical

Emergency Escorted Trips.

(b)(6), (b)(7)c August 5, 201 AUDITOR'S SIGNATURE / D.

RECREATION

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a recreation program and facility.				The facility has a recreation program which utilizes both indoor and outdoor recreation facilities.
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				This standard is specific to CDF and SPC facilities. IGSA facilities are exempt from the requirement. However, the facility has an officer designated as a Recreation Officer.
Regular maintenance keeps recreational facilities and equipment in good condition.				Observation of the recreation areas verify that the facilities and equipment are maintained in good condition.
The recreational specialist or trained equivalent supervises detainee recreation workers.				There are no detainees assigned to work in the recreation program.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.				The Recreation Officer oversees recreation programs for special housing units and special needs detainees.
Dayrooms offer sedentary activities, e.g., board games, cards, television.				Dayrooms activities include chess, checkers, TV, leisure reading and playing cards.
Outside activities are restricted to limited-contact sports.				Outside activities are restricted to limited contact sports such as basketball, soccer and cardio vascular activities.
Each detainee has the opportunity to participate in daily recreation.				
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.				
Staff checks all items for damage and condition when equipment is returned.				CCA policy 20-100 titled Recreation and Leisure Time Programs, effective date 08-01- 2010, outlines the facility's recreation program. Section D, paragraph 3, requires staff to check all equipment for damage upon return.
Staff conducts searches of recreation areas before and after use.	\boxtimes			CCA policy 20-100, section C, paragraph 4, requires staff to conduct searches of recreation areas before and after each use.
All recreation areas under constant staff supervision.				CCA policy 20-100, section C, paragraph 5, requires that all recreation areas are under constant staff supervision.
Supervising staff is equipped with radios.				(b)(7)e

POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGR POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTE	AMS ANI	O ACTIVIT R SAFETY	TES TO AL	LL ICE DETAINEES, TO THE EXTENT
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.				
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	\boxtimes			
Special programs or religious activities are available to detainees.				
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.				Although it is only required at CDF and SPC facilities, volunteers sign a waiver of liability before entering a secure portion of the facility. It should be noted that the waiver of liability is limited to liability claims associated with the execution of the background investigation conducted on all new volunteers.
Visitors, relatives or friends are not allowed to serve as volunteers.				Although not required at an IGSA, the facility policy does not prohibit visitors, relatives and friends from serving as volunteers.
☑ If outdoor recreation is offered, check this box. No further inform	ation is	required	when or	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 sixmonth 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-Risk			REPEAT FINDING
REMARKS: Policies and procedures provide ICE detainees with access to recreational protect their safety and welfare. All detainees receive at least one hour of b)(6), (b)(7)c August 5, 2 August 6, 3 August 6, 3 August 6, 3 August 7,	activities outdoor	s, under c recreation	onditions	s of security and supervision that , five days per week.

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 offered a variety of religious programs in which to participate. The majority of the detainee population is of the Catholic faith.
Space is available for detainees to conduct religious services.				Services are held in Q pod at the present time. If the facility fills to capacity, the religious services will be held in the training room.
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.	\boxtimes			
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.				This component is specific to CDF and SPC facilities. Although not required, this facility accommodates the detainee's holy day observances with special meals, fasting, religious services and activity restriction as appropriate.
Each detainee is allowed religious items in his/her immediate possession.				Detainees are allowed to possess religious texts, small crosses, rosaries, headwear, prayer rugs, and prayer beads.
Volunteer's credentials are checked and verified before allowing participation in detainee programs.				A complete background investigation is conducted on all volunteer candidates.
Members of faiths not represented by clergy may conduct their own services within security allowances.				
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.				The facility Chaplain conducts pastoral rounds in the special housing unit as necessary. Pastoral visit can also be arranged with volunteer clergy.
⊠ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISE	ζ		REPEAT FINDING

REMARKS:

The facility ensures that detainees of different	religious beliefs are provided reasonable an	d equitable opportunities to participate in the
practices of their respective faiths constrained	by concerns about safety, security and	I the orderly operation of the facility.

(b)(6), (b)(7)c	August 5,
AUDITOR'S S	IGNATURE

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 permitted access to the Detainees are allowed access to telephones during established X facility telephones from 0600 until 1130 facility waking hours. PM daily. Detainees are issued a hand book and Upon admittance, detainees are made aware of the facility's \boxtimes \Box receive an orientation video. Both address telephone access policy. telephone procedures. Access rules are posted in housing units. \boxtimes The facility makes a reasonable effort to provide key All key information is provided in both information to detainees in languages spoken by any significant X П П English and Spanish. portion of the facility's population. Housing Unit "T" has 2 phones for 22 Telephones are provided at a minimum ratio of one telephone M П П detainees. Housing Unit "E" had 6 phones per 25 detainees in the facility population. for 96 detainees. Telephones are inspected regularly by facility staff to ensure \boxtimes П that they are in good working order. The facility administration promptly reports out-of-order X telephones to the facility's telephone service provider. Repairs are monitored however I could not The facility administration monitors repair progress and takes locate a log that indicated the time from appropriate measures to ensure that required repairs are begun \boxtimes the report to corrective action being and completed timely. completed. Detainees are afforded a reasonable degree of privacy for legal All phones have privacy glass between M П П phone calls. them. A procedure exists to assist a detainee who is having trouble X blacing a confidential call. The facility provides the detainees with the ability to make non-X П collect (special access) calls. Special access numbers are posted and are Special Access calls are at no charge to the detainees. M \Box free for the detainees. The OIG phone number for reporting abuse is programmed into The OIG number was tested and verified to the detainee phone system and the phone number was checked \boxtimes П П be operational using the posted speed dial by the inspector during the review. number (518#). In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes The facility is able to meet this \Box X alternate arrangements to provide required access within 24 requirement. hours of a request by a detainee. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved \boxtimes "Free Legal Services List". Special arrangements are made to allow detainees to speak by Once approved by ICE and the Facility telephone with an immediate family member detained in another \boxtimes \Box OIC Facility. The facility phone administrator keeps a Any telephone restrictions are documented. \boxtimes log of restrictions. There have been no phone restrictions to date. The facility has a system for taking and delivering emergency The message system is outlined in policy \boxtimes detainee telephone messages. and in the detainee handbook. Emergency phone call messages are immediately given to \boxtimes П Upon approval by the Shift Supervisor. detainees. Detainees are allowed to return emergency phone calls as soon M П П as possible.

Compor	VENTS	YES	No	NA	REMARKS
Detainees in disciplinary segreg relating to the detainee's immigrating including consultation calls.		\boxtimes			
Detainees in disciplinary segregationsular/embassy officials.	tion are allowed phone calls to				
Detainees in disciplinary segregat family emergencies.	ion are allowed phone calls for	\boxtimes			
Detainees in administrative deten afforded the same telephone propulation.					
When detainee phone calls are m by detainee telephones that phon may be monitored. Special Access	e calls made by the detainees	\boxtimes			Notifications were observed in all housing units. Special access calls are not monitored.
	☐ D EFICIENT		AT-RISI	K	REPEAT FINDING
REMARKS: The facility has an adequate phone detainee handbook and a local pole (b)(6), (b)(7)c AUDITOR'S SIGNA					Extensive directions are printed in the

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.				A schedule with the visiting hours was not included in the detainee handbook or the facility visiting policy; however, facility staff have indicated that the new detainee handbook and the local policy have been updated but not yet published. Schedules in the housing unit and the visitor lobby do reflect the days and hours of general and legal visiting.
The visitation hours tailored to the detainee population and the demand for visitation.				General visiting is on weekends and holidays from 8:00 - 4:00.
The visitation schedule and rules are available to the public.				The schedule and the visiting rules are posted in the visiting 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.				
A general visitation log is maintained.				All visits are logged in to a computerized log.
The detainees are permitted to retain personal property items specified in the standard.				Clothing items may be retained.
A visitor dress code is available to the public.				
Visitors are searched and identified according to standard requirements.				
The requirement on visitation by minors is complied with.	\boxtimes			
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minors are permitted to visit if accompanied by an adult.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.				Minors are permitted to visit if accompanied by an adult.
Detainees in special housing are afforded visitation.				
Legal visitation is available seven (7) days a week, including holidays.				-
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	\boxtimes			
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				A lunch bag is provided if requested.
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				If requested, the training room is utilized.
There are written procedures governing detainee searches.		L	Щ	
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.				Strip Searches are not required.
Prior to each visit, legal service providers and assistants are identified per the standard.				

