## **Condition of Confinement Review Worksheet**

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



# **Performance-Based National Detention Standards Worksheets**

- Intergovernmental Service Agreement (IGSA)
- ICE Service Processing Center (SPC)

ICE Contract Detention Facility CDF)

Name
Northwest Detention Center
Address (Street and Name)
1623 East J Street
City, State and Zip Code
Tacoma, WA 98421
County
Pierce
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)c <b>Warden</b>
Name and title of Lead Compliance Inspector
(b)(6), (b)(7)c ead Compliance Inspector
Date[s] of Review
May 11-13, 2010
May 11-13, 2010 Type of Review
Type of Review

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

### PART 1 SAFETY

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

#### PART 2 SECURITY

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

#### PART 3 ORDER

19 Disciplinary System

#### PART 4 CARE

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

#### PART 5 ACTIVITIES

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

#### PART 6 JUSTICE

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

#### PART 7 ADMINISTRATION & MANAGEMENT

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

# SECTION I SAFETY STANDARDS

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 1 – 1. EMERGENCY PLANS							
	This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	No Detainee or detainee groups exercise control or authority over other detainees.	X			Facility policy #3.2.1, Emergency Plans, require correctional staff ensure that detainees do not control or supervise other detainees.		
2.	<ul> <li>Detainees are protected from:</li> <li>Personal abuse</li> <li>Corporal punishment</li> <li>Personal injury</li> <li>Disease</li> <li>Property damage</li> <li>Harassment from other detainees</li> </ul>	$\boxtimes$			Facility policy #3.2.1, Emergency Plans, address detainee protections from the items listed in this component.		
3. •	Staff is trained to identify signs of detainee unrest. What type of training and how often?	$\boxtimes$			Facility staff is trained in disturbance management during initial and annual training.		
4.	Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Facility Administrator.	$\boxtimes$			Facility supervisory staff disseminates climate information during briefings.		
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	$\boxtimes$			The Associate Warden is the designate individual responsible for developing and implementing the plans.		
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	$\boxtimes$					
7.	All staff receives training in the emergency plans during their orientation training as well as during their annual training.	$\boxtimes$					
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	$\boxtimes$			Facility policy #3.2.1, Emergency Plans, provides alternate routes for staff to use in the event the primary route is impassable.		
9.	<ul> <li>The plans address the following issues:</li> <li>Confidentiality</li> <li>Accountability (copies and storage locations)</li> <li>Annual review procedures and schedule</li> <li>Revisions</li> </ul>	$\boxtimes$			Facility policy #3.2.1, Emergency Plans, complies with ICE standards for items listed in this component.		

PART 1 – 1. EMERGENCY PLANS						
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.</li> </ol>						
11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	$\boxtimes$			Facility policy #3.2.1, Emergency Plans, specifies how and when staff will notify neighbors of the type of emergency action being taken, evacuation routes, and special precaution.		
<ul> <li>12. The facility has cooperative contingency plans with applicable:</li> <li>Local law enforcement agencies</li> <li>State agencies</li> <li>Federal agencies</li> </ul>	$\boxtimes$			The facility has Memorandums of Understanding with Tacoma Police, Pierce County Jail, Federal Protective Service, and the Federal Detention Center.		
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.				The facility did not conduct a mock emergency exercise with other agencies or departments with whom they share Memorandums of Understanding. The only exercise conducted by the facility during the past 12 months was a test of the Fire Plan.		
14. All staff receives copies of the Facility Hostage policy and procedures.				Staff is provided with a copy of the facility hostage policy and procedures during initial training.		
15. Staff is trained (b)(7)e (b)(7)e hostages are screened for medical and psychological effects.						
<ol> <li>The facility maintains a list of translator services in the event one is needed during a hostage crisis.</li> </ol>	$\boxtimes$			The facility uses the "Interpretalk" phone system for translator services.		
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.						
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.	$\boxtimes$			The facility maintains 5 days of emergency meals for staff and detainees.		

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 1 – 1. EMERGENCY PLANS						
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	$\boxtimes$			The facility's location of utility shut-offs is located in Tab-B of the emergency plans.		
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	$\boxtimes$					
<ul> <li>21. (MANDATORY) Written procedures cover:</li> <li>Work/Food Strike</li> <li>Fire</li> <li>Environmental Hazard</li> <li>Detainee Transportation System Emergency</li> <li>ICE-wide Lockdown</li> <li>Staff Work Stoppage</li> <li>Disturbances</li> <li>Escapes</li> <li>Bomb Threats</li> <li>Adverse Weather</li> <li>Internal Searches</li> <li>Facility Evacuation</li> <li>Detainee Transportation System Plan</li> <li>Hostages (Internal)</li> <li>Civil Disturbances</li> </ul>				The facility has the 15 required emergency plans to quickly and effectively respond to any emergency situation.		
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	$\boxtimes$					
PART 1 – 1. EME	RGEN	CY PLANS	S			
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

The local emergency plans comply with ICE standards.

Staff should continue to pursue the participation of agencies with which they have Memorandums of Understanding during mock emergency exercise.

(b)(6), (b)(7)c <u>5-13-10</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

	PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.</li> </ol>				Facility Policy 13.1.4, Flammable, Toxic, and Caustic Materials provides a system for storing, issuing, and maintaining inventories of hazardous materials.		
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	$\boxtimes$					
<ul> <li>3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>	$\boxtimes$			The facility maintains master copies of all MSDS forms in the safety office and medical department. Areas where hazardous substances are used, maintain MSDS copies for staff and detainee review.		
<ul> <li>4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures:</li> <li>Wear personal protective equipment.</li> <li>Report hazards and spills to the designated official.</li> </ul>				Facility policy 13.1.11, Personal Protective Equipment, establishes procedures for use of personal protective equipment and a system for reporting hazards and spills.		
5. The MSDS are readily accessible to staff and detainees in the work areas.				The facility maintains master copies of all MSDS forms in the safety office and medical department.		
<ul> <li>6. Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited.</li> <li>Detainees are trained.</li> <li>Staff always supervises detainees using these substances.</li> </ul>						
<ol> <li>All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.</li> </ol>	$\boxtimes$					
<ol> <li>Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.</li> </ol>						
9. All toxic and caustic materials stored in their original containers in a secure area.	$\boxtimes$					

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY						
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	$\boxtimes$					
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			$\boxtimes$	The facility does not utilize methyl alcohol.		
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	$\boxtimes$					
<ol> <li>(MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).</li> </ol>	$\boxtimes$			The facility was inspected by the Tacoma Fire Department, Fire Company Inspection Report, October 19, 2009.		
14. A technically qualified staff member conducts fire and safety inspections.	$\boxtimes$					
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.						
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.				Facility Fire Safety and Evacuation Plans, Section 404 is reviewed, updated, and approved annually by the Warden and ICE Assistant Field Office Director.		
17. The plan requires:						
<ul> <li>Monthly fire inspections.</li> <li>Fire protection equipment strategically located throughout the facility.</li> <li>Public posting of emergency plan with accessible building/room floor plans.</li> </ul>	$\boxtimes$					
<ul> <li>Exit signs and directional arrows.</li> <li>An area-specific exit diagram conspicuously neeted in the diagrammed area.</li> </ul>						
posted in the diagrammed area. 18. Fire drills are conducted and documented quarterly in all facility locations including the administrative						
area. 19. A sanitation program covers barbering operations.						
10.7. Sumation program obviors barbening operations.						

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY						
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks		
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	$\boxtimes$					
21. The sanitation standards are conspicuously posted in the barbershop.	$\boxtimes$					
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$					
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	$\boxtimes$			During each shift facility security staff inventories items that could be potential risks.		
<ul> <li>24. Standard cleaning practices include:</li> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>	$\boxtimes$					
25. Spill kits are readily available.				The facility maintains spill kits in the control room of each housing pod, master control, intake, and the medical department.		
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	$\boxtimes$			Medical waste is disposed of through a contract service with Stericycle, Inc.		
27. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	$\boxtimes$					
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	$\boxtimes$			Solid waste is disposed of through a contract service with Waste Management.		
<ul> <li>29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventive spraying for indigenous insects.</li> </ul>	$\boxtimes$			Pest Control is managed through a contract service with Sprague Integrated Pest Management, Tacoma, WA.		
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				Quarterly testing is conducted by Water Management, Inc., Tacoma, WA.		

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY						
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
<ul> <li>31. Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>	$\boxtimes$			The facility physical plant staff tests the generators weekly. Quarterly testing is conducted by NC Power Systems, Tukwila, WA.		
32. The Facility appears clean and well maintained.	$\boxtimes$					
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	$\boxtimes$					
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.				Per review of policy and observation, it was verified that the Health Services Administrator has established a detailed and successful environmental sanitation plan.		
35. The Health Services Administrator conducts medical-facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	$\boxtimes$			Inspections are conducted daily and documented by the cinical coordinator in the medical department.		
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	$\boxtimes$					
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.						

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY						
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks		
<ul> <li>38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: <ul> <li>American Correctional Association,</li> <li>Occupational Safety and Health Administration,</li> <li>Environmental Protection Agency,</li> <li>Food and Drug Administration,</li> <li>National Fire Protection Association's Life Safety Code, and</li> <li>National Center for Disease Control and Prevention.</li> </ul> </li> </ul>				EETV		
🛛 Meets Standard 🛛 🗋 Does Not Meet S	Standa	rd 🗌 N/	/A	☐Repeat Finding		

The facility maintains an environmental health and safety office on-site with a full-time trained staff member. Inspection reports, operational plans, fire reports and plans are maintained along with reports from the Tacoma Fire Department's annual inspection. Facility staff is trained in fire safety and prevention upon initial employment and during annual inservice training.

(b)(6), (b)(7)c	<u>-13-10</u>
Reviewer's Signature /	Date

PART 1 – 3. TRANSPORTATION (BY LAND)						
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.  Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.</li> </ol>	$\boxtimes$			Records reviewed support that Transportation officers comply with applicable local, state, and federal motor vehicle laws and regulations.		
<ol> <li>Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.</li> </ol>	$\boxtimes$			All transport officers have valid state of Washington CDL licenses.		
3. Supervisors maintain records for each vehicle operated.	$\boxtimes$			Records reviewed discplayed this informatiion.		
<ol> <li>Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.</li> </ol>	$\boxtimes$					
<ol> <li>Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.</li> </ol>	$\boxtimes$					
<ul> <li>6. Officers use a checklist during every vehicle inspection.</li> <li>Officers report deficiencies affecting operability.</li> <li>Deficiencies are corrected before the vehicle goes back into service.</li> </ul>	$\boxtimes$					
<ul> <li>7. Transporting officers:</li> <li>Limit driving time to 10 hours in any 15 hour period when transporting detainees.</li> <li>Drive only after eight consecutive off-duty hours.</li> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.</li> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.</li> <li>During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit.</li> </ul>	$\boxtimes$			The facility maintains a daily summary of all items listed in this component.		

PART 1 – 3. TRANSPORTATION (BY LAND)					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.					
Office in control of the detainee case. Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>8. (b)(7)e officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.</li> <li>When buses travel in tandem with detainees, there are(b)(7)equalified officers per vehicle.</li> <li>An unaccompanied driver transports an empty vehicle.</li> </ul>	$\boxtimes$			(b)(7)e officers with CDL's accompany any bus transporting detainees.	
9. The transporting officer inspects the vehicle before the start of each detail.				This inspector observed transportation staff conducting a vehicle inspection prior to departing the facility on 5-12-10.	
<ol> <li>Positive identification of all detainees being transported is confirmed.</li> </ol>				Interviews with transportation staff revealed all detainees are positively identified before boarding the vehicle.	
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	$\boxtimes$				
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.					
<ol> <li>All uniformed officers wear their issued body armor in accordance with the ICE Body Armor policy and/or applicable contract policy when transporting detainees.</li> </ol>	$\boxtimes$			Observed transportation staff wearing protective body armor as required by ICE standards.	
<ul> <li>14. The vehicle crew conducts a visual count once all passengers are on board and seated.</li> <li>Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.</li> </ul>				Interviews with transportation staff revealed a visual count is conducted when detainees are on board and seated, and during scheduled or unscheduled stops.	
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.				Facility policy # 3.1.14, Transportation of Detainees, addresses the use of restraints during transport.	
<ul> <li>16. Officers ensure that no one contacts the detainees.</li> <li>(b)(7)e officer remains in the vehicle at all times when detainees are present.</li> </ul>					

#### PART 1 – 3. TRANSPORTATION (BY LAND)

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

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

	_	<b></b>		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>17. Meals are provided during long distance transfers.</li> <li>The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.</li> </ul>	$\boxtimes$			
<ul> <li>18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).</li> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative.</li> <li>Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule.</li> </ul>	$\boxtimes$			
19. Vehicles have: (b)(7)e		$\boxtimes$		Transportation vehicles do not have two-way radios.
20. The vehicles are clean and sanitary at all times.	$\boxtimes$			An inspection of transportation vehicles revealed the vehicles are clean.
<ul> <li>21. Personal property of a detainee transferring to another facility:</li> <li>Is inventoried.</li> <li>Is inspected.</li> <li>Accompanies the detainee.</li> </ul>	$\boxtimes$			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 1 – 3. TRANSPORTATION (BY LAND)					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.					
Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub- Office in control of the detainee case.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
22. The following contingencies are included in the written procedures for vehicle crews:					
Attack					
Escape					
Hostage-taking					
Detainee sickness					
Detainee death				Facility policy # 3.1.14, Transportation of Detainees,	
Vehicle fire	$\boxtimes$			addresses items listed in this	
Riot				component.	
Traffic accident					
Mechanical problems					
Natural disasters					
Severe weather					
<ul> <li>Passenger list is not exclusively men or women or minors</li> </ul>					
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	.AND)		
🛛 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding	

Facility staff provides for the transportation of detainees that are processed into or out of the facility.

The facility maintains a sufficient number of escort/transportation vehicles for the transport of ICE detainees. Transportation vehicles should have two-way radios to meet ICE standards

(b)(6), (b)(7)(C) <u>/ 5-13-10</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

# SECTION II SECURITY STANDARDS

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2 – 4. ADMISSION AND RELEASE						
	This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.					
	Components	Remarks				
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	$\boxtimes$			Detainees receive a facility and an ICE National Detainee Handbook. A detention officer conducts an orientation within 12 hours of the detainee's admission to the facility. Within 24 hours, detainees view the Know Your Rights video. A signed receipt for the handbook can be found in the detention file.	
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	$\boxtimes$			Medical staff conducts the initial health screening.	
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.				Accompanying documents include the I-203, I-216, and the I-385. Detainees are held in the intake area while being oriented and classified.	
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.					
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	$\boxtimes$			Strip searches occur only when reasonable suspicion exists. If a strip search is conducted, the shift commander is notified and the search is documented in the hold room log.	

(b)(7)e

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2 – 4. ADMISS	SION A	ND RELE	ASE		
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>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.</li> </ol>				The Associate Warden advised that lost or missing property claims are rare. A form equivalent to the I-387 would be used.	
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$				
9. All releases are coordinated with ICE.	$\boxtimes$				
10. Staff completes paperwork/forms for release as required.					
11. Each detainee receives a receipt for personal property secured by the facility.	$\boxtimes$				
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	$\boxtimes$			A detention file is created for every detainee.	
13. ICE staff enters all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	$\boxtimes$			Admission information is entered into the EADM system prior to the detainee's arrival to this facility.	
<ol> <li>All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.</li> </ol>	$\boxtimes$			Detainee handbooks are in Spanish and English.	
PART 2 – 4. ADMISS	SION A	ND RELE	ASE		
🛛 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N/	/ <b>A</b>	☐Repeat Finding	

The facility ensures that all detainees are admitted and released in a manner that ensures their health, safety, and welfare. The intake officer conducts an orientation. Detainees also view the Know Your Rights video. Detainees receive and sign for an ICE and facility detainee handbook. A log is maintained with the times that each step of the admissions process is completed.

(b)(6), (b)(7)(C) <u>5-13-10</u>

Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

	PART 2 – 5. CLASSIFICATION SYSTEM					
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
	Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks	
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	$\boxtimes$				
2.	<ul> <li>The facility classification system includes:</li> <li>Classifying detainees upon arrival.</li> <li>Separating individuals who cannot be classified upon arrival from the general population.</li> <li>The first-line supervisor or designated classification specialist reviews every classification decision.</li> </ul>				ICE provides the I-213 and a criminal information sheet. The intake officer completes the initial classification upon admission. The next review is completed by the classification officer.	
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	$\boxtimes$				
4.	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 detainee classification.	$\boxtimes$				
5.	Housing assignments are based on classification- level.	$\boxtimes$			Level 1 detainees can be housed with Level 2. Level 2 can be housed with Level 3. Level 1 detainees cannot be housed with Level 3 detainees.	
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	$\boxtimes$				
7.	Detainee work assignments are based upon classification designations.	$\boxtimes$			All classification levels can participate in the work program. A Level 3 detainee; however, cannot work outside of his living unit.	
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.				Special reassessments are completed when detainees go to segregation. If ICE provides additional information a reclassification may be conducted.	
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	$\boxtimes$			Detainees are advised of their classification level during intake processing. They receive an appeal form at this time as well.	

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2 – 5. CLASSIFICATION SYSTEM				
This Detention Standard protects the detainees, staff, co contributes to orderly facility operations, by requiring a f detainees that is based on verifiable and documented dat	ormal c			· · · · · · · · · · · · · · · · · · ·
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.</li> </ol>	$\boxtimes$			
<ol> <li>Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.</li> </ol>				The classification supervisor makes a recommendation on the classification designation. The Associate Warden reviews and approves. The detainee can appeal to the Warden and the Warden's decision is final.
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	$\boxtimes$			Page 5 of the detainee handbook explains the classification levels with the conditions and restrictions applicable to each.
<ol> <li>In SPCs and CDFs detainees are assigned color- coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.</li> </ol>	$\boxtimes$			Level 1 detainees wear blue uniforms, Level 2 wear orange, and Level 3 wears red uniforms.
PART 2 – 5. CLASS	IFICAT	ION SYST	EM	
⊠ Meets Standard □ Does Not Meet	Standa	rd 🗌 N	/ <b>A</b>	□Repeat Finding

This facility has a total of 21 housing units and houses both males and females. The average length of stay for detainees at this facility is 27 days. The facility uses 3 classification levels. The facility's handbook explains the classification process on page 5.

(b)(6), (b)(7)(C) / <u>5-13-10</u> Reviewer's Signature / Date

PART 2 – 6. CONTRABAND This Detention Standard protects detainees and staff and enhances facility security and good order by identifying,					
detecting, controlling, and properly disposing of contrabar	nd.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
3. Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.					
4. Altered property is destroyed following documentation and using established procedures.					
<ol> <li>Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.</li> </ol>				The facility does not have on-site religious staff. Policy requires a designated religious coordinator consult with a religious authority in the community.	
(b)(7)e					

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07

PART 2 – 6. CONTRABAND This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>Facilities with Canine Units only use them for contraband detection.</li> </ol>			$\boxtimes$	The facility does not use Canine Units for contraband detection.
PART 2 – 6. CONTRABAND				
Meets Standard Does Not Meet Standard N/A Repeat Finding				

A second second de la title se se litera		and the formation of the set of the discussion	 	
A review of facility policy	, confiscation documentation	, and interviews with staff indicate	(b)(7)e	

(b)(7)e

(b)(6), (b)(7)(C) <u>/ 5-13-10</u> Reviewer's Signature / Date

PART 2 – 7. FACILITY SECURITY AND CONTROL								
	This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1. The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.				A review of housing unit logs revealed management staff visits detainee living quarters and activity areas weekly.				
2. (b)(7)(E) are on duty where both males and females are housed.	$\boxtimes$			On-site review of the housing units revealed male and female detainees are not housed together. Male staff is assigned to male housing units and female staff was assigned to the female housing unit.				
<ol> <li>Comprehensive annual staffing analysis determines staffing needs and plans.</li> </ol>	$\boxtimes$							
4. Essential posts and positions are filled with qualified personnel.								
<ol> <li>Every Control Center officer receives specialized training.</li> </ol>								
6. Policy restricts staff access to the Control Center.	$\boxtimes$							
7. Detainees do not have access to the Control Center.	$\boxtimes$							
8. Communications are centralized in the Control Center.				The control center is the centralized area for all communication.				
<ol> <li>Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.</li> </ol>	$\boxtimes$			The control center $has_{b)(7)e}staff$ assigned on the day and evening watch and $b)(7)e$ staff on the morning watch.				
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	$\boxtimes$							
<ol> <li>Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.</li> </ol>	$\boxtimes$			The staff recall list is maintained in the control center and updated as needed by supervisory staff.				
12. Staff makes watch calls every half-hour between 6 PM and 6 AM.	$\boxtimes$			Facility policy # 3.1.18, Security Inspection and Procedures, provides guidelines for staff watch calls and any exception must be authorized by the major.				
<ol> <li>Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.</li> </ol>								

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	$\boxtimes$			On-site observation of the front- entrance procedures revealed the officer checks the identification of everyone entering and exiting the facility.		
15. All visits officially recorded in a visitor logbook or electronically recorded.	$\boxtimes$			A bound ledger log is used to record all visitors.		
16. The facility has a secure, color-coded visitor pass system.	$\boxtimes$					
17. Officers monitor all vehicular traffic entering and leaving the facility.				The control center monitors all vehicular traffic in and out of the facility using camera surveillance.		
<ul> <li>18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:</li> <li>The driver's name</li> <li>Company represented</li> <li>Vehicle contents</li> <li>Delivery date and time</li> <li>Date and time out</li> <li>Vehicle license number</li> <li>Name of employee responsible for the vehicle during the facility visit</li> </ul>				The facility maintains a vehicle log containing all the required information.		
19. Officers thoroughly search each vehicle entering and leaving the facility.	$\boxtimes$			Staff were observed searching vehicles entering and leaving the facility.		
(b)(7)e						
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	$\boxtimes$					
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	$\boxtimes$					
23. Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$			Facility policy# 3.1.10, Searches of Detainees, provides instructions to staff for conducting housing unit and personal area searches.		

PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.					
ensuring that facility security is maintained and that event	s inai p	ose a risk	or nan	n are prevented.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
24. Housing area searches occur at irregular times.	$\boxtimes$				
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.				Officers post are located in the common area of the detainee living units.	
26. There are post orders for every security officer post.	$\boxtimes$				
27. Detainee movement from one area to another area is controlled by staff.	$\boxtimes$				
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	$\boxtimes$			The physical design of the housing units permits assigned officers clear visual observation of all areas.	
29. Every search of the SMU and other housing units is documented.	$\boxtimes$			A bound ledger log used to record SMU and housing unit searches was reviewed. This log verified documentation of searches.	
30. The SMU entrance has a sally port.	$\boxtimes$				
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				Interviews with supervisory staff revealed all tools are inspected and inventoried prior to maintenance staff entering and exiting the unit.	
<ul> <li>32. The facility has a comprehensive security inspection policy. The policy specifies:</li> <li>Posts to be inspected</li> <li>Required inspection forms</li> <li>Frequency of inspections</li> <li>Guidelines for checking security features</li> <li>Procedures for reporting weak spots, inconsistencies, and other areas needing improvement</li> </ul>				Facility policy # 3.1.18, Security Inspection and Procedures, address items listed in this component.	
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	$\boxtimes$			Staff conducts security checks and documents the results on the security inspection checklist which are reviewed by supervisory staff.	
34. Documentation of security inspections is kept on file.	$\boxtimes$				

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.						
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	$\boxtimes$					
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.				Staff document searches on the security inspection checklist.		
<ol> <li>Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.</li> </ol>	$\boxtimes$					
<ul> <li>39. Daily procedures include:</li> <li>Perimeter alarm system tests.</li> <li>Physical checks of the perimeter fence.</li> <li>Documenting the results.</li> </ul>				The perimeter patrol officer and supervisory staff conduct a perimeter fence check once each shift and the results are documented in the officer's logbook and supervisory staff daily log.		
40. Visitation areas receive frequent, irregular inspections.	$\boxtimes$					
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.				The major has the responsibility for the security inspection process at the facility.		
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.				The plant manager and the Associate Warden conduct monthly fence checks.		
FACILITY SECURI	TY AND		DL			
⊠ Meets Standard □ Does Not Meet S	Standa	rd 🗌 N	<b>/A</b>	□Repeat Finding		

A comprehensive security inspection process is in place at the Northwest Detention Center.

Facility staff inspects security features, vents, windows, and sally ports.

Inspections are performed throughout all shifts and the results are documented on inspections forms maintained on post.

(b)(6), (b)(7)c <u>-13-10</u>

Reviewer's Signature / Date

### PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	$\boxtimes$			
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	$\boxtimes$			The property room may only be accessed by the property officer, shift supervisor, chief of security, or facility administrator.
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	$\boxtimes$			
4.	(b)(7)e officers are present during the processing of detainee funds and valuables during admissions processing to the facility. $(b)(7)(E)$ officers verify funds and valuables.	$\boxtimes$			Facility policy 4.1.2, Detainee Personal Property, requires $(b)(7)e$ staff members be present during the processing of detainee funds.
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?	$\boxtimes$			
6.	Staff gives the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	$\boxtimes$			The facility utilizes an automated property accounting system and detainees are provided with completed inventory forms.
7.	Staff forwards an arriving detainee's medicine to the medical staff.	$\boxtimes$			
8.	Staff searches arriving detainees and their personal property for contraband.	$\boxtimes$			
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	$\boxtimes$			
	Staff follows written procedures when returning property to detainees.	$\boxtimes$			
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.				

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
This Detention Standard ensures that detainees' persona			uarde	d and controlled. specifically (b)(7)e		
including funds, valuables, baggage and other personnel	(b)(7)e					
Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Meet Standard N/A N/A					
12. The facility attempts to notify an out-processed detainee that he/she left property in the facility.						
<ul> <li>By sending written notice to the detainee's last known address; via certified mail;</li> </ul>						
<ul> <li>The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>						
<ol> <li>Staff obtains a forwarding address from each detainee.</li> </ol>	$\boxtimes$			The facility staff requests a forwarding address during the booking process and inputs the address into an automated system which is maintained following the detainees departure from the facility.		
<ol> <li>It is standard procedure for (b)(7)e officers to be present when removing/documenting the removal of funds from a detainee's possession.</li> </ol>	$\boxtimes$					
15. Staff issue and maintain property receipts (G-589s) in numerical order.						
16. Staff complete and distribute the G-589 in accordance with the ICE standard.						
17. The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.						
<ol> <li>Staff tags large valuables with both a G-589 and an I-77.</li> </ol>	$\boxtimes$					
19. The supervisor verifies the accuracy of every G- 589.	$\boxtimes$					
<ul> <li>20. The supervisor ensures that:</li> <li>Detainee funds are, without exception, deposited into the cash box;</li> <li>Every property envelope is sealed.</li> <li>All sealed property envelopes are placed in the safe.</li> <li>Large, valuable property is kept in the secured locked area.</li> </ul>	$\boxtimes$					
21. Staff tags every baggage/facility container with an I-77, completed in accordance with the ICE standard.	X					

PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property,							
(b)(7)e		(b)(7)e					
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.							
Comboueuts Meets Standard Meets Standard Meet Standard Mee							
22. Staff secures every container used to store property with a tamper-proof numbered strap.							
<ol> <li>A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.</li> </ol>							
<ol> <li>In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.</li> </ol>			$\boxtimes$	The facility is a CDF.			
25. The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.				Facility policy 4.1.2, Detainee Personal Property, indicates quarterly audits are conducted by facility staff.			
<ol> <li>The facility positively identifies every detainee being released or transferred.</li> </ol>							
<ol> <li>Staff routinely informs supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.</li> </ol>							
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.							
PART 2 - 8. FUNDS AND	PERS	ONAL PRO	OPER	ТҮ			
🛛 Meets Standard 🛛 🗌 Does Not Meet	Standa	rd 🗌 N	/ <b>A</b>	Repeat Finding			

The facility has a secure property room located adjacent to the intake area. Large property is maintained on rolling shelves. Funds are secured by intake staff and placed in a lock box and facility business staff removes, verifies, and credits the detainee accounts.

(b)(6), (b)(7)c	<u>13-10</u>
Reviewer's Signature /	Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

	PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
pe	This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The hold room is situated in a location within the secure perimeter.	$\boxtimes$			The facility ha(b)(7)eold rooms within the secure perimeter.		
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.				During the review, sanitation of the hold rooms was adequate and activating switches are located in the intake area.		
3.	The hold rooms contain sufficient seating for the number of detainees held.	$\boxtimes$					
	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	$\boxtimes$			There were no make shift sleeping apparatuses in the hold rooms.		
5.	Hold room walls and ceilings are escape and tamper resistant.	$\boxtimes$					
6.	Detainees are not held in hold rooms for more than 12 hours.				Interviews with intake staff and documentation revealed detainees are held in hold rooms for 8 hours or less. A log is maintained when a detainee is placed in a hold room.		
7.	Male and females detainees are segregated from each other at all times.				Observation of hold room procedures revealed male and females were placed in separate rooms.		
8.	items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	$\boxtimes$					
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.				All hold rooms are equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels.		
	(b)(7)e						
11.	<ul> <li>When the last detainee has been removed, the hold room is inspected for the following:</li> <li>Cleaning.</li> <li>Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.</li> </ul>	$\boxtimes$					

### PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>12. (MANDATORY) There is a written evacuation plan.</li> <li>There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.</li> </ul>				The facility has a written evacuation plan to remove detainees from hold rooms in the event of an emergency requiring evacuation. All intake staff is designated to remove detainees from the hold rooms.
<ol> <li>An appropriate emergency service is called immediately upon a determination that a medical emergency exists.</li> </ol>	$\boxtimes$			Staff is required to immediately call emergency services when a detainee is determined to need urgent medical treatment.
<ul> <li>14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area).</li> <li>If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee.</li> </ul>	$\boxtimes$			
<ul> <li>15. <u>In SPCs designed after 1998</u> the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are:</li> <li>Compliant with the American Disabilities Act.</li> <li>Small hold rooms (1 to 14 detainees) have at least (b)(7) combi-unit.</li> <li>Large hold rooms (15 to 49 detainees) are provided with at least (b)(7) combi-units.</li> </ul>				
<ol> <li>In SPCs designed after 1998 the hold rooms have floor drain(s).</li> </ol>	$\boxtimes$			
17. <u>In SPCs designed after 1998</u> , the door to the hold room swings outward and the door complies with the specifications outlined in the standard.				
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.				The facility does not house detainees that meet these criteria.
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.			$\boxtimes$	Detainees under the age of 18 are not held at this facility.

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell.</li> <li>The log includes the required information specified in the standard.</li> </ul>				Observed staff completing the detention log when placing detainees in the hold rooms.	
<ul> <li>21. Officers provide a meal to any detainee detained in a hold room for more than six hours.</li> <li>Juveniles, babies and pregnant women have access to snacks, milk or juice.</li> <li>Meal are served to juveniles regardless of time in custody</li> </ul>				Interview with supervisory staff revealed detainees are provided with a sack lunch.	
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.					
23. The maximum occupancy for the hold room will be posted.	$\boxtimes$			Occupancy capacity is posted on the hold room doors.	
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.					
25. Staff does not permit detainees to smoke in a hold room.					
<ul> <li>26. Officers closely supervise hold rooms through direct supervision, to ensure: <ul> <li>Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and</li> <li>Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments."</li> <li>Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul></li></ul>				Intake staff conducts 15 minutes checks and maintain constant observation of the hold rooms.	
PART 2 – 9. HOLD ROOMS					
☑ Meets Standard  ☐ Does Not Meet Standard  ☐ N/A  ☐ Repeat Finding					

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

The hold rooms provide ample space to facilitate the movement of approximately 100 detainees in and out of the facility daily.

(b)(6), (b)(7)c -13-10 Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

	PART 2 – 10. KEY AND LOCK CONTROL						
	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	$\boxtimes$			The facility locksmith attended Southern Folger's Technical Training Facility located in San Antonio, Texas.		
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	$\boxtimes$					
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	$\boxtimes$			The plant manager and training officer provide this training.		
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	$\boxtimes$					
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			The plant manager maintains all documentation reflecting completion of preventive maintenance.		
6.	Facility policies and procedures address the issue of compromised keys and locks.	$\boxtimes$					
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	$\boxtimes$			Facility policy #3.1.12, Key Control, provides written guidelines for safe combination integrity.		
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$					
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	$\boxtimes$			Observation and interview with the locksmith revealed only authorized prison locks are used in the facility.		
10.	The facility does not use grand master keying systems.	$\boxtimes$					
11.	All worn or discarded keys and locks cut up and properly disposed of.	$\bowtie$					
12.	Padlocks and/or chains are not used on cell doors.	$\boxtimes$			On-site observation of all housing units revealed no evidence that padlocks and/or chains are being used on cell doors.		

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2 – 10. KEY AND LOCK CONTROL						
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to</li> <li>Occupational Safety and Environmental Health Manual, Chapter 3</li> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>						
14. The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.				(b)(7)e		
<ul> <li>15. Procedures in place to ensure that key rings are:</li> <li>Identifiable</li> <li>Numbers of keys on the ring are cited?</li> <li>Keys cannot be removed from issued key rings</li> </ul>	$\boxtimes$					
16. Emergency keys are available for all areas of the facility.						
17. The facility uses a key accountability system.				(b)(7)(E)		
18. Authorization is necessary to issue any restricted key.				A shift supervisor must authorize the issue of restricted keys.		
<ul> <li>19. Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>				(b)(7)(E)		

PART 2 – 10. KEY A	PART 2 – 10. KEY AND LOCK CONTROL					
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				Facility policy # 3.1.12, Key Control, provides guidelines for key accountability. Keys are physically counted on the morning watch and verified by the shift supervisor.		
<ul> <li>21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>	$\boxtimes$			Staff receives training during the academy and annual training.		
22. Locks and locking devices are continually inspected, maintained, and inventoried.						
<ol> <li>Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.</li> </ol>	$\boxtimes$			The maintenance worker is assigned the collateral duties of locksmith.		
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.						
25. The splitting of key rings into separate rings is not authorized.	$\boxtimes$					
PART 2 – 10. KEY A	ND LO	CK CONT	ROL			
⊠ Meets Standard □ Does Not Meet	Standa	rd 🗌 N	<b>/A</b>	☐Repeat Finding		

The facility has a well-established key control process.

Keys are limited to essential staff, records are accurate and current, accountability appears to be continuous, and staff is extremely familiar with the key control procedures.