VISI	TATIO	N		
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, THE NEWS MEDIA.	FRIEND	S, LEGA	L REPRI	ESENTATIVES, SPECIAL INTEREST GROUPS, AND
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.				
The decision to permit or deny a tour is not delegated below the level of Field Office Director.				
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.				
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			
△ ACCEPTABLE □ DEFICIENT		AT-RI	SK	REPEAT FINDING
REMARKS: The facility has written policy, 16-2 Visiting, and the rules and rehousing units, and posted in the visitor lobby. Each detainee is primitudes if crowded conditions exist. The visiting is all non-contapopulation.	ermitted	one (1)	one ho	ur visit per week with a guarantee of 30
(b)(6), (b)(7)c / August AUDITOR'S SIGNATURE / DA (b)(6), (b)(7)c				

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? \boxtimes П \Box • Do ICE detainees participate? Detainee housekeeping meets neatness and cleanliness standards. X Detainees have the opportunity to participate in special details, Detainees can participate in however, are never allowed to work outside the secure perimeter. special work details; however, \boxtimes detainees are not authorized to work outside of the secure perimeter. Written procedures govern selection of detainees for the Voluntary Facility policy 19-100, titled Work Program. Inmate Resident Voluntary Work Programs, facility \boxtimes effective date 4-01-2009, outlines the procedures that govern the voluntary work program. Where possible, physically and mentally challenged detainees \boxtimes П П participate in the program. The facility complies with work-hour requirements for detainees, not This standard is specific to CDF exceeding: and SPC facilities. Although exempt from the requirement, Eight hours a day and Forty hours a week. detainee volunteer workers at \boxtimes this facility do not exceed eight hour work days and do not work in excess of forty hours per week. Detainee volunteers generally work according to fixed schedule. X If a detainee is removed from a work detail, staff places the written Facility form 51C is utilized to justification for the action in the detainee's detention file. \boxtimes document the removal of a detainee from a job assignment. Staff, in accordance with written procedure, ensures that detainee All detainees must sign a volunteers understand their responsibilities as workers before they join voluntary work program \boxtimes \Box the work program. agreement prior to being assigned to a work detail. The voluntary work program meets: \boxtimes П П OSHA, NFPA, ACA standards Medical staff screen and formally certify detainee food service Medical staff certifies all food volunteers. service volunteers as being \boxtimes П Before the assignment begins; and cleared to work before the As a matter of written procedure assignment begins. Detainees receive safety equipment/ training sufficient for the \boxtimes П assignment. Proper procedure is followed when an ICE detainee is injured on the \boxtimes \Box job. **ACCEPTABLE** ☐ DEFICIENT AT-RISK REPEAT FINDING

REMARKS:

The facility has a voluntary work program that affords detainees the opportunity to work and earn money. Although not legally required, the facility provides detainees Occupational Safety and Health Administrations (OSHA) protections.

(b)(6), (b)(7)c / August 5, AUDITOR'S SIGNATURE

SECTION II HEALTH SERVICES STANDARDS

HUNGER STRIKES

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

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.			\boxtimes	This component is not applicable to an IGSA, however; the prompt referral of hunger strike cases to the medical department is outlined in local facility policy 13-46.
CDFs and IGSAs immediately report a hunger strike to the ICE.				The immediate reporting of a detainee hunger strike to ICE is called for in local facility policy 13-46.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			In local facility policy 13-46 there are established procedures to ensure an immediate and appropriate staff 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?				Although the isolation of a hunger striking detainee from others is not required at IGSAs, local facility policy 13-46 calls for placement into a medical observation room.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				Although it is not required at IGSAs, facility policy 13-46 authorizes medical staff to place a detainee in a locked medical observation room.
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.			\boxtimes	While it is not required at IGSAs, medical staff is directed to record weight and vital signs of hunger strikers by facility policy 13-46.
The OIC of the facility obtains a hunger striker's consent before medical treatment.	\boxtimes			The obtaining of detainee consent before treatment is addressed in facility policies 13-49 and 13-50. Its application to hunger strike cases is addressed in policy 13-46.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			X	Although it is not required at IGSAs, policies 13-46 and 13-49 call for the completion of a Refusal of Treatment form (13-49B) for every refusal of care offered.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.			\boxtimes	While it is not required at IGSAs, facility policy 13-46 directs that 3 meals per day must be offered to hunger striking detainees, and documented.
Staff maintains the hunger striker's supply of drinking water/other beverages.				Although maintaining beverages for hunger striking detainees is not required at IGSAs, it is called for in facility policy 13-46.
During a hunger strike, staff removes all food items from the hunger striker's living area.			\boxtimes	While the removal of all food from a hunger striker's area is not required at IGSAs, it is a practice mandated by facility policy 13-46.

HUNGER STRIKES					
POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEARWILL STRIVE TO SUSTAIN THEIR LIVES.					
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	Although it is not required at IGSAs, facility policy 13-46 directs staff to record the fluid and food consumption of hunger strikers. This is done using a local standard form.	
The medical staff has written procedures for treating hunger strikers.				Medical staff procedures for treating hunger strikers are contained in policy 13-46 and medical protocols.	
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.				Although it is not required at IGSAs that staff document all efforts to treat or educate hunger strikers, it is local facility practice, in keeping with policy 13-46.	
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			At orientation and annually, both medical and custody staff have been trained regarding the facility policy on hunger strikes. The lesson plan was reviewed.	
✓ ACCEPTABLE ☐ DEFICIENT ☐	AT-RI	SK		REPEAT FINDING	
REMARKS: Since their pre-occupancy inspection, the facility has updated their policy documents regarding hunger strikes, to incorporate all of the elements expected by the National Detention Standards. Their intended practices are now sound and complete. However, it is impossible to judge their actual practices, since they report experiencing no hunger strike events during the past year. (b)(6), (b)(7)c / August. AUDITOR'S SIGNATURE / D (b)(6), (b)(7)c					

ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINERS

		4 3	2.40	
COMPONENTS	YES	No	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines.				In accordance with policy 13-56, the facility utilizes only properly licensed professional staff to render clinical healthcare services, in compliance with state and local laws and regulations.
The facility's in-processing procedures for arriving detainees include medical screening.				Medical screening of arriving detainees is conducted by nursing staff in keeping with facility policy 13-50.
All detainees have access to and receive medical care.				All detainees are provided access to healthcare services as directed by policy 13-77. A review of detainee records confirms this activity.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	\boxtimes			Facility healthcare staff describes regular communications with the PHS/DIHS Managed Health Care Coordinator via both internet and telephone.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				The facility is healthcare staffing is designed to service a population size beyond the current census. Record review confirms the prompt delivery of essential services.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.				The care delivery area was observed and found to be sufficient to afford detainee privacy as required by policy 13-7.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				Although it is not required that medical services have a restricted-access area within the secure perimeter at IGSAs, this is the case at this facility.
The medical facility entrance includes a holding/waiting room.			\boxtimes	While it is not required at IGSAs, the medical facility includes a holding/waiting room.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.			\boxtimes	While it is not required at IGSAs, the facility waiting room is under direct supervision of custody staff. This was observed in practice.
Detainees in the holding/waiting room have access to a drinking fountain.			\boxtimes	Although it is not required at IGSAs, detainees in the waiting room have access to a nearby toilet and drinking water with custody assistance.
 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files. 				Medical records are properly maintained and secured in keeping with facility policies 13-58 and 13-74. They are entirely electronic, with appropriate restrictions on access.
Pharmaceuticals are stored in a secure area.				Although it is not required at IGSAs, pharmaceuticals are stored in a small secured area and locked medical carts in compliance with policy 13-70.

ACCESS TO M	EDIC A	L CAI	Œ	
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN THE GENERAL WELL-BEING OF ICE DETAINEES.	ACCRE	DITED/A	ACCRED	ITATION-WORTHY HEALTH PROGRAM FOR
 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. 				In accordance with policy 13-50, medical intake screening includes a TB test on the day of arrival, with general housing placement delayed until screening is complete. In keeping with their ICE contract, this screening involves a symptom screening and digital chest X-ray, with a professional "reading" within 4 hours. No PPD (skin) testing is routinely done.
 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. 				In accordance with policy 13-50, a mental health screening of all detainees is performed by nursing staff upon arrival. Although it is not required at IGSAs, this is completed before housing assignment. Referrals to mental health staff are made as needed.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				Although it is not required at IGSAs, any medical transfer documents received are immediately screened by healthcare staff and scanned into the electronic medical record. Such practices were noted during medical record review.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				In keeping with facility policy 13-40, the health care provider completes a comprehensive health appraisal on all detainees within 14 days of arrival. Although many detainees do not stay at this facility for long periods, a sampling of medical charts showed 100% compliance with this standard.
Detainees in the Special Management Unit have access to health care services.	\boxtimes			Facility policy 13-42 calls for detainees in the Special Management Unit to have full and equal access to healthcare services. At present, that unit is not occupied.
 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. 				Although not entirely required at IGSAs, in accordance with policy 13-80, bilingual sick call slips are available on all housing units and are picked up daily by healthcare staff from locked boxes.
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			Healthcare staff is available at this facility at all times. Policy 13-34 outlines procedures for the prompt access to outside medical services when necessary.
The plan includes an on-call provider.			\boxtimes	Although not required at IGSAs, policy 13-34 and the local emergency plan includes an operall medical provider.