(b)(7)e <u>5-13-10</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.         Components       yee       yee <t< th=""><th>PART 2 – 11. POF</th><th></th><th></th><th></th><th></th></t<>	PART 2 – 11. POF							
1. Staff conducts a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.       Image: The facility conducts five (5) formal counts within 24 hours.         2. Activities cease or are strictly controlled while a formal count is being conducted.       Image: The facility conducts five (5) formal counts within 24 hours.         3. There is a system for counting each detainee, including those who are outside the housing unit.       Image: The facility controlled during formal counts.         4. Formal counts in all units take place simultaneously.       Image: The facility controlled during formal counts.         5. Officers do not allow detainee participation in the count.       Image: The facility colicy # 3.1.9, Detainee Count, address this component.         7. Officers positively identify each detainee before counts.       Image: The facility policy # 3.1.9, Detainee Count, address the guidelines for conducting informal and emergency counts.         9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.       Image: The facility counts.         9. The control officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count person's training folder.       Image: The population counts are provided adequate initial and periodic training in count action in the count in the count in the count is training in documented in each person's training folder.       Image: The facility counts are provided adequate initial and periodic training in count in the count in the count in the count in the count								
hours (no less than three counts per day). At least one of these counts shall be a face to photo count.       Image: The facility conducts five (5) formal counts within 24 hours.         2. Activities cease or are strictly controlled while a formal count is being conducted.       Image: The facility conducts five (5) formal counts within 24 hours.         3. There is a system for counting each detainee, including those who are outside the housing unit.       Image: The facility conducts five (5) formal counts.         4. Formal counts in all units take place simultaneously.       Image: The facility policy # 3.1.9, Detainee count.         5. Officers do not allow detainee participation in the count.       Image: The facility policy # 3.1.9, Detainee count.         7. Officers positively identify each detainee before counts.       Image: The facility policy # 3.1.9, Detainee counts.         8. Written procedures cover informal and emergency counts.       Image: The facility policy # 3.1.9, Detainee counts.         9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.       Image: The facility officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count is account in each person's training folder.       Image: The facility count is account in each person's training folder.	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
formal count is being conducted.       Image: movement is strictly controlled during formal counts.         3. There is a system for counting each detainee, including those who are outside the housing unit.       Image: movement is strictly controlled during formal counts.         4. Formal counts in all units take place simultaneously.       Image: movement is strictly controlled counts.         5. Officers do not allow detainee participation in the count.       Image: movement is count follows each unsuccessful recount.       Image: movement is component.         6. A face-to-photo count follows each unsuccessful recount.       Image: movement is component.       Image: movement is component.         7. Officers positively identify each detainee before counts.       Image: movement is component.       Image: movement is component.         8. Written procedures cover informal and emergency counts.       Image: movement is conducting informal and emergency counts.       Image: movement is conducting informal and emergency counts.       Image: movement is conducting informal and emergency counts.         9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.       Image: movement is count are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.       Image: movement is count procedures.         PART 2 – 11. POPULATION COUNTS	hours (no less than three counts per day). At least							
including those who are outside the housing unit.       Image: Constraint of the constraint of the counts in all units take place simultaneously.       Image: Constraint of the count of the count of the count.         5. Officers do not allow detainee participation in the count.       Image: Constraint of the count of the count of the count.       Image: Constraint of the count of the count.         6. A face-to-photo count follows each unsuccessful recount.       Image: Constraint of the count.       Image: Constraint of the count.       Image: Constraint of the count.         7. Officers positively identify each detainee before counting him/her as present.       Image: Constraint of the count.       Image: Count.       Image: Count.         8. Written procedures cover informal and emergency counts.       Image: Count.       Image: Count.       Image: Count.       Facility policy#3.1.9, Detainee Count.         9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.       Image: Count.       Image: Count.       Image: Count.         10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.       Image: Count counts       Image: Count counts         PART 2 – 11. POPULATION COUNTS					movement is strictly controlled			
5. Officers do not allow detainee participation in the count.       □       □       □         6. A face-to-photo count follows each unsuccessful recount.       □       □       □       Facility policy # 3.1.9, Detainee Count, address this component.         7. Officers positively identify each detainee before counting him/her as present.       □       □       □       □         8. Written procedures cover informal and emergency counts.       □       □       □       □       □         9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.       □       □       □         10. Security officers and any other staff with procedures, and that training is documented in each person's training folder.       □       □       □         PART 2 – 11. POPULATION COUNTS		$\boxtimes$						
count.       Image: Count of the second count follows each unsuccessful recount.       Image: Count follows	4. Formal counts in all units take place simultaneously.	$\boxtimes$						
recount.       Image: Count, address this component.         7. Officers positively identify each detainee before counting him/her as present.       Image: Count, address this component.         8. Written procedures cover informal and emergency counts.       Image: Count, address the guidelines for conducting informal and emergency counts.       Image: Count, provides the guidelines for conducting informal and emergency counts.         9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.       Image: Count image: Co		$\boxtimes$						
counting him/her as present.       Image: Counting him/her as present.         8. Written procedures cover informal and emergency counts.       Image: Facility policy#3.1.9, Detainee Count, provides the guidelines for conducting informal and emergency counts.         9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.       Image: Image: Count maintain formal and emergency counts.         10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.       Image: Image: Image: Count formal and formal and emergency counts.         PART 2 – 11. POPULATION COUNTS								
counts.       Image: Counts of the control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.       Image: Count of the control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.         10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.       Image: Count of the count		$\boxtimes$						
maintains an "out-count" record of all detainees temporarily out of the facility.       Image: Count of the facility.         10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.       Image: Count of the facility.         PART 2 – 11. POPULATION COUNTS					Count, provides the guidelines for conducting informal and			
responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	maintains an "out-count" record of all detainees							
	responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	$\boxtimes$						
	PART 2 – 11. POF	ULATIO	ON COUN	TS				
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding	🛛 Meets Standard 🛛 🗋 Does Not Meet	Standa	rd 🗌 N	<b>/A</b>	□Repeat Finding			

The facility maintains around-the- clock accountability for all detainees.

Reviewers observed the (b)(7)e formal count, on 5-11-10 and no concerns were noted.

(b)(6), (b)(7)c <u>5-13-10</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2 – 12. POST ORDERS							
	This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1. Every fixed post has a set of Post Orders.	$\boxtimes$			The facility has post orders for every post.			
2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	$\boxtimes$						
3. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	$\boxtimes$						
<ol> <li>One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.</li> </ol>	X			The Major is the designated person for keeping all post orders updated.			
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	$\boxtimes$			The facility is currently conducting a review and updating of all post orders.			
6. The facility administrator authorizes all Post Order changes.	$\boxtimes$						
7. The facility administrator has signed and dated the last page of every section.				The Warden has signed and dated the last page of every section of all post orders.			
8. A Post Orders master file is available to all staff.	$\boxtimes$						
9. Procedures keep Post Orders and logbooks secure from detainees at all times.	$\boxtimes$			(b)(7)(E)			
10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	$\boxtimes$						
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	$\boxtimes$			Supervisors are required to review the post orders signature sheet to ensure staff has read their post orders.			
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	$\boxtimes$			Upon assuming a new post staff is required to sign the post orders signature sheet indicating they have read their post orders.			
13 (b)(7)e							

PART 2 – 12. POST ORDERS This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
(b)(7)e					
16. The Post Orders for housing units track the daily event schedule.					
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.				A review of the housing unit logbook revealed staff document detainee activity and the post orders provide instructions on maintaining the logbook.	
PART 2 – 12. POST ORDERS					

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

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

Northwest Detention Center post orders provide staff with all the necessary guidance for carrying out their duties. The post orders meet ICE standards.

(b)(6), (b)(7)c <u>13-10</u> Reviewer's Signature / Date

PART 2 – 13. SEARC							
This Detention Standard protects detainees and staff and	d enha	nces facilit	ty sec	urity and good orde (b)(7)e			
(b)(7)e Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ol> <li>There are written policy and procedures governing searches of housing areas, work areas and of detainees.</li> </ol>				Facility Policy 3.1.10, Search of Detainees establishes written policy and procedure for detainee searches.			
(b)(7)e							
<ol> <li>Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.</li> </ol>							
4. Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	$\boxtimes$						
PART 2 – 13. SEARC							
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

The facility maintains a detailed policy and procedure for detainee searches. Staff training is conducted in reference to searches to ensure all staff is aware of acceptable protocols.



FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2– 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION							
This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.							
	Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks		
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	$\boxtimes$			The Northwest Detention Center has a Sexual Abuse/Assault Prevention program that is monitored by the Associate Warden.		
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.				Facility policy 3.1.1, "Sexual Abuse/Assault Prevention and Intervention Programs" was approved by the Field Office Director on April 26, 2010.		
3.	Tracking statistics and reports are readily available for review by the inspectors.				The Associate Warden's administrative assistant maintains tracking statistics. The information was easily accessible and reviewed by this inspector.		
4.	All staff is trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	$\boxtimes$			All new staff receives training regarding Sexual Abuse/Assault Awareness on week two, day two of their orientation academy. Refresher training on this program is provided the first day of annual refresher training.		
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	$\boxtimes$			The detainee handbook contains complete information regarding sexual assault, abuse, intervention, and prevention.		
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	$\boxtimes$			The Sexual Assault Awareness notice is posted on the bulletin board of each housing unit.		
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)				The Sexual Assault Awareness Information brochure is available in English and Spanish and is posted in each housing unit.		
	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.				Detainees are screened for high risk sexual assaultive behavior and sexual victimization potential during the intake process and before placement in a housing unit.		
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.			$\boxtimes$	There have been no incidents of sexual abuse or assault since the last inspection.		

PART 2– 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION					
This Detention Standard requires that facilities that hous abuse and assaults on detainees, provide prompt and abuse and assault, and control, discipline, and prosecute	effective	e intervent	tion ar	nd treatment for victims of sexual	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.</li> </ol>			$\boxtimes$	There have been no incidents or allegations of sexual abuse or assault since the last inspection.	
11. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.				Facility policy requires prompt and effective intervention and reporting.	
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.				Facility policy 3.1.1 requires that when there is an allegation of sexual abuse or assault, an investigation is performed. If the accused perpetrator is a staff member, referrals may be made to the Office of Inspector General (OIG) or the FBI. If the suspected perpetrator is another detainee, referral may be made to local law enforcement personnel.	
<ol> <li>When there is an alleged or proven sexual assault, the required notifications are promptly made.</li> </ol>				There have been no allegations of sexual assault or abuse since the prior inspection. Facility policy requires prompt notifications.	
<ol> <li>Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.</li> </ol>				Facility policy 3.1.1 requires that detainees will be transported to a designated hospital for properly trained staff to evaluate and treat sexual assault victims.	
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	$\boxtimes$			The designated staff coordinator is the Associate Warden. Tracking files include the names of the victim and assailant(s), crime characteristics, actions taken, all reports and investigations, medical forms, and supporting evidence such as memos and videos.	
SEXUAL ABUSE AND ASSAULT F	PREVE	NTION AN	D INT	ERVENTION	
🛛 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	/A	Repeat Finding	

Detainees and all staff receive instruction regarding sexual abuse and assault. All allegations of sexual abuse or assault are investigated and tracked by the Associate Warden. There have been no allegations of sexual abuse or assault since the prior inspection.

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

-13-10 Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
special m	olicy and procedures are in place for anagement units.	$\boxtimes$			Facility policy # 3.4.1, Special Management Unit, addresses procedures for the operation of the special management unit.	
Administr documen	e is placed in protective custody status in ative Segregation only when there is tation that it is warranted and that no le alternatives are available.					
Segregat Hearing prohibited "Greatest	nee will be placed in Disciplinary on only after a finding by a Disciplinary Panel that the detainee is guilty of a I act or rule violation classified at a ", "High", or "High-Moderate" level, as in the Detention Standard on Disciplinary				The IDP chairperson may place a detainee in disciplinary segregation following a hearing in which a detainee has been found guilty of violating facility rules.	
immediat to an SM	<b>TORY)</b> Health care personnel are ely informed when a detainee is admitted IU to provide assessment and review as by health care protocols.				Facility policy# 3.4.1, Special Management Unit, requires Public Health Service Staff (PHS) notification when a detainee is placed in SMU and an assessment must be conducted within 24 hours of placement in SMU.	
(b)(7)e						
	per of detainees confined to each cell or s not exceed the capacity for which it was				Cells are double bunked and do not exceed the capacity.	
appropria	rooms are well ventilated, adequately lit, tely heated and maintained in a sanitary at all times.				The facility SMU is well ventilated, properly lighted, heated, and in a sanitary condition.	
record p admission which su	It housing logs are maintained in SMUs to ertinent information on detainees upon in to and release from the unit, and in pervisory staff and other officials record is to the unit.	$\boxtimes$			A bound ledger log is maintained in the SMU to record pertinent information and supervisory staff visits.	

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.	$\boxtimes$			The facility uses the Daily Log of Special Housing Unit Detainees to record detainee activities.	
<ul> <li>10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record:</li> <li>The time and date of the visit, and</li> <li>Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</li> </ul>	$\boxtimes$				
<ul> <li>11. A Special Management Housing Unit Record is maintained on each detainee in an SMU:</li> <li>In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU.</li> <li>In CDFs and IGSA facilities form I-888 or a comparable form is used.</li> <li>In SPCs and CDFs:</li> <li>By the end of each shift, the special housing unit officer records: <ul> <li>Whether the detainee ate, showered, exercised, and took any medication, and</li> <li>Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc.</li> </ul> </li> <li>When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift.</li> </ul>	$\boxtimes$			The facility uses the Daily Log of Special Housing Unit Detainees to record items listed in this component.	

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks			
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.				Interview with SMU supervisory staff revealed all detainee SMU detention files are placed in the detainee's permanent detention file.			
<ol> <li>There are written policy and procedures concerning the property detainees may retain in each type of segregation.</li> </ol>				Facility policy # 3.4.1, Special Management Unit, addresses procedures for detainees retaining of property while in SMU.			
<ul> <li>14. There are written policy and procedures concerning privileges detainees may have in each type of segregation.</li> <li>(In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)</li> </ul>	$\boxtimes$			Facility policy # 3.4.1, Special Management Unit, addresses detainee privileges in SMU.			
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	$\boxtimes$						
<ol> <li>Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).</li> </ol>				Observed staff conducting 30 minute checks of detainees in SMU and documenting the results on the 30 Minutes Check form posted on the detainee's cell door.			
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	$\boxtimes$						
18. The facility administrator (or designee) visits each SMU daily.				Review of the SMU log revealed management and ICE staff visit the unit daily.			

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	$\boxtimes$			Review of the Daily Log of Special Housing Unit Detainees revealed medical staff visits the SMU twice daily to address medical problems or request.			
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	$\boxtimes$						
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.				Detainees are afforded the opportunity to shower and shave Mon-Wed-Fri each week and razors are controlled by staff.			
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.				Interview with management staff revealed detainees in SMU are not denied items listed in this component.			
23. Detainees in an SMU may write and receive letters the same as the general population.	$\boxtimes$						
24. Detainees in an SMU ordinarily retain visiting privileges.	$\boxtimes$						
25. Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.				Facility policy #3.4.1, Special Management Unit, addresses this component.			

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
restricte detaine becaus commit visiting indicate	te documentation was generated, for any ed or disallowed general visitation for a e in Administrative Segregation status e the detainee was charged with, or ted, a prohibited act having to do with guidelines or otherwise acted in a way that ed the detainee would be a threat to the operation or security of the visiting room in t year.	$\boxtimes$			There were no incidents of restricted or disallowed visitation for detainees in Administrative Segregation within the past 12 months.		
	no circumstances is a detainee permitted to ate in general visitation while in restraints.	$\boxtimes$					
and vi permitte	s and CDFs, detainees in protective custody olent and disruptive detainees are not ed to use the visitation room during normal n hours.				Protective custody, violent, and disruptive detainees visits only occur when the visiting room is not in use by any other detainees.		
detaine	Cs and CDFs, violent and disruptive es are limited to non-contact visits and, in e cases, not permitted to visit.						
30. Ordinari visitatio	ily, detainees in SMUs are not denied legal n.	$\boxtimes$					
where visitatio	are policy and procedures for a situation special security precautions for legal n have to be implemented and for advising ervice providers and assistants prior to their				Policy# 3.4.1., Special Management Unit, addresses this line item.		
of the c	es in SMUs are allowed visits by members elergy, upon request; unless it is determined presents a risk to safety, security, or orderly ons.				Detainees are required to submit a request to staff for clergy visits. Upon approval the detainee is permitted to visit with the clergy.		
materia and CE detaine basis,	es in SMUs have access to reading ls, including religious materials. In SPCs DFs, the Recreation Specialist offers each e soft-bound, non-legal books on a rotating provided no detainee has more than two (excluding religious material) at any one						

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ul> <li>34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard.</li> <li>Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.</li> </ul>	$\boxtimes$			Detainees are required to submit a request to the SMU supervisor to receive legal material from their property.			
<ul> <li>35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.</li> </ul>							
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.				Facility policy #3.4.1, Special Management Unit, provides guidelines for receiving legal material in disciplinary segregation.			
<ul> <li>37. Any denial of access to the law library is always:</li> <li>Supported by compelling security concerns,</li> <li>For the shortest period required for security, and</li> <li>Fully documented in the SMU housing logbook.</li> <li>ICE/DRO is notified every time law library access is denied.</li> </ul>							
<ol> <li>Recreation for detainees in the SMU is separate from the general population.</li> </ol>	$\boxtimes$						
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)				Facility policy #3.4.1, Special Management Unit, addresses this component.			
40. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.				Detainees are offered one hour of recreation five days a week.			

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks	
<ul> <li>41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.</li> <li>Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation.</li> <li>When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.</li> </ul>	$\boxtimes$			Facility policy # 3.4.1, Special Management Unit, addresses procedures for the denial of recreation privileges.	
42. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	$\boxtimes$				
43. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	$\boxtimes$			There were no incidents of a detainee being denied recreation within the past 12 months.	
<ul> <li>44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU.</li> <li>Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.</li> </ul>				Detainees in disciplinary segregation are afforded legal calls and an emergency call must be approved by the Warden if the detainee meets the criteria.	

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks	
<ul> <li>45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible.</li> <li>A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.</li> <li>The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.</li> <li>(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)</li> </ul>				The shift supervisor completes an Administrative Detention Order when placing a detainee in SMU. The detainee is given a copy of the order with 24 hours.	

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>46. There are implemented written procedures for the regular review of all detainees in Administrative Segregation.</li> <li>A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used.</li> <li>If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885.</li> <li>When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.</li> <li>A reviewing authority who concludes a detainee should be removed from Administrative Segregation, to the facility administrative.</li> </ul>				Written procedures are in place to guide staff through the review process.	
47. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.				A review of detainee detention records revealed they are provided with a copy of the decision and appeal instructions.	
48. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	$\boxtimes$				

	PART 2 – 15. SPECIAL MANAGEMENT UNITS					
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.				Management and ICE staff reviews the status of all detainees in SMU weekly.	
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.				The Warden submits a memorandum to ICE when detainees are held longer than 30 days in Administrative Segregation.	
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	$\boxtimes$				
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	$\boxtimes$			Facility policy # 3.3.1, Infraction and Disciplinary Sanctions, indicates the sanction imposed for category 1 offenses is 60 days for a single incident.	
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	$\boxtimes$				

PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility).</li> <li>The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation.</li> <li>When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.</li> </ul>	$\boxtimes$			Upon release from the SMU, staff forwards the entire SMU housing unit record relating to the detainee to the records manager for inclusion in the detainee's detention record.		
<ul> <li>55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.</li> <li>A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).</li> <li>At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.</li> <li>The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.</li> <li>All review documents are placed in the detainee's detention file.</li> </ul>				The Special Management Unit (SMU) Lieutenant conducts the review to determine if the detainee is abiding by the facility rules and being provided with showers, meals recreation and other basic living standards. The review is documented on the disciplinary segregation review form and the detainee is given a copy. The SMU lieutenant may recommend that the Warden authorize the release of the detainee from disciplinary segregation.		
PART 2 – 15. SPECIAL						
⊠ Meets Standard    □ Does Not Meet \$	Standa	rd 🗌 N	<b>/A</b>	☐Repeat Finding		

The facility ensures appropriate supervision of detainees in SMU. The operation of the SMU is supervised by staff that <u>ensures detainees</u> have all permitted items of personal property and access to medical staff.

<sup>(b)(6), (b)(7)c</sup> / <u>5-13-10</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

## PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

Componente	ets dard	Not et lard	4	Remarks			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ol> <li>The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.</li> </ol>				ICE staff note their visits in a separate logbook in the housing unit. The housing unit officer also makes note of the visit in his daily logbook.			
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	$\boxtimes$						
<ol> <li>Scheduled visits are posted in ICE/DRO detainee housing areas.</li> </ol>							
4. Visiting ICE staff observes and note current climate and conditions of confinement.				The SDDO, AFOD, and deportation officers visit the housing units.			
<ol> <li>ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.</li> </ol>	$\boxtimes$						
<ol> <li>The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.</li> </ol>	$\boxtimes$			A separate box is maintained in each housing unit. Only ICE staff has a key to the box.			
<ol> <li>A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.</li> </ol>	$\boxtimes$						
<ol> <li>Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,</li> </ol>							
<ol> <li>ICE/DRO staff responds to a detainee request from a facility within 72 hours and document the response in a log.</li> </ol>				The Detainee Request Log was reviewed.			
<ol> <li>ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.</li> </ol>							
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	$\boxtimes$			Posters were viewed in appropriate areas.			
12. Daily telephone serviceability checks are documented in the housing unit logbook.				Housing unit logbooks were reviewed and accurately recorded the serviceability checks.			
PART 2 – 16. STAFF-DET							
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

During the review, ICE staff was observed in the housing units meeting with detainees. Detainees also stated through interviews that they often saw and conversed with ICE staff. Facility Liaison Visit Checklists completed by the SDDO or AFOD were reviewed by this auditor as was the Detainee Request Log.

(b)(6), (b)(7)c 3-10 Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

	PART 2-17. TOOL CONTROL					
faci	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	$\boxtimes$			The Warden of the facility has designated the Major as the person responsible for establishing the guidelines for the issue, storage, and use of all tools, culinary utensils, and medical equipment.	
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries.					
	If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sally port until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.					
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	$\boxtimes$			All tools, keys, medical equipment, and culinary utensils are secured in an appropriate storage area and provided daily accountability by staff.	
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	$\boxtimes$				
5.	<ul> <li>Tool inventories are required for:</li> <li>Facility Maintenance Department</li> <li>Medical Department</li> <li>Food Service Department</li> <li>Electronics Shop</li> <li>Recreation Department</li> <li>Armory</li> </ul>	$\boxtimes$			Maintenance, medical, food service, and the armory have tool inventories in their respective departments.	
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	$\boxtimes$				
7.	<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>				Facility policy #3.1.13, Control, Storage, and Accountability of Tools and Equipment, provides guidelines for tool inventories.	

PART 2-17. TO	OL CC	NTROL			
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>8. The facility has a tool classification system. Tools are classified according to:</li> <li>Restricted (dangerous/hazardous)</li> <li>Non Restricted (non-hazardous).</li> </ul>	$\boxtimes$			All tools are classified as either Class AA or A-Restricted (dangerous/hazardous) or Class-B-Non-Restricted (non- hazardous).	
<ol> <li>Department heads are responsible for implementing proper tool control procedures as described in the standard.</li> </ol>	$\boxtimes$			Department heads are responsible for the implementation of proper tool control procedures, and the major has security oversight.	
<ol> <li>There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.</li> </ol>	$\boxtimes$			A review of all areas with tools revealed that tools are etched and readily identifiable.	
<ul> <li>11. The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Tools are stored on shadow boards in which the shadows resemble the tool.</li> <li>Shadow boards have a white background.</li> <li>Restricted tools are shadowed in red.</li> <li>Non-restricted tools are shadowed in black.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.</li> </ul>	$\boxtimes$			On-site observation of areas with tools revealed the facility tool storage system meets ICE standards.	
12. Tools removed from service have their shadows removed from shadow boards.	$\boxtimes$				
<ol> <li>Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.</li> </ol>	$\boxtimes$				
14. Sterile packs are stored under lock and key.	$\boxtimes$			(b)(7)e	
<ol> <li>Each facility has procedures for the issuance of tools to staff and detainees.</li> </ol>	$\boxtimes$			Per policy, Class "B"(non restricted) tools may be used by detainees under intermittent supervision.	

PART 2-17. TOOL CONTROL						
	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
<ul> <li>16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:</li> <li>Verbal and written notification.</li> <li>Procedures for detainee access.</li> </ul>	$\boxtimes$			Facility policy# 3.1.13, Control, Storage, and Accountability of Tools and Equipment, addresses items listed in this		
<ul> <li>Necessary documentation/review for all incidents of lost tools.</li> </ul>				component.		
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	$\boxtimes$					
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.						
19. Hoses longer than three feet in length are classified as a restricted tool.						
(b)(7)e						
PART 2-17. TC		NTROL				
🖂 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗆 N/	A	Repeat Finding		

The tool control program at Northwest Detention Center functions at a high level of proficiency.

Staff is aware of procedures for reporting lost or missing tools, inventory verification, and daily tool accountability.

Inventories and tools files are accurate and current.

Staff in all areas of the facility is familiar with the tool control requirements.

(b)(6), (b)(7)c Reviewer s Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 2 – 18. USE OF FC				
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
(b	)(7)e			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07

PART 2 – 18. USE OF FC	ORCE A	ND REST	RAIN	TS
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.				
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks
(b)	(7)e			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07

PART 2 – 18. USE OF FORCE AND RESTRAINTS					
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	o)(7)e				
	,,,,,,				

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07

PART 2 – 18. USE OF FORCE AND RESTRAINTS					
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.</li> <li>Specialized training is given to officers ensuring they are certified in all devices approved for use.</li> </ul>					
25. All staff authorized to use (b)(7)(E) receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.				Review of staff training records revealed (b)(7)(E) and electronic device training is documented in CERT and supervisory staff training records.	
26. The use of canines is restricted to contraband detection purposes only.			$\boxtimes$	The facility does not use canines for contraband detection.	
27. The officers are thoroughly trained in the use of soft and hard restraints.				Staff receives training at the academy and during annual training.	
<ol> <li>In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.</li> </ol>				A Use of Force Information Report is prepared by staff involved and the report is reviewed by supervisory staff.	
PART 2 – 18. USE OF FORCE AND RESTRAINTS					
⊠ Meets Standard   □ Does Not Meet Standard   □ N/A    □Repeat Finding					

The facility has a comprehensive policy that authorizes the use of force only as a last alternative after all other reasonable efforts to resolve a situation have failed.

The facility protocols meet ICE standards.

The facility does not use (b)(7)(E) as part of their Use of Force Continuum.

(b)(6), (b)(7)c <u>5-13-10</u> Reviewer 5 Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

## SECTION III ORDER STANDARDS

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

	PART 3 – 19. DISCIPLINARY SYSTEM				
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who					
do	do not.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.				Facility policy # 3.3.1, Infraction and Disciplinary Sanctions, provides a disciplinary system with three levels of review and appeal. Disciplinary procedures are included in the detainee handbook.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.				
3.	Written rules prohibit staff from imposing or permitting the following sanctions:				
	corporal punishment				Written rules prohibit the sanctions listed in this component.
	<ul> <li>deviations from normal food service</li> </ul>				
	clothing deprivation	_			
	bedding deprivation	$\boxtimes$			
	<ul> <li>denial of personal hygiene items</li> </ul>				
	<ul> <li>loss of correspondence privileges</li> </ul>				
	deprivation of legal access and legal materials				
	deprivation of physical exercise				
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The rules of conduct, sanctions, and procedures for violations are thoroughly defined in the detainee handbook.
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:				Rights/responsibilities,
	Rights and Responsibilities				prohibited acts, the disciplinary
	Prohibited Acts				severity scale and sanctions are posted in the facility.
	Disciplinary Severity Scale				· · · · · · · · · · · · · · · · · · ·
	Sanctions				
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	$\boxtimes$			The facility disciplinary procedures include an informal resolution process.
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.				

PART 3 – 19. DISCIPLINARY SYSTEM					
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.</li> </ol>	$\boxtimes$			Review of the incident reports log revealed supervisory staff conducts the investigation of an incident report within 24 hours.	
9. An intermediate disciplinary process is used to adjudicate minor infractions.	$\boxtimes$				
<ul> <li>10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:</li> <li>Conducts hearings on all charges and allegations referred by the UDC</li> <li>Considers written reports, statements, physical evidence, and oral testimony</li> </ul>	×			Facility policy # 3.3.1, Infraction and Disciplinary Sanctions, addresses all requirements	
<ul> <li>Hears pleadings by detainee and staff representative</li> <li>Bases its findings on the preponderance of evidence</li> <li>Imposes only authorized sanctions</li> </ul>	1			listed in this component.	
11. A staff representative is available if requested for a detainee facing a disciplinary hearing					
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				The reason for postponement is documented in the Institution Disciplinary Panel (IDP) report.	
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.					
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".				The Disciplinary Hearing Officer establishes the reliability of information provided by a confidential informant before considering it in the disciplinary proceeding.	
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.					
PART 3 – 19. DISCIPLINARY SYSTEM					

🖂 Meets Standard	Does Not Meet Standard	🗌 N/A	Repeat Finding	
------------------	------------------------	-------	----------------	--

A review of the discipline policy and practical application of the process revealed staff are well-trained, proficient, and knowledgeable of the disciplinary process.

(b)(6), (b)(7)(C) / <u>5-13-10</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

## SECTION IV CARE STANDARDS

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The Food Service Administrator maintains a Servsafe Certification. Position descriptions and responsibilities are maintained for the assistant administrator and food service staff.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	$\boxtimes$			
3.	The FSA provides food service employees with training that specifically addresses detainee- related issues. In ICE Facilities this includes a review of the "Food Service" standard				
(b)(7)e					
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	$\boxtimes$			The facility documents searches on the Daily Sanitation Checklist.
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff is trained in count procedures.	$\boxtimes$			

PART 4 – 20. FOOD SERVICE This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9. (MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	$\boxtimes$			Daily checks are documented and maintained in the food service department.
<ol> <li>The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to- date.</li> </ol>	$\boxtimes$			The volunteer detainee job descriptions were reviewed on 2-3-10.
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$			
<ul> <li>12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates:</li> <li>Safe work practices and methods.</li> <li>Safety features of individual products/ pieces of equipment.</li> <li>Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>				
<ol> <li>The Cook Foreman documents all training in individual detainee detention files.</li> </ol>	$\boxtimes$			
14. Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.				
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	$\boxtimes$			
<ol> <li>For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.</li> </ol>	$\boxtimes$			The facility utilizes a satellite feeding program.
<ol> <li>The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.</li> </ol>				Facility policy 4.3.1, Food Service Operation, establishes a 42 day menu cycle.

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	$\boxtimes$			A nutritional analysis is conducted by the Food Service Director of the GEO Group and a registered dietitian.		
<ol> <li>The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.</li> </ol>	$\boxtimes$			The GEO Group issues recipes for all menu items used by the food service department.		
<ul> <li>20. The Cook Foreman has the authority to change menu items if necessary.</li> <li>If yes, documenting each substitution, along with its justification, with copy to the FSA</li> </ul>	$\boxtimes$			The Food Service Administrator maintains a menu substitution log which is completed for any menu change.		
21. All staff and volunteers know and adhere to written "food preparation" procedures.						
<ul> <li>22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main.</li> <li>Changes to the planned Common Fare menu can be made at the facility level.</li> <li>Hot entrees are offered three times a week.</li> <li>The Common Fare menus satisfy nutritional recommended daily allowances (RDAs).</li> <li>Staff routinely provides hot water for instant beverages and foods. <ul> <li>Common Fare meals are served with:</li> <li>Disposable plates and utensils.</li> <li>Reusable plates and utensils.</li> </ul> </li> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items.</li> </ul>	$\boxtimes$			Facility policy 4.3.1, Food Service Operations, establishes procedures for a common-fare menu based on a 14 day cycle with special menus for the 10 federal holidays.		
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.				Facility policy 4.3.1, Food Service Operations, establishes that the Warden in consultation with local religious representatives will approve religious diets.		

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are pro		a nutrition	ally ba	alanced diet that is prepared and		
presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	$\boxtimes$			Facility policy 4.3.1, Food Service Operations, establishes the Warden in consultation with local religious representatives will approve removal from a religious diet program.		
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	$\boxtimes$					
<ul> <li>26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundaum</li> </ul>						
<ul> <li>meals after sundown.</li> <li>Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate.</li> </ul>	$\boxtimes$					
<ul> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>						
27. The food service program addresses medical diets.	$\boxtimes$			Facility policy 4.3.1, Food Service Operations, establishes a medical diet program.		
28. Satellite-feeding programs follow guidelines for proper sanitation.	$\boxtimes$					
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	$\boxtimes$					
30. All meals provided in nutritionally adequate portions.	$\boxtimes$					
31. Food is not used to punish or reward detainees based upon behavior.	$\boxtimes$					
32. The food service staff instruct detainee volunteers on:				Facility food service staff presents a detailed documented		
<ul> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food, and;</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>	$\boxtimes$			training program to the detainee workforce. Volunteer workers are required to sign for the training following completion. Copies are maintained by the FSA.		
				,		

PART 4 – 20. FOOD SERVICE							
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
33. Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$						
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.				Facility policy 4.3.1, Food Service Operations, establishes written procedures for weekly inspections of all food service areas.			
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.							
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.				Facility policy 4.3.1, Food Service Operations, requires documented temperature checks and a review revealed that staff appropriately document temperatures. Logs are maintained in the department.			
37. (MANDATORY) Staff documents the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.				Facility policy 4.3.1, Food Service Operations, requires documented temperature checks. Staff documents the temperatures and logs are maintained in the department.			
<ol> <li>The cleaning schedule for each food service area is conspicuously posted.</li> </ol>	$\boxtimes$						
<ol> <li>Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.</li> </ol>							
40. Storage areas are locked when not in use.	$\boxtimes$						
41. Food service personnel conduct shakedowns along with detention staff.	$\boxtimes$						
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.			$\boxtimes$	This is a CDF.			
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.							

PART 4 – 20. FOOD SERVICE								
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.								
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks				
44. <u>In SPCs only:</u> the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.				This is a CDF.				
45. When required, only food service staff prepare the sack lunches for detainee transportation.	$\boxtimes$			Sack lunches are prepared by the cook supervisor for any detainee transportation.				
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.		$\boxtimes$		The facility's outside loading dock doors does not have air curtains or similar devices.				
<ol> <li>Staff complies with the ICE requirements for "food receipt and storage.</li> </ol>	$\boxtimes$							
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	$\boxtimes$							
<ol> <li>Staff complies with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.</li> </ol>	$\boxtimes$							
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.			$\boxtimes$	The facility utilizes a satellite feeding program.				
<ul> <li>51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.</li> <li>Corrective action is taken on deficiencies, if any.</li> </ul>	$\boxtimes$			The facility is inspected semi- annually by the Tacoma-Pierce County Health Department. The current inspection was completed on 10-10-09.				
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	$\boxtimes$							
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.	$\boxtimes$							
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.				The facility maintains a contract service with Sprague Integrated Pest Management, Tacoma, WA.				
FOOD S	ERVIC	E						
⊠ Meets Standard □ Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	□Repeat Finding				

The food service department has undergone an expansion and renovation which has enabled the department to provide the required meals for the additional bed space added to the facility. The facility serves three hot meals each day to the detainee population via a satellite feeding program. All food products are prepared, trayed, and placed on carts that are distributed to the detainee housing areas. Medical and religious diet meals are identified with stickers containing the sing area for distribution.



Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 4 – 21. HUNGER STRIKES						
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.</li> </ol>				There have been no hunger strikes by detainees since the prior inspection. Facility policy requires referral to health services.		
<ol> <li>Facility immediately reports via the chain of command a hunger strike to ICE/DRO.</li> </ol>	$\boxtimes$			Any hunger strike is reported immediately to ICE/DRO.		
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	X			Facility policy requires immediate response to a hunger strike.		
<ol> <li>Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.</li> </ol>				DIHS Local Operating Procedure (LOP) 892 requires isolation of hunger striking detainees.		
<ol> <li>Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.</li> </ol>	$\boxtimes$			DIHS LOP 892 authorizes staff to place a hunger striking detainee in the facility's segregation unit or in the health service's short stay unit.		
<ol> <li>Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.</li> </ol>	$\boxtimes$			Facility policy requires the recording of weights and vital signs at least every 24 hours.		
7. The facility medical authority obtains a hunger striker's consent before medical treatment.	$\boxtimes$			Consents are obtained before any medical treatment or evaluation is performed.		
<ol> <li>A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.</li> </ol>	$\boxtimes$			Refusal of Treatment forms is available for signature for any detainee who rejects evaluation or treatment.		
<ol> <li>Unless otherwise directed by the medical authority, staff delivers three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.</li> </ol>	$\boxtimes$			Three meals are delivered to a hunger striking detainee, irrespective of their verbal refusal of a meal.		
10. Staff maintains the hunger striker's supply of drinking water/other beverages.				A constant supply of water is available to detainees on hunger strike.		
11. During a hunger strike, staff removes all food items from the hunger striker's living area.				All food and commissary items are removed from a hunger striking detainee's cell.		