ACCESS TO MEDICAL CARE						
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN THE GENERAL WELL-BEING OF ICE DETAINEES.	ACCRE	DITED/A	ACCRED	ITATION-WORTHY HEALTH PROGRAM FOR		
The plan includes a list of telephone numbers for local ambulance and hospital services.				While it is not required at IGSAs, the facility emergency plan does include a list of telephone numbers for local ambulance and hospital services.		
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.			\boxtimes	Although it is not required at IGSAs, facility policy 13-34 provides for staff to access emergency healthcare services consistent with security and safety.		
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				In accordance with policy 13-34, detention staff are all trained and expected to perform as first responders within 4 minutes on health-related emergencies.		
Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	This component is not applicable to an IGSA. However all medications at this facility are distributed by healthcare staff. There is no use of custody staff for this purpose.		
The medical unit keeps written records of medication that is distributed.	\boxtimes			In compliance with policies 13-58 and 13-70, record of all medication distribution is maintained within the electronic medical record. These records were examined.		
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				Although it is not required at IGSAs, in keeping with policy 13-82, healthcare staff advises the Warden of any detainee special medical needs.		
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				In accordance with policies 13-49 and 13-50, a signed and dated general consent form is obtained from all detainees at intake, before any examination or treatment is administered. This completed consent form was observed in detainee medical record files.		
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			In accordance with policy 13-74, detainees use form 13-74B to authorize any release of medical records to outside sources.		
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Facility healthcare staff report that they receive sufficient advanced notice of detainee transfers or releases.		
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	\boxtimes			In keeping with facility policy 13-58, a medical transfer summary is sent with all departing detainees. Full medical records are available, if needed.		
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".				All transferred medical records and medications are appropriately packaged in accordance with facility policies 13-58 and 13-86.		
△ ACCEPTABLE □ DEFICIENT	\Box A	AT-RISI	K	REPEAT FINDING		

REMARKS:

This recently opened facility is not currently accredited by the National Commission on Correctional Healthcare, American Correctional Association, or Joint Commission on Accreditation of Healthcare Organizations, although they are preparing for ACA consideration.

The facility is operated by the Corrections Corporation of America, and their entire healthcare staff are Georgia licensed personnel engaged by CCA. Staffing, space, and equipment appear to be sufficient to provide all required services. With corporate support, policy documents and practices are well developed

A sampling (11) of detainee electronic medical records were reviewed in detail. They confirmed timely delivery of all expected healthcare services (E.g. Intake screening, TB tests, Health Appraisals, Sick Call, etc.)

A sampling of willing and available detainees (5 male, 8 female) were interviewed. They voiced uniform satisfaction with the prompt availability of healthcare services.

The facility reported no detained deaths during the next year

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.				In accordance with facility policies 13-66 and 13-84, all new staff receive suicide prevention training, during orientation and annually thereafter. Training records confirm this practice.
Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.	\boxtimes			The Suicide Prevention lesson plan was reviewed and confirmed that the content of the training is appropriate to satisfy National Detention Standards expectations.
 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, all detainees are screened for suicide potential by healthcare staff upon arrival.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.				Referrals of at-risk detainees to mental health staff are made in keeping with policy 13-50.
The facility has a designated isolation room for evaluation and treatment.				In compliance with policy 13-84, there is a designated observation room for evaluation and treatment.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				The designated isolation room was observed and found to be physically appropriate for the intended purpose.
Medical staff has approved the room for this purpose.	\boxtimes			Healthcare staff report that they have approved of the use of the observation room for housing detainees at-risk for suicide.
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.				Facility policy 13-84 directs that staff observations of suicide-watch detainees be documented at least every 15 minutes. There were no suicide watches during the past year, so actual practices could not be confirmed.
□ ACCEPTABLE □ DEFICIENT □	AT-RI	SK		☐ REPEAT FINDING

REMARKS:

Facility policies, intended practices and staff awareness of suicide prevention all appear to be in place, along with appropriate intake screening of arriving detainees for risk.

The facility reports no completed suicides, no serious suicide attempts, and no active suicide watches on record during the past year. Therefore, it is not currently possible to assess and confirm actual practices beyond intake screening efforts. A review of detainee medical records confirmed the timely completion of intake screening documents for all arrivals reviewed.

(b)(6), (b)(7)c /_ **AUDITOR'S SIGNATI**

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.				Detainees requiring emergency or acute care are transported to appropriate community sources of specialty care. The facility does not operate an infirmary. Cases requiring infirmary level care are promptly transferred to other appropriate facilities by ICE authorities.
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.				The facility promptly notifies the next of kin of a detainee's medical condition in accordance with policy 13-62.
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.				Guidelines regarding Advanced Directives are contained in facility policy 13-3. This includes reference to state forms, generic DIHS forms, and the ability to appoint a healthcare proxy.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.				The guidelines contained in policy 13-3 include the detainee's opportunity to have a private lawyer prepare the documents.
There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			"Do Not Resuscitate Orders" are addressed in policy 13-3.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?				Policy 13-3 contains a reference to the fact that detainees with a Do Not Resuscitate order are entitled to maximum therapeutic efforts short of resuscitation.
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			The facility notifies ICE of detainee Do Not Resuscitate orders in keeping with policies 13-3 and 5-1.
The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			The facility procedures regarding detainee organ donations are contained in policy 13-77.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	\boxtimes			Facility procedures regarding notification to ICE officials, family members, and consulates regarding detained deaths are contained in policies 13-62 and 5-1.
The facility has a policy and procedure to address the death of a detainee while in transport.				Facility policy 9-18 addresses appropriate actions to take in the case of a detainee death in transport.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				In accordance with facility policies 5-1 and 13-62, the disposal of remains of a deceased detainee is done in compliance with ICE standards.

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
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			Once the facility notifies ICE of a detainee death, any indigent burial is arranged by the ICE Field Office.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.				After the facility notifies ICE of a detainee death in accordance with policies 5-1 and 13-62, placement of a death certificates into the a-file is done by ICE authorities.
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.	\boxtimes			Facility policies 5-1 and 13-62 address any notification to the local coroner, autopsy, death certificates, and transportation of the body.
ICE staff follows established procedures to properly close the case of a deceased detainee.				Once the facility notifies ICE of a detainee death in accordance with policy 5-1, procedures to properly close the case are the responsibility of ICE staff.
□ ACCEPTABLE □ DEFICIENT	☐ AT-RISK			REPEAT FINDING

REMARKS:

Since the pre-occupancy inspection, facility policies regarding Advanced Directives, Organ Donations, Do Not Resuscitate Orders and related notifications have been revised and enhanced. They now adequately cover all of those infrequent but significant events. The facility reports that they have not encountered any of these issues during the past year. Therefore, it is impossible to confirm the facility's actual practices in a

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

SECURITY AND CONTROL STANDARDS

CONTRABAND

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

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.				Facility Policy 9-6 Contraband Control gives specific instructions to staff on the proper handling of illegal contraband. The policy does require staff to inventory, hold, and report the confiscation of illegal contraband when necessary to the proper authority for action or possible seizure even though IGSAs are not required to meet this portion of the component.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				Although this component is not applicable to IGSAs, the facility retains contraband that is government property as evidence for potential disciplinary action or criminal prosecution.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.				The facility has written procedures for the return of government property not needed as evidence even though IGSAs are not required to comply with this component.
Altered property is destroyed following documentation and using established procedures.				Although IGSAs are not required to comply with this component, the facility has procedures in place for the destruction of altered property.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.				Staff contacts the facility chaplain to verify the legitimacy of religious items before confiscation even though IGSAs are not required to comply with this component.
Staff follows written procedures when destroying hard contraband that is illegal.				
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.				Policy 9-6 Contraband Control allows the facility to retain illegal hard contraband for training purposes even though this component is specific to SPCs and CDFs.
□ ACCEPTABLE □ DEFICIENT □ AT-RISK □ REPEAT FINDING				

REMARKS:

Facility Policy 9-6 Contraband Control governs the proper identification, handling, and disposal of contraband items. Once again, the facility has appropriated the ICE 2000 NDS language on the subject directly into their local policy. Contraband disposal records were checked by the inspector and found to be in accordance with the facility policy.

(b)(6), (b)(7)c / <u>Augus</u> **AUDITOR'S SIGNATU**

DETENTION FILES

POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVER							
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 TH	E FACIL	ITY: CI	LASSIFIC	CATION SHEET, MEDICAL QUESTIONNAIRE,			
PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.							
COMPONENTS	YES	No	NA	REMARKS			
A detention file is created for every new arrival whose stay will exceed 24 hours.							
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes						
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same	×			Random detention files were reviewed and found to have facility generated documentation. Currently the disciplinary files are filed separately but are being merged into the official detention file.			
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to	×			The detention files are stored in a secure lockable room with limited access. Although not a requirement at an IGSA to have lockable file cabinets with limited key distribution, the facility does have lockable cabinets with restricted access.			
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.							
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	\boxtimes						
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.							
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.							
△ ACCEPTABLE □ DEFICIENT	AT-	Risk		REPEAT FINDING			

REMARKS:

The facility has an organized secure detention file room. A random review of the files found them to contain the proper documentation to include facility generated paperwork.

(b)(6), (b)(7)c 'Augu	
AUDITOR'S SIGNATURE / D	(b)(6), (b)(7)c
ζ	

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.				Facility Policy 15-100 Disciplinary Procedures comprehensively describes the disciplinary system as well as the progressive levels of reviews and appeals.
The facility rules state that disciplinary action shall not be capricious or retaliatory.				
Written rules prohibit staff from imposing or permitting the following sanctions:				
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The rules of conduct, sanctions, and procedures are communicated to ICE detainees in writing through the facility handbook and verbally through the orientation video. The video and handbook are produced in both English and Spanish.
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				Each of the four elements of this component are posted in English and Spanish in the housing units even though the last three "bulleted" elements are not required for IGSAs.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			\boxtimes	Informal resolutions for minor offenses are encouraged by Policy 15-100 Disciplinary Procedures even though IGSAs are not required to comply with this component.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.				Staff is required to promptly forward incident reports and notice of disciplinary charges to the designated supervisor even though this component is not applicable to IGSAs.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.				
An intermediate disciplinary process is used to adjudicate minor infractions.				