PART 4 – 21. HU	INGER	STRIKES					
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.							
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks			
12. Staff is directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	$\boxtimes$			DIHS form I-839 is used to record food and fluid intake.			
13. The medical staff has written procedures for treating hunger strikers.	$\boxtimes$			DIHS LOP 892 provides guidance to medical staff in the management of hunger strikers.			
14. Staff documents all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.				Any evaluation, treatment, counseling or attempt to persuade hunger strikers is documented in the Case Trakker electronic medical record.			
15. All staff receives orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receives training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.				The recognition, referral, and management of hunger striking detainees are taught during orientation and annually during refresher training.			
PART 4 – 21. HU	INGER	STRIKES					
🛛 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding			

Staff at the Northwest Detention Center has received training in the recognition, referral, and management of hunger strikes. Written procedures provide adequate guidance for the medical and administrative monitoring of detainees engaging in a hunger strike. There have been no hunger strikes at this facility since the last inspection.

(b)(6), (b)(7)c <u>5-13-10</u>

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	$\boxtimes$			Northwest Detention Center's DIHS health services unit is currently accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) and the National Commission on Correctional Health Care (NCCHC). The entire facility is currently accredited by the American Correctional Association.		
2.	The facility's in-processing procedures of arriving detainees include medical screening.	$\boxtimes$			Medical screening is performed on all detainees prior to placement in the general population.		
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.				(b)(7)e (b)(7)e (b)(7)e he clinical director in Fiorence, Arizona, is the acting medical authority for this facility and is always available by phone.		

	PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	$\boxtimes$			Newly admitted detainees are informed in writing and orally on how to access health care services. If the detainee does not speak English or Spanish, a telephone translation service is used to relay required information in a language the detainee understands.			
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	$\boxtimes$			Medical staff is on-site 24 hours per day/seven days per week. Mental health and dental providers are present eight hours per day/ five days per week and on call for any emergency.			
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	$\boxtimes$			All direct care staff must have proof of tuberculosis testing prior to employment and annually. Public Health Service and contract staff must have completed or be in the process of completing the hepatitis B vaccine series prior to employment.			
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.	$\boxtimes$			The licenses of health care staff were reviewed and were current. Their credentials have been verified. As much of the health care is provided by Public Health Service personnel, licensure may be in a different state than where they practice. This meets federal requirements.			
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	$\boxtimes$			An English or Spanish detainee handbook is available and given to each detainee upon arrival. Access to health care is described in the handbook and is posted in each housing unit. Information is also transmitted orally via a telephone translation service for detainees who do not speak English or Spanish.			

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
Components		Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks	
<ol> <li>In SPCs and CDFs, med credentialing and verification co standards established by the NC Commission.</li> </ol>	mplies with the	$\boxtimes$			This facility is a Contract Detention Facility. Local personnel records of health care staff were reviewed and appropriate credentialing and verifications are performed.	
<ul> <li>10. Within 12 hours of arrival, all detainees receive initial medical, d health screening by a health can detention officer specially trained function.</li> <li>When screening is performed officer, the facility maintains of the officer's special training.</li> </ul>	lental and mental re provider or a to perform this by a detention	$\boxtimes$			All detainees receive medical, mental health, and dental screening within 12 hours of arrival. Screening is always performed by medical staff.	
11. (MANDATORY) If language difficu- health care provider/officer fr communicating with the detainee completing the medical screen obtains translation assistance.	rom sufficiently for purposes of	$\boxtimes$			A telephone translation service is used when language difficulties arise.	
12. The facility has sufficient space a afford each detainee privacy when care.					The facility has ample space and equipment to ensure privacy. The facility has seven examination rooms within the health services unit and additional examination rooms are located in the expansion housing units. The health services unit has a ed short stay unit which includes (b)(7) enegative pressure isolation cells.	
13. The medical facility has its own area. The restricted access area the confines of the secure perimeter	is located within	$\boxtimes$			The health services unit is within the secure perimeter of the facility and has its own restricted access area.	
14. The medical facility entranc holding/waiting room.	e includes a				The health services unit has holding rooms.	
15. The medical facility's holding/wai the direct supervision of custodial s	staff.				The holding rooms are under the supervision of a GEO detention officer.	
<ol> <li>Detainees in the holding/waiting ro to a toilet and a drinking fountain.</li> </ol>	oom have access				Each holding room has access to a toilet and a water fountain.	

	PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
17.	<ul> <li>Medical records are kept apart from other files. They are:</li> <li>Secured in a locked area within the medical unit.</li> <li>With physical access restricted to authorized medical staff.</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>				Health care staff utilizes an electronic/computerized health record called Case Trakker. The system is user and password protected. Only health services personnel have access to the computerized record. No health care information is placed in detainee detention files.			
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.				A dated and signed consent form is obtained on each detainee as part of the intake process. The records of 11 detainees were reviewed and all had signed and dated consent forms.			
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				Detainees sign a release of medical information form when records are sent to outside sources.			
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				The Health Services Administrator advised that health care staff is given adequate notice when detainees are released, transferred or removed.			
	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				A medical summary accompanies detainees when they are transferred. More complete records are sent upon request and with the detainee's authorization.			
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."				When medical records are transferred with the detainee, they are placed in a sealed envelope, marked with the detainee's number and stamped confidential.			

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
23.	Medical screening includes a Tuberculosis (TB) test.				Medical screening includes a chest x-ray to screen for TB. The digital x-ray is sent to the University of Maryland and a report is received within four hours. Detainees are not placed in a general housing unit until the results of the x-ray are known.		
24.	<ul> <li>All detainees receive a mental-health screening upon arrival. It is conducted:</li> <li>By a health care provider or specially trained officer;</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>				Mental health screening is conducted upon arrival and is performed by a member of the medical staff.		
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				When detainees arrive with an I- 794, a health care provider reviews it as part of the initial intake process.		
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.				The records of 12 detainees were reviewed and all had health appraisals within 10 days of arrival.		
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				A registered nurse visits each detainee in the Special Management Unit, at least daily. Detainees may request health care during those rounds or by filling out a sick call request form. Access is equal to or exceeds that of the general population.		

	PART 4 – 22. MEDICAL CARE					
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.					
pre	Components	Meets Standard	Does Not Meet Standard	A IIII	Remarks	
	<ul> <li>Staff provides detainees with health- services (sick call) request slips daily, upon request.</li> <li>Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population.</li> <li>Service-request slips are delivered in a timely fashion to the health care provider.</li> </ul>	$\boxtimes$			Sick call request forms are only used in the Special Management Unit. For general population male detainees, routine health services are obtained by face to face triage with a registered nurse. Sick call triage for males is available seven days a week at 6:00 AM. When controlled movement is announced, detainees line up in the main corridor and they are triaged one at a time and an appointment is scheduled based upon need. Face to face triage for women is conducted daily, but in their housing unit.	
29.	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	$\boxtimes$			Medical staff is on-site 24 hours per day/seven days per week. The emergency plan for medical emergencies was reviewed and provides adequate guidance for delivering emergency care when immediate outside medical attention is required.	
30.	The plan includes an on-call provider.	$\boxtimes$			Health care staff is present in the facility at all times. An on- call provider list is posted in the health services unit.	
	The plan includes a list of telephone numbers for local ambulances and hospital services.	$\boxtimes$			Hospital and ambulance telephone numbers are posted in central control.	
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	$\boxtimes$			Facility emergency plans for medical emergencies outline procedures for security and safety when acquiring emergency health care.	

	PART 4 – 22. MEDICAL CARE					
	s Detention Standard ensures that detainees have a vention and health education, so that their health care					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	$\boxtimes$			Detention and health care staff are trained to respond to emergencies within four minutes. All staff with direct contact with detainees has basic cardiac life support and first aid training. There is no place within the facility that cannot be reached by trained staff in less than four minutes. Annual training is provided in the location and use of first aid kits. Facility policy and DIHS policy require a four minute response time.	
34.	Where staff is used to distribute medication, a health care provider properly trains these officers.			$\boxtimes$	Only medical staff distributes medication.	
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	$\boxtimes$			Pharmaceuticals are dispensed by medical staff unless they have been classified as "Keep on Person" medications. DEA controlled substances and medications prone to abuse are distributed on pill line.	
36.	<ul> <li>(MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include:</li> <li>A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.</li> <li>A method for obtaining medicines not on the formulary.</li> <li>Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed.</li> <li>Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications.</li> <li>Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.</li> </ul>				Chapter 11 of DIHS National Policy provides adequate guidance for pharmacy functions. DIHS health care providers utilize a national formulary. DIHS National Policy 11.5.2 describes non-formulary medication requests. DEA controlled substances are securely stored and inventoried regularly. An inventory was conducted and was correct.	

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
(b) 39. Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	)(7)e			The facility permits detainees to keep many prescribed medications on their person. When DEA controlled substances or medication prone to abuse are required, they are dispensed via a pill line. A standard Medication Administration Record (MAR) is used to record when medications are distributed.	
<ul> <li>40. Medication may not be delivered or administered by detainees.</li> <li>In facilities that are medically staffed 24 hours a day, the health care provider distributes medication.</li> </ul>				Only medical staff distributes	
<ul> <li>In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff is not on duty.</li> </ul>				Only medical staff distributes medications.	

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
41. The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			$\boxtimes$	Only medical staff distribute medications.	
42. The Warden/Facility receives notification that a detainee that has special medical needs.	$\boxtimes$			A special needs form is used to notify the Warden and facility staff regarding detainees with special needs.	
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	$\boxtimes$			Division of Immigration Health Services (DIHS) standard operating procedure 2.7 outlines medical requests by outside interests. Policy permits such examinations but prohibits DIHS staff from participating in the examinations in any manner.	
<ul> <li>44. (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: <ul> <li>Coordination with public health authorities;</li> <li>Ongoing education for staff and detainees;</li> <li>Control, treatment, and prevention strategies;</li> <li>Protection of individual confidentiality;</li> <li>Media relations;</li> <li>Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and</li> <li>Reporting communicable diseases to local and/or state health departments in accordance</li> </ul> </li> </ul>				The Department of Immigration Health Services (DIHS) Infection Control Manual was reviewed and contains all required items. Notifications regarding infectious diseases are made to the Tacoma/Pierce county public health authorities and the DIHS Department of Epidemiology.	
with local and state regulations. 45. Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.				The facility houses detainees with communicable diseases in d (b)(7)e dical isolation cells. (b)(7)e ll has been constructed, but is waiting testing and certification before its use.	

	PART 4 – 22. M	IEDICA				
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	$\boxtimes$			All new arrivals receive TB screening by means of a chest x-ray, prior to placement in a general population housing unit.	
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.				Detainees with symptoms of TB or a positive chest x-ray are placed in a negative pressure isolation room waiting further evaluation, treatment or clearance.	
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.				GEO performs transportation of detainees to outside medical appointments or to the hospital unless an ambulance is required.	
49.	Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	$\boxtimes$			Detainees with chronic medical conditions or those requiring more frequent monitoring are monitored by a physician, mid- level practitioner or mental health provider. The records of eight detainees requiring frequent and regular follow-up were reviewed and all had appropriate monitoring.	
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.				All females of child bearing age are given a pregnancy test upon arrival. Pregnant detainees are evaluated and managed by a local contract OB-GYN physician. Counseling, assistance, nutrition, and postpartum follow-up are available.	

	PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority				Detainees with chronic medical conditions or those requiring more frequent monitoring are monitored by a physician, mid- level practitioner or mental health provider. The records of eight detainees requiring frequent and regular follow-up were reviewed and all had appropriate monitoring.			
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.				A Special Needs form is used to communicate with detention staff regarding detainees requiring special consideration regarding housing, transfer or transportation.			
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.				The facility has a full-time dentist, dental hygienist, and dental technician. Routine services are available five days per week. Emergency care is provided based upon request and determined need.			
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.				The facility has a full-time psychologist and social worker. A psychiatrist is contracted to provide services twice a week. Detainees with mental health needs are promptly referred for further evaluation and management.			
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.				Crisis intervention services are available at Fairfax or St. Joseph's hospitals.			
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.				Medical and mental health interviews, procedures, and examination are conducted in a private setting. Chaperones are provided when examinations or procedures are performed by the opposite sex.			

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
57. <b>(MANDATORY)</b> Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.				Detainees with referrals for mental health needs are routinely evaluated by a licensed mental health provider within 3-4 days of referral.	
<ul> <li>58. (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify:</li> <li>The conditions under which restraints may be applied;</li> <li>The types of restraints to be used;</li> <li>How a detainee in restraints is to be monitored;</li> <li>The length of time restraints are to be applied;</li> <li>Requirements for documentation, including efforts to use less restrictive alternatives; and</li> <li>After-incident review.</li> <li>The medical authority or mental health provider completes a Post-Restraints form.</li> </ul>				(b)(7)(E)	
<ul> <li>59. (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will:</li> <li>Specify the duration of therapy;</li> <li>Obtain an order authorizing the administration of the drug from a Federal District Court.</li> <li>Document that less restrictive intervention options have been exercised without success;</li> <li>Detail how the medication is to be administered;</li> <li>Monitor the detainee for adverse reactions and side effects; and</li> <li>Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul>				When it is determined that involuntary administration of medications may be required, authorization is obtained from the local Federal District Court. Local policy addresses documenting less restrictive alternatives, administration and duration of therapy.	

PART 4 – 22. MEDICAL CARE							
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks			
60. An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	$\boxtimes$			The records of 12 detainees were reviewed and all had dental screening exams within 10 days of arrival. Nurses and mid-level providers have been trained by the on-site dentist to perform this function.			
61. In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.				The health services administrator and facility administrator have agreed on the contents, number, and location of first aid kits. First aid kits are inventoried monthly or when the tamper seal has been broken.			
62. An automatic external defibrillator should be available for use at the facility.				There are three automatic external defibrillators available in the facility.			
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.				Detainees refusing life sustaining treatment are reported to ICE/DRO.			
64. In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.				The health services administrator, AFOD, and Warden meet weekly.			
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.				Biohazardous waste is managed via a national DIHS contract with Stericycle. Medical and dental sterile packs are sterilized in an autoclave.			
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.				The health services unit has a performance improvement program that involves medical, mental health, dental, pharmacy, and administrative staff.			
PART 4 – 22. I							
⊠ Meets Standard   □ Does Not Meet	Standa	rd 🗌 N	/ <b>A</b>	Repeat Finding			

Health care at the Northwest Detention Center is provided by the Division of Immigration Health Services. The health care unit is currently accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) and the National Commission on Correctional Health Care (NCCHC). The entire facility is currently accredited by the American Correctional Association. Access to medical, dental, and mental health services is not inhibited. Detainees with chronic care needs are identified during the intake screening or physical assessment process and monitored frequently

ly. Detainee health care needs are met in a timely and efficient manner.

(b)(6), (b)(7)c 5-13-10

Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

	PART 4 – 23. PERSONAL HYGIENE						
thre	This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.	$\boxtimes$			Facility policy 4.4.4 provides guidance regarding issuance of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.		
2.	<ul> <li>All new detainees are issued clean, temperature- appropriate, presentable clothing during in- processing. Detainees receive, at a minimum:</li> <li>One uniform shirt and one pair of uniform pants or one jumpsuit.</li> <li>One pair of socks.</li> <li>One pair of underwear (daily change).</li> <li>One pair of facility-issued footwear.</li> </ul>	$\boxtimes$			Upon arrival, each detainee is issued two shirts, two pairs of pants, two pairs of socks, three pairs of underwear, one pair of shower sandals, and one pair of tennis shoes.		
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	$\boxtimes$			In addition to the initial issue of clothing, a sweat shirt and sweat pants are issued for cooler weather.		
4.	<ul> <li>New detainees are issued clean bedding, linens and towels, at a minimum:</li> <li>One mattress</li> <li>One blanket</li> <li>Two sheets</li> <li>One pillow</li> <li>One pillowcase</li> <li>One towel</li> <li>Additional blankets, based on local weather conditions.</li> </ul>	X			Detainees are provided one mattress, two blankets, two sheets, one pillow case, one pillow, and one towel.		
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	$\boxtimes$			The facility provides a hygiene kit and replaces the items when needed. Gender specific hygiene items are also supplied.		

PART 4 – 23. PERSONAL HYGIENE					
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
6. Toilet facilities are:					
<ul> <li>Clean</li> <li>Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas.</li> </ul>	$\boxtimes$			The housing unit toilet facilities were inspected and were clean. The number of toilets meets the	
ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets.				required ratio.	
7. Bathing facilities are:					
<ul> <li>Clean</li> <li>Operable with temperatures between 100 and 120 degrees Fahrenheit.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires one</li> </ul>	$\boxtimes$			The shower facilities were inspected and were clean. The hot water was observed to be 114 degrees Fahrenheit. The	
washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.				shower to detainee ratio meets the requirement.	
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	$\boxtimes$			Each housing unit has at least one accessible shower with seats and assist bars, and two accessible toilets.	
9. Detainees are provided clean clothing, linen and					
<ul> <li>towels.</li> <li>Socks and undergarments - daily.</li> <li>Outer germente, twice weekly.</li> </ul>				Socks and undergarments are laundered daily, outer garments	
<ul> <li>Outer garments - twice weekly.</li> <li>Sheets - weekly.</li> <li>Towels - weekly.</li> </ul>				three times per week, and linens and towels are laundered two times per week.	
<ul> <li>Pillowcases - weekly.</li> </ul>					
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.				Food service detainee workers wear jump suits while at work.	
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.				When needed, volunteer detainee workers are permitted to exchange outer garments more frequently.	
PART 4 – 23. PER	SONA	L HYGIEN	E		
🛛 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding	

Detainees in the Northwest Detention Center receive an adequate supply of bedding and climate appropriate clothing. Hygiene products are also provided and replenished as needed. Shower and toilet facilities are provided in adequate numbers.

(b)(6), (b)(7)c -13-10

Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.					
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
<ol> <li>The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.</li> </ol>				Facility policy 3.4.2 provides written procedures for the identification, referral and management of suicidal detainees. The Warden and Assistant Field Office Director signed the policy in April 2010. The DIHS LOP has been signed by the health services administrator. The facility policy and LOP represent a coordinated program.	
<ul> <li>2. At a minimum, the Program shall include procedures to address: <ul> <li>Intake screening and referral requirements;</li> <li>The identification and supervision of suicide-prone detainees;</li> <li>Staff training requirements;</li> <li>The management and reporting of suicidal incidents, suicide watches, and deaths;</li> <li>Provision of safe housing for suicidal detainees;</li> <li>Debriefing of any suicides and suicide attempts by administrative, security, and health services staff;</li> <li>Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.</li> <li>Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior.</li> </ul> </li> </ul>				Facility policy and the DIHS LOP include all required items.	
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.				All staff receive suicide prevention and intervention training as part of their orientation and each year as part of annual refresher training.	

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>4. Training prepares staff to:</li> <li>Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Effective communication between correctional and health care personnel,</li> <li>Necessary referral procedures,</li> <li>Housing observation and suicide-watch level procedures,</li> <li>Follow-up monitoring of detainees who have already attempted suicide, and</li> <li>Reporting and written documentation procedures.</li> </ul>				The Power Point training presentation was reviewed and contains all required elements.	
<ul> <li>5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</li> <li>Screening does not occur later than one working day after the detainee's arrival.</li> <li>Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.</li> </ul>				Suicide potential screening occurs during the intake process and is performed within 12 hours of arrival and prior to placement in a housing unit. The screening is performed by a member of the medical staff.	
<ol> <li>Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.</li> </ol>				Facility policy 3.4.2 provides guidance on referral of at-risk detainees. Detention staff was interviewed and were familiar with the proper procedures for referrals.	
<ol> <li>Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.</li> </ol>	$\boxtimes$			Policy instructs staff that only medical personnel are to coordinate the continuance and/or discontinuation of a suicide watch.	
8. The facility has a designated isolation room for evaluation and treatment.				Suicide watches are conducted in the health services unit's short stay unit.	

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.</li> </ol>	$\boxtimes$			The designated room is stripped of all small items and structures that could be used in a suicide attempt. The detainee is placed in a suicide prevention gown.	
10. Medical staff has approved the room for this purpose.	$\boxtimes$			Medical staff has approved the room.	
11. Staff observes and document the status of a suicide-watch detainee at least once every 15 minutes/constant observation.	$\boxtimes$			One-on-one watches are conducted when a detainee is on suicide watch. A detention officer sits outside the cell door and records his observations at least every 15 minutes.	
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	X			One-on-one watches are conducted when a detainee is on suicide watch. A detention officer sits outside the cell door and records his observations at least every 15 minutes. Medical staff records their observations at least every two hours.	
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance			$\boxtimes$	The facility has 24 hour medical staffing.	
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.				Mortality reviews or after action reviews are conducted on completed suicides or serious attempts.	
PART 4 – 24. SUICIDE PREVI					
🛛 Meets Standard 🛛 🗋 Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	Repeat Finding	

Staff at the Northwest Detention Center receives training to recognize, refer, and manage potentially suicidal detainees. Training is provided during orientation and annually. There were no completed suicides or serious suicide attempts by detainees since the previous inspection.

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

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

### PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH

This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	$\boxtimes$			Detainees chronically or terminally ill can be housed at this facility as long as the staffing and their expertise is appropriate. Detainees who have medical or mental health issues beyond the scope of the health care staff are transferred to an appropriate facility.
2.	<ul> <li>The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition.</li> <li>The detainee's location.</li> <li>The visiting hours and rules at that location.</li> </ul>				The Division of Immigration Health Services (DIHS) National Policy 2.4 identifies ICE as the agency that will notify the next- of-kin.
3.	<ul> <li>There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives.</li> <li>These guidelines include instructions for detainees who wish to have a living will.</li> <li>These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense.</li> </ul>	$\boxtimes$			DIHS National Policies 2.6 and 2.6.1 provide adequate guidance for drafting living wills and advance directives. A private attorney may assist in drafting the documents.
4.	Orders"				DIHS National Policy 2.6.2 provides guidance for obtaining do not resuscitate orders.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				DIHS National Policy 2.6.2 states that maximal therapeutic efforts, short of resuscitation will be provided to detainees with do not resuscitate orders.
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	$\boxtimes$			The facility notifies ICE/DRO and ICE/DRO notifies the medical director and legal counsel.
7.	The facility has written procedures to address the issues of organ donation by detainees.				DIHS National Policy 2.6.4 provides guidance for organ donation by detainees.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

### PART 4 - 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH

This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

☐ Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.</li> </ol>	$\boxtimes$			DIHS policy requires notification of ICE/DRO when a detainee dies in custody. ICE makes the consulate and family notifications.	
<ol> <li>The facility has a policy and procedure to address the death of a detainee while in transport.</li> </ol>	$\boxtimes$			The facility transportation plan outlines procedures for death of a detainee while in transport.	
<ol> <li>At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.</li> </ol>			$\boxtimes$	There have been no deaths of detainees at this facility since the previous inspection.	
<ol> <li>In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.</li> <li>If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified.</li> </ol>	$\boxtimes$			Per the Assistant Field Office Director (AFOD) an indigent's burial would be provided and if the detainee was a veteran, the Department of Veteran's Affairs would be notified.	
<ol> <li>An original or certified copy of a detainee's death certificate is placed in the subject's A-File.</li> </ol>				There have been no deaths of detainees at this facility since the previous inspection. Per the AFOD, a copy of the death certificate would be placed in the detainee's A-file.	
<ul> <li>13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;</li> <li>Performance of an autopsy.</li> <li>Person(s) to perform the autopsy.</li> <li>Obtaining State approved death certificates.</li> <li>Local transportation of the body.</li> </ul>			$\boxtimes$	There have been no deaths of detainees at this facility since the previous inspection. Local law requires that all deaths in jails, prisons or detention centers require an autopsy.	
<ol> <li>ICE staff follows established procedures to properly close the case of a deceased detainee.</li> </ol>			$\boxtimes$	There have been no deaths of detainees at this facility since the previous inspection.	
PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH					
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

The Northwest Detention Center has the staffing and expertise to manage detainees who are severely or terminally ill. However, detainees who develop medical or mental health conditions beyond the capabilities of the detention center are quickly transferred to a more appropriate facility. Adequate policies are in place in regard to advance directives, organ donation, deaths, and related notifications.

(b)(6), (b)(7)c 5-13-10 Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

# SECTION V ACTIVITIES STANDARDS

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

## PART 5 – 26. CORRESPONDENCE AND OTHER MAIL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.				Facility Policy 5.2.1, Detainee Correspondence, and the detainee handbook pages 15 and 16 describe the policy and procedures concerning correspondence and mail.	
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	$\boxtimes$			The detainee handbook is available in English and Spanish.	
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	$\boxtimes$			The local Post Office delivers the mail to the facility around 11 AM, Monday thru Friday.	
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).				At the time the mail is delivered to the facility, the Post Office picks up the outgoing mail.	
5.	Staff maintains a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	$\boxtimes$			The administrative assistant who handles the mail maintains an EXCEL spreadsheet for these various types of mail.	
6.	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 Facility Administrator or equivalent for prevailing security reasons.					
7.	Staff does not read incoming general correspondence without the Facility Administrator's prior approval.					
(b)(7)e						
9.	Staff is prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.					
	(b)(7)e					

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks		
<ol> <li>Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.</li> </ol>	$\boxtimes$					
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	$\boxtimes$			Samples of written notices sent by the facility for rejected mail were reviewed.		
<ol> <li>The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.</li> </ol>						
14. Staff maintains a written record of every item removed from detainee mail.	$\boxtimes$					
(b)(7)e						
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.						
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	$\boxtimes$					
<ol> <li>Staff provides the detainee a copy of his or her identity document(s) upon request.</li> </ol>						
(b)(7)e						
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	$\boxtimes$					
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.	$\boxtimes$			Stamps may be purchased through the commissary.		
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$			The pod officer provides these to the detainees.		
23. SMU detainees have the same correspondence privileges as general population.	$\boxtimes$					
24. Detainees have access to outside publications.	$\square$					

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
🖂 Meets Standard	Does Not Meet Standard	□ N/A	Repeat Finding		

The facility ensures that detainees send and receive correspondence in a timely manner, subject to limitations required for the safety, security, and orderly operation of the facility. Mail guidelines are covered on pages 15 and 16 of the detainee

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

Reviewer's Signature / Date

5-13-10

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

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

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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

This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.				
ICE Field Office or Sub-Office in control of the detaine Components	Meets Standard e o	Does Not Meet Standard	N/A	Remarks
<ol> <li>Escort officers ensure that detainees:         <ul> <li>Conduct themselves in a manner that does not bring discredit to ICE/DRO.</li> <li>Do not violate federal, state, or local laws.</li> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants.</li> <li>Do not arrange to visit family or friends unless approved before the trip.</li> <li>Make no unauthorized phone calls.</li> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.</li> </ul> </li> </ol>				
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.				
<ol> <li>Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.</li> </ol>				
<ol> <li>The Field Office Director is the approving official for all non-medical escorted trips.</li> </ol>				
<ul> <li>15. Facility procedures comply with the following ICE Standards:</li> <li>Transportation (Land Transportation</li> <li>Restraints applied strictly in accordance with the Use of Force Standard.</li> </ul>				ERGENCIES
☐ Meets Standard ☐ Does Not Meet S				☐Repeat Finding

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

All Non-Escorted Medical trips are handled by the ICE Field Office in control of the detainee's case.

(b)(6), (b)(7)c 5-13-10 Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 5 – 28. MARRIAGE REQUESTS						
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by- case basis.</li> </ol>						
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.				Facility policy 3.5.5, Detainee Marriage Request, states that "ICE will ultimately approve or deny the request."		
3. It is standard practice to require a written request for permission to marry.	$\boxtimes$					
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.						
<ol> <li>The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.</li> </ol>				Facility policy 3.5.5, Detainee Marriage Request, states that ICE will notify the detainee of the decision.		
6. When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	$\boxtimes$					
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	$\boxtimes$					
8. The detainee handbook explains the marriage request process.	$\boxtimes$					
<ol> <li>In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.</li> </ol>			$\boxtimes$	This is a CDF.		
PART 5 – 28. MAR	RIAGE	REQUES	TS			
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding						

The facility has an established policy in place to allow for detainee marriages. Detainees wishing to marry submit a request which is forwarded to the ICE Assistant Field Office Director for disposition. The facility does not approve or disapprove marriage requests. Established policy allows for the marriage ceremony to be conducted within the facility when approved by ICE.

(b)(6), (b)(7)c	<u>-13-10</u>
Reviewer's Signature /	Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 5 - 29.	RECRE				
This Detention Standard ensures that each detainee has access to recreational and exercise programs and					
activities, within the constraints of safety, security, and good order. ⊠ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".					
I foundoor recreation is onered check this box. The	ms 19-/	z <i>i</i> snoula	then	be marked N/A .	
	ts lard	Does Not Meet Standard	-		
Components	Meets Standard	oes Nc Meet tandar	N/A	Remarks	
	_ <u>v</u>	ŭ ŭ			
1. The Facility provides:					
An indoor recreation program.	$\boxtimes$				
An outdoor recreation program.					
<ol> <li>A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.</li> </ol>					
3. Regular maintenance keeps recreational facilities and equipment in good condition.					
4. The recreational specialist or trained equivalent					
supervises detainee recreation workers. 5. The recreational specialist or trainee equivalent					
oversees recreation programs for Special Management Unit and special-needs detainees.	$\boxtimes$				
<ol> <li>Dayrooms offer sedentary activities, e.g., board games, cards, television.</li> </ol>					
7. Outside activities are restricted to limited-contact sports.					
8. Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$				
9. Detainees have access to recreation activities outside the housing units for at least one hour daily.	$\boxtimes$				
10. Staff checks all items for damage and condition when equipment is returned.					
11. Staff conducts searches of recreation areas before and after use.				Facility staff searches recreation areas before and after each use. The searches are documented in the recreation officer's logbook.	
12. Recreation areas are under constant staff supervision.	$\boxtimes$				
13. Supervising staff are equipped with radios.	$\square$				
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.					
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	$\boxtimes$				
16. Special programs or religious activities are available to detainees.	$\boxtimes$				

PART 5 - 29. I					
This Detention Standard ensures that each detainee h activities, within the constraints of safety, security, and go			creati	onal and exercise programs and	
$\boxtimes$ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".					
	" E	g g			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	_ <u>2</u>	δ δ			
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				The facility training department conducts orientation training for all approved volunteers. Training is completed prior to them being allowed to serve in the facility.	
<ol> <li>Visitors, relatives or friends of detainees are not allowed to serve as volunteers.</li> </ol>	$\boxtimes$				
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			$\boxtimes$	The facility offers the detainee population access to outside recreation.	
20. If yes, written procedures ensure timely review of all eligible detainees.			$\boxtimes$	The facility offers the detainee population access to outside recreation.	
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			$\boxtimes$	The facility offers the detainee population access to outside recreation.	
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.			$\boxtimes$	The facility offers the detainee population access to outside recreation.	
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.				The facility offers the detainee population access to outside recreation.	
<ol> <li>Staff notifies the detainee's legal representative of his or her decision to accept/decline a transfer.</li> </ol>			$\boxtimes$	The facility offers the detainee population access to outside recreation.	
<ol> <li>If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.</li> </ol>			$\boxtimes$	The facility offers the detainee population access to outside recreation.	
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			$\boxtimes$	The facility offers the detainee population access to outside recreation.	
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			$\boxtimes$	The facility offers the detainee population access to outside recreation.	
PART 5 - 29. I	RECRE	ATION			
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

The facility is designed with covered outdoor recreation space available in each detainee housing area. Handball and basketball type equipment is available for outside activities. Dayrooms inside the housing units offer televisions, board games, cards, etc. if the detainee prefers to be indoors.



FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 5 – 30. RELI						
This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.						
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks		
<ol> <li>Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.</li> </ol>						
<ol> <li>Space is available for detainees to participate in religious services.</li> </ol>	$\boxtimes$			Religious services are conducted in the facility multi- purpose room.		
<ul> <li>3. The facility allows detainees to observe the major "holy days" of their religious faith.</li> <li>List any exceptions.</li> </ul>	$\boxtimes$			The facility allows detainees to observe all major "holy days."		
<ul> <li>4. The facility accommodates recognized holy-day observances by:</li> <li>Providing special meals, consistent with dietary restrictions.</li> <li>Honoring fasting requirements.</li> <li>Facilitating religious services.</li> <li>Allowing activity restrictions.</li> </ul>						
<ol> <li>Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.</li> </ol>				The facility allows detainees to maintain three religious books and one religious necklace. Additionally the facility provides prayer rugs and other necessary items when requested by the detainee population.		
<ol> <li>Volunteer's credentials are checked and verified before allowing participation in detainee programs.</li> </ol>	$\boxtimes$			The facility reviews volunteer credentials when the volunteer request access to the facility. The facility Warden and ICE approve the volunteer prior to participation in a detainee program.		
<ol> <li>Members of faiths not represented by clergy may request to present their own services within security allowances.</li> </ol>						
<ol> <li>Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.</li> </ol>						
RELIGIOUS	PRACT	FICES				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

The facility maintains an established volunteer religious program for the detainee population. Services are conducted for the detainee population to promote spiritual development. Training programs for volunteers are conducted periodically by the training manager to ensure awareness of the rules and regulations of the facility.



FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

	PART 5 – 31. TELEPHONE ACCESS					
	This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.				Phones in the housing units may be accessed from 5:30 AM - 11:30 PM. TTY devices are located in the intake area.	
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	$\boxtimes$			Detainees are given a facility handbook during the orientation process.	
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	$\boxtimes$				
4.	Access rules, including updated telephone and consulate number, are posted in housing units.					
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.				The facility detainee handbook is available in Spanish.	
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	$\boxtimes$			The facility has one phone for every 22 detainees.	
7.	Telephones are inspected $daily$ by facility staff to ensure that they are in good working order.	$\boxtimes$			The detention officer checks the phones and documents the check in the housing unit logbook.	
8.	Telephones are located a reasonable distance from televisions.	$\boxtimes$			All detainees use ear plugs when watching the dayroom TV.	
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	$\boxtimes$			The telephone provider is Talton Services.	
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	$\boxtimes$				
	Detainees are afforded a reasonable degree of privacy for legal phone calls.	$\boxtimes$			Detainees may submit a request to ICE for assistance in making a private legal call.	
	A procedure exists to assist a detainee who is having trouble placing a confidential call.	$\boxtimes$				
	The facility provides the detainees with the ability to make non-collect (special access) calls.	$\boxtimes$				
	Special Access calls are at no charge to the detainees.	$\boxtimes$				
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.	$\boxtimes$				

PART 5 – 31. TELEPHONE ACCESS							
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ol> <li>No restrictions are placed on detainees attemptin to contact attorneys and legal service provider who are on the approved "Free Legal Service List".</li> </ol>	s 🛛						
<ol> <li>Special arrangements are made to allow detainee to speak by telephone with an immediate fami member detained in another Facility.</li> </ol>	ly 🛛						
18. All telephone restrictions are documented.	$\boxtimes$			A memo would be sent to ICE.			
<ol> <li>The facility has a system for taking and deliverin emergency detainee telephone messages.</li> </ol>				Central control takes the message and staff delivers it to the detainee.			
<ol> <li>Phone call messages are given to detainees a soon as possible.</li> </ol>	IS 🛛						
<ol> <li>Detainees are allowed to return emergency phon calls as soon as possible.</li> </ol>	e 🛛						
<ol> <li>Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.</li> </ol>	n 🖂						
<ol> <li>Detainees in disciplinary segregation are allowe phone calls to consular/embassy officials.</li> </ol>	d 🖂						
<ol> <li>Detainees in disciplinary segregation are allowe phone calls for family emergencies.</li> </ol>	<sup>d</sup> 🖂						
25. Detainees in administrative segregation an protective custody are afforded the same telephon privileges as those in general population.							
26. When detainee phone calls are monitored notification is posted by detainee telephones including a recorded message on the phon system, that phone calls made by the detainee may be monitored. Special Access calls are no monitored.	s, le s						
<ol> <li>The OIG phone number for reporting abuse programmed into the detainee phone system. The reviewer must verify that the number is operable.</li> </ol>				This reviewer contacted the OIG directly from the telephone in unit C-2.			
<ol> <li>The Field Office Director has assigned ICE staff t check and report on the serviceability of facility phones. This is documented on a weekly basis</li> </ol>				Telephone Serviceability Worksheets were reviewed.			
PART 5 – 31. TI	ELEPHON	IE ACCES	S				
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding							

Facility Policy 5.2.2 ensures that ICE detainees have reasonable and equitable access to telephones. The telephone guidelines are outlined on page 9 of the detainee handbook. Telephones are inspected regularly by staff. Each housing unit officer tests the housing unit phones on their shift and documents the test on the shift report.