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
 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 				The facility has a hearing officer that adjudicates disciplinary cases. Facility Policy 15-100 specifically mandates adherence with all of the "bulleted" elements of this component even though IGSAs are not required to comply.
A staff representative is available if requested for a detainee facing a disciplinary hearing.				Although IGSAs are not required to comply with this component, the facility makes staff representatives available for detainees upon request.
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.				
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"				
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.				
□ ACCEPTABLE □ DEFICIENT □	AT-RISK	<u> </u>		REPEAT FINDING

REMARKS:

Facility Policy 15-100 Disciplinary Procedures comprehensively describes the disciplinary system as well as the progressive levels of reviews and appeals. Staff is encouraged by policy and practice to utilize informal resolutions to mitigate minor offenses. The facility is fully compliant with all aspects of this ICE standard.

(b)(6), (b)(7)c 'Augus AUDITOR'S SIGNATU

EMERGENCY (CONTINGENCY) PLANS

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

COMPONENTS	YES	No	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.				Facility Policy 14-4 Inmate/Resident Rights precludes detainees or detainee groups from exercising control or authority over other detainees.
Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees				Detainee protection from each of the elements of this component is mandated in Policy 14-4 Inmate/Resident Rights.
Staff is trained to identify signs of detainee unrest. • What type of training and how often?				Staff is trained annually in a one hour block of instruction entitled "Detection of Institutional Tensions".
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)				
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				The Chief of Security is the individual responsible for the emergency plans and their implementation.
The plans address the following issues:				
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	\boxtimes			
The facility has cooperative contingency plans with applicable: • Local law enforcement agencies • State agencies • Federal agencies				Although this component is specific to SPCs and CDFs, the facility has a number of cooperative contingency plans with other governmental entities to provide mutual aid.
All staff receives copies of Hostage Situation Management policy and procedures.				Staff do not receive copies of the facility hostage plan. IGSAs are not required to comply with this component.
	l			

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
(b)(7)e				The facility trains staff to
(b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				and provides medical and psychological screening for hostages immediately after release even though IGSAs are not required to comply with this component.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				Although this component is specific to SPCs and CDFs, all emergency plans at the facility mandate that emergency medical treatment be readily available for staff and ICE detainees during and after an incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.			\boxtimes	The facility maintains a supply of three days of emergency meals for staff and ICE detainees even though this component is not applicable to IGSAs.
Written plans identify locations of shut-off valves and switches for all itilities (water, gas, electric).			\boxtimes	The facility has photos of the location of all shut-off valves and switches for all utilities in the emergency plan even though this component is specific to SPCs and CDFs.
Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances				The facility has a comprehensive emergency plan for each of the elements of this component.
☐ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISK			REPEAT FINDING

Remarks:

The Chief of Security efficiently manages the updating and implementation of all emergency plans. All plans are updated annually in accordance with ICE requirements. Mutual aid assistance agreements are in place with the Gainesville Fire Department, the Gainesville Police Department, the Hall County Public Safety Department, the Hall County Sheriff's Office, the Northeast Georgia Medical Center, the Coffee Correctional Center, the Stewart Detention Center, the Wheeler Correctional Facility, and Transcor. The facility is in full compliance with appropriately component of this standard.

(b)(6), (b)(7)c August 5, 20 AUDITOR'S SIGNATURE / D

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				Facility policy 8-7, titled Control of Hazardous Chemicals and Materials, effective date 10-01-2006, outlines the procedures for the storage, issuance and inventory of hazardous materials.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.				The control of all hazardous chemicals is restricted to the Fire Safety Administrator. Inventories are accurate and up to date for all flammable, caustic and toxic substances.
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.				
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			Personal protective equipment was observed to be available in all areas where flammable, toxic and caustic materials are used and/or stored.
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. 				Detainees only handle diluted chemicals. Staff maintains control over all chemicals and detainees are well supervised during use.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.				
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	\boxtimes			
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	\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			Temperatures are appropriately set according to industry standards. Observation of HVAC summer settings indicated the housing unit temperatures are set at 74.5 degrees. Winter settings were reported to be set between 71-74 degrees.

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
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	\boxtimes			Observation of the water mixing valve for the shower and sink water supply was observed to be set at 111 degrees.
All toxic and caustic materials are stored in their original containers in a secure area.	\boxtimes			All chemicals are properly stored in their original containers, in secure storage areas.
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	\boxtimes			
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.				There are no known chemicals containing methyl alcohol in use at this facility.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.				Employees obtain hazardous communications training during initial orientation training as well as during annual refresher training.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).				
A technically qualified officer conducts the fire and safety inspections.				The Fire Safety Administrator has been scheduled for OSHA 511 training; however, she has not received any Fire/Safety Training to date.
The Safety Office (or officer) maintains files of inspection reports.				
The facility has an approved fire prevention, control, and evacuation plan.				The facility has received a Certificate of Occupancy from the State of Georgia office of Georgia Safety Fire Commissioner. The document certifies that the building is in compliance with the minimum standards required by the Georgia Safety Fire Laws. A component of the safety fire laws requires a Fire Safety and Evacuation Plan. There is also documentation on file from the fire department that acknowledges receipt of the facility's Fire Safety and Evacuation Plan

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 CCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	YES	No	NA	REMARKS
The plan requires:				
 Monthly fire inspections; 			1	
• 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. 				
Fire drills are conducted and documented monthly.	<u> </u>	-	ļ	Fire drills are conducted
The difficulty.	[monthly according to a pre-
	\boxtimes			determined schedule. The drills
		-		are conducted in all areas of the
				facility on all shifts.
A sanitation program covers barbering operations.				
771 1 1 1 1 1 1 0 111.			<u> </u>	
The barber shop has the facilities and equipment necessary to meet sanitation requirements.	,			The barber shop has the
samtation requirements.				required facilities and equipment as required by the
				National Detention Standard on
				Environmental Health and
			ĺ	Safety.
The sanitation standards are conspicuously posted in the barbershop.				Sanitation requirements for the
				barber shop are conspicuously
W. '				posted in English and Spanish.
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.				
Standard cleaning practices include:			-	
• Using specified equipment; cleansers; disinfectants and				·
detergents.				
• An established schedule of cleaning and follow-up				
inspections.				
The facility follows standard cleaning procedures.				
Spill kits are readily available.				Spill kits are available on all
Spin kits are readily available.	\boxtimes			posts and in all facility vehicles.
A licensed medical waste contractor disposes of infectious/bio-				The facility has a contract with
hazardous waste.	\boxtimes			(b)(6), (b)(7)c for the disposal of
	ļļ			infectious/bio-hazardous waste.
Staff is trained to prevent contact with blood and other body fluids and			J	Staff receives training on blood
written procedures are followed.			<u> </u>	borne pathogens during their
				initial orientation as well as
				annually during refresher training.
Do the methods for handling/disposing of refuse meet all regulatory				uannig.
requirements?	\boxtimes			

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
 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. 				(b)(6), (b)(7)c is contracted to conduct monthly pest control services which includes preventative spraying for indigenous insects.
Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			The City of Gainesville regularly tests drinking water and wastewater. An annual report is sent to the facility and maintained on file.
 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 emergency generators are tested every week; however, the test is not run for one hour as required in the NDS. Also the emergency generators are not tested quarterly by an external generator servicing company as required.
ACCEPTABLE DEFICIENT	AT-RISE			REPEAT FINDING

The facility has excellent controls in place for flammable, toxic and caustic materials. The environmental health and safety program has been well developed to provide detainees with protection in accordance with the ICE National Detention Standards.

(b)(6), (b)(7)c / Augus
AUDITOR'S SIGNAT

HOLD ROOMS IN DETENTION FACILITIES

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

COMPONENTS	YES	No	NA	REMARKS
The hold rooms are situated within the secure perimeter.				All five hold rooms are located within the secure perimeter even though IGSAs are not required to comply with this component.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.				Although this component is specific to SPCs and CDFs, all hold rooms at the facility are well ventilated, well illuminated, and all activating switches are located outside each room.
The hold rooms contain sufficient seating for the number of detainees held.				This component does not apply to IGSAs, but the capacity in the hold rooms are more than adequate to sufficiently seat the number of ICE detainees being held.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.				There are no bunks, cots, beds, or other related make-shift sleeping apparatuses in the hold rooms even though IGSAs are not required to comply with this component.
The walls and ceilings of the hold rooms are tamper and escape proof.				Although this component is not applicable to IGSAs, the walls and ceilings of all five hold rooms are constructed with solid concrete ceilings and filled cinder block walls rendering them tamper and escape proof.
Individuals are not held in hold rooms for more than 12 hours.				ICE detainees are usually detained in the hold rooms for no more than an hour.
Male and females are segregated from each other.				
Detainees under the age of 18 are not held with adult detainees. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.				
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	\boxtimes			Two of the five hold rooms are outside the immediate view of the officer working the booking station. However, all five hold rooms are equipped with a functioning combination sink and toilet.
All detainees are given a pat down search for weapons or contraband before being placed in the room.				