(b)(6), (b)(7)c	-13-10
Reviewer's Signature /	Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

### PART 5 – 32. VISITATION

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.				This requirement is addressed on page 12 of the Detainee handbook.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	$\boxtimes$			
3.	The visitation schedule and rules are available to the public.				This information was observed to be posted in the entryway of the facility.
4.	The hours for all categories of visitation are posted in the visitation waiting area.				This information was observed to be posted in the entryway of the facility.
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	$\boxtimes$			
6.	A general visitation log is maintained.	$\boxtimes$			A visitation log is maintained at the entry desk and by the visiting room officer.
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	$\boxtimes$			
8.	A visitor dress code is available to the public.				This information was observed to be posted in the entryway of the facility.
9.	Visitors are searched and identified according to standard requirements.	$\boxtimes$			Visitors pass through the metal detector. In addition, a picture ID must be presented.
10.	The requirement on visitation by minors is complied with.	$\boxtimes$			
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.				
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.	$\boxtimes$			
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.				
14.	Detainees in special housing are afforded visitation.	$\boxtimes$			

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 5 – 32. VISITATION						
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.						
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
<ol> <li>Legal visitation is available seven (7) days a week, including holidays.</li> </ol>	$\boxtimes$					
16. On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	$\boxtimes$			Legal visitation hours are from 6 AM to 6 PM, Monday thru Friday and 8 AM - 3:30 PM on weekends.		
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	$\boxtimes$			A sack lunch is provided.		
<ol> <li>Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.</li> </ol>	$\boxtimes$					
19. There are written procedures governing detainee searches.	$\boxtimes$			Facility policy 3.1.10, Search of Detainees, outlines the search procedures.		
(b)(7)e						
22. The current list of pro bono legal organizations is				credentials of the visitor.		
posted in the detainee housing areas and other appropriate areas.	$\boxtimes$					
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	$\boxtimes$					
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	$\boxtimes$					
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	$\boxtimes$					
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	$\boxtimes$					
PART 5 – 32	VISIT	ATION	-			
☑ Meets Standard  ☐ Does Not Meet Standard  ☐ N/A  ☐ Repeat Finding						

The facility permits authorized persons to visit detainees, within security and operational constraints. The facility also allows detainees to meet privately with their current or prospective legal representatives, legal assistants, and consular officials.

(b)(6), (b)(7)c -13-10

Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

nui leg (O:	This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.  Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	The facility has a voluntary work program.	$\boxtimes$				
	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	$\boxtimes$				
3.	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.			$\boxtimes$	The facility is a CDF and does not allow detainee workers outside the secure perimeter.	
4.	<ul> <li>Written procedures govern selection of detainees for the Voluntary Work Program.</li> <li>The same procedures apply for replacement workers as for "new" workers.</li> <li>Staff follows written procedures.</li> </ul>	X			Facility policy 5.1.2, Voluntary Work Program, establishes policy and procedure for the detainee volunteer work program. The facility detainee handbook also describes the work program and the procedure for detainees to request participation.	
	Where possible, physically and mentally challenged detainees participate in the program.	$\boxtimes$				
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.	$\boxtimes$			Detainees work a fixed schedule of approximately four hours per day.	
7.	Detainee volunteers ordinarily work according to a fixed schedule.	$\boxtimes$				
8.	If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	$\boxtimes$				
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	$\boxtimes$			Detainees are required to understand and sign a volunteer work program agreement and job description.	

## PART 5 - 33. VOLUNTARY WORK PROGRAM

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

 $\boxtimes$ 

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

10. The voluntary work program meets:

**OSHA** standards

NFPA standards

ACA standards

1. 2.

4.

8.

•

٠

•

PART 5 – 33. VOLUNTARY WORK PROGRAM					
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.					
CombonentsMeetsN/AN/AN/AN/A					
<ul> <li>11. Medical staff screen and formally certifies detainee food service volunteers;</li> <li>Before the assignment begins</li> <li>As a matter of written procedure</li> </ul>				Facility medical staff completes a Food Service Clearance Checklist prior to a detainee being allowed to work in the food service department.	
12. Detainees receive safety equipment/ training sufficient for the assignment	$\boxtimes$				
<ol> <li>Proper procedure is followed when an ICE detainee is injured on the job.</li> </ol>	$\boxtimes$				
PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAN	Л	
⊠ Meets Standard   □ Does Not Meet \$	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding	

The facility has an established work program for volunteer detainee workers. Detainees submit a request if they want to work and the requests are reviewed and approved by the classification department. Detailed training is conducted and documented for the assigned position.

(b)(6), (b)(7)c / <u>5-13-10</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

## SECTION VI JUSTICE STANDADS

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 6 - 34. DET	PART 6 - 34. DETAINEE HANDBOOK				
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	$\boxtimes$				
2. The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	$\boxtimes$			The facility handbook is provided to the detainee population in English and Spanish.	
<ol> <li>A procedure for requesting interpretive services for essential communication has been developed.</li> </ol>	X			Interpretive services are provided through a contract service with INTERPRETALK, Horsham, PA.	
4. Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	$\boxtimes$				
5. The handbook supplements the facility orientation video where one is provided.	$\boxtimes$			The facility utilizes an orientation video in English and Spanish. The video is shown each morning throughout the facility.	
6. The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.					
<ol> <li>There is an annual review of the handbook by a designated committee or staff member.</li> </ol>				The facility's current revision of the local handbook was on 5-1-10.	
<ul> <li>8. The detainee handbook address the following issues:</li> <li>Personal Items permitted to be retained by the detainee.</li> <li>Initial issue of clothes, bedding and personal hygiene items.</li> <li>How to access care.</li> </ul>	$\boxtimes$				
9. The detainee handbook states in clear language basic detainee responsibilities.	$\boxtimes$				
10. The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.					
11. The handbook states when a medical examination will be conducted.	$\boxtimes$				
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	$\boxtimes$				

PART 6 - 34. DET/					
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks	
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.					
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.				Disposable razors are issued daily in exchange for the detainee identification card. When the razor is returned to the housing officer the identification card is returned to the detainee.	
15. The handbook describes barber hours and hair cutting restrictions.	$\boxtimes$				
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.					
17. The handbook addresses religious programming.	$\boxtimes$				
18. The handbook states times and procedures for commissary or vending machine usage. (where available)					
19. The handbook describes the detainee voluntary work program.	$\boxtimes$				
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	$\boxtimes$				
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.					
22. The handbook/supplement provides local ICE contact information.		$\boxtimes$		The facility handbook does not contain contact information for the Seattle Field Office.	
23. The handbook describes the facility contraband policy.					
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.					

PART 6 - 34. DET	AINEE	HANDBOO	OK	
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25. The handbook describes the correspondence policy and procedures.				
26. The handbook describes the detainee disciplinary policy and procedures, including:				
<ul> <li>Prohibited acts and severity scale sanctions.</li> </ul>	$\bowtie$			
<ul> <li>Time limits in the Disciplinary Process.</li> </ul>				
<ul> <li>Summary of Disciplinary Process.</li> </ul>				
27. The grievance section of the handbook explains all steps in the grievance process – Including:				
<ul> <li>Informal (if used) and formal grievance procedures;</li> </ul>				
The appeals process;				
<ul> <li>In CDFs procedures for filing an appeal of a grievance with ICE.</li> </ul>	$\boxtimes$			
<ul> <li>Staff/detainee availability to help during the grievance process.</li> </ul>				
<ul> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> </ul>				
How to file a complaint about officer misconduct with the Department of Homeland Security.				
28. The handbook describes the medical sick call procedures for general population and segregation.	$\boxtimes$			
29. The handbook describes the facility recreation policy including:				
Outdoor recreation hours.				
Indoor recreation hours.	$\boxtimes$			
In dorm leisure activities.				
<ul> <li>Rules for television viewing.</li> </ul>				
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	$\boxtimes$			
<ol> <li>The handbook specifies the rights and responsibilities of all detainees.</li> </ol>	$\boxtimes$			
32. Detainees are required to sign for the handbook to ensure accountability.				Upon intake processing into the facility the detainees are required to sign the facility Property Receipt Form which includes receipt of the handbook.

PART 6 - 34. DETAINEE HANDBOOK				
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.				
Components Standard Meets Standard N/A N/A N/A Standard Meet				
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.				
PART 6 - 34. DETAINEE HANDBOOK				
⊠ Meets Standard □ Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding

The facility has a comprehensive handbook published in English and Spanish which is used as a local supplement to the ICE National Detainee Handbook. The handbook is designed in an effort to offer detainees insight into the facility and its operations. It is issued during the intake process with clothing and other property. The detainee is required to sign for the bandbook

$(h)(C) (h)(Z)_{C}$	
(b)(6), (b)(7)c	13-10
	Data

Reviewer's Signature / Date

PART 6 – 35. GRIEVANCE SYSTEM				
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Detainees are informed about the facility's informal and formal grievance system.				The facility handbook describes the informal and formal process for the grievance system.
2. The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	$\boxtimes$			
<ul> <li>3. The grievance section of the handbook explains all steps in the grievance process – Including: <ul> <li>Informal and formal grievance procedures;</li> <li>The appeals process and step-by-step procedures;</li> <li>Staff/detainee availability to help during the grievance process</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Justice.</li> <li>How to file an emergency grievance.</li> </ul> </li> </ul>				
4. Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.				Facility policy 3.5.3, Detainee Grievances, establishes policy for informal and formal grievance systems.
<ul> <li>5. Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.</li> <li>Detainees may seek help from other detainees or facility staff when preparing a grievance.</li> <li>Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.</li> </ul>	$\boxtimes$			The detainee grievance committee is comprised of the unit housing officer, facility compliance manager, and an ICE employee.
<ol> <li>Facility has written procedures for identifying and handling a time-sensitive emergency grievance.</li> </ol>				Facility policy 3.5.3, Detainee Grievances, instructs staff on the identification and disposition of emergency grievances.
<ol> <li>Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.</li> </ol>				
<ol> <li>Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.</li> </ol>				These actions are not allowed, and the facility reports it has not had any grievances for staff harassment or retaliation.

PART 6 – 35. GRI	EVANC	E SYSTE	М		
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>9. Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complains" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>				The facility maintains the detainee grievance log in an automated data base.	
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.					
11. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	$\boxtimes$			Detainee grievances are reviewed by the Warden. Any that include staff misconduct are forwarded to the ICE Assistant Field Office Director.	
12. Informal resolution of a written grievance is documented in the detainee's Detention File.					
13. Staff complies with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.					
<ul> <li>14. <u>In SPCs and CDFs</u>, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.</li> <li>In all facilities written procedures cover detainee appeals and are included in the detainee handbook</li> </ul>				The facility maintains a multi- step appeal process where the detainee may appeal to an ICE representative.	
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	$\boxtimes$				
PART 6 – 35. GRI	EVANC	E SYSTE	M		
🛛 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	<b>/A</b>	□Repeat Finding	

The facility maintains an established detainee grievance procedure which can be utilized by the detainee population in an effort to resolve conflicts. The procedure consists of a multi-step process and offers an appeal level to a grievance committee that includes an ICE representative.

(b)(6), (b)(7)c 3-10 Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL				
This Detention Standard protects detainees' rights by ens	uring th	eir access	to co	urts, counsel, and legal materials.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>The facility provides a designated law library for detainee use.</li> </ol>				
<ul> <li>2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.</li> <li>In lieu of/or in addition to the physical law library ICE detainees have access to the Levue</li> </ul>	$\boxtimes$			The LexisNexis Immigration Case Law and BICE Law Library CD's installed are effective 12-09.
library, ICE detainees have access to the Lexus Nexus electronic law library.				12-03.
<ul> <li>3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient:</li> <li>Operable computers and printers, in sufficient</li> </ul>				There are(b)(7)eomputers with Lexis/Nexis installed along with
<ul> <li>Photocopiers, and</li> </ul>				(b)(7) <sup>e</sup> inter. The recreation specialist makes copies. Supplies are available.
Supplies for both.				
<ol> <li>The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.</li> </ol>				There are 10 chairs in the law library for the detainees.
<ol> <li>The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.</li> </ol>	$\boxtimes$			There is 1 typewriter and 10 computers available.
<ol> <li>Detainees are provided with the means to save legal work in a private electronic format for future use.</li> </ol>	$\boxtimes$			Detainees are given a flash drive to use during their stay at this facility. Upon their release, the flash drive is recycled.
<ol> <li>The facility subscribes to updating services where applicable and legal materials requiring updates are current.</li> </ol>	$\boxtimes$			
<ol> <li>Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.</li> </ol>	$\boxtimes$			
<ol> <li>There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.</li> </ol>				
10. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	$\boxtimes$			Detainees are offered 1 hour per day in the law library. If they have an imminent court date additional time is given after the detainee indicates his need.

PART 6 – 36. LAW LIBRAR	ES AN	D LEGAL	MATE	ERIAL
This Detention Standard protects detainees' rights by ens	uring th	eir access	to co	urts, counsel, and legal materials.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	$\boxtimes$			ICE staff assists, and GEO provides copies as needed.
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	$\boxtimes$			
13. Staff ensures that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	$\boxtimes$			
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	$\boxtimes$			
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	$\boxtimes$			Segregation detainees are escorted to the law library at a time separate from the general population.
16. All denials of access to the law library fully documented.	$\boxtimes$			
<ol> <li>Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.</li> </ol>	$\boxtimes$			
<ol> <li>Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.</li> </ol>	$\boxtimes$			
<ol> <li>Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.</li> </ol>				An indigent detainee may submit a request to the mail room. The mail room would then send the mail out at no charge.
PART 6 – 36. LAW LIBRAR				
⊠ Meets Standard    □ Does Not Meet \$	Standa	rd 🗌 N	/A	☐Repeat Finding

Facility policy 3.5.1, Access to Legal Material, and the detainee handbook, pages 11 and 12 ensures that detainees are afforded access to the law library and are provided legal materials, facilities, equipment, and the opportunity to prepare legal documents.

(b)(6), (b)(7)c <u>5-13-10</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Check here if No Group Presentations were cone Acceptable overall and continue					
1. The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	$\boxtimes$			The AFOD reviews the requests and if approved makes the necessary arrangements.	
<ol> <li>Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.</li> </ol>	$\boxtimes$			The AFOD makes the necessary notifications.	
<ol> <li>The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.</li> </ol>	$\boxtimes$				
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	$\boxtimes$			Posters were reviewed for the Northwest Immigration Rights Project presentation.	
5. Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.					
<ol> <li>When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.</li> </ol>					
<ol> <li>Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.</li> </ol>					
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.					
9. Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.					
10. Staff permits presenters to distribute ICE/DRO- approved materials.					
11. The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff is present but do not monitor conversations with legal providers.					

PART 6 - 37. LEGAL RIGHTS	s gro	UP PRESE	ENTA	TIONS	
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.					
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	$\boxtimes$			There have been no suspensions during this review period.	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	$\boxtimes$				
<ol> <li>A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request</li> </ol>					
15. The facility maintains equipment for viewing approved electronically formatted presentations.					
PART 6 - 37. LEGAL RIGHTS					
🛛 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	/A	☐Repeat Finding	

The Northwest Immigration Rights Project has been approved and makes regular presentations to the detainee population at this facility.

(b)(6), (b)(7)c -13-10 Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

# SECTION VII ADMINISTRATION & MANAGEMENT STANDARDS

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>A Detention File is created for every new arrival whose stay will exceed 24 hours.</li> </ol>	$\boxtimes$				
2. The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$				
<ul> <li>3. The detainee's Detention File also contains documents generated during the detainee's custody.</li> <li>Special requests</li> </ul>					
<ul> <li>Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay</li> <li>Disciplinary forms/Segregation forms</li> <li>Grievances, complaints, and the disposition(s)</li> </ul>					
of same					
<ol> <li>The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.</li> </ol>				Detention files are maintained in locked cabinets in a locked office.	
5. 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.					
<ol> <li>The officer closing the Detention File makes a notation that the file is complete and ready to be archived.</li> </ol>	$\boxtimes$			A detention file CLOSED stamp is used.	
<ol> <li>Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.</li> </ol>	$\boxtimes$				
<ol> <li>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.</li> </ol>	X			A sign in and out log was reviewed.	
<ol> <li>Electronic record-keeping systems and data are protected from unauthorized access.</li> </ol>					
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.					

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	$\boxtimes$				
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	$\boxtimes$				
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	$\boxtimes$				
14. Archived files are purged after six years by shredding or burning.	$\boxtimes$				
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.					
PART 7 – 38. DETENTION FILES					
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Detention files contain documents concerning the detainees stay in the facility and the files are secured appropriately. Employee access is limited to those who in the performance of their assigned duties must handle or use the detention files or who have a logitimate "need to know" with respect to the particular file accessed.

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

Reviewer's Signature / Date

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS				
This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.				
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks
1. The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.	$\boxtimes$			The Public Affairs Office coordinates all requests.
2. All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.	$\boxtimes$			The detainee completes a waiver to be interviewed and photographed.
3. The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.	$\boxtimes$			
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.	$\boxtimes$			
<ol> <li>All press pools are organized `according to the procedures in the Detention Standard.</li> </ol>				
<ul> <li>A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action.</li> </ul>				
<ul> <li>All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.</li> </ul>				
<ul> <li>All material generated from such a press pool is made available to all news media, without right of first publication or broadcast.</li> </ul>				
PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS				
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding				

Reviewed the electronic trail of e-mails with the AFOD regarding a case that is currently undergoing the media interview

-13-10

Reviewer's Signature / Date

	PART 7 – 40. STAFF TRAINING					
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.					
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	$\boxtimes$			This information was verified per a review of the facility's current training plan, The plan is compiled by the training coordinator and approved by the Warden.	
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.				This information was verified per a review of the credentials and training received by the training coordinator.	
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	$\boxtimes$			This requirement was verified per a review of the facility's current training plan. This plan is developed by the training coordinator and approved by the Warden.	
5.	<ul> <li>An accurate and complete record is maintained of all formal training activities in:</li> <li>Individual training folders,</li> <li>Other training records systems, and/or</li> <li>Electronic systems.</li> </ul>				The training coordinator maintains active training files along with an electronic records tracking system.	

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:         <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Drug-free Workplace</li> <li>Health-related emergencies</li> <li>Signs of Suicide risk and precautions</li> <li>Suicide prevention and intervention</li> <li>Hunger strikes</li> <li>Use of Force</li> <li>Keys and Locks</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>Orientation and training on detainee handbook and detainee rights.</li> <li>Requirement of special-needs detainees.</li> <li>National Detention Standards</li> </ul> </li> </ol>				The human resources department, Major, Plant Manager, Warden, AFOD and Training Coordinator participated in teaching these topics to staff. Reviewed random training files to verify completion of the training.

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks	
<ul> <li>7. Clerical/support employees who have minimal detainee contact receive a minimum of: <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility goals and objectives</li> <li>Facility organization</li> </ul> </li> </ul>				The human resources department, Major, Plant Manager, Warden, AFOD and Training Coordinator participated in teaching these topics to staff. Reviewed	
<ul> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>National Detention Standards.</li> <li>Key and Lock Control.</li> <li>Suicide risk and prevention.</li> </ul>				random training files to verify completion of the training.	

PART 7 – 40. S	PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets	Does Not Meet Standard	N/A	Remarks		
	(b)(7)e					

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes:</li> <li>The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations</li> <li>Key control; appropriate conduct with detainees</li> <li>Responsibilities and rights of employees</li> <li>Standard precautions</li> <li>Occupational exposure</li> <li>Personal protective equipment</li> <li>Bio-hazardous waste disposal</li> <li>Overview of the detention operations.</li> <li>National Detention Standards.</li> <li>Medical grievance procedures and protocol.</li> <li>Requirement for special needs detainees.</li> <li>Code of Ethics</li> <li>Drug free workplace</li> <li>(b)(7)e</li> </ul>				All new medical staff receives a 7 week orientation and all of these components are covered by medical and facility training staff. Training records reviewed. Training curriculums were also reviewed.	

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra	nd volu aining.	nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
(b	)(7)e			
12. Facility management and supervisory staff receive:				Training records were reviewed
Management and Supervisory training	$\boxtimes$			and verified.

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	)(7)e			
<ul> <li>16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are:</li> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using illegal drugs.</li> <li>Possessing illegal drugs except in the authorized performance of official duties.</li> <li>Procedures to be used to ensure compliance.</li> <li>Opportunities available for treatment and/or counseling for drug abuse.</li> <li>Penalties for violation of the policy.</li> </ul>				The human resource officer conducts this training. A random list of names was provided to the training coordinator requesting employee training files for review. Training records were reviewed and verified staff had been trained in this area.
17. New staff is required to acknowledge in writing that they have reviewed and understand the facility's drug-free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	$\boxtimes$			The human resource officer conducts this training. A random list of names was provided to the training coordinator requesting employee training files for review. Training records were reviewed and verified staff had been trained in this area.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks	
<ol> <li>All staff is trained during orientation and annually thereafter, regarding the facility's code of ethics.</li> </ol>					
<ul> <li>Typical contents are:</li> <li>Staff, contractors, and volunteers prohibited from:</li> </ul>				The human resource officer conducts this training. A	
<ul> <li>Using their official positions to secure privileges for themselves or others.</li> </ul>	$\boxtimes$			random list of names was provided to the training coordinator requesting	
<ul> <li>Engaging in activities that constitute a conflict of interest.</li> </ul>				employee training files for review. Training records were	
<ul> <li>Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family.</li> </ul>				reviewed and verified staff had been trained in this area.	
<ul> <li>Acceptable behavior in the areas of campaigning, lobbying or political activities.</li> </ul>					
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.				The human resource officer conducts this training. A random list of names was provided to the training coordinator requesting employee training files for review. Training records were reviewed and verified staff had been trained in this area.	

PART 7 – 40. S	TAFF T	RAINING			
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: <ul> <li>Recognizing of signs of potential health emergencies and the required responses.</li> <li>Administering first aid and cardiopulmonary resuscitation (CPR).</li> <li>Obtaining emergency medical assistance through the facility plan and its required procedures.</li> <li>Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency.</li> <li>The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.</li> </ul> </li> </ul>				The Major, HSA and the Fire Department conducts this training. Training records were reviewed and verified.	
<ul> <li>21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:</li> <li>Understanding that sexual abuse or assault is never an acceptable consequence of detention.</li> <li>Recognizing housing or other situations where sexual abuse or assault may occur.</li> <li>Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences.</li> <li>Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.</li> </ul>				The medical staff conducts this training. Training records were reviewed and verified.	

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by					
requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: <ul> <li>Identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Communication between correctional and health care personnel,</li> <li>Referral procedures,</li> <li>Housing observation and suicide-watch level procedures, and</li> <li>Follow-up monitoring of detainees who have</li> </ul> </li> </ul>				The medical staff conducts this training. Training records were reviewed and verified.	
attempted suicide. 23. All staff is trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	$\boxtimes$			The medical staff conducts this training. Training records were reviewed and verified.	
24. All staff is trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.				The Plant Manager conducts this training. Training records were reviewed and verified.	

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>25. Through ongoing (at least annual) training, all detention facility staff is made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:</li> <li>The requirements of this Detention Standard</li> <li>The use of force continuum</li> <li>Communication techniques</li> <li>Cultural diversity</li> <li>Dealing with the mentally ill</li> <li>Confrontation-avoidance techniques</li> <li>Approved methods of self-defense</li> <li>(b)(7)e</li> <li>Communicable diseases, particularly precautions to be taken for use of force</li> <li>(b)(7)e</li> <li>Reporting procedures.</li> </ul>				The Major and Training Coordinator conducts this training. Training records were reviewed and verified.
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	$\boxtimes$			This is addressed by the human resource officer.
PART 7 – 40. S	TAFF T	RAINING		
🖂 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	□Repeat Finding

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

The facility has an outstanding training program. The annual training plan, curriculum, and training records were reviewed with the Training Coordinator, Major, HSA, Human Resource Officer and Plant Manager. All areas were in compliance.

(b)(6), (b)(7)c <u>5-13-10</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

	PART 7 - 41. TRANSFER OF DETAINEES							
res	This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.	$\boxtimes$			The detainee worksheet is completed and faxed to the attorney at the time of transfer.			
	<ul> <li>The notification is recorded in the detainee's file</li> <li>When the A-File is not available, notification is noted within ENFORCE.</li> </ul>							
2.	Notification includes the reason for the transfer and the location of the new facility,	$\boxtimes$						
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				Notification is normally made the day of the transfer due to safety and security reasons.			
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	$\boxtimes$						
5.	Facility policy mandates that:							
	• Times and transfer plans are never discussed with the detainee prior to transfer.							
	• The detainee is not notified of the transfer until immediately prior to departing the facility.	$\boxtimes$						
	<ul> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>							
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$						
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	$\boxtimes$						
8.	For medical transfers:							
	• The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.							
	<ul> <li>Medical transfers are coordinated through the local ICE/DRO office.</li> </ul>	$\boxtimes$						
	• A medical transfer summary is completed and accompanies the detainee.							
	• Detainee is issued a minimum of 7 days worth of prescription medications.							

PART 7 - 41. TRANSFER OF DETAINEES					
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.</li> </ol>					
10. For medical transfers, transporting officers receive instructions regarding medical issues.	$\boxtimes$				
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.					
12. Transfer and documentary procedures outlined in Section C and D are followed.	$\boxtimes$				
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.	$\boxtimes$			When detainees arrive at this facility they are given a 3 minute call and this is documented on the I-213 form.	
14. Meals are provided when transfers occur during normally schedule meal times.				A sack lunch is normally provided.	
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	$\boxtimes$				
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.					
PART 7 - 41. TRANS	FER O	F DETAIN	EES		
🛛 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	/A	Repeat Finding	

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

The Northwest Detention Center is an administrative detention facility. Detainees are here due to a violation of immigration low Mone is held here for criminal charges. The average length of stay for a detainee is 27 days.

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

5-13-10 Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

## A. Type of Facility Reviewed

	ICE Service Processing Center
$\boxtimes$	ICE Contract Detention Facilit

- **Contract Detention Facility** ICE
  - **ICE Intergovernmental Service Agreement**

#### **B.** Current Inspection

Type of Inspection
Field Office HQ Inspection
Date[s] of Facility Review
May 11-13, 2010

# C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
June 23-25, 2009
Previous Rating
Superior 🖾 Good 🗌 Acceptable 🗌 Deficient 🗌 At-Risk

## D. Name and Location of Facility

Name		
Northwest Detention Center		
Address (Street and Name)		
1623 East J Street		
City, State and Zip Code		
Tacoma, WA 98421		
County		
Pierce		
Name and Title of Facility Administrator		
(Warden/OIC/Superintendent)		
(b)(6), (b)(7)c Varden		
Telephone # (Include Area Code)		
253-39(b)(6), (b)(7)c		
Field Office / Sub-Office (List Office with oversight		
responsibilities)		
Tukwila, WA		
Distance from Field Office		
25 miles		

## E. ICE Information

	Name of Inspector (Last Name, Title and Duty Station)
	(b)(6), (b)(7)c <sup>/</sup> LCI / MGT of America, Inc.
	Name of Team Member / Title / Duty Location
(	b)(6), (b)(7)c/ CI - Security / MGT of America, Inc.
	Name of Team Member / Title / Duty Location
	(b)(6), (b)(7)(C) CI - Food/Safety / MGT of America, Inc.
	Name of Team Member / Title / Duty Location
(	b)(6), (b)(7)c/ CI - Health Services / MGT of America, Inc.
10	Name of Team Member / Title / Duty Location
	/ /

# F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA	
HSCEDM-10-D-00001	October 24, 2009	
Basic Rates per Man-Day		
0-1,181 detainees (guaranteed)	(b)(7)(E)	
Other Charges: (If None, Indic	ate N/A)	
Transportation; Remote Post;	;	

Estimated Man-days Per Year	
353,636 (previous 12 months)	

# G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA, NCCHC, JCAHO
Check box if facility has no accreditation[s]

# H. Problems / Complaints (Copies must be attached)

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

## I. Facility History

Date Built		
April 23, 2004		
Date Last Remodeled or Upgraded		
April 2010		
Date New Construction / Bedspace Added		
Same as above		
Future Construction Planned		
Yes No Date: N/A		
Current Bedspace	Future Bedspace (# New Beds only)	
(b)(4)	Number: N/A Date: N/A	

#### J. Total Facility Population

Total Facility Intake for previous 12 months	
12,263	
Total ICE Mandays for Previous 12 months	
353,636	

# K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	821	227	84
Adult Female	71	24	0

# L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	1,465	1,465	1,465
Adult Female	114	114	134
Facility holds Juveniles Offenders 16 and older as Adults			

## M. Average Daily Population

	ICE	USMS	Other
Adult Male	893	N/A	N/A
Adult Female	77	N/A	N/A

## N. Facility Staffing Level

Security:	Support:
p)(7)(Ę)	( <b>p</b> )(7)( <b>t</b> )

# Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders <sup>1</sup>	With Weapon	2	0	0	0
	Without Weapon	0	9	3	5
Assault:	Types (Sexual Physical, etc.)	N/A	Physical	Physical	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	2	1	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	1	0
Disturbances <sup>4</sup>		0	0	1	0
Number of Times (b)(7)e					
(b)(7)e Number of Times (b)(7)e	-				
(b)(7)e					
		(b)(7)e			
		(b)(7)e			
Used in Facility		(b)(7)e			
Offender / Detainee Medical Referrals as a result of		(b)(7)e 0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		v	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.	Attempted	0			
Offender / Detainee Medical Referrals as a result of injuries sustained. Escapes		0	0	0	0
Offender / Detainee Medical	Attempted Actual	0 0 0 0 0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained. Escapes	Attempted Actual # Received # Resolved in favor of Offender/Detainee Reason (V=Violent, I=Illness, S=Suicide, A=Attempted	0 0 0 0 4	0	0 16	0
Offender / Detainee Medical Referrals as a result of injuries sustained. Escapes Grievances:	Attempted Actual # Received # Resolved in favor of Offender/Detainee Reason (V=Violent, I=Illness,	0 0 0 0 4 0	0 0 9 0	0 0 16 2	0 0 9 1
Offender / Detainee Medical Referrals as a result of injuries sustained. Escapes Grievances:	Attempted Actual # Received # Resolved in favor of Offender/Detainee Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0 0 0 4 0 N/A	0 0 9 0 N/A	0 0 16 2 N/A	0 0 9 1 N/A

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting 3

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

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

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

# LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)c	
Title & Duty Location	Date
Lead Compliance Inspector, MGT of America, Inc.	May 16, 2010

Team Members				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
(b)(6), (b)(7)c I - Security, MGT of America, Inc.	(b)(6), (b)(7)c I - Food Service/Environmental Health and Safety, MGT of America, Inc.			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
(b)(6), (b)(7)c I - Health Services, MGT of America, Inc.				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			

# **Recommended Rating:**



Comments:

Northwest Detention Center Disturbance in Housing Unit A-1 - Monday, August 10, 2009

On Sunday, August 9, 2009, detainees living in Housing Units A-1 and A-2 refused to eat the evening meal. There had been prior protests of not eating from the units since the facility had gone to a temporary kitchen set up and a revised menu. This change required the detainees to leave their living units and proceed to a make shift serving line in the main corridor, obtain their meal and then return to the unit to eat. The menu the facility was directed to adapt beginning in early July required less cooking and provided for a number of sandwich meals instead of the three hot meals that had previously been served. The change in the menu/meals was due to new construction at the facility which was due to be completed by September 13, 2009. It should be noted that the facility returned to serving three hot meals effective August 10, 2009.

At 11:30 PM on August 9, 2009, 66 of the 107 detainees in pod A-1 refused repeated orders to return to their cells for lights out. On Monday, August 10, 2009, at 1:05 AM the AFOD was notified of the events unfolding in the A-1 housing unit.

Extensive commands were given in English and Spanish, for the detainees to lock-up. (b)(7)o nd the Warden reported to the facility.		(b)(7)e	
(b)(7)e	nd the warden reported to the facility.		
	(b)(7)e		

At approximately 3:00 AM (b)(7)e A majority of the detainees ran to the upper tier of the housing unit and continued to refuse to comply with the orders given to them.				
At approximately 3:17 AM,				
At approximately 3:19 AM, (b)(7)e At this time, some detainees complied and entered their cells. However, there were still a few detainees uncooperative and at 3:27 AM,				
(b)(7)e				
(b)(7)e				

At approximately 3:40 AM, one detainee in cell 106 complained of a possible medical problem and was escorted to the health care unit. The detainee was assessed by PHS and returned to the general population. At approximately 6:30 AM, all 106 detainees in Pod A-1 were assessed by PHS. Five detainees reported minor medical problems, one detainee complained of difficulty breathing, 2 detainees claimed their ankles were sore, 1 detainee was struck by a rubber pellet in the side of the head, and 1 detainee claimed his thumb was numb due to the flex cuffs being on to tight. All detainees were evaluated by medical staff and there were no significant injuries. All of the detainees were cleared to return to the general population.

The A-1 housing unit remained on lockdown until Tuesday, August 11, 2009. Twenty-one (21) detainees were placed in the special management unit.

A Use of Force review was conducted and a subsequent memo dated 8-30-09 from the Associate Warden to the Warden noted that the following areas could have been improved on as follows:

(b)(7)e

2) The Warden noted that at intermittent times the camera picked up some cursing from the Associate Warden. While the cursing was not directed at anyone in particular, it should not have been used.

(b)(7)e

4) The Warden noted that a second person should have been placed in central control to alleviate the burden of routine operations and to allow one person to focus on the incident.

5) The Warden noted that the Incident Command Center initially established a person to record the incident; however, during the incident the person was later assigned to other duties causing a disruption to the continuous timeline of events.

7) 8)

6)

(b)(7)(E)

Office of Detention and Removal Operations

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



U.S. Immigration and Customs Enforcement

MEMORANDUM FOR:

A. Neil Clark Field Office Director Seattle Field Office

FROM:

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

Assistant Director for Detention and Removal Management

SUBJECT: Northwest Detention Center Annual Review

The annual review of the Northwest Detention Center conducted May 11-13, 2010, in Tacoma, Washington has been received. A final rating of <u>Meets the Standards</u> has been assigned. No further action is required and this review is closed.

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

- 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 May 11, 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: HQDRO/ (b)(6), (b)(7)c S:/DMCPFolders/DetRev2010/ Northwest Detention Center/Meets the Standards