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 Officers closely supervise the detention hold rooms using direct Two of the five hold rooms are supervision (Irregular visual monitoring.). outside the immediate view of Hold rooms are irregularly monitored every 15 minutes. the officer working the booking \boxtimes Unusual behavior or complaints are noted. П station. The officer assigned to the booking area performs a 15 minute check on each hold room and documents the results. When the last detainee has been removed from the hold room, it is X given a thorough inspection. There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building \boxtimes П evacuation. An appropriate emergency service is called immediately upon a \boxtimes determination that a medical emergency may exist. **ACCEPTABLE** ☐ DEFICIENT ☐ AT-RISK REPEAT FINDING REMARKS: The usage and administration of the facility hold rooms is regulated by Policy 9-105 Hold Rooms. The facility fully complies with all aspects of this ICE standard.

(b)(6), (b)(7)c August 4

AUDITOR'S SIGNATURE

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 MALKLIG RUD LOCKS.		<u> </u>	<u> </u>	
COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.				The facility Maintenance Supervisor has attended an approved locksmith training program.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.				(b)(7)e
The security officer, or equivalent in IGSAs, provides training to employees in key control.	\boxtimes			
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.				
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				The Key Control Officer has documentation that shows a comprehensive preventive maintenance program is in place for all locks, keys, and locking devices at the facility.
Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Facility Policy 9-3 Key Control addresses the proper handling of compromised keys and locks.
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.				The at the facility is responsible for maintaining the integrity of safe combinations.
Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.				Only detention grade locks are utilized in ICE detainee accessible areas of the facility.
Grand master keying systems are prohibited.				
All worn or discarded keys and locks are cut up and properly disposed of.				
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.				
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.				
Emergency keys are available for all areas of the facility.				

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	REMARKS
The facilities use a key accountability system.				
Authorization is necessary to issue any restricted key.				
 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 				All individual gun boxes are located in areas that allow for constant visual observation. None of the gun boxes is located in public access areas.
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			Facility policy 9-3 Key Control governs key accountability. The keys are counted daily at the beginning of each shift even though IGSAs are not required to comply with this element of the component.
 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. 				Facility Policy 9-3 Key Control outlines the training and responsibility for adherence of proper handling of keys, locks, and locking devices. All three "bulleted" elements of this component are mandated in the policy even though IGSAs are not required to comply with those areas.
ACCEPTABLE DEFICIENT	AT-RIS	K		REPEAT FINDING

(b)(7)e

REMARKS:	
	(b)(7)e
(b)(6), (b)(7)c <u>\ugus</u> AUDITOR'S SIGNATU	(b)(6), (b)(7)c

POPULATION COUNTS

POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY 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.				The facility conducts seven counts daily. Each shift conducts at least one count.
Activities cease or are strictly controlled while a formal count is being conducted.				The Control Center Officer makes an announcement for all activities to cease just prior to the beginning of each count even though IGSAs are not required to comply with this component.
Certain operations cease during formal counts.				Although this component is specific to SPCs and CDFs, all operations cease during each count.
All movement ceases for the duration of a formal count.			\boxtimes	All movement ceases for the duration of a count even though this component is specific to SPCs and CDFs.
Formal counts in all units take place simultaneously.				Even though IGSAs are not required to comply with this component, the count in all units takes place simultaneously.
Detainee participation in counts is prohibited.				IGSAs are not required to comply with this component, but the facility does prohibit ICE detainee participation in counts.
A face-to-photo count follows each unsuccessful recount.				Although this component is specific to SPCs and CDFs, the facility does conduct a face-to-photo count following an unsuccessful recount.
Officers positively identify each detainee before counting him/her as present.				Count officers positively identify each ICE detainee for count purposes even though IGSAs are not required to comply with this component.
Written procedures cover informal and emergency counts. • They are followed during informal counts and emergencies.	\boxtimes			Informal and emergency counts are covered in Policy 9-13 Count Principles and Procedures.
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.				The Control Center supervisor is responsible for maintaining the out-count records.
This training is documented in each officer's training folder.				
✓ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK				REPEAT FINDING

REMARKS:

Population counts are governed by Policy 9-13 Count Principles and Procedures. The facility is in compliance with all components of this ICE standard.

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

Augus

AUDITOR'S SIGNATU

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.				All posts inspected had a current set of post orders.
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				Even though IGSAs are not required to comply with this component, each set of post orders inspected had a section for inserts and revisions.
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.				The Warden is the individual responsible for maintaining upto-date sets of post orders.
The IGSA maintains a complete set (central file) of post orders.	\boxtimes			A complete set of post orders is available in the office of the Chief of Security and on the facility share drive.
The central file is accessible to all staff.				A complete set of post orders is available for inspection by any staff member in the office of the Chief of Security during normal business hours and on the facility share drive at any time. The facility complies with this component even though it is specific to SPCs and CDFs.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.				The Warden initiates and authorizes all post order changes even though IGSAs are not required to comply with this component.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.				Although this component is specific to SPCs and CDFs, the Warden signs and dates the last page of every section of the post orders.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.				Facility Policy 9-10 requires that post orders be reviewed annually.
Procedures keep post orders and logbooks secure from detainees at all times.				All post orders inspected were found to be secure from the ICE detainees even though IGSAs are not required to comply with this component.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.				Although this component is specific to SPCs and CDFs, the Transportation Officer that is designated to carry the weapon on each transport is weapons qualified.
Armed-post post orders provide instructions for escape attempts.				

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 The post orders for housing units track the event schedule. All post orders inspected had a current activity/event schedule \boxtimes even though this component is specific to SPCs and CDFs. Housing-unit post officers record all detainee activity in a log. All ICE detainee activities are post order includes instructions on maintaining the logbook. manually recorded in a log book \boxtimes at the officer's station even though IGSAs are not required to comply with this component. ☐ DEFICIENT **ACCEPTABLE** ☐ AT-RISK REPEAT FINDING

POST ORDERS

REMARKS:

Post orders are available at every fixed post. The officer assigned to each post is required to review the post orders at the beginning of the shift and sign a form in the back of the folder acknowledging the review. All post orders are reviewed annually. Updates and revisions that occur between the annual reviews are added to the post orders with the authorization of the Warden. Facility Policy 9-10 Post Orders gives comprehensive guidance on how post orders are to be used and maintained.

(b)(6), (b)(7)c August
AUDITOR'S SIGNATUR

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				Facility Policy 9-7 Security Inspections mandates all areas of the facility that are expected to be inspected, who is responsible for the inspections, and the frequency the inspections are to be performed. All five elements of this component are included in the policy even though the first two "bulleted" elements are not applicable to IGSAs.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.				Although this component is specific to SPCs and CDFs, the facility requires every officer to conduct a security check on his/her assigned area with the results documented.
Documentation of security inspections is kept on file.				Security inspections are documented and kept on file even though this component is non-applicable to IGSAs.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				Staff report recurring problems in their assigned areas to appropriate personnel at the beginning of each shift even though this component is specific to SPCs and CDFs.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			
All visits are officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
The facility has a secure visitor pass system.	\boxtimes			
Every Control Center officer receives specialized training.				Officers are trained for the Control Center by working alongside experienced staff until the supervisor deems the trainee ready to man the post alone.
The Control Center is staffed around the clock.				
Policy restricts staff access to the Control Center.				A notice is posted on the entry door to the Control Center that clearly states who is authorized to enter that area.
Detainees are restricted from access to the Control Center.	\boxtimes		<u> </u>	
Communications are centralized in the Control Center.				
Officers monitor all vehicular traffic entering and leaving the facility.				Officers in the Control Center monitor all vehicular traffic entering and leaving the facility.

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				Facility Policy 9-7 Security Inspections mandates that all of the information required by this component is to be recorded in a log even though this component is not applicable to IGSAs.
Officers thoroughly search each vehicle entering and leaving the facility.				Although this component is specific to SPCs and CDFs, all vehicles are searched 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.	\boxtimes			
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.			×	The maintenance staff is responsible for inventorying all tools before entering and prior to departure from the facility even though this component is not applicable to IGSAs
The SMU entrance has a sally port.		\boxtimes		(b)(7)e
Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			
Housing area searches occur at irregular times.				Facility Policy 9-7 Security Inspections mandates that housing areas are to be searched at irregular times even though this component is specific to SPCs and CDFs.
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.				
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			
Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.	\boxtimes			(b)(7)e
Visitation areas receive frequent, irregular inspections.	\boxtimes			
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING				

REMARKS:

The facility is fully compli	ant with all components of this ICE standard with the	(b)(7)e	
(b)(7)e	The Warden is considering adding a sally port in order to con	mply with this component.	Facility Policy 9-7
Security Inspections manda	ates all areas of the facility that are expected to be inspected	, who is responsible for the	inspections, and the
frequency the inspections a	re to be performed.		-

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

August 5, 201

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

AUDITOR'S SIGNATURE / DA

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 from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.	⊠			Facility Policy 10-100 Segregation Management details the process for placement and review of ICE detainees into administrative segregation housing.
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.				
 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). 				Policy 10-100 Segregation Management mandates that a supervisory officer is to conduct a review of each ICE detainee placed in administrative segregation within 72 hours of initial placement even though this component is not applicable to IGSAs.
 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? 				Although this component is specific to SPCs and CDFs, a supervisory officer is required by policy to conduct a review of ICE detainees in administrative segregation every seven days for two months and every thirty days thereafter.
The detainee is given a copy of the decision and justification for each review. • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.				This component is not applicable to IGSAs. The facility does not provide a copy of the decision and justification for each review. Detainees may appeal the reviewer's decision through the grievance procedure.
 The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO. 				This component is specific to SPCs and CDFs. However, the facility complies with this component by making the required notification to the ICE Field Office Director whenever an ICE detainee exceeds thirty days of placement in administrative segregation.
 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. 				The component is specific to SPCs and CDFs. The facility makes a written record of any ICE detainee who has been housed in administrative segregation after thirty days, but the ICE detainee does not receive a copy of this record.

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 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.			⊠	Although this component is not applicable to IGSAs, ICE detainees who have been housed in administrative segregation for seven consecutive days may appeal the reviewer's decision through the grievance procedure.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.				
The SMU is: Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition.				
All cells are equipped with beds. • Every bed is securely fastened to the floor or wall.	\boxtimes			All administrative segregation beds are secured to the wall and the floor.
 The number of detainees in any cell does not exceed the occupancy limit. When occupancy exceeds recommended capacity, do basic living standards decline? Do criteria for objectively assessing living standards exist? If yes, are the criteria included in the written procedures? 	×			The facility has never exceeded the rated capacity for administrative segregation.
The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the general population.	\boxtimes			
Detainees receive three nutritious meals per day, from the general population's menu of the day. • Do detainees eat only with disposable utensils? • 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 least three times a week. If not, explain.				ICE detainees in administrative segregation are allowed to shower and shave every Monday, Wednesday, and Friday.
 The detainees are provided: Barbering services; Recreation privileges in accordance with the "Detainee Recreation" standard; Non-legal reading material; Religious material; The same correspondence privileges as detainees in the general population; Telephone access similar to that of the general population; and Personal legal material 				

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
A health care professional visits every detainee at least three times a week. The shift supervisor visits each detainee daily. Weekends and holidays.				Health care professionals and shift supervisors visit every ICE detainee housed in administrative segregation every shift, every day, to include weekends and holidays.
Procedures comply with the "Visitation" standard. • The detainee retains visiting privileges; and • 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. Are they required to use the law library Separately, or As a group? Are legal materials brought to them? 	\boxtimes			ICE detainees in administrative segregation have legal materials delivered to their cell.
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	\boxtimes			
 SPC procedures 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. CDFs and IGSA facilities use Form I-888 (or local equivalent). 				A Segregation Activity Record form (a local equivalent to Forn I-888) is utilized by staff to record all segregation activities. Although IGSA's are not required to include completing the I-888 at the end of the shift, the staff at this facility does meet this requirement.
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.				Although this component is specific to SPCs and CDFs, the staff record all of the required elements of this component ont an individual Segregation Activity Record.
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.				A weekly Segregation Activity Record is created for each week an ICE detainee is housed in administrative segregation even though this component is not applicable to IGSAs.

REMARKS:

Facility Policy 10-100 Segregation Management details the process for placement and review of ICE detainees into administrative segregation housing. The facility is fully compliant with all applicable components of this ICE standard.

(b)(6), (b)(7)c	August 5	
AUDITOR'S SIG	SNATURE	(b)(6), (b)(7)
,		(3)(3), (3)(1)

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	\boxtimes			Facility Policy 10-100 Segregation Management details the process for placement and review of ICE detainees into disciplinary segregation housing.
The sanctions for violations committed during one incident are limited to 60 days.				
 A completed Disciplinary Segregation Order accompanies the detainee into the SMU. The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation. 	\boxtimes			
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. • After each formal review, the detainee receives a written copy of the decision and supporting reasons.				ICE detainees housed in disciplinary segregation are reviewed within 72 hours of initial placement, and then every seven days until release. The facility does not provide the ICE detainee with a copy of the reviewer's decision since the "bulleted" portion of this component is not applicable to IGSAs.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	\boxtimes			
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	\boxtimes			
Living conditions in disciplinary SMUs remain the same regardless of behavior. • If no, does staff prepare written documentation for this action? • Does the OIC sign to indicate approval.				
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	\boxtimes			
The quarters used for segregation are: • Well-ventilated. • Adequately lighted. • Appropriately heated. • Maintained in a sanitary condition.	\boxtimes			
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.				All disciplinary segregation beds are secured to the wall and the floor.
The number of detainees confined to each cell or room is limited to the number for which the space was designate. • Does the OIC approve excess occupancy on a temporary basis?				The facility has never exceeded the rated capacity for disciplinary segregation.

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 NA	REMARKS
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.				ICE detainees who are housed in "close watch" are relocated to an observation cell adjacent to the medical offices. ICE detainees housed in "close watch" are monitored by detention staff with the results documented. All removed items are returned as soon as the supervisor considers it safe.
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	\boxtimes			
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. • Food is not used as punishment.	\boxtimes			
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.				ICE detainees in disciplinary segregation are allowed to shower and shave every Monday, Wednesday, and Friday.
Detainees receive, unless documented as a threat to security:	×			
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 matters; • Calls to consular/embassy officials; and • Calls during family emergencies (as determined by the OIC/Warden).	\boxtimes			
A health care professional visits every detainee in disciplinary segregation every week day. • The shift supervisor visits each segregated detainee daily • Weekends and holidays.				Health care professionals and shift supervisors visit every ICE detainee housed in disciplinary segregation every shift, every day, to include weekends and holidays.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	\boxtimes			
SMU detainees receive legal visits, as provided in the "Visitation" standard. • Legal service providers are notified of security concerns arising before a visit.				
 Visits from clergy are allowed. The clergy member is given the option of visiting/not visiting the segregated detainee. Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected. 	\boxtimes			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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
 SMU detainees have law library access. Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. Legal material brought to individuals in the SMU on a case-by-case basis. Staff documents every incident of denied access to the law library. 				ICE detainees in disciplinary segregation have legal materials delivered to their cell.
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.				All activities that occur in disciplinary segregation are recorded onto a Segregation Activity Record that is kept for each ICE detainee.
 The SPC's, the Special Management Housing Unit Record (I-888 or equivalent), is prepared as soon as the detainee is placed in the SMU. All I-888s are filled out by the end of each shift. The CDF/IGSA facility use Form. I-888 (or equivalent local form). 				Although this component is specific to SPCs, the facility completes a Segregation Activity Record (a local equivalent to Form I-888) for each ICE detainee in disciplinary segregation at the end of each shift.
 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. 			×	The facility is compliant with each of the elements of this ICE standard even though this component is not applicable to IGSAs.

REMARKS:

The philosophy of the Warden at this facility is to utilize disciplinary segregation only when it is deemed absolutely necessary. As a result, the facility does not routinely place ICE detainees in disciplinary segregation. When it is determined that an ICE detainee must be placed in disciplinary segregation, the placement and subsequent reviews of that status is governed by Policy 10-100 Segregation Management.

(b)(6), (b)(7)c	August	4) (0) 4) (7)
AUDITOR'S S	IGNATUR I	(b)(6), (b)(7)c

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
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			(b)(7)e
Department heads are responsible for implementing this standard in their departments.			×	Facility Policy 9-8 Control of Tools and Equipment mandates that department heads are responsible for implementing tool control accountability in their departments even though this component is not applicable to IGSAs.
Tool inventories are required for the: • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory.				Tool control inventories are in place for the Maintenance Department, the Medical Department, the Food Service Department, the Armory, the Barber Shop, and the Control Center.
 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			Facility Policy 9-8 Control of Tools and Equipment outlines the proper tool accountability procedures.
The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous).	\boxtimes			IGSAs are not required to classify tools as restricted or non-restricted. However, this facility classifies tools as Class A (restricted) and Class B (non-restricted).
Department heads are responsible for implementing tool-control procedures.			\boxtimes	Although this component is specific to SPCs and CDFs, the department heads are responsible by policy for implementing tool control procedures.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	\boxtimes			Every tool is etched with an identification number and a letter designating it as a Class A or Class B tool.
 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. 				Shadow boards are used in every department that has tools.
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.	\boxtimes			

TOOL CONTROL POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT. COMPONENTS YES No NA REMARKS Broken or worn out tools are surveyed and disposed of in an \boxtimes appropriate and secure manner. All private or contract repairs and maintenance workers under contract The maintenance staff is to ICE, or other visitors, submit an inventory of all tools prior to responsible for inventorying all admittance into or departure from the facility. tools (to include those of \boxtimes П contract workers) prior to admittance into or departure from the facility. ACCEPTABLE ☐ DEFICIENT AT-RISK REPEAT FINDING **REMARKS:** The facility practices good tool accountability. Every department that issues tools knows the proper accountability procedures outlined in Policy 9-8 Control of Tools and Equipment. The facility is in full compliance with all components of this ICE standard. (b)(6), (b)(7)cAUDITOR'S SIGNATI (b)(6), (b)(7)c

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.

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.				The facility only utilizes twelve- passenger buses to transport ICE detainees.
Supervisors maintain records for each vehicle operator.				The vehicle records were inspected and found to be in compliance with the guidelines detailed in Policy 9-18 Transportation Procedures.
Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability; and Deficiencies are corrected before the vehicle goes back into service.				
 Transporting officers: Limit driving time to 10 hours in any 15 hour period; 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. 				Policy 9-18 Transportation Procedures includes each of the elements of this component. However, the average duration of trips is approximately 45 minutes, one way.
b)(7)e officers with valid CDLs required in any bus transporting detainees. • When buses travel in tandem with detainees, there are qualified officers per vehicle. • (b)(7)e driver may transport an empty vehicle.				The facility only uses twelve- passenger vans to transport ICE detainees.
Before the start of each detail, the vehicle is thoroughly searched.	\boxtimes			
Positive identification of all detainees being transported is confirmed.				Although this component is not applicable to IGSAs, the transportation staff positively identifies each ICE detainee being transported.
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.				The facility does not exceed the capacity of the passenger vans utilized to transport ICE detainees.
(b)(7)e are provided to all transporting officers.	M			

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.

COMPONENTS	YES	No	NA NA	REMARKS
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.	×			Policy 9-18 Transportation Procedures mandates that visual counts are to be made at the onset of the trip and periodically throughout the duration of the trip.
Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.				
Officers ensure that no one contacts the detainees. • 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. 				The facility does not routinely provide meals to detainees because the average duration of transports of ICE detainees is 45 minutes, one way. However, Policy 9-18 Transportation Procedures mandates that detainees are to be provided meals on trips that are expected to go beyond six hours in duration.
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.				
Vehicles have: (b)(7)e	\boxtimes			
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			

TRANSPORTATION (LAND TRANSPORTATION)

POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TARFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CON STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS	THOSE INTERPORTED TRANSPORTED TRACT PERSONNEL PROPERTY OF THE PROPERTY OF T	N ICE CU RTATION RSONNEL	JSTODY UNDER 1	DURING THE TRANSPORTATION OF THE SUPERVISION OF EXPERIENCED
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 • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list includes women or minors				Each of the elements of this component are covered in detail in Policy 9-18 Transportation Procedures.
Acceptable Deficient	AT-RISI	ζ		REPEAT FINDING

REMARKS:

Facility Policy 9-18 Transportation Procedures governs the transportation process for ICE detainees. The facility has incorporated into this policy the identical language that is found in the respective ICE 2000 National Detention Standards on the subject. All vehicles inspected were found to be mechanically sound and free of refuse.

(b)(6), (b)(7)c Aug Auditor's Signat

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: No COMPONENTS YES NA REMARKS Written policy authorizes staff to respond in an immediate-use-Facility Policy 9-1 Use of Force allows of-force situation without a supervisor's presence or direction. \boxtimes staff to respond to immediate use of force situations without a supervisor present. The facility strongly encourages staff 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 through training to resolve potentially \boxtimes others, officers must try to resolve the situation without explosive situations with verbal persuasion resorting to force. if possible. Written policy asserts that calculated rather than immediate use X of force is feasible in most cases. The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, \boxtimes П (b)(7)eand others confer before every calculated use of 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-M Force Team Technique. Under staff supervision. Staff members are trained in the performance of the X All use-of-force incidents are documented and reviewed. The last use of force incident at this facility was in December 2009. The report was reviewed and found to be properly \boxtimes П investigated and reviewed by the Chief of Security, the Warden, and Corrections Corporation of America legal staff. Staff: Do not use force as punishment; Attempt to gain the detainee's voluntary cooperation before resorting to force; Use only as much force as necessary to control M П the detainee; and Use restraints only when other nonconfrontational means, including verbal persuasion, have failed or are impractical. Medication may only be used for restraint purposes when \boxtimes П \Box authorized by the Medical Authority as medically necessary. follows written procedures that attempt to The written procedures that attempt to prevent injury and exposure to communicable disease(s). prevent injury and exposure to \boxtimes communicable diseases are clearly spelled out in 9-1 Use of Force.

USE OF FORCE

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

COMPONENTS	YES	No	NA	REMARKS
Standard procedures associated with using				
include:				
•				
•				
_				The procedures that cover the use of
•				are detailed in Policy 9-1
•	\boxtimes			Use of Force. The language that provides
•	 -	_	—	the guidance for this procedure is identical
•				to the language in the ICE 2000 National Detention Standards on Use of Force.
				Detention Standards on Ose of Porce.
•				
•				
		İ		
The shift supervisor monitors the detainee's position/condition				
every two hours.	1			
• He/she allows the detainee to use the rest room at	\boxtimes	╽╙		
these times under safeguards.				
All detainee checks are logged.	X			
In immediate-use-of-force situations, staff contacts medical	\boxtimes			
staff once the detainee is under control.				
When the OIC authorizes use of non-lethal weapons:				The language that provides the guidance
Medical staff is consulted before staff use (b)(7)e		l ,	_	for this procedure is identical to the
(b)(7)e	\boxtimes		ш	language in the ICE 2000 National
Medical staff reviews the detainee's medical file hefere was of a non-lethel was an in such asing the second staff.				Detention Standards on Use of Force
before use of a non-lethal weapon is authorized. Special precautions are taken when restraining pregnant			-	
detainees.	\boxtimes		П	
Medical personnel are consulted				
Protective gear is worn when restraining detainees with open				
cuts or wounds.	\boxtimes			
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.		ш	Ш	
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	\boxtimes			(b)(7)e
certified in all devices they use.				
In SPCs, is the Use of Force form is used? In other facilities				Although this component is specific to
(IGSAs / CDFs) is this form or its equivalent used?		_		Although this component is specific to SPCs, the facility utilizes a local
Carried and the second of the education and the second of the education and the second of the second	\boxtimes			equivalent use of force form to document
·				all use of force events.
□ Deficient		AT-RISE	7	REPEAT FINDING
KZ ACCELIABLE TREACTENT		71-IZISI	<i>y</i>	□ KEPEAT FINDING

REMARKS:

Facility Policy 9-1

offers a very comprehensive and detailed plan for the proper application of force. This facility (b)(7)e

(b)(7)e at this facility occur very infrequently, but the staff is

well prepared through training to deal with whatever situation might arise. The last use of force incident at this facility occurred in December 2009. It was properly documented and reviewed in accordance with the controlling policy.

(b)(6), (b)(7)c <u>A</u>
AUDITOR S SIGN

STAFF DETAINEE COMMUNICATIONS

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

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	\boxtimes			Although not a requirement at an IGSA to visit the facility weekly, ICE staff visit the facility weekly on Thursdays.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	\boxtimes			
Scheduled visits are posted in ICE detainee areas.				A posting was observed that informed the detainee the name of deportation officer and the day that he/she would visit the housing unit.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	\boxtimes			
ICE information request Forms are available at the IGSA for use by ICE detainees.	\boxtimes			
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			
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.				
ACCEPTABLE DEFICIENT	AT-RISK			REPEAT FINDING

REMARKS:

Staff detainee communication at the facility meets the requirements of the standard

(b)(6), (b)(7)c	Au	
AUDITOR'S SIGNAT	URE	(b)(6), (b)(7)c
		(5)(0), (5)(1)0

DETAINEE TRANSFER STANDARD

POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED TA 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.

		1000	M. William T. British	
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				
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			
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.				Detainees are informed up to 24 hours prior to their transfer of where they will be transferring to and not restricted from access to the phones and other detainees.
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.				
 For medical transfers: The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; Medical transfers are coordinated through the local ICE office; and A medical transfer summary is completed and accompanies the detainee. 	\boxtimes			
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.				There are no DIHS staff at the facility.
For medical transfers, transporting officers receive instructions regarding medical issues.				
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.				
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			
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.				

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.

COMPONE		YES NO	NA REMARKS	
ACCEPTABLE	☐ DEFICIENT	AT-RISK	REPEAT FINDING	

REMARKS:

Interviews were conducted with the ICE SDDO and the ICE DO relative to the detainee transfer process. The only item of concerns was that the detainee may have access to other detainees and access to the phone after being informed of their pending transfer.

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

AUDITOR'S SIGNATURE

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

4



1333 New Hampshire Avenue NW
Washington, DC 20036
Contract # HSCECR-09-C-00004

ICE Detention Standards Compliance Review

Facility:

North Georgia Detention Center

Inspection Date:

August 3-5, 2010

Report Date:

August 5, 2010



601 13th St. NW, Suite 650N Washington, DC 20005 202/ 824(6), (b)((E) 202/ 824-0728 (F) www.MGTofAmerica.com

August 5, 2010

MEMORANDUM FOR:

James Chaparro

Director

Office of Enforcement and Removal Operations

FROM:

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

Lead Compliance Inspecto (b)(6), (b)(7)c

SUBJECT:

North Georgia Detention (

Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) National Detention Standards (NDS) at the North Georgia Detention Center located in Gainesville, GA during the period of August 3-5, 2010. This facility is an IGSA operated by Corrections Corporation of America (CCA).

The annual inspection was performed under the guidance of I (b)(6), (b)(7)c Lead Compliance Inspector (LCI). Team members were:

Subject Matter Field		Team Member	
Security			
Medical Care		4.14-1.4.14-1	
Food Service		(b)(6), (b)(7)c	
Environmental Health and Saf	ety		

Type of Review

This review is a scheduled annual inspection, which is performed to determine overall compliance with the ICE NDS for Over 72 hour facilities. The facility received a previous rating of "Acceptable" during the August 2009 pre-occupancy inspection.

Review Summary

The North Georgia Detention Center is not accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), or the Joint Commission on Accreditation of Health Organizations (JCAHO).

Standards Compliance

The following information is a summary of the standards reviewed and overall compliance as a result of the 2009 and 2010 NDS annual inspections.

2009 Inspection	
Compliant	38
Deficient	0
At-Risk	0
Repeat Deficiency	0
Not Applicable	0

2010 Inspection	
Compliant	38
Deficient	0
At-Risk	0
Repeat Deficiency	0
Not Applicable	0

LCI Issues and Concerns

There are no deficient standards to report.

Recommended Rating and Justification

The LCI recommends the facility receive a rating of "Good". The facility was very clean and orderly during our review. The atmosphere at the facility appeared to be very positive and the interaction with staff revealed a commitment to their mission. Of the detainees interviewed, there were no abnormal or unusual complaints about the facility. The facility had excellent written policy that supported the ICE National Detention Standards. There were no unusual incidents or deaths at the facility during this rating period.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely recorded on the G-324A Worksheet and are supported by documentation in the inspection file. An out brief was conducted at the facility. In addition to the entire inspection team, the following were present:

NGDC, (b)(6), (b)(7)c QA Mgr, NGDC, (b)(6), (b)(7)c Asst. Warden, NGDC (b)(6), (b)(7)c Warden, NGDC, (b)(6), (b)(7)c Warden's Secretary, NGDC, (b)(6), (b)(7)c Training Manager, NGDC, (b)(6), (b)(7)c Unit Manager, NGDC, (b)(6), (b)(7)c Safety Manager, NGDC (b)(6), (b)(7)c Health Service Administrator, NGDC, (b)(6), (b)(7)c Chief of Security, NGDC, (b)(6), (b)(7)c Unit Manager, NGDC, (b)(6), (b)(7)c Business Manager, NGDC (b)(6), (b)(7)c SDDO (ICE), NGDC (b)(6), (b)(7)c DO (ICE) NGDC.

(b)(6), (b)(7)c	<u>LCI, MGT</u>	August 5, 2010
Printed Name/Title	•	Date
Signature:		·

A. Type of Facility Reviewe		Estimated Man-da	ys Per Yeai	r :	·· ·
ICE Service Process		138,100			
ICE Contract Deten					
ICE Intergovernmen	ntal Service Agreement	G. Accreditation			
		List all State or Na	tional Accı	reditation[s] recei	ved:
B. Current Inspection		N			
Type of Inspection		Check box if f	acility has i	no accreditation[s	
Field Office HQ Inspe	ection				
Date[s] of Facility Review August 3-5, 2010		H. Problems / Co	mplaints	(Copies must be	attached)
August 3-3, 2010		The Facility is und			
C. Previous/Most Recent Fa	eility Review	Court Order		Class Action Ord	
Date[s] of Last Facility Review	ichity Review	The Facility has Si Major Litigation		life/Safety Issue	
August 25-27, 2010		Check if None		Life/Safety Issue	· · · · · · · · · · · · · · · · · · ·
Previous Rating		Z Check it Ivone	•	var	
☐ Superior ☐ Good ☒ Acc	ceptable Deficient At-Risk	I. Facility Histo	43 7		
		Date Built	<u> </u>	····	
D. Name and Location of Fa	ncility	1983			
Name		Date Last Remode	led or Ung	raded	
North Georgia Detention Cente	er	July 2009	or obe		
Address (Street and Name)		Date New Constru	ction / Bed	space Added	
622 Main Street City, State and Zip Code		N/A		- F	
Gainesville, GA 30501		Future Construction	n Planned		·
County		☐ Yes ☒ No D	ate:		
Hall		Current Bed space	Future	e Bed space (# Ne	w Beds only)
Jame and Title of Chief Executive	Officer (Warden/OIC/Supt.)	502 Number: Date:			•
(b)(6), (b)(7)c, Warden	` '				
Telephone # (Include Area Code)		J. Total Facility			
770-533(6), (b)(7)c		Total Facility Intak	<u>e</u> for previ	ous 12 months	
	ice with oversight responsibilities)	5,631 (October 1,2	009 throug	h July 31, 2009)	
Atlanta Distance from Field Office		Total ICE Man-day	s for Previ	ous 12 months	
45		54,939 (9 months)	 		
		V Classiciani	I (76	E CDC LCD	F 0 L)
E. ICE Information		K. Classification			
Name of LCI (Last Name, Title	e and Duty Station)	Adult Male	L-	1 L-2	L-3
(b)(6), (b)(7)¢ LCI / MGT of Am		Adult Female			
Name of Team Member / Title		Addit I cinaic			
(6), (b)(7)/Security CI / MGT of A					
Name of Team Member / Title	/ Duty Location	L. Facility Capac	itv		
o)(6), (b)(7)cMedical CI / MGT of	America, Inc.		Rated	Operational	Emergency
Name of Team Member / Title	/ Duty Location	Adult Male	480	480	zmer geney
(6), (b)(7)Food Services - Safety /		Adult Female 22 22			
Name of Team Member / Title	/ Duty Location	☐ Facility holds Juveniles Offenders 16 and older as Adult			er as Adults
/ /					
		M. Average Daily	Population Population	n	
F. CDF/IGSA Information O			IC	E USMS	Other
Contract Number	Date of Contract or IGSA	Adult Male	21	6	
DROIGSA-09-0006	March 5, 2009	Adult Female	3		
Basic Rates per Man-Day					
(b)(4) Other Charges (If News India	oto NI/A)	N. Facility Staffi	ng Level		
Other Charges: (If None, Indic		Security:		Support:	
ransportation Services (b)(5)	per mile	(b)(7)e		(b)(7)e	

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	P	P	P	P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	2	1	0	2
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	1
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special eaction Team eployed/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)	N/A	N/A	N/A	N/A
Offender / Detainee Medical Referrals as a result of injuries sustained.		1	1	0	1
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	0	0	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)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	41 trips	20 trips	0	9 trips
	# Psychiatric Cases referred for Outside Care				

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

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting Routine transportation of detainees/offenders is not considered "forced"

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)

Form G-324A SIS (Rev. 7/9/07)

DHS/	ICE Detention Standards Review Summary Report					
1. Acc	eptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable					
Detai	nee Services	1.	2.	3.	4.	5.
1.	Access to Legal Materials					
2.	Admission and Release	\square				
3.	Classification System					
4.	Correspondence and Other Mail					
5.	Detainee Handbook	\boxtimes				
6.	Food Service	\boxtimes				
7.	Funds and Personal Property					
8.	Detainee Grievance Procedures					
9.	Group Presentation On Legal Rights	\boxtimes				
10.	Issuance of Clothing, Bedding and Towels					
11.	Marriage Requests					
12.	Non-Medical Emergency Escorted Trips					
13.	Recreation					
14.	Religious Practices					
15.	Access to Telephones					
16.	Visitation					
17.	Voluntary Work Program					
Healt	h Services					
8.	Hunger Strikes					
19.	Access to Medical Care					
20.	Suicide Prevention and Intervention					
21.	Terminal Illness, Advanced Directives and Death	\boxtimes				
Secur	ity and Control					
22.	Contraband	\boxtimes				
23.	Detention Files				$\overline{\Box}$	
24.	Disciplinary Policy	\boxtimes				
25.	Emergency Plans					
26.	Environmental Health and Safety					
27.	Hold Rooms in Detention Facilities					
28.	Key and Lock Control					
29.	Population Counts					
30.	Post Orders					
31.	Security Inspections				$\overline{\Box}$	
32.	Special Management Units (Administrative Segregation)				$\overline{\Box}$	
33.	Special Management Units (Disciplinary Segregation)				一	
34.	Tool Control				刑	
35.	Transportation (Land Transportation)			H	計	
36.	Use of Force		Ħ		ᆏ	السا
37.	Staff / Detainee Communication (Added August 2003)			計	刑	
38.	Detainee Transfer (Added September 2004)		Ħ	H	퓜	

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

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name) (b)(6), (b)(7)c	E BOADE	(b)(6), (b)(7)c		
Title & Duty Location LCI, MGT of America, Inc.		August 5, 20	010	
Print Name, Title, & Duty Location (b)(6), (b)(7)c Security CI, MGT of America		Fint Name, Tit (b)(6), (b)(7)c		aty Location Services - Safety CI, MGT of America, Inc.
Print Name, Title, & Duty Location (b)(6), (b)(7)c Medical CI, MGT of American	ica, Inc.	Print Name, Tit		
ecommended Rating:	☐ Superior ☐ Good ☐ Acceptable ☐ Deficient ☐ At-Risk			
Comments: The facility (b)(7)e	There were no deat	hs, escapes or	suicide	e attempts during the preceding 12 months.